



Agir pour la Planification Familiale

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Engaging Religious Leaders in Policy Advocacy to Improve the Social-Cultural Environment for Family Planning

INTRODUCTION

In recent years, many governments and advocates in Francophone West Africa have instituted measures to elevate family planning (FP) programs higher on their national agendas. The role of FP is formally recognized in nearly all national strategies aimed at achieving the Sustainable Development Goals (SDGs), reducing poverty, slowing the rate of population growth, and improving the health of women and children. However, these formal statements have not yet been transformed into a sustained movement among decision makers to advance FP programs.

Since 2012, several countries—including Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo, the five Francophone West African countries supported by Agir pour la Planification Familiale (AgirPF)—have adopted an innovative process under the leadership of the Ministry of Health to enlist key stakeholders from all sectors¹ in the creation of action plans aimed specifically at repositioning FP as a national priority. (The formal titles of the action plans vary slightly, but all are aimed at reinvigorating their national FP programs and repositioning them higher on the national agenda.)

In the initial planning phases, stakeholders conducted an in-depth “diagnosis” of the FP situation using historical and current health and demographic data, service statistics, national and operational policy documents, and relevant literature that illuminated their analysis. The diagnosis included the following findings:

1. While demand for FP is relatively low compared with regions outside of Francophone West Africa, there is a significant unmet *need for contraception*: Many women want to delay or limit births, are at risk of becoming pregnant, and are not currently using an effective contraceptive method.
2. Major policy barriers block the use of FP services and hinder efforts to improve their quality and availability,² and financial, human, and material resources to address these problems are seriously lacking.
3. There is little political will to muster the level of financing and high-level interventions needed to fully implement the action plans for repositioning FP, and there are negative attitudes toward contraception in many quarters.

AgirPF is committed to implementing the action plans for repositioning FP in the five countries and is supporting policy advocacy to improve the environment. (The ultimate goal of this advocacy is a change in “policy,” defined here to include laws, regulations, and policies at the national and regional levels, as well as operational policies, formal positions, and any other practices and principles that guide decision making and resource allocation within government agencies and nongovernmental entities, as well as in any organized secular or religious communities.) This brief describes how religious leaders are being engaged in advocacy to improve the socio-cultural climate for FP, which in turn is expected to influence both the degree of commitment to FP among public officials and the level of contraceptive use in the population.

¹ Stakeholders vary from one country to another and from one stage of the planning process to another. They are individuals committed to improving and expanding FP and include officials from the ministry of health which has the lead planning role, representatives of other ministries such as women, economy, communications, youth, and finance, nongovernmental service providers, the legislative branch, civil society organizations and interest groups, the private commercial sector, religious and traditional leaders, and the academic community.

² Among the barriers are medically unnecessary restrictions on who can provide certain services, absence of fee systems based on ability to pay, lack of integration of FP into other reproductive health (RH) services, legal-regulatory vacuum (Côte d'Ivoire and Mauritania), failure to effectively implement existing RH laws, and disproportionate urban-rural deployment of personnel.

CONTEXT: THE SOCIAL-CULTURAL CLIMATE FOR FAMILY PLANNING

Following completion of the action plans for repositioning FP, AgirPF assisted stakeholders in the five countries to examine the political and sociocultural environment and prepare advocacy strategies to target specific improvements. The analysis took into account both policy factors that determine the strength of FP programs and sociocultural factors that influence both the level of political support and decisions surrounding childbearing.

The social-cultural climate is central to successful implementation of the FP action plans. First, public officials are hesitant to take forceful actions to strengthen FP when they fear it would expose them to censure from religious and traditional leaders, many of whom are hostile to FP. Second, religious education and practice and adherence to cultural traditions begin very early in the family and are pursued during an individual's life. Attitudes toward childbearing, contraception, and acceptable age at marriage are all deeply ingrained, and it is therefore essential for religious and traditional leaders to be an integral part of any strategy that aims at improving FP programs.

Indeed, a sociocultural climate encouraging people to act on their childbearing preferences can increase the demand for FP. The current low level of demand masks a widespread attitude regarding the desirability of having additional children: Between 65% and 80% of all women and men in union do *not* want another child soon.³ Regardless of whether they are currently at risk of pregnancy, most prefer to delay, are undecided or uncertain, or want no more children.

Thus, a desired outcome of an improved social-cultural climate would be religious and traditional leaders who support actions to fully implement the FP action plans.

OBJECTIVE OF ADVOCACY

The specific objective of advocacy to improve the social-cultural climate is that religious and traditional leaders promote “responsible childbearing” in their communities out of a conviction that this concept is compatible with their beliefs and that actions by policymakers to strengthen FP should be supported because of their importance to the country's socioeconomic development.

A decisive factor in choosing this objective is that religious and cultural leaders are concerned about the implications of contraception, child spacing, and family size limitation in the context of their faith and traditions. Furthermore, many are unaware of or uncertain about the relevance of

FP programs to their country's future. A visible and active movement to reposition FP will heighten their concerns unless they can identify with goals that they share.

Some leaders have been comfortable promoting “birth spacing” among married couples. However, this approach falls short of removing sociocultural barriers to FP, because it does not address the needs of those who wish to limit their births or of couples who do not agree on contraception, or the needs of all those at risk of an untimely pregnancy, regardless of age or marital status.

METHODOLOGY

The main thrust of the methodology to achieve the advocacy objective is to equip supportive religious and traditional leaders with the skills and tools to advocate with their peers to promote “responsible childbearing,” a concept that has resonated with some leaders and is in line with the direction of the FP action plans. The strategy is to first provide them with opportunities to address and resolve their concerns about contraceptive use and to learn about the role of FP in national development.

With this goal in mind, resources were used to facilitate collaboration among religious and cultural leaders, including workshops that ensure the following:

- Discussion and agreement on the concept of “responsible childbearing,” a concept that is more broadly supportive of the role of FP in health and family life
- Access to timely and pertinent data to demonstrate the benefits of FP for the individual and for their country's socioeconomic development
- A supportive forum for examining religious scriptures to demonstrate their compatibility with responsible childbearing
- Introduction to the action plans for repositioning FP, including analysis of policy and sociocultural barriers to FP
- Exposure to advocacy tools that combine data projections from Resources for the Awareness of Population Impacts on Development (RAPID) computer models with verses from religious scripture that support FP
- Receipt of advocacy training, including effective use of data in policy dialogue with their peers and development of advocacy plans

³DHS data show that only 20–35% of women and men in union want another child soon (i.e., within two years): Burkina Faso, 19.6% (23.6% among men); Togo, 18.6% (25.2% among men); Niger, 32.4% (35.2% among men); and Côte d'Ivoire, 24.9% (27.9% among men).

- Development of networking skills to build viable alliances for carrying out advocacy
- Assistance in the preparation of advocacy plans with specific, measurable objectives to reduce sociocultural barriers to FP

In addition, South-to-South cooperation is used to build and strengthen networks, and resources are provided for implementation of the advocacy strategies. This includes a part-time consultant in each country to provide the networks with ongoing technical assistance.

RESULTS

As a result of AgirPF assistance, a total of 93 Muslim, Catholic, Evangelical Protestant, and traditional religious leaders strengthened their capabilities to promote the concept of responsible childbearing within their respective communities. This was achieved through workshops with faith-based organizations, groups of religious and traditional leaders (including some already experienced in FP advocacy), and other partners in Togo, Burkina Faso, and Côte d'Ivoire.

An important outcome of these workshops to date is that all attendees have left with a favorable or very favorable opinion regarding the involvement of their religious communities in promoting the concept of “responsible childbearing” (Figure 1), a far broader concept than the idea of “birth spacing,” around which previous advocacy efforts had been organized.

Workshop participants had the opportunity to examine the data used in preparing the action plans to reposition

FP in their country and were better able to articulate the importance of FP in socioeconomic development. They were also able to understand and support the notion of a “demographic dividend” and its potential for advancing their nation’s progress toward an emerging market economy.

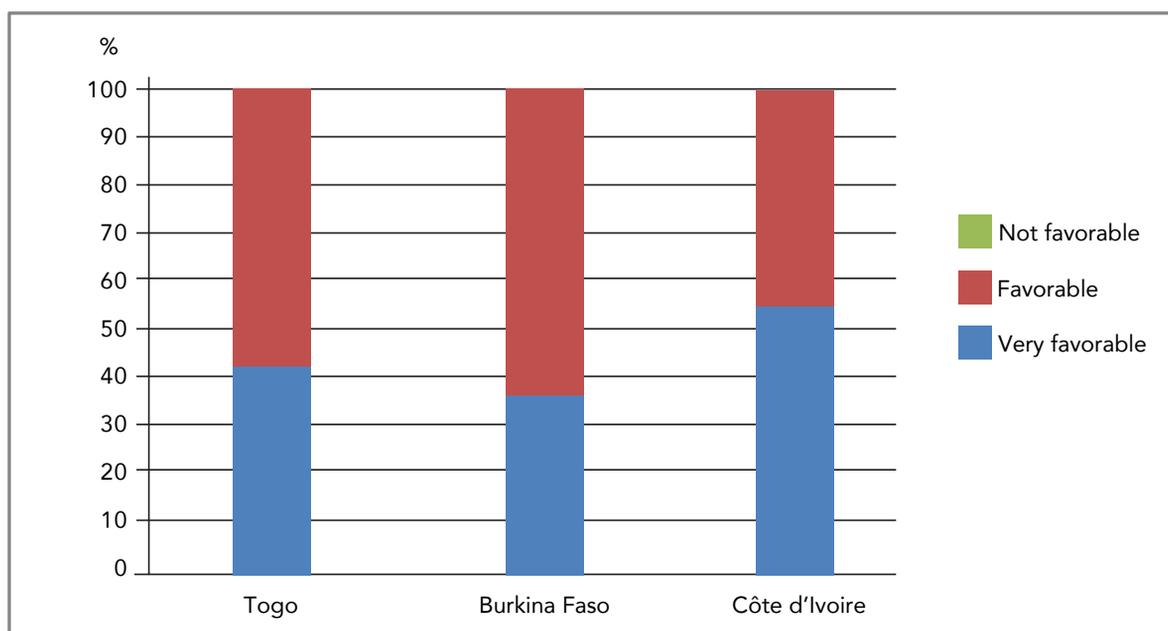
Participants conducted a detailed analysis of relevant texts from their respective religions (Evangelical Protestant, Catholic, and Muslim) to identify messages that are compatible with the concept of responsible childbearing and concluded that there is no conflict between the practice of their faith and the promotion of responsible childbearing among their peers and within their respective communities.

Advocacy presentations have now been prepared for each religious governing body in each country; called “Religious RAPID” models, they combine data from RAPID with specific citations from religious authorities and doctrines that demonstrate the importance of responsible childbearing within each religion. Brochures to support the Religious RAPID presentations will accompany planned advocacy activities.

Participants also developed multiple advocacy plans aimed at policies to involve faith-based organizations in actions to support FP and to engage 2,000 religious and traditional leaders in promoting responsible childbearing in Burkina Faso, Côte d'Ivoire, and Togo.

The Union of Religious and Traditional Leaders of Burkina Faso (URCB) has received a grant from AgirPF to advocate for the adoption and implementation of a national policy on the involvement of faith-based organizations to promote responsible childbearing within their respective communities. A similar process is about to start in Côte

Figure 1. Percentage distribution of workshop participants, by their opinion at workshop conclusion about promoting responsible childbearing, according to country



d'Ivoire, with the Alliance of the Religious Leaders against AIDS (ARSIP) and will occur later in Togo, with their newly created Togo Alliance of Religious Leaders for Health and Development (ART/SD). The alliance is a result of South-to-South cooperation and facilitation from two high-level representatives of URCB during a workshop in which the alliance validated its bylaws and governing rules and appointed a representative of each religious group to a governing board (president, secretary general, and technical advisor).

In Mauritania and Niger, the project collaborated with the Health Policy Project (HPP) to strengthen the advocacy capacity of 53 high-level religious leaders (29 in Mauritania and 24 in Niger), as well as to engage them in advocacy efforts to promote responsible parenting.

CONCLUSION AND RECOMMENDATIONS

The religious and traditional leaders who are leading FP advocacy efforts in these countries are engaged in explicitly promoting *responsible childbearing* among their colleagues as well as within their communities.

These leaders have prepared advocacy plans with measurable objectives and are committed to implementing them to improve the sociocultural environment in their countries and reduce barriers to FP.

Specific recommendations include the following:

- Continue to provide support to religious and traditional leaders within an atmosphere of mutual respect for their beliefs and practices, to help them understand the importance of FP to national development goals and the compatibility of responsible childbearing with religious practices
- Provide technical and financial support for implementation of advocacy plans developed by religious and traditional leaders.



Members of the Union of Religious and Traditional Leaders of Burkina Faso advocated with the King of Dedougou.



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Avenir Health, an AgirPF subcontractor that provides technical assistance to its policy advocacy efforts, contributed to this brief. Avenir Health staff are pioneers in the field of demographic and projection modeling. They have produced many of the models currently being used by reproductive health and HIV and AIDS experts around the world, including the RAPID tool.

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