



**Faith Leaders and Family Planning**  
A Research Report  
By Charlotte Walker

## Executive Summary

*The overall purpose of this research was to engage faith leaders directly in order to find out, what in their perspective, are the major barriers and opportunities to engaging with their communities on family planning. A series of semi-structured interviews and focus group discussions were conducted with Christian and Muslim faith leaders and other key stakeholders such as CA staff, CA partners, the Ministry of Health, NGOs and UN organisations in Nigeria, Burundi and Kenya. A series of thematic commonalities emerged from the findings both in terms of barriers to faith leaders introducing family planning to their work and opportunities which could be explored in future interventions.*

### Barriers:

#### *1. Intrinsic linkages between culture, religion and politics*

*The relationship between faith, culture and, to an extent, politics is both complex and interwoven and spans all aspects of the community from national to grass-roots level. Understanding these linkages and what motivates leaders, tradition, political or religious to disseminate a particular message is important as all leaders would like to develop a community of supporters (or voters) to ensure they remain in the position of 'leader' and disseminating controversial statements could jeopardise their position and may prevent certain leaders wanting to engage in the family planning dialogue. Similarly exploiting those cultural practises which are favourable towards family planning rather than challenging those cultural practises which go against family planning may actively reduce these barriers to implementing future family planning programmes.*

#### *2. Social norms and taboos prevent open communication*

*Social norms and taboos exist in every country. However, in some countries these taboos can potentially reduce the ability for couples to openly discuss issues relating to sexual reproductive health which results in lower access to family planning services and potentially unwanted pregnancies. Addressing social norms and encouraging open debate about issues of a sensitive nature was seen by participants in this study as a barrier to implementing family planning programmes.*

#### *3. Lack of Biblical theology to support family planning*

*All faith leaders spoke of a need for a theological evidence-base to any health, rights or development programmes. Finding a Biblical basis upon which the use of family planning can be supported proved to be a challenge for Christian participants in this research. This could potentially become a barrier to future family planning interventions and requires more time for theological reflection to ensure robust Biblical citations are identified to overcome the messages from those people who promote the passage from Genesis stating 'multiply like sand on sea'.*

#### *4. 'Abstinence-only' messages for young, unmarried people*

*Whilst many of the participants understood that young unmarried people are having sex and thus having unwanted pregnancies, all but one faith leader felt it is important to give young people all the information they require to make informed decisions about their own sexual reproductive health. Whilst the participants did not always recognise this as a barrier per se, from a programmatic view point, this is a barrier to be considered when developing future interventions.*

#### *5. Catholics cited as 'barriers' to family planning*

*When asked about barriers to faith leaders working on family planning, many of the participants looked first to the wider faith sector and cited the Catholic faith as a barrier. It was unfortunate that only 1 Catholic priest was able to participate in this research and thus this research did not sample enough Catholics to comment on whether or not this is the case.*

## Opportunities:

### *1. Religion is an important factor in people's lives*

*Religion plays a key role in the lives of many people worldwide with 88.3% of the world's population associating with a faith. As a result faith leaders are an important and often influential factor in the lives of their followers. In addition, many faith leaders have the skills and the platform to speak out and deliver key messages to their congregations. Therefore working with faith leaders offers a key opportunity to reach many people quickly and easily with messages delivered by those who are already greatly respected within their communities.*

### *2. Religious structures are robust and far-reaching*

*Most religions operate a complex yet functional organogram with robust structures in place from national to grass-roots level. These structures offer an ideal opportunity for dissemination of key messages to far-reaching communities at a national level. Working with faith leaders and working within these organisational structures would potentially ensure high impact interventions providing ownership is with the most senior of the faith leaders.*

### *3. Strong Qu'ranic theology to support family planning*

*The Qu'ran has chapters which support the use of birth spacing stating that 30 months should be taken between conception and weaning the child. In addition, the Hadiths speak of the Prophet (Peace be Upon Him) understanding that the practice of 'azl (the withdrawal method) was occurring and him not prohibiting the use of this birth control method which assumes permission. With theological evidence to support the use of birth spacing methods and family planning, this is an ideal opportunity or entry-point into working more closely with Muslim populations to implement family planning programmes.*

### *4. Holistic Messaging: The gap in the market*

*Correct messaging which resonates with all faiths is key to the success of any family planning intervention. There was a consensus that how the message is packaged and delivered is the difference between a programme that will succeed and one that won't. Yet developing a good message for family planning which is accepted by all will not be an easy task. However, building upon Christian Aid's vast experience of messaging and the previous work, evaluations and lessons learned from the development and dissemination of the HIV message, SAVE, offers an ideal opportunity to fill the current gap in the market.*

### *5. Building on past successes*

*Christian Aid and partner's previous work on HIV and, more recently, on other health areas such as Malaria, TB and Governance has ensured they are in an ideal position to build upon and strengthen these foundations which in turn offer the opportunity to build upon these past successes when developing and implementing future family planning programmes.*

## Acknowledgements

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## Acronyms

ADDS	Anglican Diocesan Development Society
ANM	Auxiliary Nurse Midwives
ASHA	Accredited Social Health Activists
AWW	Anangwadi Workers
BUNERELA+	Burundian Network of Religious Leaders Living with or Affected by HIV
CA	Christian Aid
CAN	Christian Association of Nigeria
CHAK	Christian Health Association of Kenya
CPR	Contraceptive Prevalence Rate
FBO	Faith-Based Organisation
FL	Faith Leader
FIO	Faith Influenced Organisations
FP	Family Planning
HTSP	Healthy Timing and Spacing of Pregnancy
HIV	Human Immunodeficiency Virus
INERELA+	International Network of Religious Leaders Living with or Affected by HIV
INGO	International Non-Governmental Organisation
IPPF	International Planned Parenthood Federation
IRCK	Inter-Religious Council Kenya
KENERELA+	Kenyan Network of Religious Leaders Living with or Affected by HIV
MCH	Maternal and Child Health
MCNH	Maternal, Child and Newborn Health
MoH	Ministry of Health
MSI	Marie Stopes International
NCKK	National Council of Churches Kenya
NHRM	National Rural Health Mission
NGO	Non-Governmental Organisation
PSI	Population Services International
RHD	Reproductive Health Directorate
TIP	Tanzania Interfaith Partnership
TRF	Total Fertility Rate
SAVE	Safer practises, Available medication, Voluntary counselling and testing, Education
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SSA	Sub-Saharan Africa
UK	United Kingdom
UNFPA	United Nations Population Fund
US	United States

## The Purpose of this Research Project

Christian Aid believes *'people are kept in poverty because of unequal power relations and the unjust use of power'*. According to the corporate strategy, Partnership for Change, one of Christian Aid's strategic objectives is *'to increase access to those services essential to ensuring healthy lives, coping with emergencies and creating resilient livelihoods'*. Good health enables people to participate as active members of their society at social, political and economic levels and so is central to enabling communities to challenge the unjust use of power by holding those with power to account. In December 2013, Christian Aid developed 'A Community Health Framework' to guide health programming across the 46 countries in which they operate. In addition, a more specific *'Christian Aid Policy on Family Planning'* was developed because it was felt that Christian Aid required a *'coherent and consistent internal policy position on this topic'*.

Family planning is an essential component of CA's integrated community health approach and an area crucial to the wellbeing of some of the most vulnerable groups in society including women and girls. Christian Aid understand that issues of family planning can be associated with social and cultural taboos related to discussions of a sexual nature in addition to more specific theological challenges between and within certain faith groups.

It is against this background that CA commissioned this research with the aim of *'gaining a deeper understanding of the obstacles faced by different communities and the opportunities which exist to draw faith leaders into dialogue. It is hoped that the knowledge gained through this research can be directly applied to guide future programme development including the design of tools and training modules aimed at convincing and empowering faith leaders to successfully engage with their congregations on family planning and contraception.'*

More specifically the objectives of this research were as follows:

- Determine what the barriers are that faith leaders face when introducing family planning in to their work
- Identify the opportunities to overcome these barriers
- Define Christian Aid's niche in family planning and produce evidence for that
- Align the findings with the Christian Aid 'Community Health Framework' and the 'Family Planning Policy'
- Create evidence for use in proposals
- Identify any tools or resources that faith leaders feel are required
- Identify resources already available for adaptation by Christian Aid
- Suggest a way to sell Christian Aid's work to family planning organisations for future collaborative work
- Offer recommendations for how to take family planning work with faith leaders forward

The data for this research was collected in Nigeria, Burundi and Kenya.

## Methodology

### Literature Review

Internet searches were carried out to identify available resources and were then coupled with personal resources from previous work with international family planning organisations. All resources identified were read, reviewed and summarised in Table 1 (see Annex) and then written into a narrative to outline examples of previous family planning interventions using faith leaders.

### Mapping of Other Actors in Family Planning

Eleven of the most prominent International Non-Governmental Organisations (INGOs) working specifically on family planning or specifically with faith leaders were contacted personally and asked about their work and especially their work with faith leaders on family planning.

### Semi-structured interviews and Focus Group Discussions

Semi-structured interviews were carried out with faith leaders, Government Ministers, representatives from the Reproductive Health Directorates, CA partner staff, CA in-country staff and other NGOs in country. Focus Group Discussions were held with faith leaders, CA partners and CA staff. *See Annex 1 Table 1 for more details on participants in this research.* In summary, this research reached 90 participants, of whom 52 were faith leaders and 38 secular. Of the faith leaders 14 were Muslim (6 female, 8 male) and 36 were Christian (9 female and 27 male).

### One-day workshops

Two one-day workshops were held in Nairobi, one with Christian faith leaders and the second with Muslim faith leaders. This gave an opportunity to explore and clarify the views and attitudes of the faith leaders in a more in-depth manner. Tools such as Values Clarification and Attitude Transformation (VCAT) were amended and used as a means to facilitate a theological dialogue, challenge opinions and allow for an active debate in a non-confrontational and impartial manner.

### Analysis

The results could not be coded for statistical analysis because the participants chosen to be involved were not the same in each country and so incomparable in a way that would be statistically significant. Therefore 'Thematic Content Analysis' was applied whereby a theme refers to a recurrent or distinctive pattern in the participant's accounts which characterise particular perceptions or experiences relevant to the research question.

### Limitations

Christian Aid and partners were responsible for arranging all meetings, focus groups and workshops in country. The timeframe they were given to organise the in-country schedule was short and had to work around Easter holiday, a prominent and busy time in the calendar of all Christian leaders. This meant that some people who it would have been desirable to meet were unable to allocate time within their busy schedules to participate in the research. In addition, the selection process for finding research participants was not random as all participants were contacts or associates of CA partner organisations.

*Please note that any generalisations made during the analysis and discussion of this report refer only to the participants in general and not to the entire country/religion.*

## Literature Review

### Family Planning

Sub-Saharan Africa (SSA) has the worst family planning statistics in the world with a Contraceptive Prevalence Rate (CPR)<sup>1</sup> of only 21.8%, and over half SSA countries having a CPR of less than 20%. Similarly the unmet need (not necessarily unmet demand) for family planning in SSA is high at 24.9% of women of reproductive age and the Total Fertility Rate (TFR)<sup>2</sup> in SSA at 4.94<sup>3</sup> is more than double that of the global average which is just 2.36<sup>4</sup>. When looking specifically at the three countries targeted in this research project we can see a significant disparity between them with Burundi having the lowest CPR at just 9.1% coupled with the highest unmet need at 29% and the 3rd highest TFR in the world at 6.14 children born per woman. Nigeria, whilst marginally better, still has only 14.6% CPR, 20.2% unmet need and a TRF of 5.25<sup>5</sup>. In contrast, Kenya appears to have a strikingly high CPR compared to other SSA countries at 45.5%<sup>6</sup> and yet the level of unmet need remains high at 25.6%. The result is a TFR of 3.54 children born per woman per lifetime.

### Faith and Faith Leaders

Religion is an important component of daily life for many people around the world with 88.3% of the world's population associating with a faith, of which 31.6% are Christian and 25.2% Muslim<sup>7</sup>. Religion is an integral part of African life and culture. As a result faith leaders are often the most trusted and influential members in African society. When it comes to international development, having the consent of the faith leader to work with their community can be the difference between a programme succeeding or failing. In the majority of cases faith leaders are supportive of the development of their communities. However there are topics known to cause controversy amongst congregations and faith leaders. Family planning is one such topic.

### Faith Leader's Views on Family Planning

Very little research has been done to explore the views and attitudes of faith leaders with respect to family planning. As a Guttmacher study by Carol Underwood<sup>8</sup> explains: '*Studies concerning the family planning beliefs of religious leaders are rare and, when conducted, have typically relied on small samples*'. In Ethiopia a study was conducted to explore the attitudes and practises of 99 Orthodox Christian and 86 Muslims faith leaders finding that 24% and 80% of the faith leaders had hear of family planning respectively and only 6% of Christian Orthodox and 26% of Muslim faith leaders reported that they used family planning services<sup>9</sup>. Whilst this was never

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<sup>1</sup> CPR is defined as the % of women of reproductive age who are married or in a union using any method of family planning

<sup>2</sup> TFR is defined as the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age-specific fertility rate

<sup>3</sup> <http://www.tradingeconomics.com/sub-saharan-africa/fertility-rate-total-births-per-woman-wb-data.html>

<sup>4</sup> [http://en.wikipedia.org/wiki/Total\\_fertility\\_rate](http://en.wikipedia.org/wiki/Total_fertility_rate)

<sup>5</sup> <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2127rank.html>

<sup>6</sup> [http://www.un.org/esa/population/publications/contraceptive2011/wallchart\\_front.pdf](http://www.un.org/esa/population/publications/contraceptive2011/wallchart_front.pdf)

<sup>7</sup> [http://en.wikipedia.org/wiki/List\\_of\\_religious\\_populations](http://en.wikipedia.org/wiki/List_of_religious_populations)

<sup>8</sup> <http://www.guttmacher.org/pubs/journals/2611000.html#3>

<sup>9</sup> Zewoldi Y, Fertility Behaviour of Elites and Their Perception of the Population Problem in Ethiopia: A Synthesis, Addis Ababa, Ethiopia: United Nations Economic Commission for Africa, 1992.

compared to rates amongst the general public, faith leaders were found to be less inclined towards promoting or using family planning than other key influencing groups such as teachers and community leaders.

Similarly, a study in the Yoruba region of southwest Nigeria which surveyed 81 Christian leaders and 40 Muslim leaders found that 12% of Christians and 78% of Muslims had reported to have preached against family planning in their religious institutions<sup>10</sup>. However, none of the participants were questioned about their knowledge of family planning and this was no comparison with the wider society.

In the study by Underwood, the largest of note so far, which sampled 1,000 married women aged 15-49 and 1,000 men married to women aged 15-49, and a census of all Muslim religious leaders in Jordan and collected information on knowledge, attitudes and beliefs regarding family planning, *'80% of men, 86% of women, 82% of male religious leaders and 98% of female religious leaders believed that family planning is in keeping with the tenets of Islam. Among religious leaders, 36% reported that they had preached about family planning in the year preceding the survey.'* The study concluded that *'although Islamic religious leaders in Jordan cite different reasons than the general public to justify the use of contraceptives, they are as likely as others in the population to approve of family planning.'*

## Faith Leader's Endorsement Vs Family First

Whilst faith leaders no doubt have influence within their communities the argument remains that when it comes to matters of health and the family, the motivation for accessing services is driven more by the needs of women and couples than their faith leader's teachings. Within the US, where Catholic Bishops have aggressively vocalised campaigns against the use of contraception, 98% of Catholic women have used a modern contraceptive method during their reproductive life<sup>11</sup>.

Similarly, in developing countries Pathfinder International suggests *'religious teachings, beliefs, or traditions are usually not the major determinant of individuals' family planning behaviour. Many surveys demonstrate that women and couples commonly ignore religious teachings about family planning when they believe it is their individual and family interest to do so.'*<sup>12</sup>

## Faith Leaders and Policy Change

There are many countries with religiously-independent governments but where religious organisations are extremely powerful when it comes to policy change. Debating controversial issues such as family planning and, to a greater extent, abortions has generated high interest amongst faith leaders who often feel quite strongly about such issues. In these countries it is essential that faith leaders are engaged in the debate and actively sought out to join in the discussion to ensure that they feel their opinions are heard and respected to avoid barriers to policy change further down the line.

In Guatemala, where Catholic and Evangelical ministries are extremely influential at all levels of society, the Social Development Law was finally enacted in 2001 which, for the first time, outlined specific policies on population, reproductive health, family planning and education. Ten years earlier, a similar law had been passed by Congress but then vetoed by the President as a result of intense lobbying from Catholic

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<sup>10</sup> Orubuloye IO, Caldwell JC and Caldwell P, The role of religious leaders in changing sexual behaviour in Southwest Nigeria in an era of AIDS, *Health Transition Review*, 1993, 3(Suppl.): 93-104.

<sup>11</sup> <http://www.guttmacher.org/pubs/gpr/16/4/gpr160418.html>

<sup>12</sup> <http://repository.berkleycenter.georgetown.edu/140201WFDDFaithandInternationalFamilyPlanningReport.pdf>

and Evangelical opposition groups<sup>13</sup>. Understanding the nature of opposing views and the rationale upon which they are based was key to the success of this policy change. Conferences were held with the religious groups both separately and together to disseminate information about the extent of the population boom and the risk to women of unwanted pregnancies particularly amongst the most poor and vulnerable populations.

In countries where religious laws govern the country as is the case with Islamic states, religion and governance are intrinsically linked and somewhat inseparable, thus they must be dealt with simultaneously. Whilst it would appear that this is a double barrier to policy change, when it comes to family planning many Islamic states are more open to engaging in the dialogue often as a means to address high population growth rates or to reduce maternal mortality and morbidity rates and, in some cases, as a women's rights issue. Regardless of the motive, understanding the push factors for government to make changes is an important aspect to consider when approaching Islamic states to commence the discussion.

In the Islamic Republic of Iran the government began to realise the association between a high population growth rate and increasing levels of poverty, high rates of unemployment and acute housing shortages leading to rapid expansion of informal settlements. It was these factors that pushed the government leaders, both political and religious to endorse the need for family planning. As a result religious *Fatwas* were drafted and passed to allow family planning and reproductive health services<sup>14</sup>.

## Faith Leaders and Supply-Driven Family Planning

Faith leaders, as well as being gatekeepers to reaching a community, can also play a key role in their community members accessing essential family planning and MCH services. In Afghanistan, Marie Stopes International (MSI) have been working closely with Mullahs and, more recently, with their wives as female faith leaders, to educate both men and women albeit separately on aspects of maternal health including the need for family planning and birth spacing. This innovative programme offered small monetary incentives to faith leaders and their wives for the number of women referred to MSI's clinics for a voluntary service. As a direct result of this intervention MSI saw a massive 60% increase in the number of women accessing services at nearby clinics with referral cards from the Mullah's and their wives. This project used the Mullah's and their wives as key gatekeepers in the community and as influencers specifically targeting the main barriers to young women accessing family planning within the family unit – the husbands and the mother-in-laws. MSI in Afghanistan have never before seen such a sudden increase as a result of a single intervention and the success of this programme has spurred the team on to work more closely with faith leaders and their wives in other areas where MSI has a clinic<sup>15</sup>.

In many countries, FBOs are delivering essential health services to communities who previously were without access to healthcare. The majority of these services are implemented independently from the government health system, albeit with the government's blessing. Whilst these services are essential, one could argue that they are not helping the government's longer-term strategies to strengthen their own health services. For example, in Rwanda 30% of all national health services are delivered through Catholic-funded and managed clinics. This contribution to the national healthcare is immense in countries like Rwanda and should not be overlooked. The challenge, however, comes when Catholic-based clinics are asked to deliver the full range of family planning services to those women in the communities they serve

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<sup>13</sup> [https://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/CultureMatters\\_2004.pdf](https://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/CultureMatters_2004.pdf)

<sup>14</sup> UNFPA

<sup>15</sup> <http://www.guttmacher.org/pubs/gpr/16/4/gpr160418.html>

when the Catholic Church does not support this medical intervention. In Rwanda the solution has forced the government to create secondary health posts located often alongside Catholic clinics that will deliver all services including a range of family planning methods. Whilst this has ensured that government is reaching out to those communities that were only previously served by private faith-based clinics, this is not a particularly cost-effective solution and has the government and Catholic clinics almost doubling up services when these resources, it could be argued, could be more effectively utilised.

An alternative solution can be found in India where the government National Rural Health Mission (NHRM)<sup>16</sup> strategy has developed a complex structure of health workers to deliver maternal and child healthcare to all women. Posts such as Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and Anangwadi Workers (AWWs) have been created within communities in a bid to reduce maternal and child mortality rates which were occurring due to a lack of doctors and health facilities particularly in rural areas. Through this structure the NRHM intends to increase the ratio of healthcare workers to women by ensuring there is on average one community-based female health worker per 1,000 women. However, as these women are sourced from the communities themselves, their literacy levels and training varies considerably depending on the community in question. Under the NRHM, these community women are trained as midwives to carry out ANC check-ups, assist in delivery of the baby and administer basic post-partum family planning. To overcome their lack of literacy and poor training in the state of Uttar Pradesh where health indicators and fertility rates lag behind other states considerably, World Vision have implemented a faith-based programme working within government structures to boost health governance and increase maternal and child survival. This four-year programme saw *'the rate of contraceptive use more than double for postpartum women in the project zone (in one district nearly quadrupling), and other NGOs as well as the Indian government have looked to replicate World Vision's method'*<sup>17</sup>.

## Faith Leaders and Demand-Driven Family Planning

It is widely-known that faith leaders, along with other key social, traditional and political leaders in Africa and parts of Asia are essential gatekeepers to the community, particularly in rural areas. Without including faith leaders in all stages of programme development and implementation, a project may not be successful or indeed accepted by many community members. In remote areas of Uganda, UNFPA implemented a reproductive health and family planning project in partnership with the Kinkizi Diocese of the Church of Uganda whereby they identified key religious leaders as 'gatekeepers' to working with a community who were initially despondent about the programme and nominated them as 'Custodians of Culture'. This title along with initial training and on-going consultations enabled the religious leaders to take ownership of the programme and ensure all activities aligned with the values of the community and that there was smooth implementation of the project. The success of this innovation was apparent as *'the strong involvement of religious leaders in this project led to noticeable changes in the community's perceptions, especially with regards to the right of girls to remain in school and to refuse early marriage'*<sup>18</sup>. However, unfortunately the impact on the uptake of RH services was never measured or if it was it was never published.

Faith leaders rely on their religious text as the main evidence-base for their teachings and to inform their sermons which are developed to guide their congregations and

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<sup>16</sup> <http://www.gktoday.in/national-rural-health-mission/>

<sup>17</sup> <http://www.pathfinder.org/publications-tools/pdfs/Advancing-Reproductive-Health-and-Family-Planning-through-Faith-Based-Organizations.pdf>

<sup>18</sup> [https://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/CultureMatters\\_2004.pdf](https://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/CultureMatters_2004.pdf)

community of followers. It would make sense then that there are many examples of faith leaders using their religious text to reach out to people about family planning. For example a programme in Kenya facilitated by the Christian Health Association of Kenya (CHAK) trained 72 pastors from 32 churches to incorporate family planning messages into their sermons. An evaluation of the impact of this intervention showed that *'the project reached over 6,000 people, and increases in contraceptive use were detected in the target communities, including a 275 percent increase in pills used'*<sup>19</sup>

Similarly, in Zanzibar, Tanzania, religious scholars have worked jointly with medical professionals under the banner of the Tanzania Interfaith Partnership (TIP) which includes the Christian Council of Tanzania, the National Muslim Council of Tanzania, the office of the Chief Mufti of Zanzibar, and the Tanzania Episcopal Conference. The religious leaders examined their religious text to find excerpts which support the use of family planning and subsequently developed sermons conveying messages about family planning which were rooted in religious values. The outcome of this project was that *'TIP contributed to the increased contraceptive use in Tanzania, which has gone from 9 to 13 percent since the partnership began.'*

Similarly, in the rural community of Tambaga, near Kita in south-western Mali, Imam Dembélé, after receiving training on family planning and Islam, has been organising meetings for his entire village and subsequently for surrounding villages to promote family planning by explaining, using religious text, how Islam supports the use of birth spacing. Healthcare workers from nearby Kita hospital have indicated that they have received *'a sharp increase in the number of people who visit their facilities because of his encouragement'*<sup>20</sup> although it is not known exactly by how much.

## Why Reach All Faiths?

*Family planning should not be a mechanism for changing the social ratio within the communities and thus it is important to reach out to and engaging all faiths, tribes and cultures equally to promote and endorse family planning. Sri Lanka offers an interesting example of what could happen should interventions focus mainly on those faiths or cultures who are the easiest to lobby for adoption of family planning.*

*Sri Lanka is a success story with respect to family planning, TFR and CPR statistics. In 1963 the TFR was high at 5.0 live births per woman per lifetime, however, with the introduction of family planning interventions and targeted awareness raising initiatives these rates dropped significantly and in 2000 they reached their desired outcome of 1.9 live births per woman per lifetime. The most recent statistics show Sri Lanka's TFR at 2.2 (lower than the global average) with a national annual population growth rate of 0.8 per cent the lowest levels among the South Asian countries'*<sup>21</sup>.

Whilst the low national average in Sri Lanka is often cited as the success story of Asia, when these statistics were broken down into religious-tribal groups, it was apparent that the Muslim tribe the 'Sri Lankan Moors' had a consistently higher TFRs than the Sinhalese who are primarily Buddhist with some Christians<sup>22</sup>. The government, in response to Buddhist-protests about the potential social implications to

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<sup>19</sup><http://repository.berkeleycenter.georgetown.edu/140201WFDDFaithandInternationalFamilyPlanningReport.pdf>

<sup>20</sup> <http://www.healthpolicyproject.com/index.cfm?id=ImamDembele>

<sup>21</sup>[http://www.unfpa.org/public/\\_ns/YWRleGVyby1mZC1wb3J0bGV0OjpkZXhlcm8tZmQtcG9ydGxldDo6LTYYTZhNDI5OjEyOT-k2MDgxYzg3Oj03ZmYxfGVhY3Rpb249MT12aWV3RGF0YVZpZXc\\_/cache/bypass/appid/310297\\_1/home/sitemap/countries](http://www.unfpa.org/public/_ns/YWRleGVyby1mZC1wb3J0bGV0OjpkZXhlcm8tZmQtcG9ydGxldDo6LTYYTZhNDI5OjEyOT-k2MDgxYzg3Oj03ZmYxfGVhY3Rpb249MT12aWV3RGF0YVZpZXc_/cache/bypass/appid/310297_1/home/sitemap/countries)

<sup>22</sup> <http://www.lankaweb.com/news/items/2011/09/16/population-trends-paint-a-gloomy-picture-for-sri-lanka-%E2%80%93-includes-excerpts-from-a-un-publication/>

changes in proportions of certain tribes, banned the use of all permanent methods of family planning in 2013<sup>23</sup>.

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<sup>23</sup> <http://dbsjeyaraj.com/dbsj/archives/17118>

## Mapping of Other Actors

### What are Other Actors Doing?

The world of implementing family planning projects which include faith leaders appears to be segregated into 2 quite distinct groups – 1) organisations working primarily on issues of family planning who are wanting to engage faith leaders just as gatekeepers to working within their community and 2) organisations working with faith leaders on issues of health who want to bring in a component of family planning to complement previous work on maternal health and HIV. However, neither group appear to be filling the niche of initiating programmes specifically to work with faith leaders on promotion and public endorsement of family planning. Whilst the list of organisations below is not exhaustive, especially seeing as many organisations currently work on Maternal and Child Health (MCH) programmes may include a small component of family planning as well, for the purpose of this research project, only the most prominent organisations have been selected and contacted for information.

### International Family Planning Organisations Engaging Faith Leaders

Organisations working on family planning often see their interaction with faith-based organisations and faith leaders as an extension to their primary programme and are engaging with faith-influenced organisations and individuals based upon the concept that ‘people in the poorest parts of the world, both rural and urban, value religious-based organisations above others’ rather than because they see the full potential working with faith leaders can offer<sup>24</sup>.

#### Marie Stopes International (MSI)

Marie Stopes International is one of the largest international family planning organisations in the world providing 7 million couples across 43 countries with reproductive health services, including family planning, safe comprehensive abortion care, maternal and child health care and diagnosis and treatment of sexually transmitted infections. Working with faith leaders is not a priority at MSI. However there are certain countries where strong, sometimes extremist religious beliefs dominate the culture and for that reason MSI engage with faith leaders as a means to increase access or raise awareness. In Afghanistan for example, Mullahs and their wives were involved in demand generation activities and social marketing of condoms in the mosques. This was a fairly unique example at MSI and in most cases faith leaders were only engaged because they were gatekeepers to the community and getting them on board made it easier to operate in that particular community.

#### Options

Options provides technical and management expertise in the health and social sectors to governments and international development partners. Options’ work focuses on providing expertise in sexual and reproductive health, maternal newborn and child health, HIV and AIDS, citizen’s voice and accountability, gender, social inclusion and equity and strengthening pro-poor health systems. Options is a consultancy arm of MSI and as with MSI, work with faith leaders has never been a priority area but more of a necessity in communities where the faith leader is influential in the decision-making process about whether or not to use family planning services.

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<sup>24</sup> <http://www.pathfinder.org/publications-tools/pdfs/Advancing-Reproductive-Health-and-Family-Planning-through-Faith-Based-Organizations.pdf>

## Population Services International (PSI)

PSI is a global organisation dedicated to improving the health of people in the developing world by focusing on serious challenges like a lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five including malaria, diarrhoea, pneumonia and malnutrition across 69 countries. PSI has never extensively worked with faith leaders. They facilitate social marketing programmes and franchising with private sector healthcare organisations and to date have only included faith leaders as a means to gaining their support to work with their communities.

## International Planned Parenthood Federation (IPPF)

IPPF Member Associations work in 172 countries to provide sexual and reproductive health information, education and services through 65,000 service points. Those services include family planning, abortion, maternal and child health, and STI and HIV treatment, prevention and care. IPPF member associations do include a 50 minute session of Islamic viewpoints on family planning in their training of healthcare workers in Islamic countries. Aside from this there is very little work done specifically with faith leaders.

## Plan International

Plan is one of the oldest and largest children's development organisations in the world. Working in 50 developing countries across Africa, Asia and the Americas to promote child rights and lift millions of children out of poverty. In 2013, Plan worked with 78 million children in 90,229 communities. Plan is independent, with no religious, political or governmental affiliations. (*Plan never got back in touch with details of their work specifically with faith leaders.*)

## Ipas

Ipas advocate for safe abortion and the reform of restrictive laws that harm women, engage communities in education of their reproductive health rights, provide safe abortion, post-abortion care and family planning and train doctors, nurses and healthcare workers in clinical and counselling skills for comprehensive abortion care and family planning. Ipas also work on health system strengthening projects, particularly in restrictive countries where abortions are illegal. Whilst Ipas do not work specifically with faith leaders, they do include them in stakeholder meetings as gatekeepers to their communities.

## United Nations Population Fund (UNFPA)

UNFPA works in 150 countries that are home to 80 per cent of the world's population. In these countries, the Fund is working with governments and through partnerships with other UN agencies, civil society and the private sector. Whilst UNFPA try to include faith leaders in all stakeholder meetings, their level of interaction with faith leaders varies by country. In some countries UNFPA have funded IEC material development with a theological perspective on family planning.

## Pathfinder International

Pathfinder is committed to building local capacity and works alongside more than 200 local partner organisations across more than 20 countries to establish strong, sustainable community and health systems to achieve better health outcomes for all. Pathfinder has worked with faith leaders in the past but always as gatekeepers to the communities in which they work rather than as a major focus of their programmes.

## Amref

Amref work across seven African countries on seven strategic priority areas including maternal health, child health, fighting diseases, water and sanitation, clinical and diagnostic services, research and advocacy and facilitating organisational development to become 'One Amref'. Amref has done MCH training with faith leaders in Uganda and Tanzania but the toolkit for this is not publicly available as this is a relatively new and somewhat minor intervention carried out as a means to get faith leaders on board rather than have them preaching to their communities.

## International Faith-Based Organisations Including Family Planning

Family planning does not yet appear to be an agenda driven by faith-based organisations but rather something they are beginning to agree to engage on providing they can align family planning interventions with their religious beliefs and teachings.

## CAFOD

A Catholic-based organisation working with all faiths and none, CAFOD has over 500 partners implementing programmes on livelihoods, disaster risk reduction, education and advocacy in 40 countries worldwide. CAFOD have an extensive HIV programme and whilst they may expand their health work at some point, they are not looking to expand into areas of Family Planning or Reproductive Health in the foreseeable future.

## World Vision

World Vision has a major organisational focus on children. World Vision directly implement working alongside communities in close to 100 countries to bring about long-term change by giving children a voice in the places where decisions are made and responding to emergencies that affect more than 250 million people around the world each year. World Vision focus on three key areas: child protection, child health and emergency response. Healthy Timing and Spacing of Pregnancy (HTSP) is a priority for World Vision as an integrated intervention in Maternal and Child Health programmes. World Vision works with all faiths at community level and uses Channels of Hope methodologies to reach out and train faith leaders as champions to be agents of change for family planning within their communities.

## Islamic Relief

Islamic Relief (IR) works in 30 countries across the world focusing on responding to disasters and emergencies and promoting sustainable economic and social development. Islamic Relief work with local communities regardless of race, religion or gender focusing specifically on health, education, water, orphans, children, livelihoods, food and emergency relief. IR are engaging faith leaders as advocates for change on Reproductive Health (RH) service uptake, family planning (or rather child spacing) is included in this as a key component of RH. IR are encouraged to engage the communities and give talks on RH issues during Friday sermons and any other platforms they might have to pass the messages.

## INERELA+

INERELA+ is an international, interfaith network of religious leaders – both lay and ordained, women and men – who are living with or personally affected by HIV. Since INERELA+ started in 2006, the networks have grown to encompass over 7,000 members across five continents. These members can mobilise their respective faith communities to provide accurate information and other services to an estimated 2.5 million people around the world. INERELA+ has worked extensively on HIV with a

lesser focus on gender and rights where applicable. To date they have done little specifically on family planning however, their strength lies in the development and proliferation of essential health messages such as SAVE so they are an important ally for CA in implementing their family planning programmes.

## **Where Does Christian Aid Fit Within the Family Planning Market?**

There is a fairly obvious gap in the market to which Christian Aid is in an ideal position to respond. There appear to be very few, if any, organisations specifically working with faith leaders to disseminate messages on family planning to their communities and at a national level supporting them to advocate for more rights-based family planning legislation. CA can easily fill this niche building upon previous successes and lessons learnt from their extensive work with faith leaders on HIV programmes. It may be advantageous for CA to create in-country partnerships with other INGOs mentioned above particularly those who are primarily implementing service delivery models which would compliment CA's work. CA could bring to the table their experience, positioning and vast knowledge of community mobilisation as well as their health governance expertise and use it to facilitate longer-term, sustainable outcomes in terms of making health centres accountable to the communities they serve.

## Country-Specific Findings

### Nigeria

*'Religion is number one in Nigeria!' (RHD MoH, No.12, Nigeria)*

Religion is a major part of Nigerian culture and a key consideration when implementing any programme but especially when it comes to slightly more controversial health issues such as family planning. The segregation between religions and denominations of Christianity is also a factor to consider when implementing programmes in Nigeria. Christian Aid has a reputation of being an Anglican organisation and according to the CA Nigeria team *'previous interventions using faith leaders was met with initial resistance from Catholic groups who see CA as an 'Anglican' organisation and this stops the other Christian groups from wanting to engage in CA projects.'* This historical barrier could offer a unique opportunity to engage all faiths in the development of a family planning message which cuts across religious and cultural barriers. For example, the Muslims in Nigeria have already developed a book; *'Islamic Principles on Family Planning'* available from the book shops within the National Mosque in Abuja. This book contains theology and teachings for and against family planning depending upon the situation, which can be an entry point to working with Muslim communities in the future.

In Nigeria the use of the word 'family' in 'family planning' evoked a more personal response, a reflection on the individuals own family situation and of personal experiences which have influenced their views of family planning. For example, several Muslims interviewed felt unsure about the need for family planning because:

*'I am number five in my family, if my mother had used family planning I might not be here.'* (Exec. Sec. Ntl. Mosque, No.4, Nigeria)

*'Maybe that child that you didn't have will save the world, maybe God had a vision for that child but you are stopping him being born.'* (Muslim Leader, No.11, Nigeria)

Similarly other participants spoke of their own experiences of family planning growing up and how that affected their future choices when it came to their own family planning:

*'Everyone has their own philosophy as to why, how many, when to space their children and we need to understand that. For me, I suffered a lot because my younger brother was too close to me and I was supposed to look after him as I was the oldest but he wouldn't accept that. So I said my son will be old enough before I have my second child that he can be able to look after the second born. He is 7 now and maybe when he is 8 we will have our second child.'* (Christian Leader, No.9, Nigeria)

Implementing family planning programmes comes with many challenges, some of which are not always obvious but it is important to explore and understand every motivation for or against the decision to use family planning to ensure that programmes are specifically targeted to the desired audience.

CA-Nigeria operate a 'Fruit Bowl' approach whereby they speak with the community about what they feel are their most pressing needs and then work with them to address these needs. One of the needs which came out strongly in Benue was the need for better family planning services and it is from there that the Nigerian team began engaging on family planning issues in collaboration with Marie Stopes International (MSI). This partnership speaks to the strengths of both CA and MSI as CA are responsible for the demand-side intervention mobilising the community, raising

awareness and addressing social and cultural norms that prevent women from seeking family planning services whilst MSI are responsible for the supply-side intervention, delivering high quality family planning services as part of their outreach programme operating from the local government health centre to increase accessibility for the community.

During the discussion the CA Nigeria team were keen to understand how the potentially new family planning work can fit within the broader MCNH and health frameworks to which they are currently working. This new partnership is unique for both MSI and CA and one which could potentially be further exploited to ensure the maximum return on investment is achieved. For example, working within the CA 'Community Health Approach', this partnership offers an ideal opportunity to build on the current health governance work currently carried out by CA Nigeria. Working closely with MSI, CA Nigeria can use existing structures to ensure government health care facilities get the structural governance support they require to better serve their communities and the tools to enable them to work more efficiently.

## Recommendations

- MSI's outreach programme offers short-term solutions to increasing access to health services within the communities where CA Nigeria currently operates. To build upon this innovative partnership, one recommendation would be to use this intervention to increase the technical capacity of the government staff so they can assist MSI in their outreach services and, once confident enough, can deliver services to their community when MSI are not present. In Nigeria each PHC (Primary Healthcare Centre) requests monthly for commodities to be sent from the nearest hospital based upon how much of each commodity was used in the previous month. So if the government health facility didn't use family planning commodities they won't request for it and so will never be in a position to offer those services. However, if the public sector can demonstrate the utilisation of family planning commodities as recorded by MSI during their outreach services the PHC would have justification to request for supplies of FP commodities to serve their communities when MSI are not there. This would not require advocacy for more government financial allocations to be made to the PHC but would instead be a matter of strengthening the systems already in place.

Please note that, that is not to say that Nigeria should not be working with faith leaders on issues of family planning but that their current programme working with Marie Stopes does not necessarily focus on work with faith leaders other than as community gate-keepers. Depending how their current projects and funding situation changes, the Nigeria team may well identify a need to work with faith leaders on family planning projects.

## Burundi

Burundi has some of the worst statistics in the world for family planning with a total fertility rate of 6.14<sup>25</sup>, the 3rd highest globally, a contraceptive prevalence rate of just 9.1% which is less than half of the Sub-Saharan Africa average of 21.8% and an unmet need (not necessarily unmet demand) of 29%<sup>26</sup>. In Burundi 75% of the population is Christian, of which the majority (60%) are Roman Catholic<sup>27</sup>. As a result the population as a whole is fairly conservative as far as family planning is concerned and those that are more liberal are often intimidated into silence, as one CA staff member commented *'there is a continuum from the extreme conservative faith lead-*

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25 <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2127rank.html>

26 [http://www.un.org/esa/population/publications/contraceptive2011/wallchart\\_front.pdf](http://www.un.org/esa/population/publications/contraceptive2011/wallchart_front.pdf)

27 [http://www.un.org/esa/population/publications/contraceptive2011/wallchart\\_front.pdf](http://www.un.org/esa/population/publications/contraceptive2011/wallchart_front.pdf)

*ers to the extremely liberal ones. The problem is that there is no consensus so it is the conservative ones who shout the loudest whilst the more liberal ones are afraid to be public with their views because culturally there is less support for them.'*

In general the religious institutions and CA partners in Burundi appear more conservative when it comes to modern methods of family planning than other African countries. That faith leaders such as the Anglican Bishop are being sent by UNFPA to Sierra Leone, a country similarly suffering from poor maternal and reproductive health statistics, to be involved in experience learning visits speaks volumes about the level of progress in this area of Burundi's development. Whilst participants did not dwell on the impact of this training, it appeared to be an initial training as a means to introduce the concept of family planning and its relative advantages to faith leaders from across Africa.

CA Burundi is in an ideal position to facilitate work with all faiths on areas of family planning. CA partners facilitated a seminar in 2013 with faith leaders about family planning under the guise of Reproductive Health because *'we could not say it was a seminar for family planning – everything including the banner was about reproductive health because if we said it was about family planning faith leaders would not come but once they were there they would not be able to leave!'* This seminar was a huge success to begin the dialogue of family planning and the first of its kind in Burundi. As one Anglican Bishop recalled: *'at the workshop there was a very hot debate! By the end of the seminar one Anglican Priest felt able to speak about his own experience using FP and people were amazed that a faith leader would use such a thing'*. Beginning the discussion was a major hurdle to overcome and CA and partners are in an ideal position to continue the momentum and build upon this success with future programmes.

There are several challenges in Burundi that other country programmes may not face. There appears to be myths around the function of the IUD (inter-uterine device or 'coil') which are unique to Burundi, for example, several participants (including one female Muslim doctor) explained to me that the IUD allows the fertilisation of the egg but prevents implantation in the womb. Hence why Burundians were likening the function of the IUD to that of an abortifacient. This is a barrier which may require additional communication materials and government approval because there are senior government ministers who are also medical doctors who are support and at time disseminating such messages.

In addition, participants in Burundi, much more than the Nigeria and Kenya, were resistant to speak of modern methods and found it particularly difficult to educate young people about their choices preferring to use the 'abstinence only' approach. This could be due to the more conservative nature of communities, possibly as a result the country's strong Catholic undertones and influence in the culture of the country as a whole. Add to the mix the lack of consensus or common position amongst the religious bodies and the barrier becomes a more strategic and systematic one, as one CA partner stated: *'the churches don't have the skills they need to be able to develop policies so we can't make them. We need a strategy or approach to go in and give them these skills because we need a common position of the churches and CA partners in this area'*. This is an opportunity CA are in an ideal position to address as the CA staff commented; *'most FBOs don't have a policy on FP and we can help them find a common understanding at least on their level of engagement with the issue of FP'*.

CA and partners in Burundi have a major comparative advantage when it comes to implementing family planning programmes. Both UNFPA and the government expressed the difficulty they were experiencing when trying to engage faith leaders, particularly the most influential who are in a position to address policy issues and fil-

ter communication to grassroots faith leaders. CA staff also felt this was an ideal opportunity for them to come in and play a leading role:

*'The problem is the government don't know how to reach faith leaders especially the right ones, they just say Catholics don't agree with FP but they never ask them what their opinion is. They assume faith leaders push natural methods and don't like anyone who pushes methods so it makes it difficult to find common ground to work from. We need to work with government to develop a specific strategy to work with faith leaders.'*

On the supply side, one of the major challenges in Burundi is that approximately 30% of PHCs are Catholic. These PHCs are not only refusing to deliver family planning services, but in one area it was mentioned that they have community priests who pressurise nurses to give the names of those who are asking for family planning services to the Priest as the representative from the MoH stated:

*'If women go to those clinics for family planning they are excommunicated because the other community members check the records and then report who has been to the family planning clinic back to the priest. The priest then explains publicly that each woman taking family planning is killing a child each month. So women stop using the method.'*

The government's solution to overcome this is to build clinics next to the Catholic PHCs which will offer a full range of services including family planning which is an expensive and cost-inefficient solution to a problem which could be overcome by training and awareness-raising using appropriate messages targeting specifically those Catholic faith leaders who have the decision-making power to add family planning services to the basket of services currently offered at the Catholic PHCs. This poses another potential entry point into family planning for CA and partners which could have an impact on health governance and equity in access to health services if successful.

An additional factor to consider when planning future programmes with the CA Burundi team is the need for recognition of the speed at which change can happen in an environment as conservative and new to family planning as Burundi. Three- or even five-year programmes may not be in a position to promise results of increased community adoption of family planning methods at this stage. Simply having faith leaders on board with family planning issues and agreeing to enter into positive dialogue about the need for family planning would be an achievement in itself. As the representative from the MoH stated: *'we can't go too fast in giving messages especially with the young people because, for example, a NGO from Holland came in and started talking to young people about family planning and it did not go down well, if anything it made it worse.'* CA staff and partners are ready and eager to engage on issues of family planning and that in itself is an ideal opportunity which should be exploited:

*'Being involved with different denominations of churches is important if we are to understand their different views and encourage openness of FBOs to family planning and SRH issues. Traditionally we hesitated to talk about sex and family planning but we are finding innovative strategies to do so. We need to understand how far we can go with health messages and what issues we can take forward and what we need to forget for now. Some churches are still hesitating but we will continue to engage them because we can't hide our faces.'* (CA staff member, Burundi)

## Recommendations

- CA Burundi and partners have contacts with faith leaders at both senior management and grassroots level across all faiths and denominations. Therefore it is recommended that they use this comparative advantage and their relationship with government and UN agencies to position themselves as the lead organisation for

convening faith leaders when it comes to family planning and SRH programming. This will also ensure they are a key stakeholder in the discussions around health governance and the rights of every couple to have a choice of family planning method.

- CA has already supported the first dialogues between faith leaders on family planning and this in itself is a milestone. Therefore it is recommended that this momentum be maintained by supporting and, if needs be facilitating, the development of a position paper evidenced by theological text that all faith leaders can buy in to and reference to ensure sound theological arguments to support their promotion of family planning within their communities.
- The Burundi team were concerned that they are often asked to develop overly ambitious proposals and that working on such a sensitive topic in a conservative country such as Burundi would be challenging. Therefore it is recommended that feasible indicators to measure success be developed when seeking future funding. Opening discussion channels with faith leaders and changing their perceptions would be a great first step with the assumption that as a faith leader changes his/her attitude then the messages they are delivering to their communities would also be changing because as the CA team in Burundi said; *'these are important foundations we are building and if we build on unstable foundations and try to move too quickly we will fail.'*

## Kenya

Kenya, as a country, but also as a programme is more advanced in its approach to family planning than other country programmes. With big MCH programmes already started and other potential extensions in the pipeline, the prospect of integrating family planning into the health programme is real. That said, the readiness of the partners, particularly some of the more conservative faith-based partners is where the work in Kenya needs focus.

In the health team there are 15 partners, 11 of which are faith-based. There is a 'Faith for Life' strategy to increase social mobilisation and advocate on MCH which can facilitate an entry point to addressing social norms and creating a framework for dialogue. Similarly CA Kenya can build upon past experience with regards to creating an enabling environment for faith leaders to dialogue on HIV-related stigma.

The CA partners in Kenya spoke of a current government-led campaign for family planning which focuses on 'planning' messages in an attempt to reduce controversy with slogans such as 'Plan for Yourself a Good Life' and 'Pre-Plan Your Family'. However, they also spoke of the myth surrounding this campaign that *'the West are experimenting on us with methods they don't want to use'* which poses further challenges to the Kenyan team should they decide to support government messaging rather than develop their own and supports the need to develop a new and holistic message.

In addition Kenya faces further challenges when it comes to family planning because of its deep rooted culture of tribalism. There is a sense of *'the more people in our tribe, the more votes we will have during the elections and the stronger we will become'*.

The big questions in the CA Kenya team were around health governance and strategies to using faith leaders as the driving force in policy change and creating dialogue. As one CA team member discussed:

*'There is a need for double influencing, Christian Aid on faith leaders and faith leaders on government but how can we do that? Faith leaders and FBOs do not necessarily have the same principles. How do our partners*

*influence faith leaders and other FBOs or religious institutions to come on board with governance issues? Faith leaders have influence over FBOs but not over civil society as a whole so there is a power imbalance. FBOs often have faith leaders on their board or heading them which makes it difficult to influence them because when the Bishop says something they can't challenge it.'*

Yet, whilst there are naturally some challenges associated with working with faith leaders and faith-based partners on controversial health issues such as family planning (see 'Barriers' section under 'Research Findings' below), the CA team were also cognisant of the opportunities available to them:

*'We have already used the faith leader platform a lot to do social mobilisation and address social issues. We need to look at religious text as a platform to mobilise communities to address health issues. There are interfaith forums for every sub-county to address issues of faith and governance and the manuals use theology so we could build on this. We can ride on the child survival campaign that happens for two weeks a year run by government and bring in family planning that way, using the language that the community understand best. For example, instead of using terms like 'modern methods' or 'birth spacing' we can talk about 'healthy timing'.'*

## Recommendations

- It is recommended that a market analysis study be undertaken to gauge what messages motivates people to listen and eventually to act. For example, if tribalism is the most important contributing factor to people not accessing family planning then use that motivation to invert their thinking because what they fail to see is that the more women who do not have access to family planning and subsequently die from unwanted pregnancies and poor maternal health facilities, the less people there are in their tribe able to vote.
- In light of the discussions around governance and influence amongst partners and individual faith leaders, it is recommended that a power analysis or stakeholder analysis be carried out first with CA partners working on health then with individual faith leaders who are supporting CA's work. This will increase understanding of both their organisational views on family planning and how influential their voice is in terms of policy change and health governance. If done well, this analysis should also outline the key allies and identify strategies for taking health governance work forward.
- Christian Aid's Policy on Family Planning has not been shared with partners in Kenya for fear of creating upset amongst them. This should be the decision of the CA team who know the partners best. However, it is recommended that an initial step may be to working with the partners to assist them to develop their own internal position paper or 'standpoint' on family planning. This way CA will also have a better understanding of which partners can become allies in pushing the family planning agenda and which may require a softer and longer-term approach.

## Research Findings

### The Barriers to Faith Leaders Introducing Family Planning in to their Work

#### 1. Intrinsic linkages between culture, religion and politics

One of the commonly mentioned barriers to implementation of family planning interventions was the interlinkages which exist between culture, religion and politics. Certain cultural values, it was felt, could negatively influence people's decision about whether to adopt a method of family planning:

*'We need to preach about the ethics of family planning – this is not a political agenda and without a biblical basis the community will see it as political, as population control. It needs a theological basis.'* (CA partner, No. 6, Nigeria)

*'Family planning is seen as against the Nigerian culture and a means to increase promiscuity. God gives us children.'* (CA partner, No.7, Nigeria)

*'Acceptability or not is to do with cultural upbringing of people in Nigeria because in the rural areas they are encouraged to have many children to help out on the farms....We must be culture-friendly if not we will strangle the life out of this programme. Utilise the platform my culture has provided but do not break it in the name of liberty [human rights] - then the programme will work well.'* (Christian Leader, No.9, Nigeria)

*'Women don't like to talk about it [family planning] as it is a big taboo in our culture.... In our culture if you have lots of children and cows then you are a big man.'* (CA partners, No.13, Burundi)

*'The practise of contraception is developing but still there is a taboo and cultural-social barriers to overcome such as the idea that if couples are faithful, why should they use family planning?'* (Perm. Sec. Bur. No.14, Burundi)

*'We need to contextualise this within our culture so we use the appropriate language whilst giving the message that we are trying to preserve our culture rather than go against it.'* (Arch. Bish. No.17, Burundi)

*'There are verses in the bible saying 'my people are dying from lack of knowledge' but culture is also a barrier and we need to explore the positive cultures that we have rather than focusing on stopping the negative ones so we can increase acceptance and knowledge'* (BUNERELA+, No. 20, Burundi)

*'There is a continuum from the extremely conservative faith leaders to the extremely liberal ones. The problem is that there is no consensus so it is the conservative ones who shout the loudest whilst the more liberal ones are afraid to be public with their views because culturally there is less support for them.'* (CA staff, No.21, Burundi)

*Some cultures promote getting as many children as possible to contribute to the growth of the community so there are more voters and more tribal growth. Also societies view having boys as better because the society in Kenya is very patriarchal and now the boys are the inheritors. (CA partner, No.25, Kenya)*

*It is a problem within us that we have been swallowed by a culture where sex is a taboo.....There are cultural myths within the churches.... In the African setting sex is a taboo generally – we don't talk about it we just do it....Tribalism is often linked to family planning in Kenya and religion often interlinked with culture (Christian Leaders, No.28, Kenya)*

*Some communities are very attached to their culture and tend to mix culture and religion....The mosque is a cultural place...At times local culture is too strong and takes over the teachings of the faith leader.' (Muslim Leaders, No.29, Kenya)*

## 2. Social norms and taboos prevent open communication

Social norms were identified as a barrier to communication between couples with regards to whether or not to use family planning and how to access such services:

*'The problem is that it is difficult culturally to talk about it between a mother and her children because it is a taboo' (CA partner, No.7, Nigeria)*

*'Another problem is that there is no communication between couples – they can't talk about it and this was also highlighted in the DHS survey. It is a big issue here because women have to come alone to receive services...There is another gap in the communication and challenge of social norms amongst educated, non-education, men, women, youth, urban and rural.' (UNFPA, No.18, Burundi)*

*'Barriers to working on family planning are that it is a taboo [to talk about it] in church and change can be an issue. ....In rural areas the sex dialogue is not there at all – they even switch off the light before they get undressed for sex because even seeing each other naked is not allowed so having dialogue is a far off thing.' (BUNERELA+, No.20, Burundi)*

*'We live in a patriarchal society and so the man has to sign if the woman wants a permanent method which makes it restricting [when they can't communicate about it].'(KENERELA+, No.23, Kenya)*

*'Speaking about family planning is a cultural taboo in Africa and talking about it is seen as sinful.' (Christian Leader, No.28, Kenya)*

*'Many Muslim women go for family planning without their husbands knowing and the doctors lock their referral cards in a cabinet because they cannot take them home with them in case their husbands find them. They are afraid to discuss it with their husbands because they feel they are sinning by killing. This is a misconception of religion and a problem resulting from there being no dialogue between couples.' (Muslim leader, No.29, Kenya)*

## 3. Lack of Biblical theology to support family planning

One of the challenges which was not mentioned by the participants specifically as a 'barrier' *per se* but which it became apparent would be a challenge to Christian Aid should they decide to move ahead in their work on family planning with faith leaders was the identification of biblical theological evidence which supports issues relating to family planning, birth spacing or birth limiting. Whilst the Qur'an has passages and Hadiths which speak to both birth spacing and barrier methods for family planning (see section below under *opportunities*), the Bible is somewhat lacking in such references and therefore lends itself far more open to interpretation and potential misinterpretations. If anything the biblical evidence that is available supports procreation:

*'In Genesis it says 'multiply as sand on sea' which means we need to adapt the interpretation of this but people are reluctant to change' (BUNERELA+, No.20, Burundi)*

*'The church gives preparation for marriage – it says you should 'multiply like sand on the beach' so traditionally people don't use family planning.' (RHD MoH, No19, Burundi)*

*'Some people quote and misquote the bible for example in Genesis it mentions about multiplying and feeding the earth. We need to contextualise it – which earth are you feeding? Because the earth is full and now we are subduing it. If we have children and we cannot bring the up and we cannot feed that child then it is not good. We are the managers of life and we are not managing it properly.' (KENERELA+ No.23, Kenya)*

In Nigeria, when speaking to a group of three Christian faith leaders in Benue, it was mutually agreed that Psalm 127:3-4 made reference to the number of children it was recommended to have as it states: *"Behold, children are a gift of the Lord; the fruit of the womb is a reward. Like arrows in the hand of a warrior, so are the children of one's youth. How blessed is the man whose quiver is full of them"*. It is believed that the average number of arrows a quiver can hold is 4 and so this passage is interpreted by these faith leaders as:

*'This tells us that at most you should have 4 children.'* (Christian Leader, No.9, Nigeria)

However, upon asking all other Christian faith leaders who participated in this study to find examples of theological evidence to support family planning all, aside from the above-mentioned, asked for more time to reflect because they were unable to think of any. During the Christian workshop in Kenya, a Bible reference suggested and discussed by participants was that of Genesis 1:28 which states: *"And God blessed them; and God said to them, 'Be fruitful and multiply, and fill the earth, and subdue it; and rule over the fish of the sea and over the birds of the sky, and over every living thing that moves on the earth"*. A heated discussion ensued with regards to the interpretation of the term 'subdue' which some felt related to subduing the multiplication process i.e. by using family planning, whilst others interpreted this as man subduing the fish, birds and every living thing on earth. A consensus was never reached, no other suggestions of passages were mentioned despite spending some time searching and all participants asked for more time to reflect upon this before they could find anything more concrete.

Through personal research, the only mention of 'the withdrawal method' in the Bible was Genesis 38:9-10 which states: *"But Onan knew that the offspring would not be his. So whenever he went in to his brother's wife he would waste the semen on the ground, so as not to give offspring to his brother. And what he did was wicked in the sight of the Lord, and he put him to death also."* However, this could be easily construed as both positive or negative with respect to family planning. Whilst it is entirely possible that the 'wicked' behaviour relates more to him going to his brother's wife than wasting the semen, it is somewhat inconclusive because one could argue that the 'wicked' in this instance can also be interpreted as relating to the wasting of the semen.

#### 4. 'Abstinence-only' messages for young, unmarried people

Not educating young people about all the family planning options available to them was not construed to be a 'barrier' by the faith leaders. However, it became apparent

that all but one of the faith leaders participating in this study would prefer to promote 'abstinence-only' messages than those of 'choice' when addressing young people. This could prove to be a barrier to Christian Aid's interventions and it may be important to recognise this limitation to working with young people through faith leaders in future programmes:

*'We are happy to talk to young people not yet married to prepare them for married life. Everyone wants to live the good life but the challenge is ignorance, if people are properly guided they will avoid sex before marriage.'* (CAN, No.5, Nigeria)

*'Promiscuity is an individual thing; there are some that do it. If you are not married we tell them about abstinence.'* (Muslim Leaders, No.8, Nigeria)

*'We preach abstinence and we don't see sex before marriage commonly, in all my years at the church I have only seen one case of a girl getting pregnant before marriage and then she married the man so it was not a problem. If it happens you must get married.'* (Christian Leader, No.9, Nigeria)

*'For young girls we advise them to abstain, if we promote methods of family planning that will increase their promiscuity and abstinence is important....If we speak to young girls about family planning it will promote prostitution so we just talk about delaying sex before marriage.....When there is a plate of food in the house and it is covered the child will leave it alone but when there is a plate of food and it is not covered, the child must want to try some. It is the same with condoms; if you show them then they will want to use them and to know more. The main complementary fact between science and religion is that abstinence is the only method which is 100% assurance.'* (Muslim Leaders, No.15, Burundi)

*'With youth we promote abstinence and don't talk about family planning because it is not their business yet. If we do talk about family planning with youth and speak about modern methods it's a way to tell them to stop studying and play at sex because they have the tools and are not educated enough to use modern methods properly. Pregnancy in schools is very common with unmarried women.'* (Anglican Bishop, No.16, Burundi)

*'We can't go too fast in giving messages especially with the young because, for example, a NGO from Holland came in and started talking to young people about this and it did not go down well....If pastors have information then they can educate people about this but it is difficult to teach something you don't understand so all faith leaders just talk about abstinence.'* (RHD MoH, No.19, Burundi)

*'It is a challenge to talk to young people about family planning because it encourages them to have sex. We don't tell them about contraceptives they need to use until they are married then we can talk about it in marriage counselling. This is where the church is always criticised in the media where they say we promote certain values. The media promote messages against the church beliefs because we teach more about the disadvantages of family planning before marriage.'* (CA partner, No.24, Kenya)

*'There is a coalition of adolescents on reproductive health and we belong to that partnership but we do not explicitly talk about family planning. We talk to them about abstinence and life skills and late sexual debut, HIV*

*prevention. Some youth already have children but still no-one talks to them about family planning.’ (CA partner, No.25, Kenya)*

*‘As leaders and as parents if we promote family planning it is not possible to keep a child ‘clean’. Family planning is supposed to start at marriage lets not hide it from them - this is what family planning is – let’s tell them the negative reasons of using these things. We need to show them morals and preach biblically about it....Youth are very interesting; they have a lot to share on abortion and sex. They say, we are big now so we are sexually active even though our pastor says don’t have sex and don’t use condoms but there is peer pressure on us to do it. Faith leaders tell them not to use family planning before their first child and that family planning is for married people and faith leaders are very powerful – what they say, the youth will follow so when they have sex they have no protection with them and they have to use the morning after pill.....family planning is for those who are already married ONLY! We should give youth the right direction, don’t give them options. We want to empower them to be able to make a choice but if we give them options they might make the wrong choice.....We are responsible for seeing that our young people remain responsible so we have large national seminars with youth where we teach young people morals and how to keep themselves ‘clean’ and make them abstain and open their minds to show them you have a choice and these are the results....As leaders and as parents if we promote family planning it is not possible to keep a child ‘clean’. family planning is supposed to start at marriage lets not hide it from them this is what family planning is – let’s tell them the negative reasons of using these things. We need to show them morals and preach biblically about it..... We teach them [the youth] the right values but there are those who still make the wrong choice so I will teach them everything but I won’t tell a 8 or 9 year old girl who has started her period about family planning. I would rather she had a baby than I teach her that....At certain points we must make the decision for young people, guide them and give them direction’ (Christian Leaders, No.28, Kenya)*

As with all things there are the exceptions to the rule and of all the participants in this research, there was just one faith leader who felt strongly that it was his duty to educate young people on all options available but that this was only possible now that his superior was no longer imposing restrictions on what he could and couldn’t include in his teachings as he said in response to the statement above:

*‘We are the hope for these children, they are looking to us and it is our job to give them all the information and I encourage anything that is safe. I encourage condoms, I encourage family planning, I encourage abstinence and one day they will remember me for that. The recent survey done by the government said 81% of young people in Kenya are engaged in sex before marriage. This is very discouraging. When talking about issues of sexuality lets be open about it. When I was working under the Arch Bishop I had no voice of my own. Now I am a Bishop without an Arch Bishop I have my voice and I am free to say what others cannot. I tell them because they have a right to this information because bad information is killing them. We have the responsibility!’ (Bishop, No.28, Kenya)*

## 5. Catholics cited as ‘barriers’ to family planning

There is often a stereotype associated with the Catholic faith being ‘against family planning’. When asked about the ‘barriers’ to family planning interventions, none of the faith leaders felt their own faith was a barrier and yet many of the participants, both faith-based and secular, cited the Catholic faith as a potential barrier to family

planning interventions. Whilst this report cannot comment on whether or not that is the reality, it was an interesting trend to note.

*'Christians as a whole tend to be more accepting but not those that are orthodox and not Catholics....Catholics say that God has already given them a method for family planning – the 'billings method' which is counting the days in your monthly cycle.'* (MSN, No.2, Nigeria)

*'With Catholics, once their leader accepts everyone will accept but they do not like family planning. They are the most difficult.... The Catholic church forbids family planning and use abstinence and natural controls.* (Christian Youth Leader, No.5, Nigeria)

*'Some people do not accept family planning depending on the doctrine for example, the Catholics don't allow even use of condom.'* (CA partner, No.6, Nigeria)

*'The Catholic position is the same as the Vatican and their policy on family planning is already set because the last decision is with the Vatican.* (CA partners, No.13, Burundi)

*'There is a difference between different faith involvement and trying to bring together people from all different faiths is a problem, especially with the Catholics who do not want to engage.'* (Perm. Sec. Bur. No.14, Burundi)

*'The Catholic Church has PHCs and in those centres there is no family planning available which is a problem because for many people it is the only PHC available....Sometimes it is complicated with the Catholic Church. We want to work with all faiths and Muslims are more open about all methods, they have little negative messages....The issue is with the PHCs run by the Catholics because women have no choice available to them in these centres and these account for 30% of all PHCs in the country.'*(UNFPA, No.18, Burundi)

*'The government and they have the impression Catholics are not moving or advancing their views and they have 30% of the PHCs in the country so if women go to those clinics for family planning they are excommunicated because the other community members check the records and then report who has been to the family planning clinic back to the priest. The priest takes the nurses from these centres and discourages them to speak about FP and he explains publicly that each woman taking family planning is killing a child each month. So women stop using the method.'* (MoH RHD, No.19, Burundi)

*'The problem is the government don't know how to reach faith leaders especially the right ones, they just say Catholics don't agree with family planning but they never ask them what their opinion is.'* (CA staff, No.21, Burundi)

*'Some Faith Leaders talk against family planning, like the Catholics.'* (KENERELA+, No.23, Kenya)

*'The Catholics will only talk about natural methods and that's all.'* (MoH, No.26, Kenya)

*'At the community level where the catholic faith has been strong there has been conflict as some do not allow other methods than natural methods.'* (Amref, No.27, Kenya)

*'Catholics don't promote modern methods but a lot of Catholics still use them secretly... There are religious believers such as the Catholic and some independent churches who don't agree with family planning.'* (Christian Leaders, No.28, Kenya)

As CA work more with Christian denominations other than Catholic in the countries visited, it was unfortunate that only one Catholic Priest was able to participate in this research and ironic that it was this faith leader who was one of the most rights-based in his approach to family planning of all the faith-based participants:

*'We have catholic teachings on family issues but we rarely use the term family planning. We encourage responsible parenthood. We use our own position which is natural methods and I am not sure if we will ever move to an alternative. People don't understand why we don't teach on modern methods. People will take their own decision and we cannot decide on behalf of people. As long as we educate them they can make that informed decision about their own life. All we can give is an 'education of conscience'. The issue is not about teachings of the Catholic church because as faith leaders we can't go beyond the gospel but we can educate people about being responsible people.'* (Catholic Priest, No.16, Burundi)

## The Opportunities available to Faith Leaders Introducing Family Planning in to their Work

### 1. Religion is an important factor in people's lives

One of the most consistent similarities between the three countries where this research was carried out was the notion that Nigerians, Burundians and Kenyans *'are very religious people'*, that religion was an extremely important factor in the lives of the majority of the population because people trusted their faith leader and that working with religious groups offers a great opportunity for Christian Aid when implementing future family planning programmes:

*'The opportunities are found at community level and working with religious leaders because religions are very powerful....Nigeria is very religious and so using faith leaders creates access to communities.... Most communities listen to their religious leaders'* (Ipas, No.3, Nigeria)

*'Islam teaches you about a complete way of life, everything is regulated by religion.'* (Exec. Sec. Ntl. Mosque, No.4, Nigeria)

*'Not involving the faith leaders is a problem because they have the power to stop communities listening especially in rural areas'* (CA partner, No.6, Nigeria)

*'Nigerians are very religious especially in the rural areas where many people are illiterate and so really depend on their faith leader who can give them the religious perspective.'* (Christian Leaders, No.9, Nigeria)

*'Religion is number one in Nigeria!'* (MoH, No.12, Nigeria)

*'In Burundi, all the population have a religion, the DHS report stated that almost all people had a religion and the most prevalent was Christianity. It is a very religious country and so it is important to take this into account or we won't succeed, we need to understand the cultural mindset of the people.'* (UNFPA, No.18, Burundi)

*'The majority of our population is religious. They don't accept messages in the paper or word-of-mouth but they get everything from their religious sermon – they are the key to mobilisation of the community...People culturally trust their faith leader to understand both religion and medicine in Burundian culture. The State and the Church are the same thing in this country.'* (RHD MoH, No.19, Burundi)

*'Faith leaders are key because religion plays a key role in the lives of people. Faith leaders are influential in the lives of people especially in rural areas where religion is stronger.'* (Amref, No.27, Kenya)

*'If the message comes from the mosque it has weight in the community....We are considered as gatekeepers to the community and our participation matters when teaching on religion. We are credible and people listen to us. The bar is set higher for faith leaders because they command respect from the people and are a role model, they see the faith leaders as someone who can always give the correct message and they accept what he says because he is educated in the Qur'an, obeys Allah and are someone who has authority giving correct direction to their congregation and they have an obligation to listen to him.'* (Muslim Leaders, No.29, Kenya)

## 2. Religious structures are robust and far-reaching

Most faiths have prominent organisational structures that offer a unique opportunity to reach vast numbers of people from government ministers to communities at grass-roots level and thus they offer an ideal mechanism for spreading essential public health messages:

*'Working with them [faith leaders] allows us to mobilise the community easily. If you look at the religious structure or organogram you will find that they have people more far reaching than even government structures and community health workers. People respect the religious structures more than the government ones and so it is easier to penetrate communities through religious structures.'* (Ipas, No.3, Nigeria)

*'The Catholic church has very hierarchical administration and is top-down. The community level is very far from the top leaders who have all the information. About 70% of people in Burundi are Catholic and there is on average 1 catholic priest per 5 households. A lot of the population is illiterate and so trust the information from their faith leader.'* (RHD MoH, No.19, Burundi)

*'The Anglicans, Catholics, Muslims and more traditional religions have strong structures in place that we can use to reach the communities. It is the newer evangelical churches which are more informal and harder to reach.'* (CA staff, No.21, Burundi)

*'The churches have very clear structures so once we have a message we can quickly get it down to grassroots level.'* (CA partner, No.25, Kenya)

## 3. Strong Qu'ranic theology to support family planning

The main difference between the Muslim and Christian participants in this research was their ability to find theological evidence to support family planning interventions. Whilst the Christians found this a challenge, every Muslim reached in this study was able to speak of religious text which supported birth spacing and the use of certain

family planning methods. This offers an ideal opportunity for Christian Aid to engage with Muslim leaders on issues of family planning:

*'In the North of Nigeria Muslim leaders are very powerful and when reaching out to Islamic communities you should use terminology such as 'birth spacing' and delivery because there is a section in the qu'ran about taking 30 months from conception to weaning the child before you have another child.'* (MSN, No.2, Nigeria)

*'In the Qu'ran there is a passage which says that from conception to weaning should be 30 months. This means that the minimum amount is 6 months and the maximum amount is 30 months. If you conceive during this period you will jeopardise your baby so during this period the couple can use control based upon medical advice....Traditional methods which stop the sperm meeting the egg like withdrawal methods are encouraged.'* (Exec. Sec. Ntl. Mosque, No.4, Nigeria)

*'Family Planning is part of the Muslim women's culture in general – there are scriptures to support this which mentions suckling for at least 2 years to space children well because Allah knows all that you do.'* (Female Muslim Leaders, No.8, Nigeria)

*'There is teaching along the lines of birth spacing because the Qu'ran says it should be 30 months before having another child. We are not only sending this message – they are following it...When you don't want to have children you can use the withdrawal method or abstain – Prophet Mohammed said, but I know there are lots of accidents! We don't mind condoms because they are like the withdrawal method.'* (Imam, No.10, Nigeria)

*'There are 30 months between a child to help the health of the mother. There are natural spacing methods and should space for 2.5-3 years....In Islamic culture we do this with breast-feeding. In my family there are 5 children and 3 years between each child. We used the withdrawal method and breast-feeding....As Muslims we practise the cycle counting and withdrawal methods'* (Muslim Leaders, No.15, Burundi)

*'Qu'ran quotes - there are loads of them! There should be 30 months between conception and weaning....Any physical and chemical barrier to conception is the same as 'coitus interruptus' which is permissible in the Qur'an because the Prophet (Peace Be Upon Him) saw it happening in the Hadiths and didn't say to stop it which means he permitted it. Family planning in general is permissible only a small issue about irreversible messages is not permitted. In Islam there is an assumption that if something is not prohibited then it is automatically permissible.'* (Muslim Leaders, No.29, Kenya)

The examples mentioned above speak of the need to take 30 months between conception and weaning the child and can be found in chapter 46:15 of the Qu'ran where it states: "And We have enjoined upon man, to his parents, good treatment. His mother carried him with hardship and gave birth to him with hardship, and his gestation and weaning [period] is thirty months." However, this assumes that the woman cannot get pregnant during breastfeeding which is not strictly true for all women.

In addition, the Qur'an uses the term 'azl' in various chapters and in several Hadiths referring to the practise of coitus interruptus or 'the withdrawal method' and it's acceptability in Islam. For example in the Hadith, Abu Sa'id al Khudri reported: The Prophet (Peace Be Upon Him) was questioned regarding azl and he said "Not out of

*all the semen a child is formed and if Allah willed to create something nothing would stop Him from doing so” (Sahih Muslim op.cit., 464). Similarly, in another Hadith Imam Muslim narrates: “We used to practise azl during the time of the Prophet (Peace Be Upon Him). The Prophet (Peace be upon Him) came to know about this but did not forbid it.” (Sahih Muslim op.cit., 1:465). Both examples speak of the acceptability of the withdrawal methods. How ‘withdrawal methods’ were interpreted varied as in Kenya these were perceived to be:*

*‘Any physical and chemical barrier to conception’ (Muslim Leaders, no.29, Kenya)*

However, in Burundi the Muslim leaders who participated in this study who felt that this text was relating only to the use of traditional or natural methods rather than modern, artificial methods:

*‘There are reasons why we refuse modern methods – it is not good to introduce hard materials into your body when you don’t know what it is made up of and don’t understand the make-up of the material.’ (Muslim Leaders, No.15, Burundi)*

In addition, for Islamic communities to buy-in to a new message, the Muslim leaders who participated in this research felt that messaging should be built around ‘birth spacing’ rather than ‘birth limiting’ and that messages should not be based upon the economic burden of having too many children because “*God will provide*”:

*‘We cannot talk about reducing poverty because that is God’s job and not us. If you want to limit children because you have not got enough money to feed or educate them then this is forbidden because God will provide.’ (Exec. Sec. Ntl. Mosque, No.4, Nigeria)*

*‘Already in Islam there is family planning but it is not specified the number of children we should have and when we try to specify leaders find it challenging because everything is already written by God and so we can’t stop it – birth spacing is the only thing we can talk about and only with married people.’ (Imam, No.10, Nigeria)*

*‘What is challenging is the word ‘planning’ because people feel it is against the Qur’an because God plans your life for you’ (Muslim Leaders, no.29, Kenya)*

#### 4. Holistic Messaging: The gap in the market

An overarching finding from all participants in the study was that, in general, to date family planning has not been well received across religions and countries. Family planning is seen by many as having hidden political, tribal and religious agendas and is often equated to playing ‘*a numbers game*’ in terms of increasing or decreasing the number of voters, maintaining one’s popularity within the community and ensuring the growth or dominance of tribes or religions through increasing population size. Several Kenyan participants described this as the ‘*tyranny of numbers*’ often associated with the failure of previous family planning programmes. Developing a holistic, inclusive and correct message could be an opportunity that Christian Aid is in an ideal place to respond to:

*‘Terminology and messaging are key to success.’ (MSN, No.2, Nigeria)*

*‘We need to carry messages to communities.’ (Christian Leaders, No.9, Nigeria)*

*'We need buy-in from those high up in the different religions and go in with the correct messaging.'* (CA partners, No.13, Burundi)

*'There are many issues involved and the challenge is do we have the same message? Are we talking about limiting births or about birth spacing? Do these messages even translate into our local languages? It is not always easy to find exact words which have the same meaning in local languages so we need to make sure we are always talking about the same thing and giving the same messages. The second issue is the 'HOW?' – which method do we use and promote? If we look at family planning it is about how to sustain health of the mother so that her health and well-being are not destroyed by giving birth..... We need to find a way to harmonise messages and language because we keep trying to go around it without saying words like 'sex' or 'family planning' – we need clarity on this. Those involved should come together to have a common understanding and we should be positive about the 'R' in RH more than focusing on family planning....We need a more holistic approach to see where we can come in with the theological point of view.'* (Arch Bishop, No.17, Burundi)

*'Evangelical church leaders need to group together to humanise the views and messages and develop and action plan so there is some clarification...We need more support to find appropriate messages on Family Planning like SAVE. The government felt SAVE was a good approach and FLs liked it because it was better than ABC.'* (BUNERELA+ No.20, Burundi)

*'The few faith leaders that are for family planning are not willing to come out publicly and say so because they fear being ostracised so they use other messages and find words that are more comfortable and accepted.'* (CA staff, No.22, Kenya)

*'We need to come up with good messages that we can use to appeal to them [communities]....We just need good theological messages which will speak to all faith leaders and people – something that we can own then we will promote it....We need time for reflection on the messages that will be acceptable before we roll it out. Then we target the top people to ensure it is theologically sound. We need time to reflect theologically to be able to come up with good supportive bible quotes and a message which is acceptable to all. Then we need to target the top people to ensure they support that it is theologically sound... We need to talk from a broader perspective about SRH and gender then include issues relating to family planning rather than isolating family planning. We need a holistic message and hide it behind a broader issue – a total health approach.SAVE helped us to open up about SRHR and has opened up issues of sexuality, gender, family planning HIV – so we need to approach this with a broader perspective....We are the managers of life and we are not managing it properly – there are messages we can use which doesn't directly talk to family planning but it hints at it and we need to bring that out'* (KENERELA+, No.23, Kenya)

*'We have integrated MCH and family planning and don't separate the two things because they are related and we might do more if we include family planning in MCH because it is more accepted and we can package the message more easily.'* (CA partner, No.24, Kenya)

*'We really need a direct message towards the men about what their role is and also what the role of women and youth are in family planning programmes.... Messages should be developed specifically with the com-*

*unities, you can't just go in and tell them this is the message and we need them to help prepare it so they are bought in to it. We need to make sure the messages are linked to Bible and Qur'an quotes to show the religious support for the messages, they need a theological basis and must be approved by the chief theologian....We need technical support to develop a good message about family planning which is clear and acceptable by all. The churches have very clear structures so once we have a message we can quickly get it down to grassroots level. Messages developed so far always align with the government ministries but not always with the faith leaders so the ownership is with government not the religious community which can cause conflict.'* (CA partner, No.25, Kenya)

*'The language just needs to be different because local authorities [like chiefs] are against contraception so we need to be clear with our messages.'* (Christian Leaders, No.28, Kenya)

*'The problem is the 'tyranny of numbers' because the faith leaders speak about wanting large communities and they are making misconceptions about what this means. They assume [from the current messages] family planning is a western thing to limit the number of Muslims...We need to be careful when packaging the messages...there is a misconception that the only messages given out are spiritual messages but it's not true we are able to package and deliver messages about anything as long as it relates to teachings in the Qur'an.... Messages must be packaged properly. We can start by talking about child welfare and what does Islam say about the family then slowly move on to family planning.'* (Muslim Leaders, No.29, Kenya)

## 5. Building on past successes

Christian Aid and partners have a long history of implementing successful HIV, sexual health programmes upon which lessons have been learnt and experiences can be drawn. Adding reproductive health and family planning to the repertoire should be more a process of building on, expanding and strengthening previous work than starting from scratch as many of the CA staff and partners state:

*'We have the opportunity to build on the HIV work we have been doing. The problem is not in discussing the different methods but how to draw in faith leaders to take part in the discussion.'* (CA partners, No.13, Burundi)

*'We are missing the training and the means to be trained as agents of change for family planning like we had for stigma around HIV which is now reducing in the church communities. Pastors can now take care and support HIV positive people and we can do the same with family planning....Awareness-raising has helped us to be open and it will be the same with family planning – those cultural practises which were barriers to us are not anymore and so we can do the same with family planning. We have become agents of change for HIV and we can use the same process with family planning.'* (BUNERELA+, No.20, Burundi)

*'We have a faith for life strategy already to increase social mobilisation and advocate on MCH. This is a good entry point to addressing social norms and creating a framework for dialogue. We have already done this with faith leaders and HIV dialogue around stigma.'* (CA staff, No.22, Kenya)

*'SAVE helped us to open up about SRHR and has opened up issues of sexuality, gender, family planning, HIV – so we need to approach this with a broader perspective.'* (KENERELA+, No.23, Kenya)

*'HIV was harder to talk about than family planning. The church did a reflection on HIV but family planning has been around for years so it is easier to deal with. When church leaders overcame HIV stigma we had got to the stage of getting all church leaders on board and we could influence the church and the FLs. Sharing experiences was also good and Gideon made the Bishops listen and open up. NCKK leaders were actually tested for HIV publicly which was very influential in the HIV response.'* (CA partner, No.24, Kenya)

*'Our board members have consistently shut down any work or campaigns on family planning. Now we have our first project they have allowed which uses electronic media to mobilise communities for family planning uptake in partnership with the National Population Control Council. Before we were afraid to go to our board on anything related to using modern methods. This time we justified it by saying it is not about 'family planning' but 'child spacing' and we gave the benefits to the family and the country and the communities.'* (CA partner, No.25, Kenya)

*'With HIV there were songs and that was the best way to raise awareness. As this has been done before it would be easy to find artists to do something similar on family planning.'* (Christian Leaders, No.28. Kenya)

## Discussion

The overall purpose of this research was *'to engage faith leaders directly in order to find out, what in their perspective, are the major barriers and opportunities to engaging with their communities on family planning'*. To begin the discussion and challenge the assumption that faith leaders are actually relevant stakeholders in family planning programmes begs the question – *'why use faith leaders in family planning programmes at all?'* as a male Muslim faith leader from BUNERELA+ pointed out:

*'As religious leaders you are not telling us to preach about the danger of arms or to stop killing with guns, but we are supposed to stand in front of our communities and talk about condoms!'*

Yet, his feelings are in the minority, because to most faith leaders the essence of religion is about 'family', with congregations themselves often referred to as 'family' or 'flock' led by their faith leader as the interpreter and custodian of the religious text which guides them in their daily lives. For example, the Executive Secretary of the Nigerian National Mosque in Abuja stated:

*'Family values are what are important in the Muslim faith and family values conform with Islamic teachings. Islam teaches you about a complete way of life, everything is regulated by religion...Family planning is looked at from the point of view of family values.'*

Faith leaders also feel a strong sense of responsibility to their followers as an Imam and Muslim scholar in Kenya stated:

*'Faith leaders have a responsibility to give the right advice and messages, if a woman is advised not to take family planning and she dies [from an unwanted pregnancy] I would feel that I failed her and I would have a bad conscience for not correctly advising her'*

In addition to their perceived sense of responsibility to protect their congregation, faith leaders possess the skills necessary to be the ideal partners to work with on family planning programmes because *'faith leaders are very good communicators – when they have the right message and the right information it will be repeated over*

*and over again loudly and openly. This is what they can bring to the table.'* (CA partner, No. 25, Kenya)

Throughout the focus groups and interviews that were carried out as part of this research it became wholly apparent that culture and religion are concepts that are so intertwined they are often inseparable. As a result issues seen as 'morally acceptable' by religious standards may or may not be seen as 'culturally acceptable' by communities and yet the distinction between the two faculties is difficult, often impossible, for communities to decipher. One possible solution to this would be to address the two factors together in a more holistic view using both religious and traditional leaders.

Unravelling culture and religion may be a difficult and long-term task to involve in any programme as well as being a strategy that yields less return on investment than other options. Having said that, the Muslim scholar in Kenya explained how this was the process they were currently undertaking to reduce levels of FGM which people believed to be a religious issue when in reality it is purely a cultural one. However, when focusing on family planning interventions, an easier solution may be to include cultural leaders in activities with religious leaders when they are being targeted specifically as 'community gatekeepers' rather than as theological preachers. As the CA Nigeria team commented *'Faith leaders are an important entry point or 'gatekeeper' to working with a community. They are included in every community dialogue as key stakeholders alongside community leaders, women's leaders, youth leaders. Why are we working with just faith leaders? There are other stakeholders we need to include as well if we are going to work with a community'*.

Addressing equitable social norms is already a prominent aspect of the CA 'Community Health Approach' and an entry point into encouraging these discussions between couples could be through family planning programmes using faith leaders influence to add emphasis on the need to open discussion channels. Several faith leaders commented that this is already something they like to promote through pre-marriage counselling but that many other faith leaders still do not feel comfortable introducing issues of communication about sex as part of their pre-marriage teachings. This barrier to communication could itself offer an ideal opportunity for CA and partners to develop a checklist of topics for discussion as part of the marriage counselling process because all faith leaders participating in this research spoke of having no guidance when it comes to what should be included as part of the pre-marriage discussions.

Every faith leader participating in this research regardless of country or religion felt strongly that they should have a religious evidence-base upon which to defend their message and that that evidence-base should come directly from their religious text. Whilst this may be an easier task for the Muslims than the Christians, it is important that faith leaders be given the time and space to reflect theologically when developing messages and sermons to raise awareness about family planning within their communities as this will avoid misinterpretation in the future.

Furthermore, there appeared to be a need to unite the faiths together and learn from previous experience working on HIV which overcame individual religious preferences concerning prevention messaging and found a way for each faith to stand together and respect one-another's standpoint, as a CA partner recounts:

*'When we started work on HIV there was a fight between the different denominations but after a while the conclusion was clear – the fight against HIV is a war and everyone must bring his own weapon, you who can promote the condom must bring your condom, you who preach about abstinence must use that weapon – that will bring results. If the Catholics have a position, as long as we understand it we can use it. We don't want to see women dying from giving birth.'* (CA partner, No.13, Burundi)

One of the strongest findings to resonate from this research mentioned by every participant as key to the success of any family planning intervention was *'messaging'*. There was a consensus that how the message is packaged and delivered is the difference between a programme that will succeed and one that won't. Participants explained that if the message is not right it will be *'dead on arrival'*. Yet developing a good message for family planning which is accepted by all will not be an easy task.

If correct messaging is a barrier to working on family planning then I believe this is an ideal opportunity for Christian Aid to carve out its niche. Health messaging is an area that CA already has strength and experience. The SAVE message was accepted by CA partners in almost all countries, faiths and tribes as one Bishop in Kenya stated:

*'SAVE message was good because no-one was able to challenge it theologically which meant that all the churches and faiths could come together and say the same thing – we should make something similar to this. SAVE has also managed to go to the grassroots so we can learn from that.'*

The SAVE phenomenon was also malleable enough that country programmes could use it in innovative ways relevant to their specific context. In Sierra Leone for example, SAVE was made into a song, an animation and billboard designs, in Kenya they made small pocket-sized booklets for faith leaders and used it as a basis to develop and preach innovative sermons as one Kenyan Christian leader referring to how SAVE overcame SSDDIM<sup>28</sup> exclaimed *'I don't say today's sermon will be on SAVE' I say 'I am going to tell you a story of how 4 stones kill 6 evils' – THEN they listen!'*

Similarly CA have a wealth of knowledge on the limitations of the SAVE message from the evaluations which were carried out in 2008/9 the lessons of which can be used as a key learning resource to inform future health message development. Whether or not CA has the resources available to deliver a new message to the level of promotion they used for SAVE, it is clear from this research that the development of a similar message for family planning would be a good first step in reaching out to faith leaders to join forces and reduce maternal morbidity and mortality through unwanted pregnancy. As BUNERELA+ stated:

*'We need more support to find appropriate messages on family planning like SAVE. The government felt SAVE was a good approach and faith leaders liked it because it was better than ABC'*

A rights-based message which speaks to 'choice' is what is being called for because, as one Catholic Priest commented, *'people will take their own decision and we cannot decide on behalf of people. As long as we educate them they can make that informed decision about their own life. All we can give is an 'education of conscience'. The issue is not about teachings of the Catholic church because as faith leaders we can't go beyond the gospel but we can educate people about being responsible, even young people'*.

INERELA+ branches were the most well versed in 'choice' and 'rights' rather than 'morality' and 'shame', and that this could indicate their openness to working on family planning interventions in the future. As organisations of faith leaders who are already trained and active in the promotion of HIV and SRHR, they are a key stakeholder, a great starting point and potentially a 'quick win' to begin family planning interventions in those countries where strong networks currently exist. Not only are INERELA+ trained in delivering somewhat controversial health messages in the churches and the mosques but they also, on a personal level, understand the dan-

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<sup>28</sup> Stigma, Silence, Denial, Discrimination, Inaction, Mis-action

gers associated with lack of knowledge of sexual health messages and the consequences which result in not reaching the most vulnerable populations:

*'Awareness-raising has helped us to be open and it will be the same with family planning – those cultural practises which were barriers to us are not anymore and so we can do the same with family planning. We have become agents of change for HIV and we can use the same process with family planning....We need training and support to continue our work integrating family planning. Even if people say culture will block us, no-one respects culture anymore and the biggest barrier is lack of knowledge.'* (BUNERELA+, No.20, Burundi)

Whilst INERELA+ may be in a unique position to begin the dialogue, CA and partners would also need to support them in facilitating the involvement of the high level faith leaders as well if they are to facilitate a lasting change because as KENERELA+ pointed out:

*'we need to target both the high and low level faith leaders because the high level faith leaders have the ability to change policy and provide a platform for discussions whilst the low level faith leaders have the have the ability to implement the programme and the policy changes.'* (KENERELA+, No.23, Kenya)

## Tools and Resources

A review of relevant tools and resources already available was conducted and the findings summarised in Table 2 (see Annex 2). There are several research papers, evaluations and case studies which highlight the importance of working with faith leaders on family planning and MCH programmes that can be used as evidence for future proposals and, to a lesser extent, to gain ideas for future programming. In addition there were a few toolkits identified which could be amended for use by Christian Aid. For example, the Christian and Muslim Sermon Guides offer suggestions for a series of 10 weekly sermons backed by theological evidence which focus on all aspects of MCH. Whilst these are potentially valuable for use in broader MCH programmes, their focus on birth spacing and family planning was minimal and these guides would need amending if they were to focus more strongly on family planning issues and the social norms preventing women from accessing such services.

Each participant included in this research was asked about what tools and resources they felt were required to work with faith leaders on family planning. Unfortunately there was little consistency in the responses aside from the need for *'one good message'* as mentioned previously. However, several of the Christian faith leaders in Kenya and Burundi felt that as family planning can be somewhat controversial amongst the Christian population the most important first step would be the time and space to reflect theologically about family planning, to identify the evidence within the Bible to support family planning and to decide upon a common standpoint:

*'We need time for reflection on the messages that will be acceptable. Then we target the top people to ensure it is theologically sound. We need time to reflect theologically to be able to come up with good supportive bible quotes and a message which is acceptable to all.'* (KENERELA+, No.23, Kenya)

*'Barriers include the theology of family planning which has not yet been developed...We need workshops so we can discuss the bible.'* (Christian FGC, No.16, Burundi)

*'Having the time and space to reflect theologically is the most useful thing because we need to find the religious texts which relate to family planning that we can base our argument against.'* (Christian Leaders, No. 28, Kenya)

The two one-day workshops carried out in Kenya were an ideal opportunity to explore further and clarify in a more in-depth manner the views and attitudes of the faith leaders. To begin the workshop after prayers, warm-ups and introductions another tool, developed specifically for this research project was introduced as the participants were asked to identify three issues affecting women, three issues affecting men and three issues affecting young people in their community. Each issue was written on a separate paper and the exercise was completed individually. Following this the group then played 'snap' with their issues to assess the similarities and differences. Whilst family planning and unwanted pregnancy was not mentioned as a woman's issue, it was mentioned by almost every participant in both the Christian and Muslim group as an issue for young people. This was of particular interest to note because the discussion that followed which focused on 'as faith leaders what is our role, if any, in responding to these issues faced by our community?' strongly focused on the need for abstinence amongst the youth and ways in which they were addressing it within their own communities:

*'We try to reduce the fuel that gives them energy for sex and instead have them interested in things like community football which can take their minds off sex. They should make a choice but that choice should be abstinence.'* (Christian Leaders, No. 28, Kenya)

These sentiments were echoed by the majority of the group, some of whom felt particularly strongly on this issue:

*'We are responsible for seeing that our young people remain responsible so we have large national seminars with youth where we teach young people morals and how to keep themselves 'clean' and make them abstain and open their minds to show them you have a choice and these are the results.'* (Christian Leaders, No.28, Kenya)

Following this to facilitate further in-depth discussions using a non-confrontational and impartial approach an exercise from the Values Clarification and Attitude Transformation (VCAT) tool, developed for discussion on abortion, was amended specifically for this research project and applied at the workshops. To facilitate this exercise, signs labelled as 'Strong Agree' and 'Strongly Disagree' were placed on either side of the room and the line between them was demonstrated to be a continuum of agreement between strongly agreeing and strongly disagreeing. Following this a series of provocative statements was read aloud and the participants were asked to choose where they stood along this continuum. Each participant was then asked why they decided to stand where they stood and a discussion ensued. (See Annex 3 for list of statements)

There were several interesting discussions to the statement *'If young, unmarried women have babies too early it is a danger to their lives so as a means to save their lives, young unmarried women should be allowed to use FP services.'* This initiated an interesting debate in which certain faith leaders who initially felt very strongly about using an abstinence-only approach began to challenge their own thinking in a bid to clarify their views resulting in comments such as:

*'I am closer to disagreeing than agreeing because I am not for promiscuity among unmarried women but however much I am against that I have met unmarried women who have a child and maybe I should have given them information and provided them with contraceptives and let them choose'* (Christian Leaders, No.28, Kenya)

*'You can prevent abortion using family planning. I have taught no sex before marriage in my church and I will continue to do so but still not all children are born in your house with your teachings so we must help people who do not hear this teaching'* (Christian Leaders, No.28, Kenya)

*'Do your young women who go to church get pregnant? Yes. Why? Because they have no knowledge and every young person wants to experiment. We teach them the right values but there are those who still make the wrong choice so I will teach them everything and tell them what happens if they follow this or that way'* (Christian Leaders, No.28, Kenya)

Whilst the purpose of this exercise was not to formally pilot a new or amended tool, all participants, Muslim and Christian, commented how much they had enjoyed the exercise and how it had really challenged their thinking and given them food for further thought regarding teaching family planning in their religious institutions.

Of particular interest was the unanimous response amongst all participants, Muslim and Christian, to the final statement, *'If I tell my community not to use family planning and then a married woman has a pregnancy she doesn't want and she dies giving birth to that baby then I am complicit in her death'* to which they responded resoundingly:

*'Faith leaders have a responsibility to give the right advice and messages, if she is advised not to use family planning and she dies I would*

*feel that I failed and have a bad conscience for not correctly advising her' (Muslim Leaders, No.29, Kenya)*

*'If I don't give her the information then I am complicit' (Christian Leaders, No.28, Kenya)*

This suggests that whilst there may potentially be initial resistance, faith leaders of all faiths and denominations have a duty of care to their followers and a mandate to 'cause no harm' which is a perfect starting point for any programme with the end result of preventing maternal morbidity and mortality caused by unwanted pregnancy.

## Conclusion: Fitting the Research Findings into the ‘Community Health Framework’

To ensure the theoretical findings of this research are applicable, relevant and useful for Christian Aid country programmes it is important to align the findings to the Christian Aid ‘Community Health Framework’ within which the country programmes operate.

### The Right to Health Services

Central to the Community Health Framework is making the right to health services a reality and Christian Aid believes that *‘our role is to work with individuals and communities to create an environment in which every member of society can enjoy the right to health services’*. The first step in this journey being to educate communities to understand their rights and then empowering them to claim their rights whether it be through holding government to account, reducing social inequalities or strengthening health systems. As far as family planning is concerned and learning from and building on the work that Christian Aid has been doing on HIV, the first thing to consider is messaging. One of the most significant points made throughout this research was the need for adequate messaging to ensure that communities and individuals understood why family planning is so important to ensure better health outcomes for women, how to space their children and where to access safe services.

The outcomes of this research suggest there are important factors to consider when developing such a message. Aspects such as steering clear of promoting any one particular method or type of methods, avoiding previously used and abused phrases which are already stigmatised like ‘family planning’, ‘birth spacing’, ‘birth limiting’, and ‘population control’, not referring to the economic burden of having many children, ensuring the message does not promote sex outside or before marriage and creating a message that is theologically sound should be considered when embarking on the development of this message. Whilst this list is not exhaustive and yet still appears extensive, it is not an impossible task and is something CA has supported in the past with the development and propagation of SAVE.

A message based around ‘rights’ and ‘choice’ is required whereby faith leaders and community members can use their beliefs and teachings to create an enabling environment in which people can make informed choices about their family planning needs and methods.

### The Development of Health Services

The innovative pilot partnership between MSI and CA in Nigeria coupled with their integrated health approach to health system strengthening, is an ideal starting point from which CA can work with communities and local government health authorities to strengthen the provision of family planning service delivery. By acting as the lynch pin between private health service provision delivered by MSI and public sector services at community PHCs where MSI perform their outreach services, CA Nigeria are in an ideal position to facilitate a public-private partnership to the mutual benefit of all organisations involved and the longer-term benefit of the communities themselves.

Similarly, in Burundi, whilst it may be a longer-term goal, CA and partners are in an ideal position to facilitate initial dialogue between Catholic-run PHCs and the government with regards to formulating a policy to deliver family planning through the establishment of referral networks by clarifying and working within the moral standpoint of the Catholic church and advocating to government to invest in robust referral networks rather than the considerably less cost-efficient option of building duplicate clinics which will offer family planning services alongside those that are Catholic-run.

This will ensure that both government and Catholic services are strengthened to deliver a high quality continuum of care.

## Equitable Social Norms

Working with faith leaders who can draw upon religious text to deliver essential messages related to equitable social norms has long-since been a strength of Christian Aid's work with regards to HIV, gender and rights. Integrating family planning into the portfolio of current health projects will come with hidden challenges due to the difference and lack of consensus between and within religious institutions. However, this research itself has been a starting point. Using variations of tools such as Values Clarification and Attitude Transformation (VCAT) demonstrated that even one day of theologically-based reflection exercises can plant the seed of change and begin the discussion about the need to find common ground from which family planning interventions can grow and blossom.

This research has also begun to highlight potential theological evidence to support family planning and birth spacing interventions, outlining key passages from the Qur'an and the Bible which can later be developed into example sermons to support faith leaders at community level to educate their followers. Working with interfaith networks such as INERELA+ offers an ideal opportunity for Christian Aid to build upon previous work around HIV and SAVE. INERELA+ networks who participated in this research in Kenya and Burundi were open and liberal faith leaders who appeared keen to work on family planning interventions. Their personal experience with stigmatisation and judgementalism coupled with their previous training on issues associated with equitable social norms has empowered them to promote rights-based access to health and acceptance of all people, especially amongst the most vulnerable groups such as women and youth, making them the ideal partners to spearhead work on family planning.

## Equitable Institutions

Each country programme, and indeed country, involved in this research is at a different standpoint when it comes to issues of family planning and therefore their ability to advocate for equitable institutions specifically on family planning varies immensely. In CA Kenya for example, discussions around the double influencing of CA on faith leaders and subsequently faith leaders on government have already begun internally. The need to identify which faith leaders are aligning to CAs policies around rights, choice and equity and how powerful each of those voices are, is apparent within the team. The next step is to strategise how best to take this forward by identifying the laws, regulations, policies, procedures and resources that are inhibiting access to quality family planning services and then completing a power analysis of those faith leaders and CA partners in a position to influence institutions with regards to family planning services. In addition, key partnerships with coalitions and networks with organisations such as Ipas and MSI who specialise in family planning healthcare and health system strengthening will complement the advocacy and governance skills that CA and partners possess to create a unique task force who are in a position to advocate for health services provided by the public sector, the private sector, FBOs and other actors to be accountable to the communities they serve.

## Defining Christian Aid's Niche

Christian Aid should define its niche based upon its current and historical strengths and its reputation for being rights-based, for pushing the boundaries and for engaging with the communities they serve on issues such as family planning that are crucial to eradicating poverty. Based upon findings in this research the following are recommendations for how this can be achieved:

- There is a clear gap in the market which Christian Aid is in an ideal position to respond to. Most INGOs working on family planning see work with faith leaders as an important but nevertheless somewhat insignificant component of their programme compared to their general service delivery work. Similarly international FBOs are often reluctant to focus on family planning for fear of controversy and upsetting those board members with more conservative views and influential institutional power. Christian Aid should exploit this opportunity to position themselves as a leader in the market by being the first organisation working specifically with faith leaders on issues of family planning.
- Furthermore, a prominent niche in the market which Christian Aid is in an ideal position to respond to is with regards to the creation of appropriate and acceptable family planning messaging. Building upon the lessons learnt from the development, dissemination and evaluation of 'SAVE', a message which was accepted by all faiths and none, Christian Aid could use this experience and institutional knowledge to create something that not only faith leaders could buy in to but also other organisations who similarly struggle with their communication messages could use. Whereas SAVE had to compete with the already prolific 'ABC' message, a new family planning message would have no obvious competitors and the creation of such a message could position CA as a thought leader in the field of family planning.
- Should a message be developed, there is also scope to be innovative with dissemination techniques building on a niche Christian Aid have already carved out for themselves through partnerships with the likes of In Tune for Life who created music, animations and films for CA and partners in Sierra Leone, DRC, Kenya and Malawi. Finding new and innovative ideas for dissemination of new messages is also important. For example, developing an album of gospel songs each with a rights-based message on family planning that is backed by Christian theology for use at religious occasions to increase acceptance within Christian communities where singing is an important part of worship could be one such strategy.

## Overall Recommendations

- Christian Aid's 'Policy on Family Planning' calls for a coherent and consistent position on family planning which aligns with integrated community health programming and the right to essential services. Yet not all CA country programmes have felt able to roll out this policy to partners for fear of upset amongst those more conservative faith-based partners. Therefore it is recommended that CA country programme staff who are concerned about rolling out the policy join together to discuss their fears and identify solutions to getting the partners buy-in and ownership of the policy.
- Following this, it is recommended that CA country programmes assist those partners working on health to develop their own family planning policy to align with their respective country's National Guidelines on Family Planning or at least begin the dialogue with their governing bodies concerning their position on family planning with respect to this policy. From there CA can identify those partners who are key allies in implementing family planning programmes and advocating for strengthened health governance to support delivery of family planning services to better serve the communities within which partners implement their projects.
- This research has loudly voiced the need for acceptable messaging on family planning. Given Christian Aid's vast experience in this area, they are in an ideal position to facilitate the development of such a message. Therefore it is recommended that a marketing or communications company sympathetic to the values of Christian Aid, its partners and faith leaders and knowledgeable of rights-based programming and family planning be brought on-board to work with CA, partners, faith leaders, religious scholars and theologians from different denominations and faiths to facilitate initial discussions and begin the development process. This message should then be tested and piloted before it is rolled out using innovative methods for health promotion.
- Given that Christian Aid's work is centred around rights-based approaches and yet still understanding the sensitivities and limitations associated with faith leaders and faith-based groups feeling unable to promote messages of 'choice' targeted at young unmarried people, it is recommended that CA identify those secular partners, new or old, who can fill this gap in future family planning programmes. This will ensure that young people have access to the essential health information they require to make informed decisions about their sexual health whilst including faith leaders and faith-based partners in the implementation of family planning interventions targeted more at married couples.
- Alternatively, interventions and exercises such as that which was based upon the VCAT example developed and implemented in Kenya as part of this research could be strengthened and rolled out to encourage more open dialogue and further discussion about the importance of young people being given all the information necessary to ensure they are empowered to make informed decisions about their own sexual reproductive health.
- The decision to be made by Christian Aid with regards to working with faith leaders on family planning lies in the intention of Christian Aid and partners as to how they plan to move forward with their family planning interventions. The findings of this research have suggested three potential opportunities for engagement of faith leaders:
  1. Faith leaders be used as 'community gatekeepers' whose permission is sought to allow partners to mobilise communities, raise awareness and encourage health-seeking behaviour or whether

2. Faith leaders to be more proactively involved in the programmes by using religious text, sermons and their pulpits to promote family planning within their congregations and drive the programme forward
3. Faith leaders use their influence with government ministers and key decision-makers to advocate for more rights-based family planning policies and call for social-cultural practises keeping women and couples from accessing family planning services to be addressed

## Annex 1 Table 1: List of Participants

No.	Country	Participant	Gender	Faith Leader
1	Nigeria	CA Nigeria staff	3 Females, 2 Males	0
2	Nigeria	Marie Stopes International Nigeria (MSN)	2 Males	0
3	Nigeria	Ipas	3 Females, 1 Male	0
4	Nigeria	Executive Secretary of the National Mosque	1 Male	1
5	Nigeria	Christian Association of Nigeria, Youth President/Assistant	2 Males	2
6	Nigeria	Anglican Diocese Development Society (ADDS), CA partner	1 Male	1
7	Nigeria	Jareh Do Foundation (JDF), CA partner	1 Female	0
8	Nigeria	Association for Muslim Women, Benue	2 Females	2
9	Nigeria	Christian FDG	1 Female, 2 Males	3
10	Nigeria	Education Secretary of Young Muslims, Benue	1 Male	1
11	Nigeria	Evangelical Leader	1 Female	1
12	Nigeria	Reproductive Health Directorate, Ministry of Health	2 Females, 1 Male	0
13	Burundi	CA partners	1 Female, 5 Males	5
14	Burundi	Permanent Secretary of Burundi, Ministry of Health	1 Male	0
15	Burundi	Muslim FDG	2 Females, 2 Males	4
16	Burundi	Christian FDG	2 Females, 3 Males	5
17	Burundi	Anglican Arch Bishop	1 Male	1
18	Burundi	UNFPA	1 Female	0
19	Burundi	Reproductive Health Directorate, Ministry of Health	1 Male	0
20	Burundi	BUNERELA+	2 Females, 6 Males	8
21	Burundi	CA Burundi staff	1 Female, 1 Male	0
22	Kenya	CA Kenya staff	2 Females, 4 Males	0
23	Kenya	KENERELA+	1 Female, 1 Male	1
24	Kenya	National Council of Churches, Kenya (NCCK), CA partner	3 Females, 1 Male	2
25	Kenya	Inter-Religious Council of Kenya (IRCK), CA partner	2 Females	0
26	Kenya	Reproductive Health Directorate, Ministry of Health	1 Female, 2 Males	0
27	Kenya	Amref	1 Female	0
28	Kenya	Christian Workshop	4 Females, 8 Males	10
29	Kenya	Muslim Workshop	2 Females, 3 Males	5

## Annex 2 Table 2: A Review of Resources

Title of Resource	Organisation Responsible	Type of Resource	Summary of Document/Findings	Relevancy to Christian Aid's work
<b>RESEARCH</b>				
Faith and International Family Planning	World Faiths Development Dialogue	A review of programmatic interventions and case studies across Africa and Asia	<p>Information from the programmatic review carried out suggests that <i>'religious teachings, beliefs, or traditions are usually not the major determinant of individuals' family planning behaviour. Many surveys demonstrate that women and couples commonly ignore religious teachings about family planning when they believe it is their individual and family interest to do so.'</i> However, that is not to say that religious leaders are not influential in their communities as the study also concludes that <i>'religious beliefs and institutions are important determinants of how people live, and faith leaders and FIOs have significant potential to influence the health and well-being of citizens'</i> in a more general sense focusing on areas such as gender inequalities and poverty which can be determinants for unmet contraceptive need and access to family planning services in the broader sense.</p> <p>The review presents 30 case studies from Chile, Timor Leste, Nigeria, Tanzania, Rwanda, Zimbabwe, Kenya, Uganda, Senegal, DRC, Pakistan, Zambia, Ethiopia, Burundi, Cambodia, Afghanistan, India, Malawi, DRC, Bangladesh, Ghana, Liberia, Indonesia and the Philippines of faith-based organisations or faith influenced organisations (FIO), both Christian and Muslim, who are engaging in family planning activities such as training peer educators, media interventions, television programmes with Mullahs, research, discussion groups etc.</p>	This document could be used to add an evidence-base for future proposals which focus on the need to engage faith leaders in issues of FP. The programmatic ideas are similar to the extensive work CA has previously done on HIV and nothing springs out as particularly innovative to be used or built upon as part of the CA FP work

<p>Partnerships with Faith-Based Organizations to Expand Access to Family Planning</p>	<p>Institute for Reproductive Health Georgetown University</p>	<p>Research study focusing on the use of Fertility Awareness-Based Methods (FAM) of family planning as a more acceptable method of FP amongst FBOs</p>	<p>This summary report focuses on the use of Natural Family Planning (NFP) methods such as the Standard Days Method which uses cycle beads to help women understand when in their menstrual cycle they are able to have sex with significantly reduced fertility rates and the Lactational Amenorrhea Method (LAM) which promotes exclusive breast-feeding for six-months as a means to reduce fertility during the period immediately after a child has been born. The study mentions statistical efficacy of these methods but there is no information about how these figures were calculated of the methods used to support these results.</p> <p><i>(This report is also available in French and Spanish)</i></p>	<p>In instances where religious leaders are particularly conservative or obstructive it could provide an entry-point into discussing family planning methods later on.</p>
<p>Advancing Reproductive Health and Family Planning through Religious Leaders and Faith-Based Organizations</p>	<p>Pathfinder International</p>	<p>Report of Pathfinders work with faith-based organisations including specific case studies</p>	<p>This report highlights the ways in which Pathfinder International have engaged religious leaders in promoting issues of family planning in various countries across Africa and Asia. Pathfinder International works with religious leaders to support their efforts to reduce maternal mortality and promote healthy families through improved timing and spacing of pregnancies by <i>‘providing information on the correlation between family size and parents’ economic ability to feed, clothe, and provide medical care for their children.’</i> Pathfinder highlight the importance of using religious leaders by citing the 2000 World Bank report, “Voices of the Poor,” which <i>‘found that people in the poorest parts of the world, both rural and urban, value religious-based organizations above others’</i></p> <p>This report outlines the need for engaging religious leaders in promoting family planning and gives example of when religious leaders have worked with Pathfinder International to inform their communities about the importance of family planning to enable them to make informed decisions about their reproductive health.</p>	<p>Examples from this report could be used cited in proposals when justifying the need for engaging religious leaders in family planning work.</p> <p>Lessons could also be taken from examples outlined in this report when Christian Aid partners are thinking of establishing new programmes which engage faith leaders in issues of family planning.</p>

<p>Faith-Based Organisations as Partners in Family Planning</p>	<p>Institute to Reproductive Health, Georgetown University</p>	<p>Research study to explore the role of faith in family planning programmes</p>	<p>The IRH carried out a research project which involved 81 in-depth interviews and responses from over 100 participants including faith leaders (both Christian and Muslim), FBOs, secular organisations and donors from Kenya, Afghanistan, Mali and Ethiopia. The aim of the study was to explore the role of the faith sector in improving maternal and child health through family planning. More specifically the study questions aimed:</p> <ul style="list-style-type: none"> <li>• To describe unique contributions of the faith sector in maternal and child health and family well-being;</li> <li>• To understand the current relationships between FBOs and secular organizations working in maternal and child health and family planning; and</li> <li>• To identify areas and opportunities for increased and more effective partnerships in family planning</li> </ul> <p>Results showed that family planning is accepted by religious communities both Christian and Muslim but that the messaging used is important to ensure acceptability and reconciliation against religious scriptures.</p>	<p>This is a useful study to use as evidence for justification in proposals with regards to why it is important to use faith leaders in family planning interventions and the contributions of the faith sector to family planning programmes.</p>
<p>International Family Planning: Christian Actions and Attitudes</p>	<p>Christian Connections for International Health (CCIH)</p>	<p>A study on the attitudes and opinions of 67 member organisations in relation to family planning</p>	<p>This was a quantitative survey which used e-mailed questionnaires sent to all 92 member organisations of which 67 (73%) replied. The conclusion was that the majority of member organisations would like to do more in the area of family planning and feel that the Church is the one untapped resource that has not been engaged enough in FP. Interestingly some respondents said that their staff and donors were concerned that promotion of family planning or reproductive health could imply promotion of abortion, or provision of contraceptive methods that act as abortifacients.</p>	<p>There is not much in this study which is of particular relevance to CA's work other than supporting evidence to the barriers and opportunities faith leaders face with regards to family planning programmes.</p>
<p>A Common Cause: FBOs and Promoting Access to Family Planning in the Developing World</p>	<p>Guttman Policy Review Fall 2013; Volume 16; Number 4</p>	<p>Research paper on FBOs with US-funding working on family planning projects</p>	<p>This study reviews the roles of FBOs in access to family planning services both through advocacy for increase US government allocations to fund family planning programmes, through delivery of family planning services by FBO-run clinics in Nepal and Rwanda and promotion of family planning through faith leaders and their wives in Afghanistan.</p>	<p>This paper provides useful evidence for proposal justification to support advocacy initiatives with FBOs to increase access to health services including family planning.</p>

<p>Islam and family planning: changing perceptions of health care providers and medical faculty in Pakistan</p>	<p>Global Health Science and Practise</p>	<p>Evaluation of training healthcare workers in Islamic viewpoints of family planning</p>	<p>This is an evaluation of the impact of training healthcare workers in Pakistan with a module on Islamic principles of family planning. Whilst the toolkit itself is not shown, the impact of this training module being included in the healthcare worker’s curriculum on their willingness to offer family planning services and subsequently on the uptake of family planning services in the clinics which they are operating is quantified in this study to be <i>‘an overall increase of 9 percentage points in contraceptive prevalence in the project implementation districts—from 29% to 38%.’</i></p>	<p>This is a useful study to inform work and proposals which advocate for inclusion of modules in theological evidence for family planning as an essential part of the training curricula of healthcare workers.</p>
<p><b>CASE STUDIES</b></p>				
<p>Walking the Talk: Religious leader in rural Mali becomes example for practicing family planning</p>	<p>Health Policy Project</p>	<p>Case study showing impact of Imam’s promotion of family planning</p>	<p>In rural Mali, a newly trained Imam is having great impact in his community by using religious text to promote family planning and birth spacing. He is also being a role model for his community and that of neighbouring villages by being the first man to take his two wives for family planning. This report is a short case study highlighting the impact of this work on the community.</p>	<p>This case study provides evidence using community-based example of the impact having a religious leaders as a role model can have.</p>
<p>Culture Matters</p>	<p>UNFPA</p>	<p>Case studies from country programmes</p>	<p>This report outlines a series of case studies from Guatemala, Iran, Uganda, India, Ghana, Brazil, Yemen, Cambodia and Malawi, where UNFPA have been successful in changing policies or harmful cultural practises which can affect women’s reproductive health such as gender-based violence (GBV), female genital cutting (FGC), sex-selective abortions, HIV and family planning. Lessons learnt and specific achievements are highlighted with respect to working with all cultural leaders including, in some cases, religious leaders.</p> <p>Despite this report being very UNFPA-centric, it outlines some interesting examples of how important it is to engage faith leaders in the dialogue whenever addressing issues of family planning and unmet contraceptive need regardless of whether they are supportive or obstructive in the discussion. The report suggests that having faith leaders on board whatever their views on the matter is critical to the success of any programme.</p>	<p>This report could support Christian Aid’s justification for working with religious leaders to bring about change in family planning laws and practises and is especially useful as a resource to be used when developing proposals</p>
<p><b>TOOLKITS</b></p>				

Strategies for Hope	Strategies for Hope	Toolkit and resources for community-based HIV care	The 'Called to Care' toolkits are a series of practical, action-oriented booklets and mini-manuals on issues related to HIV and AIDS, designed for use by church leaders, especially in sub-Saharan Africa.	These toolkits are a fantastic resource for work on HIV. However, they would need a lot of work to amend them for use in family planning programmes.
Values Clarification and Attitude Transformation (VCAT) Toolkits	Ipas	Toolkit based on abortion attitudes for use in communities	<p>This toolkit looks to clarify values and facilitate a thought process to encourage more in-depth thinking around subjects which are somewhat controversial. The toolkit ensures the exercises are impartial and non-confrontational whilst encouraging a rich dialogue primarily around abortion.</p> <p>This toolkit is a resource for trainers, program managers and technical advisors who organise or facilitate training events and advocacy workshops in the field of sexual and reproductive health and, specifically, for increased access to safe abortion care.</p>	There are exercises within this toolkit which are easily amendable and potentially very effective for use in family planning programmes
Christian Sermon Guide to Save the Lives of Mothers and Newborns	Access	Toolkit for Christian religious leaders	This is a toolkit aimed specifically at Christian/Muslim religious leaders. Each chapter takes the reader through the various stages of pregnancy, birth and post-natal care outlining the main message, the supporting scriptures and then offering an example of a sermon/khutbah incorporating these scriptures to disseminate the main message to the congregation.	This toolkit is useful for general MCH programmes but would need additional modules if it were to be used specifically on family planning because the current module on birth spacing does not go very in-depth into the issues preventing women accessing family planning such as social inequalities and cultural norms.
Muslim Khutbah Guide to Save the Lives of Mothers and Newborns	Access	Toolkit for Muslim religious leaders	Chapter 7: Worth the Wait, gives the message of 'Pregnancy Spacing to Protect the Lives of Mother and Baby: Wait at least 2 years after a birth before becoming pregnant again'	
Family Planning and Pakistan; Islam, Family Wellbeing	Population Council and Jhpiego (Johns Hopkins University)	Toolkit about family planning in the Pakistan context	This is a toolkit primarily about family planning, birth spacing and modern methods of contraception. However, as it is aimed at a primarily Pakistani audience, the final chapter of the training is a 50 minute session on Islam, Family Wellbeing and Birth Spacing. This training session uses supportive quotes from the Qu'ran to highlight the importance of birth spacing and the Islamic viewpoint in support of family planning.	This training session could potentially be very useful for Christian Aid should the partners require an example session to use to work with Muslim populations about the importance of family planning and birth spacing.

REFERNCE BOOKS				
Islamic Principles on Family Planning	Written by Mufti A.H. Shaikh for the Nigerian government	A book containing theological teachings	This book offers a full and comprehensive explanation of the Islamic teachings about everything related to family planning, reproductive health and sexual behaviours. Each chapter is backed by theological text and historical data. Whilst there are sections which may be very Nigeria-specific, overall the theology would relate to Islam in other cultures as well.	This book is a good reference guide to have to hand at the CA Nigeria office especially if family planning programmes are being implemented in Islamic communities

## Annex 2: VCAT Statements

**Statement 1: *Family Planning services should be available to every woman***

**Statement 2: *Women who use family planning are ending a life***

**Statement 3: *A woman should be able to use FP even if her husband disagrees***

**Statement 4: *Promoting FP leads to more promiscuous behaviour***

**Statement 5: *If young, unmarried women have babies too early it is a danger to their lives so as a means to save their lives, young unmarried women should be allowed to use FP services.***

**Statement 6: *Women who use modern methods of FP are not committed to their faith***

**Statement 7: *Whatever a faith leaders tells his congregation they will do it***

**Statement 8: *Birth spacing and FP are the same thing***

**Statement 9: *The Mosque is an appropriate place to speak about family planning and sexual issues***

**Statement 10: *If I tell my community not to use FP and then a married woman has a pregnancy she doesn't want and she dies giving birth to that baby then I am complicit in her death***