ENGAGING FAITH LEADERS IN FAMILY PLANNING

A Review of the Literature plus Resources
Faith Leaders and Family Planning: A Review of the Literature plus Resources

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Cover Photo:
Faith leaders from Mail met to discuss causes and prevention of child mortality during the Global Week of Action in November 2012. © 2012 Justin Douglass/World Vision

This document was prepared by Adrienne Allison and Elizabeth Foulkes, World Vision US, August 2014.
LITERATURE REVIEW

INTRODUCTION

Religious beliefs and principles are powerful influences on individual behaviors and community actions, including health-related practices. In sub-Saharan Africa, a 2006 survey found that people trust faith-based organizations more than they trust their own national governments (Tortora, 2007). As such, faith-based organizations and religious leaders have an immense opportunity to educate communities about healthy timing and spacing of pregnancy (HTSP) and methods of family planning (FP).

HTSP is an approach to family planning that helps women and families delay, space, or limit their pregnancies to achieve healthy and desired outcomes for women, newborns, infants, and children. HTSP works “within the context of free and informed contraceptive choice and takes into account fertility intentions and desired family size” (K4Health, 2014). Family planning is often used interchangeably with the term contraception, with the former working best when talking with couples and the latter more often used to discuss issues related to single or unmarried individuals with no current intentions for beginning a family (FHI, 2013).

Globally, over 222 million women not currently intending to get pregnant are not using any method of contraception (Singh & Darroch, 2012). Studies show that lack of access alone does not explain unmet need for contraception among women in developing countries. Information and counseling to help women and couples learn about all FP methods available to them could help meet the current unmet need (Sedgh & Hussain, 2014). Ringheim (2012) emphasizes the importance of family planning programming at the community level to “improve substantive understanding” and “reduce unintended pregnancies and abortions.” Mobilizing religious leaders to provide some of this information and counseling and to addresses FP issues within the values and belief systems of their communities could help reduce maternal mortality by 35%, cut abortion in developing countries by 70%, and lower infant mortality by 10 to 20% (Coleman & Lemmon, 2011), greatly improving the health and wellbeing of women, children, and families around the world.

FAMILY PLANNING METHODS

Family planning methods include hormonal contraception (pills, injectables, and implants), emergency contraceptive pills (ECPs), intrauterine devices (IUDs), barrier methods (male and female condoms, spermicides), fertility awareness methods (FAM), withdrawal, and sterilization. Of special interest to many faith leaders are natural fertility awareness methods (FAM) of family planning, such as the Standard Days Method (SDM) and lactational amenorrhea method (LAM), and withdrawal. These methods are advantageous in that they have no side effects and do not require medical procedures, devices, or hormones.

SDM involves a woman tracking her menstrual cycle to identify the times of the month when pregnancy is most and least likely to occur, and requires a couple to consistently avoid sex or use a barrier method during the fertile days if they are trying to avoid pregnancy. Menstruation and fertile days can be marked on a calendar or
tracked using a string of color-coded beads known as CycleBeads®, which appear similar to those used for religious purposes and are highly accepted in diverse communities. SDM has been shown to be 95% effective when used perfectly, with a typical-use efficacy of 88% (Arévalo, Jennings, & Sinai, 2002).

LAM provides contraceptive protection for the first six months after delivery. When a woman exclusively breastfeeds, the baby is younger than six months, and the mother’s monthly menstruation has not resumed, LAM has been shown to be 98% effective at preventing pregnancy. Once the mother introduces complimentary feeding another form of contraception should be introduced.

Withdrawal involves a man withdrawing his penis during sex and ejaculating outside of the vagina to prevent sperm from entering the woman’s body. In Muslim scripture, there are 32 authenticated hadiths concerning the practice of al-azl (withdrawal) as a contraceptive measure practiced by Muslims at the time of Muhammad (USAID, 2008). Withdrawal has an effectiveness rate of approximately 73% (FHI 360, 2013).

ENGAGING ENTIRE COMMUNITIES

Men are often the decision makers about sexual activity and the desired number of children in a family, yet can be more difficult to engage in discussions around FP than women. Because of this lack of engagement, men can cling to myths and misconceptions that influence their outlook on FP (Green, 1997; Greene, 2006). Studies have found that men are more supportive of FP when they are educated about the health benefits and understand the methods available to them and their wives (Lundgren, Cachan, & Jennings., 2011). World Vision has found mobilizing male engagement to be a key strategy in increasing use of FP methods in conservative societies (Allison, 2012).

Focusing FP awareness to both members of a sexually active couple have been found to be more effective than efforts targeted to only one member of the couple (Becker, 1996; Boender et al., 2004; Cohen & Burger, 2000; Newmann et al., 2011; Rottach, Schuler, & Hardee, 2009).

In many communities, religious leaders, often predominantly male (UNFPA, 2013; Freij, 2009), have the unique advantage of being able to reach both men and women to promote HTSP and FP practices (CATALYST, n.d.; CCIH, 2013). Emphasizing the benefits of HTSP and FP to individual and collective physical, economic, social, and ecological health can help connect FP decisions to broader religious beliefs and practices. Faith leaders can provide guidance on health practices, especially HTSP and FP, based on their knowledge and understanding of scriptures (VanEnk, 2012). Information about FP can be shared by faith leaders during marital counseling to couples, weekly religious services, small group gatherings, home visits, workshops, or community events (CCIH, 2013).

Yet without accurate information, faith leaders may also resist family planning because their traditional beliefs have not been addressed (Lundgren et al., 2011). As FP services have been demonstrated to be effective at reducing maternal and infant mortality rates (Campbell & Graham, 2006), it is vital to address traditional beliefs and help faith leaders understand how all methods of contraception work and the positive health benefits associated with them. In many faith communities, it is of particular importance to convey that family planning does not include abortion, which may contrary to deeply-held theological beliefs and values. Freij (2009) states that, “When properly briefed and trained by respected religious scholars and trusted health professionals, religious leaders become
powerful agents of social change and are able to shift their community's opinions in support of family planning and reproductive health."

A report released in February 2014 by Aylward and Friedman provides comprehensive information on the role of faith leaders in FP promotion in 24 countries around the world. This report provides in-depth justification and support for the integration of faith leaders into FP promotion, including their influence on community members, media, government policies, and healthcare providers. It further emphasizes the need for continued integration of faith leaders into FP programs in developing countries. “The Role of Faith-Inspired Health Care Providers in Sub-Saharan Africa and Public-Private Partnerships,” a discussion paper edited by Olivier and Wodon (2012), provides a comprehensive analysis of the often-faith-inspired non-governmental networks of health providers in Africa, including their role in successfully engaging religious leaders in reproductive health and FP services. Providing sufficient information and discussion around all HTSP and FP methods can dispel prevailing myths and give religious leaders and communities sufficient awareness, knowledge, and understanding in order to make FP decisions that are best suited to their needs, desires, and circumstances.

EVALUATING IMPACT

The impact of faith leader engagement in FP has been monitored and evaluated using Knowledge, Practices, and Coverage (KPC) Survey tools. The KPC is a small population-based survey that has been used by Child Survival and Health Grants Program grantees for baseline and final surveys. Indicators from this tool can be used to measure contraceptive knowledge and use at the baseline, midline, and endline of programs from target and control communities.

CONCLUSION

The plethora of literature documenting the success of engaging faith leaders in family planning promotion supports the validity of this approach as one of several that are necessary to increase contraceptive use prevalence and decrease infant and maternal mortality in developing countries. The wealth of resources that have been developed to support these activities both highlight this validity and underscore the necessity of continued integration of faith leaders into programs to address unmet needs for family planning information and services.
TOOLS AND RESOURCES

A number of well-evaluated tools have been successfully used by international non-governmental organizations (NGO) to encourage faith leaders to promote family planning in their communities. A non-exhaustive list of these is included below.

**Facts for Family Planning (2013)**
*FHI360*

This handbook provides key information that can be used by anyone who communicates about voluntary family planning in developing country settings. It is primarily designed for those who communicate with men and women who are seeking information about family planning and help in selecting a family planning method. Available online in English and French and as printed copies in English.

https://www.fphandbook.org/factsforfamilyplanning

*World Health Organization, Department of Reproductive Health and Research, and Johns Hopkins Bloomberg School of Public Health Center for Communication Programs*

This reference handbook provides extensive family planning information for community health workers and health care providers that can be used to serve clients, answer questions, and educate communities. Available in Arabic, Chichewa, Farsi, French, Hindi, Portuguese, Romanian, Russian, Spanish, Swahili, and Tajik.

http://www.who.int/reproductivehealth/publications/family_planning/9780978856304/en/

**A guide to family planning for community health workers and their clients**
*Department of Reproductive Health and Research at the World Health Organization*

This illustrated flipchart can help community health workers, including faith leaders, to assist clients in choosing the method of family planning that suits them best. It can be used during family planning counseling or in group sessions with clients. Available in English, French, and Spanish.

http://www.who.int/reproductivehealth/publications/family_planning/9789241503754/en/
Sarla Chand and Ahmed Al-Kabir

This is a tool for Muslim religious leaders on how to guide their followers through a safe reproductive process from pregnancy through infancy. It presents the magnitude of worldwide concern with maternal and infant mortality but argues that the problem is solvable. The instructions include not only guidelines for safe health and sanitation practices, but also recommendations for how Muslim leaders might instill these standards and values through addressing the issues in the context of sermons with scriptural references.


Sarla Chand and Kathy Erb

This is a tool for Christian religious leaders on how to guide their followers through a safe reproductive process from pregnancy through infancy. It presents the magnitude of worldwide concern with maternal and infant mortality but argues that the problem is solvable. The instructions include not only guidelines for safe health and sanitation practices, but also recommendations for how Christian leaders might instill these standards and values in their congregations through addressing the issues in the context of sermons with Biblical references included.

Support for Celebrating Life Pastoral Resource Packet (2012)
The National Association of Evangelicals
This packet is intended to be a resource for pastors and ministry leaders wanting to take active and practical steps towards reducing the number of abortions in their congregations and communities. The packet includes information on family planning and contraception.

Mobilizing Muslim Religious Leaders for Reproductive Health and Family Planning at the Community Level: A Training Manual
Extending Service Delivery Project (2008)
This 5-day training curriculum is designed to equip Muslim Religious Leaders with the necessary information and skills to better understand, accept, and support the provision of maternal and child health, reproductive health and family planning information and services at the community level. This training manual presents concepts of family planning, youth, and gender as consistent with and supported by the teachings of Islam. The Manual is designed to engage participants in the learning process by including discussion sessions, case studies, role play, and demonstration and return demonstration.

Fatwas and Islamic Legal Opinions on Reproductive Health (2010)
Social Guidance Foundation
The aim of this book is to help in convincing Muslim individuals and nations to apply family planning by drawing on the heritage of Islamic scholarship.

Love, Children, and Family Planning (2013)
Georgetown University’s Institute for Reproductive Health, Christian Connections for International Health, and Judith Brown
This Bible discussion guide is designed to be used with Christian audiences to inspire discussion on family planning and provide accurate information about each method. It is currently being used by pastors in Kenya and their congregations to encourage a supportive environment for community-based family planning services. Development of the guide was a cooperative effort of Christian health workers, pastors, church leaders, youth, and members of churches in the Democratic Republic of the Congo, Kenya, Malawi, Rwanda, Tanzania and the United States.
WellShare International
This is a practical implementation guide for community-based family planning programs in Uganda and elsewhere. It is designed to help program implementers, such as faith leaders, “understand the key concepts for implementing a community-based family planning program” and “identify sample tools that can be adapted for program implementation.” It includes sections on program design and management, engaging partners and stakeholders, sustaining programs, monitoring and evaluating, and program resources.

FACT SHEET: Standard Days Method® using CycleBeads®
Institute for Reproductive Health
This handout can be given to faith leaders, CHWs, clinics, or women and families to provide information on using CycleBeads and the Standard Days Method to prevent or produce pregnancy.

LAM: A Family Planning Method for Breastfeeding Women
Institute for Reproductive Health
This handout can be given to faith leaders, CHWs, clinics, or women and families to provide information on the criteria and methods to successfully use the lactational amenorrhea method of family planning to prevent or delay pregnancy.
Reproductive Health Issues in Nigeria: The Islamic Perspectives (2004)
ULAMA with Pathfinder International and POLICY Project
This overview of reproductive health in Muslim areas in Nigeria was developed in collaboration between Pathfinder International and the Ulama, a network of Islamic leaders in Nigeria. This handbook outlines modern family planning and reproductive health and gives the Islamic view on each of the modern teachings.

Family Planning Sustainability Checklist: A Project Assessment Tool for Designing and Monitoring Sustainability of Community-based Family Planning Services (2012)
ICF International
This checklist provides a framework for implementers of family planning implementers to increase sustainability of family planning services beyond the end of a project. It includes information on workshops, facilitating, and action planning.
https://www.k4health.org/toolkits/communitybasedfp/family-planning-sustainability-checklist-project-assessment-tool-designing

Certificate Program in Family Planning and Reproductive Health
Global Health eLearning Center
This certificate program is a collection of 18 courses on topics such as Community-Based Family Planning, Family Planning Counseling, Healthy Timing and Spacing of Pregnancy, Hormonal Methods of Contraception, Malaria in Pregnancy, Logistics for Health Commodities, and more. The courses are free and can be completed online by anyone who is interested.
http://www.globalhealthlearning.org/program/family-planning-and-reproductive-health
EXAMPLES FROM THE FIELD

AFGHANISTAN
A project by Management Sciences for Health in Afghanistan (Huber, 2007; Huber, Saeedi, & Samadi, 2010) educated mullahs (Islamic teachers and leaders) about the importance of reproductive health and contraceptive use. Participating mullahs then helped devise materials to educate people about the importance of contraception. One mullah was quoted as saying, “We need contraceptives, but the people do not know about them and do not have access. I will use the time after Friday prayers to educate the community. If you make a cassette about family planning, I will play it from the mosque.”

GHANA
In Ghana, the 2007-2011 Reproductive Health Strategic Plan (RHSP) specifies religious groups and leaders as implementing partners for almost all of their Strategic Interventions and Implementation Activities (Ghana Health Service, 2007). The 2007-2015 Under Five’s Child Health Policy and Under 5 Child Health Strategy produced by Ghana’s Ministry of Health, both emphasize the inclusion of community leaders and religious organizations in promoting community awareness of important post-natal practices, including family planning (Ministry of Health, Ghana, 2007).

KENYA
In Kenya, where nearly 25% of women have unmet family planning needs, the Institute for Reproductive Health (IRH) and the Christian Health Association of Kenya (CHAK) have been successful in educating faith leaders on the benefits of HTSP and training them in advocacy, communication and social mobilization skills to reach their congregations and communities with HTSP and FP messages (Institute for Reproductive Health, 2011; CCIH, 2012). Before initiating a 2009 pilot project on family planning, religious leaders in Kenya’s Ijara district were educated about the Standard Days Method and the concept of healthy birth spacing. Trainers also guided the leaders to recognize that FP does not conflict with religious teachings. Subsequently, these leaders encouraged their communities to view FP favorably (FHI, 2012).

YEMEN
In Yemen, an Extended Service Delivery (ESD) project with Pathfinder International aimed to engage Muslim religious leaders as champions of reproductive health and family planning. It was able to build the capacity of Yemeni religious leaders to address reproductive health and family planning in their communities and the socio-cultural factors that lead to high fertility. As a result, religious leaders began broadcasting reproductive health messages through two FM radio stations to reach a larger audience, and additional materials were distributed for the community (Freij, 2009).

OTHER COUNTRIES
Friedman (2014) cites several other examples, including a the United Methodist Committee on Relief integrating family planning into a child survival project in Liberia; the Bwindi Community Hospital, a facility of the Church of Uganda, integrating family planning into its HIV and postnatal care programs; and Islamic Relief providing trainings in sexual and reproductive health for young women in Bangladesh. A report released in February 2014 by Aylward and Friedman provides comprehensive information on the role of faith leaders in FP promotion in 24 countries around the world.
REFERENCES


