BRIEFING

Understanding Religious Influences on Family Planning

Findings from Monitoring and Evaluation in Senegal

July 2017

Rokhaya Thiam (midwife) and Sheik Saliou Mbacké (CRSD president) conduct a family planning workshop with a women's *dahira* in Dakar, Senegal.

RELIGIOUS BELIEFS AND LEADERSHIP CAN PLAY IMPORTANT if complex roles in family planning decisions at many levels, but there are significant gaps in understanding how these influences affect family planning policies and programs. The World Faiths Development Dialogue (WFDD), in partnership with the Senegalese association CRSD (Cadre des Religieux pour la Santé et le Développement), is working to deepen understanding of how religious leadership can support Senegal's family planning strategies. Senegal's religious institutions affect daily life in many ways and religiosity there ranks among the world's highest: a 2010 Pew Forum on Religion and Public Life survey found that 98 percent of individuals surveyed said that religion is "very important" in their lives.[1] However, specific information on how that striking statistic translates into personal decision-making is sparse. This brief reports on 2016 and 2017 studies focused on the influence of religious institutions, beliefs, and leaders on family planning decisions in Senegal.

Context

Senegal's government, specifically through the Ministry of Health and Social Action's 2012–2015 strategic plan, gives a high priority to family health and notably to family planning. Senegal is a member country of the Ouagadougou Partnership, an initiative of nine Francophone, West African countries that aims to address unmet need for family planning by improving coordination and collaboration.[2] Senegal has a well-deserved reputation as a pillar of stability in an unstable region, with a favorable location and enterprising population,[3] and it has made significant progress on various health indicators: maternal mortality decreased from 427 in 2005 to 315 in 2015 (per 100,000 live births),[4] and infant

mortality fell from 56 in 2005 to 42 in 2015 (per 1,000 live births).[5] However, the fertility rate of 5.0[6] is significantly higher than many other countries at similar income levels and family planning use is relatively low. A central priority of Senegal's health strategy is to increase the contraceptive prevalence rate (CPR) that in 2015 stood at 23.3 percent among married women.[7] CPR has increased significantly with the ongoing government programs but is still well below the target (45 percent in 2020). Strategies to increase CPR give priority to addressing unmet need and include efforts to increase the levels of total demand for contraception (actual contraceptive use plus unmet need) from the 2010 rate of 45.9 percent, which is well below that of comparator countries.[8]

The government's 2012–2015 family planning strategy anticipated religious engagement. Thus CRSD was formed to promote health and development topics in various ways, with family planning as its first area of focus.[9] This interfaith group of religious leaders represents the spectrum of Senegal's religious traditions. The majority of Senegalese are Muslim (94 percent), with a small, but active, Christian minority (4 percent). Within the Muslim community, 92 percent affiliate with one of four Sufi orders, or *confréries* (Qadiriyya, Tijaniyya, Muridiyya, and Layeniyya). Each *confrérie* has similar, yet unique, characteristics in terms of leadership, practice, and emphasis[10] that affect their interactions with the community.

WFDD and CRSD began working together in 2014 (with support from the Hewlett Foundation). CRSD's activities to date have included pilot workshops with women's religious networks and with journalists. These activities have been carefully monitored, including the number and gender of participants. A baseline study was undertaken as the pilot phase concluded. A series of monitoring assessments are to follow.

Monitoring and Evaluation

As strategic religious engagement in family planning is a new initiative in Senegal, a robust monitoring and evaluation program is an integral part of the overall program. Plans included baseline, midline, and endline surveys, in addition to normal activity monitoring. Two experienced Senegalese consultants (one full-time, one part-time) were engaged. They prepared a study proposal, designed the survey tools, conducted the fieldwork, and analyzed the data. A WFDD consultant reviewed preliminary findings and recommended fine-tuning for continuing studies.

The overall study design is a cross-sectional mixed methods study comprised of three surveys at three different time points that address the complex question of how religious dimensions play into attitudes, beliefs, and practices on family planning. A cross-sectional design was chosen to gauge the knowledge on a population level, instead of tracking individuals and groups, as many overlapping interventions on family planning are currently being implemented throughout Senegal. CRSD frames family planning as an issue for married individuals; thus the sample was limited to that population. The use of a quantitative survey, qualitative focus groups, and semi-structured individual interviews was specifically designed to produce quantitative information on religion and family planning, alongside nuanced qualitative inputs that allow for exploration of the interplay of various factors influencing behavior and decision-making.

Survey questions focused on how individuals obtain specific religious knowledge; the influence of religious leaders; knowledge, attitudes, and beliefs surrounding family planning; and demographic information for analysis. The quantitative survey had a broad range of choices, often with an "other" category so that participants could provide the answer most applicable to them. The focus group questions sought to understand if and to what extent religious beliefs influence perceptions of family planning, as well as whether or not participants used or would use a family planning method. Semi-structured individual interviews with religious leaders were designed to learn about their views and interpretations of religious teachings on family planning and to determine what role they could play in helping communities understand family planning (for example, clarifying religious teachings or dispelling inaccurate beliefs).

A careful and extensive validation process of each tool was undertaken, including working with two Senegalese sociologists. The two consultants and WFDD sought to ensure that the qualitative questions were open-ended and

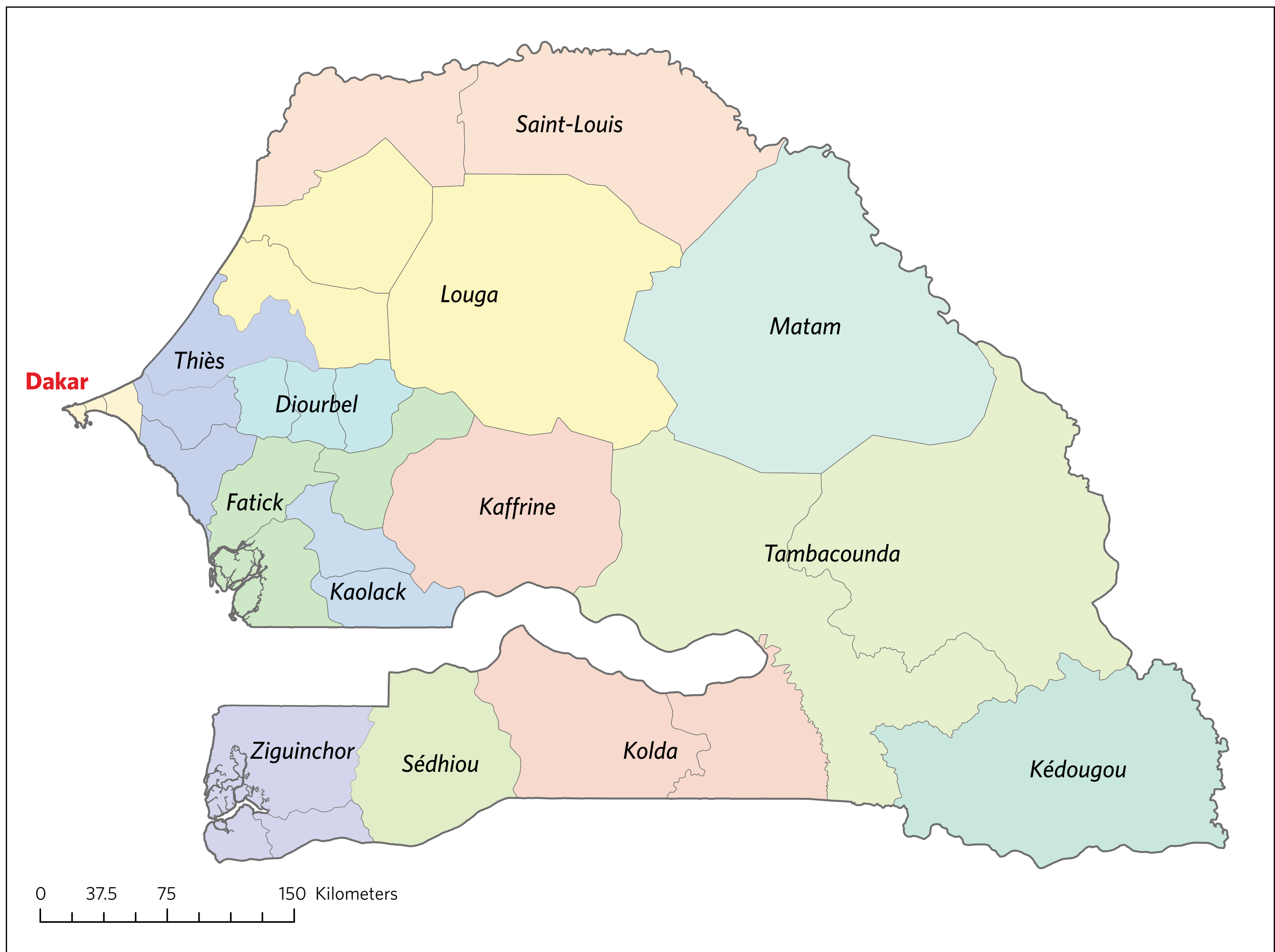
Research Objectives and Hypotheses

Objectives

1. Measure the level of knowledge of family planning
2. Determine the knowledge, attitudes, and practices of participants on religion and family planning
3. Evaluate the influence of religious leaders on the family planning decision-making process of couples

Hypotheses

1. There are significant gaps in knowledge on family planning
2. Religion is a determining factor in family planning use
3. Religious leaders can have a positive influence on the attitudes on and practice of family planning



Senegal is composed of 14 diverse regions, six of which were included in our M&E program.

that they were clearly framed and could be readily translated into the local languages.

Baseline Survey

The baseline survey was conducted in six (of the 14) regions of Senegal: Thiès, Diourbel, Matam, Kédougou, Sédhiou, and Ziguinchor. These regions were chosen in conjunction with the Ministry of Health, taking into consideration high maternal and infant mortality rates, low CPR, and strong religious ties. The M&E consultants calculated that at least 360 married individuals—270 females of reproductive age (14–49) and 90 males—were needed for a statistically significant sample. An additional 10 percent of each group was added to these calculations to account for incomplete surveys (see Table 1 for survey breakdown). Total target surveys for each region were based on national survey data of the number of women who had accessed family planning services in 2014. To obtain diverse views, two focus groups per region were planned. The team recruited and trained nine female surveyors with significant experience conducting a wide range of surveys and who had diverse language skills that were critical for the six survey regions. The two surveyors with the most experience conducted the focus groups and the in-depth interviews.

Results

The M&E consultants analyzed 402 surveys and used NVivo to analyze the qualitative data. Religious affiliation of those surveyed was 98 percent Muslim (see Table 2 for *confrérie* distribution), 1.25 percent Christian, and 0.75 percent other. Among the participants, 75 percent stated that they were in a monogamous marriage, compared to 25 percent in a polygamous marriage.

The pilot phase was conducted under the assumption that religious beliefs play significant roles in personal decision-making, including decisions around family planning. Participants surveyed were asked if they would consult their religious guide if they needed counseling for their marriage; 59 percent said yes, with over 80 percent of respondents in the region of Sédhiou saying they would. This pattern did not

hold when people were asked if they would talk to their religious leaders regarding birth spacing or reproductive health. On these specific topics, the percentage of respondents who said that they would be open to discussing with a religious leader dropped to 36 percent and 40 percent respectively. Further, only 9 percent of participants surveyed said that they had discussed birth spacing with a religious leader.

The focus groups centered on the extent to which couples might discuss family planning with religious leaders. Although less than 50 percent of participants said that they would talk to their religious leaders about birth spacing or reproductive health, many focus group participants indicated that they wished their religious leaders would organize conferences and discussions around the topic.

> *"I have never discussed this with my religious leader."*

> *"I have a religious leader and we discuss this subject. There are no taboos with him. He teaches us all and he hides nothing from us…he gives us advice on how to care for our wives, how to cherish them, how to look after them. He talks about the practice of family planning."*

> *"I think [religious leaders] should take every opportunity to meet with their followers to discuss this. It would be better to close each sermon with birth spacing, as people listen to them."*

Participants were asked where they obtained their religious information. Over 50 percent of those surveyed said that they obtained information from a religious leader, as well as the media. Other responses included mosques (31.9 percent), the Qur'an (17.5 percent), and other (27.4 percent, with the top answers being conferences, *dahiras*[11] and the internet).

Religious media is an influential area; 82.1 percent of participants said that they watched religious television programming. The program *Sen Diine*, in particular, was cited as being watched by almost all respondents. *Sen Diine* has a large female following and is hosted by an openly anti family planning preacher, Iran Ndao. Further, 51 percent of respondents said that they listened to religious radio programs. Only 5.3 percent of respondents said that they did not follow any religious programs on television or on the radio. The power and influence of media were reinforced when participants were asked where they had heard about family planning. Television and radio were two of the four highest responses, with 64.8 percent and 58 percent respectively; the two others were a family member or friend (59.8 percent) and a health facility (59 percent). Workshops came in at only 20 percent, suggesting either a lack of workshops or little discussion of family planning at workshops.

To determine knowledge about family planning among participants, those surveyed were asked to select all the forms of family planning that they had heard of (See Figure 1). The three methods that were the most well known were birth control pills (90 percent), injectables (87 percent), and the implant (78.8 percent). All the other methods were known to less than half of respondents, including condoms (33.9 percent). The knowledge surrounding natural family planning was low, with only 5.2 percent familiar with the pullout method, 3.2 percent with lactational amenorrhea, and 2.7 percent with periodic abstinence.

The low percentage of participants that identified condoms as a form of family planning surprised the researchers. The following quotes from interviews with religious leaders provides insight into why this may be:

> *"The Church does not support [condoms] because they promote sexual promiscuity."*

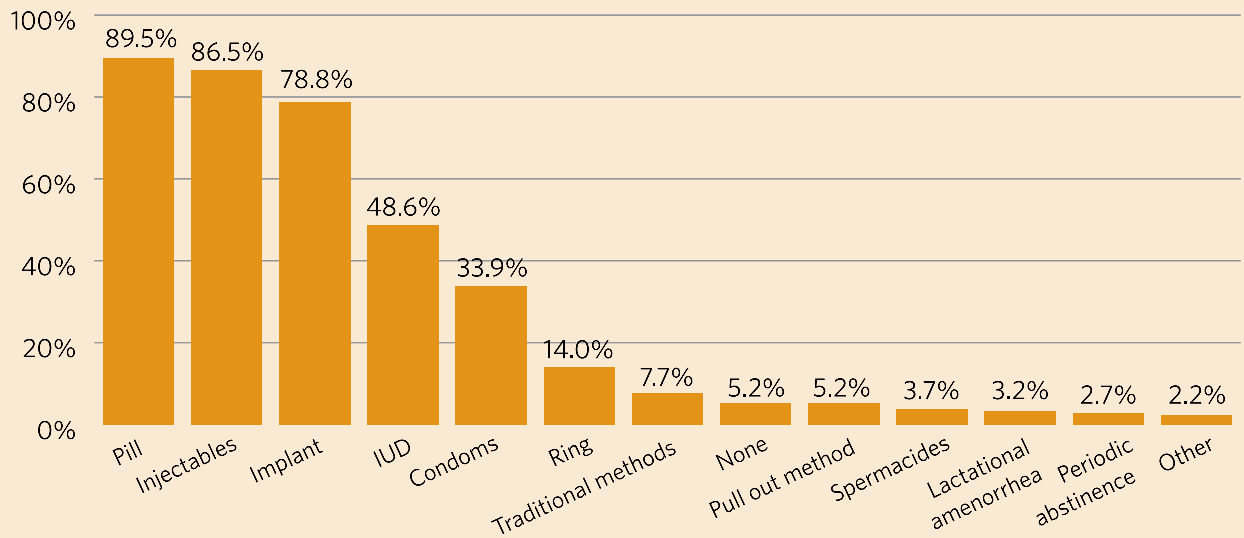
> *"Islam does not authorize condoms because they kill a human being—the liquid that is thrown away after could become a living being. Therefore, it is better to not use them."*

Table 1: Number of Surveys Analyzed in Each Region

Region	Women	Men	Total
Thiès	207	70	277
Diourbel	41	13	54
Matam	11	5	16
Ziguinchor	16	5	21
Sédhiou	13	5	18
Kédougou	11	5	16

Table 2: *Confrérie* Affiliation of Muslims Surveyed

Confrérie	Percent affiliated
Muridiyya	44.1%
Tijaniyya	46.2%
Qadiriyya	3.5%
Layeniyya	1.3%
None	4.5%



"Condoms are not a method exclusively for birth spacing, but they encourage relationships outside of marriage. Even a married man should not use it, unless he has an STD."

Over 80 percent of respondents said that they had visited a health structure that provides family planning, and 64 percent said that they practice family planning as a couple (see Figure 2 for regional data). The two most popular methods among those who practice family planning are injectables (46.6 percent) and the pill (43.1 percent). Among those who do not use family planning methods, 24 percent said that they would like to. A subset had used family planning in the past (23.5 percent), and 29 percent of those replied that they wanted to use modern family planning methods again.

A key question focused on knowledge about what respondents' respective religions said about family planning. Among those surveyed, 80 percent said that they were aware of their religion's position on family planning. Focus group participants were also asked what their religion said about family planning, which elicited a wide range of responses.

"It is not up to us to manage destiny, especially as far as reproduction is concerned. Only God can decide."

"In my opinion, religion allows birth spacing because if we have close pregnancies, the children will not be healthy and we will have trouble taking care of them."

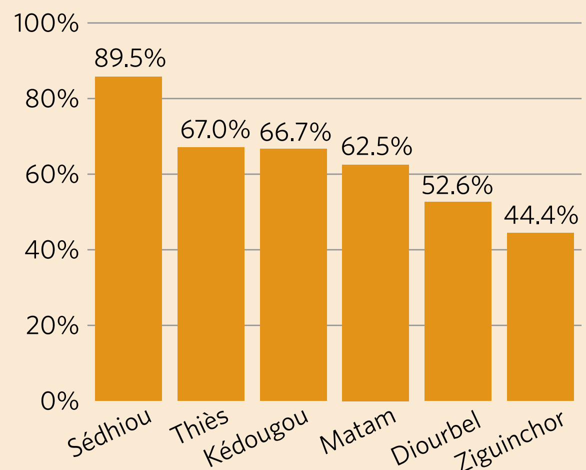
"It is allowed if the parents do not have the sufficient means [to care for the child] or the woman is in poor health.'

"Some say that it is good, others say it is bad. It is necessary to know that Islam always favors the health of the individual. Islam does not accept that a person should be placed in a difficult situation. We are all Muslims and we must know what is reasonable for procreation—it is that the woman spaces her births to allow her children to breastfeed normally."

Within the focus groups, participants drew a clear distinction between birth spacing and birth limitation. Almost all participants stated that Islam forbids birth limitation.

Challenges

The baseline survey was originally planned for November 2015, but due to the validation process within the Ministry of



Women attending a family planning workshop in Matam, Senegal in April 2017.

Health, calendar of religious holidays, and other constraints, the baseline was conducted in January 2016. While this delayed the overall survey timeline, the survey results were not affected, as full programmatic activities in those regions began only in March 2016.

The planned survey methodology anticipated a random sample of married men and women in six regions of Senegal. There were, however, some anomalies in the sampling, as applied in the field, that were discovered only after the fact. The field coordinator and the surveyors had contacted the health facilities in the regions to identify their survey sample. This likely introduced a bias in the sample, as those who have accessed health services have had greater exposure to information and could potentially have more resources.

Midline

The midline survey, conducted in March 2017, was a scaled-down version of the baseline, with a narrowed focus on gathering qualitative data from three regions of Senegal: Thiès, Ziguinchor, and Kédougou. The team conducted a total of 12 focus groups (6 with married women and 6 with married men,) and 13 interviews with religious leaders. An analysis was conducted using NVivo software.

Results

Data indicated several ways in which religious beliefs play roles in the lives of individuals. Focus group participants stated that religion is an indispensible part of life, guiding one's morals and values and influencing behaviors. A theme that emerged from the focus groups is the view of a majority of participants that their religious traditions, both Islam and Christianity, accept family planning for the health and well-being of women and children.

> *"Religion accepts family planning. Everything that contributes to the well-being of a person, religion accepts."*

> *"To be pregnant while one is ill is suicide. Religion bans suicide. In this case, it is better to use family planning than to risk your life."*

However, there are significant misconceptions regarding family planning. Various myths surround birth spacing and some participants held strong views on modern methods.

> *"My parents gave me the secret for birth spacing: it is an amulet that you put on the left foot of the person and under the left side of the bed."*

> *"I think that religion never favors closely spaced births. Today, the Western methods for women to space births are the causes of complications."*

> *"It is the current system of birth spacing that I deplore. Birth spacing has always been practiced with natural methods…I think that procreation is divine will…I prefer natural methods, but unfortunately there is a health policy from the West that is influencing our values. Since the awareness campaigns on condom use and contraceptive methods, our wives have*

begun to experience complications. Of course, birth spacing is a very good thing, but the modern methods tempt our youth into sexuality and often cause unwanted or early pregnancies."

Focus group participants were given a hypothetical situation in which a married woman decides to use family planning methods without consulting her spouse. They were then asked why she decided to do so. The answers in women's focus groups were significantly different from men's. The women's responses focused more on the wife's situation, asserting that she should have consulted with her spouse, but she may have been afraid to discuss it or she was worried for her health. The women's focus groups often had personal anecdotes to support their decision.

> *"I have used family planning for years without my husband knowing. I made the decision because I have seven children and I knew that the state of my health would not allow me to safely have another pregnancy."*

> *"It is not good to use family planning behind your husband's back. Before making the decision, you should discuss with your husband. However, a lot of women use family planning because it is their life that is threatened with close pregnancies, and the care of the children is their responsibility. Fathers aren't taking care of their children, which is why women use family planning behind their husbands' back."*

> *"Men don't understand the suffering of women, especially the difficulties of pregnancy. This is why women, for their well-being, may use family planning behind their husbands' back."*

While most men had a positive view on why a woman would use family planning, some had a more negative view, stating that the only reason a woman would not consult her husband is that she wants to be free from responsibility or is unfaithful.

> *"Women should not insist on using family planning without the authorization of her husband. If she insists, it is because she wants to be free to go about her business without problems, and that can cause problems within the couple."*

> *"I think that she does not respect her husband, and she wants to engage in libertinism."*

The outcome of focus groups confirmed that religious leaders can be influential in family planning decision-making. However, for women who have already decided to use family planning, comments suggest that religious leaders would be unlikely to convince them otherwise.

> *"In the village, there were people who were against vaccinations and birth spacing, but finally, following the intervention of a religious leader, they changed their minds."*

> *"In my opinion, religious leaders cannot influence my decision on my health. I will make them understand my reason for my decision, like I did with my husband. I am the only one responsible for my health."*

Planned Endline survey

The endline survey is scheduled for November 2017, when the programmatic activities under the project are near completion (two-year duration).

Conclusions

The completed baseline and midline surveys provide a wealth of information. The quantitative data from the baseline survey contributes to the understanding of religiosity, the practical roles religious leaders play in decision-making, and levels of knowledge and practices around family planning in the surveyed communities.

The high reported contraceptive prevalence rate (64 percent of those surveyed) is over 2.5 times that of the national average from the 2016 Demographic and Health Surveys. The sampling method, small sample size, and the higher percentage of urban versus rural participants could all contribute to this difference; the distortion needs to be taken into account in the survey analysis.

The qualitative focus groups with married individuals and interviews with religious leaders contributed to a deeper understanding of religious influences on family planning, decisions by couples, and the counsel of religious leaders. The responses from men and women were generally similar. The one question that produced widely different answers was the hypothetical situation in which a married woman decides to use contraception without the knowledge and consent of her husband. In the baseline focus groups, women stated that she should consult her husband before making the decision, but offered insightful reasons as to why she might choose not to. Men in the baseline focus group proposed harsher interpretations, often citing libertinism, promiscuity, lack of respect, and adultery. While this was mentioned in the midline focus groups, the tone of responses was notably different. Men often said that women chose this route to protect their health. Further, if it were their wife, they would hope she would talk to them, and they would accompany her to a health facility.

Interviews with religious leaders revealed a wide spectrum of views regarding religious teachings on family planning and their perceived roles. Some religious leaders were advocates for family planning and modern methods, while others were staunchly against the "Western" methods, with many falling in-between. Results confirm ways in which religious leaders' perceptions of family planning can influence positive decision-making. The survey showed that a low percentage of participants said they would talk to

their religious leaders about birth spacing and reproductive health; however, the focus groups suggested that many people would like to hear their religious leaders speak about the topic. This difference suggests that individuals want to hear their religious leaders discuss birth spacing and reproductive health in order to make an informed decision, but they would not discuss it as a couple with their religious leader.

Results of the two surveys were shared and discussed with the 15 CRSD members, CRSD's media consultant, the midwife in charge of CRSD's activities for women, and Ministry of Health officials. Taking the survey results into account, workshops have been modified to more specifically address several myths highlighted in the focus groups and interviews. All identifying information was removed before the information was shared.

Notes

1. "Tolerance and Tension: Islam and Christianity in Sub-Saharan Africa." Pew Forum of Religion & Public Life, 2010. Available at: **http://www. pewforum.org/files/2010/04/sub-saharan-africa-full-report.pdf**
2. For more information, see "About us" at **https://partenariatouaga.org/en/**.
3. "Senegal: Overview." World Bank, 2015. Available at: **http://www.worldbank.org/en/country/senegal/overview**
4. "Maternal mortality ratio (modeled estimate, per 100,000 live births)." World Bank, 2017. Available at: **http://data.worldbank.org/indicator/SH.STA.MMRT**
5. Mortality rate, infant (per 1,000 live births). World Bank, 2017. Available at: **http://data.worldbank.org/indicator/SP.DYN.IMRT.IN**
6. "Fertility Rate, Senegal," World Bank, 2015, available at: **http://databank.worldbank.org/data/reports.aspx?source=world-development-indicators**.
7. "Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue)." Agence Nationale de la Statistique et de la Démographie, 2016. Available at: **http://dhsprogram.com/pubs/pdf/FR320/FR320.pdf**
8. May, John. F., "The Politics of Family Planning Policies and Programs in sub-Saharan Africa," *Population and Development Review*, 43, no.S1 (2017), pp.308–329.
9. For more information, see *Building consensus for Family Planning Among Senegal's Faith Communities.* (Herzog, L).
10. For more information, see *The Religious Landscape of Senegal: An Overview.* (Herzog, L). Available at: **https://berkleycenter.georgetown.edu/publications/policy-brief-the-religious-landscape-of-senegal-an-overview**
11. *Dahiras are* Sufi specific community groups that gather to support spiritual and material needs.

The World Faiths Development Dialogue (WFDD) works as an independent and unaffiliated actor to bridge the worlds of faith and secular development and thus enhance work to fight poverty and achieve social justice. Originally created within the World Bank, today it is based at Georgetown University in Washington, D.C. WFDD supports dialogue and consultations, fosters communities of practice, documents the work of faith-inspired organizations, and promotes understanding about why religious ideas and actors are fundamental for development. It also promotes partnerships among organizations, at national and international levels, where those promise to enhance quality development outcomes.

Founded in July 2014, the Cadre des Religieux pour la Santé et le Développement (CRSD) is an interfaith association that brings together the religious families, Islamic associations, and Catholic and Lutheran churches of Senegal. Since 2014, CRSD has worked with the Senegal's Ministry of Health and Social Action to improve infant and maternal health throughout the country. CRSD aims to promote dialogue and cooperation among Senegal's religious communities to further development; improve maternal and child health; protect and support vulnerable populations; and advance peace and social cohesion.

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