

Building Consensus for Family Planning Among Senegal's Faith Communities

July 2017



CRSD members meet with Mauritania's Minister of Social Affairs, Childhood, and the Family, Dr. Fatimetou Mint Habib, during an exchange visit to Nouakchott in April 2016.

RELIGIOUS INSTITUTIONS AND BELIEFS SHAPE MANY aspects of life in Senegal, but systematic approaches to linking these dimensions to development policies and programs have been rare. Working with the Senegalese government, the Washington, D.C.-based World Faiths Development Dialogue (WFDD) and a Senegalese association (Cadre des Religieux pour la Santé et le Développement) have over the past three years engaged an interreligious group to support family planning strategies. The starting hypothesis was that religious leaders and communities influence (positively and negatively) family planning decisions and should thus be engaged in planning and implementation. This brief details the history of a Hewlett Foundation project, set within the regional Ouagadougou Partnership and the Senegalese government's family planning program.

The Context

Senegal has made notable strides toward improving maternal and child health. An important facet is increased investment in family planning. The Ministry of Health and Social Action's ambitious 2012-2015 action plan highlights the strategic importance of family planning, especially its links to health. Infant mortality in Senegal decreased to 42 in 2015 from 56 in 2005 (per 1,000 live births),¹ and maternal mortality stood at 315 in 2015 versus 427 in 2005 (per 100,000 live births).² However, these rates are still high, and although rates of contraceptive use are on the rise, only 23.3 percent of married women ages 15 to 49 were using a form of contraception in 2015.³ A stark rural-urban divide also persists, with women in urban areas twice as likely to use a form of contraception as women in rural areas (33 versus 17 percent).⁴ There is still a significant unmet desire among



women to plan their pregnancies—among married women, Senegal’s unmet need was 25.2 percent in 2015.⁵

The government’s 2012–2015 family planning strategy highlighted the importance of religious engagement. While it identified several key areas where engagement was desired, it defined few concrete steps to translate them into action. Historically, religious engagement in the area of family planning has been somewhat limited, and government-religious collaboration in this area was practically non-existent. Earlier efforts to engage faith leaders in family planning, particularly those led by the Réseau Islam et Population (RIP), focused largely on neighborhood-level imam trainings. At a strategic level, faith leaders were not engaged in a systematic fashion, and efforts did not involve senior levels of religious leadership. Any related discussions (for example, on HIV and AIDS) primarily targeted only Muslim leaders.

Despite recognition that religious leaders can play significant roles in family planning in Senegal, the topic was approached with caution. Many rumors circulate around what religious traditions say about family planning, often indicating that religious teachings do not permit family planning. Faith voices are particularly powerful in Senegal—for example, 85.2 percent of Senegalese indicated in one survey that the *confréries* (Sufi orders) have ‘much influence’ in the country.⁶ Some family planning stakeholders have in the past hesitated to broaden religious engagement on family planning because of concerns about potentially negative religious influence; further, some associate religious leadership with strong political influence.

Building a Religious Framework: The Creation of CRSD

With support from WFDD, Sheikh Saliou Mbacké (who is a leader in the Mouride community) in 2014 brought together Muslim and Christian leaders to launch a dialogue on family planning from a faith perspective. Conversations centered largely on Senegal’s high rates of infant and maternal mortality, which are attributed largely to avoidable causes, and the role that birth spacing can play to decrease these rates. After several meetings, a core group came together and formed what is now the Cadre des Religieux pour la Santé et le Développement (CRSD). CRSD members represent the major Sufi orders of Senegal, the Catholic and Lutheran churches, and the major Islamic organizations. Sheikh Saliou Mbacké serves as CRSD’s President and is supported in his work by a steering committee composed of CRSD members, as well as a project assistant and consultants who assist with various programmatic activities. CRSD has been registered with Senegal’s government as an association since 2015.

The association aims to promote dialogue and cooperation among Senegal’s religious communities to further

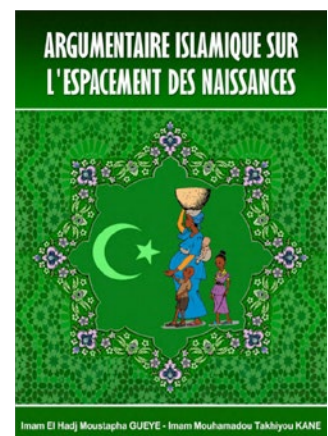
Religion in Senegal

In Senegal, Islam is the religion of an estimated 94 percent of the population, with most Muslims affiliating with one of the country’s four main Sufi orders (*confréries*). There is a dynamic Christian minority: Senegalese Christians are primarily Catholic, but several Protestant denominations are active. A secular approach is established in Senegal’s constitution. Senegalese secularism emphasizes a commitment to pluralism, equality of religious traditions, and freedom to practice one’s faith. Senegalese pride themselves on the positive relations between Muslims and Christians, although formal interfaith relations have tended to focus more on dialogue than collective action.⁷

development; improve maternal and child health; protect and support vulnerable populations; and advance peace and social cohesion. From the outset, CRSD has collaborated closely with Senegal’s Ministry of Health to fit its work into the larger family planning strategy. The Ministry views CRSD’s efforts, which center largely on demand creation, as complementary to other ongoing family planning efforts.

CRSD’s Approach

As Senegalese faith leaders who grasp intimately religious sensitivities, CRSD members develop strategies that are appropriate for the local context. Specifically, this includes promoting family planning practices that are squarely in line with religious teachings. Christian members base activities on the Bible and denomination-specific beliefs; Muslim members base their work on the Qur’an and the hadith, and more specifically, on the *Argumentaire islamique sur l’espacement des naissances*. The *Argumentaire* was authored by two Senegalese experts: Imam El Hadj Moustapha Guèye, the president of the Association des Imams et Oulémas, and Imam Mouhamadou Kane, the current Imam Ratib of the Mosque of Kaolack. The document addresses the permissibility of various family planning approaches within Islamic teachings, citing international Islamic



The *Argumentaire islamique sur l’espacement des naissances* was commissioned by CRSD and serves as the basis for all activities conducted by CRSD’s Muslim members.

scholars, but also drawing on teachings of renowned Senegalese leaders.

CRSD aims to encourage broad shifts in attitude and behavior through a diverse set of activities. These include *visites de courtoisie*, or visits to meet with the prominent leadership of Senegal’s principal religious communities; *causeries* (workshops) for community groups of religious women; workshops during significant religious events and holy periods, such as Ramadan; and media outreach (radio, television, and print). This mix of approaches targets the religious leadership prominent at the national level, but also local, grassroots faith leaders and communities.

Activity Spotlight: Engaging Women’s Religious Networks

Engaging women through religious channels has emerged as a central and particularly successful program element. Many of CRSD’s activities primarily touch men, as formal religious leadership in Senegal (both national and local) is largely male. Working within Senegal’s extensive religious networks has allowed CRSD to reach women across the country. Workshops have largely targeted women’s *dahiras*. *Dahiras* are community groups specific to Senegalese Sufism that gather to support members’ spiritual needs, promote solidarity, and provide mutual aid. They exist in every corner of Senegal, as well as throughout the diaspora. Christian women’s groups in various parts of the country have also benefitted from the workshops.

The workshops began in 2015, first in Dakar and then in other regions of Senegal. CRSD partnered with a midwife (who is also president of a women’s *dahira*), to hold workshops that bring the technical and religious perspectives into the same conversation. During workshops, CRSD members first presented the religious perspectives on family planning. Once the religious permissibility of family planning was established (particularly among the men who sometimes attend with their wives), the midwife presented the technical side of family planning. She explained the various meanings of family planning (growing a family versus spacing births), addressed common myths and rumors, and explained the various methods. Participants have been notably engaged in presentations and asked many questions, as much of the information was new to them.

In 2016, CRSD scaled up the work through a training of trainers model. CRSD members worked with the same midwife to identify men and women with religious credibility and connections in six regions of Senegal. These men and women serve as *relais* (workshop leaders) and receive training on the technical and religious content before conducting workshops with religious groups within their respective regions. In light of Senegalese gender norms and dynamics, male *relais* are seen as more effective in some communities

Figure 1. Number of women’s workshops

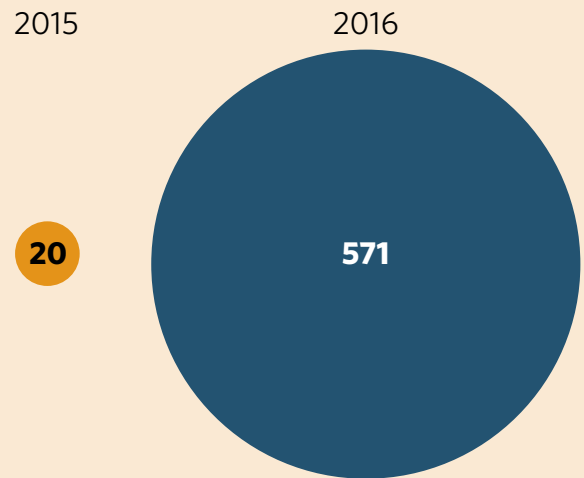


Figure 2. Causerie participants: 2015 vs. 2016

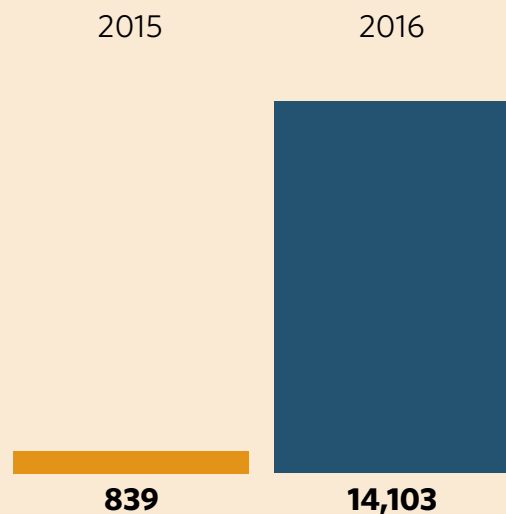
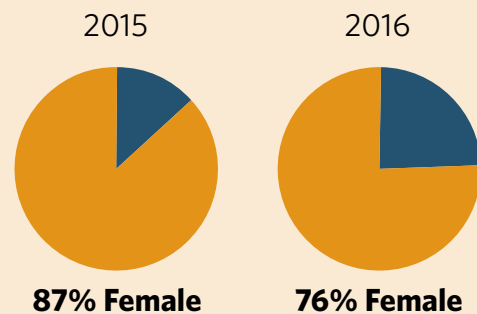


Figure 3. Gender of participants





Women gather at a workshop in Dakar to learn about the religious and medical perspectives on family planning.

where women who promote family planning can be perceived to be of low moral character and to be persuading other women to libertinism. Community attitudes and norms are taken into consideration when selecting *relais*.

Under this new model, CRSD's message reached a significantly higher number of participants than in 2015 (see Figure 1), with an increased number of workshops conducted with the support of the *relais* (see Figure 2). As CRSD has earned the trust of local communities and built the reputation of these activities, there have been requests from religious groups for these workshops. And interestingly, more and more men are attending workshops with their wives (see Figure 3). This is key, as Senegalese women do not typically make family planning decisions unilaterally; this is either the decision of the couple or the husband has final say.

Getting the Message Out

When CRSD members came together in 2014, their first step was to meet with national religious leadership to discuss family planning from a faith perspective. At that early stage, family planning remained a largely taboo topic, especially in

religious milieux. After those initial high-level exchanges, CRSD felt prepared to advance its mission through wider dissemination of family planning messaging. The next phase entailed targeting a wider audience—speaking to religious community groups, appearing on pre-recorded radio shows, and accepting interviews for print articles.

As CRSD continued its work and family planning became less taboo as a subject of discussion and outreach, the door opened to branch out into new, more visible activities. CRSD has hosted several press conferences for various media outlets, members have appeared on call-in radio shows, and CRSD has launched a website and social media accounts. Together, these activities allowed CRSD to begin reaching a wider and more diverse audience with its message. And in mid-2017, CRSD members made their first appearance on a television program. An important approach has been targeting this messaging through religious and non-religious media, both of which play key roles in Senegalese society.

There has been a clear evolution in CRSD's messaging strategies, tied to the population's own evolving perceptions

of family planning. As faith leaders, CRSD members are keenly aware of dynamics within faith communities, which includes attitudes on family planning. That knowledge has enabled CRSD to be strategic in its activities, at times taking a prudent approach, and at other times, knowing when to accelerate and push forward.

Regional Dynamics: Thinking Beyond Senegal

In 2014, shortly after CRSD formed, members visited Morocco to learn from the Moroccan experience. Morocco was chosen for its strong religious ties with Senegal and for the great respect that Senegalese have for Moroccan Islam, as well as the historical engagement of faith leaders in family planning. In Morocco, faith leaders were actively engaged in family planning promotion from the early 1970s, and Morocco has seen steady gains in contraceptive use (from 19.4 in 1980 to 67.4 percent in 2011).⁹ CRSD members (both Muslim and Christian) aimed to acquire strategies and better understand the types of roles and responsibilities they, as religious leaders, could take in family planning promotion in Senegal. Key meetings also provided CRSD with information and materials specific to Islam and family planning, which members have used to clarify understandings in Senegal.

Senegal is part of the Ouagadougou Partnership, a coalition of nine, Francophone West African countries that was

launched in 2011 and seeks to accelerate family planning progress through improved collaboration and cooperation. Since 2011, Senegal has seen a significant increase in contraceptive use, resulting from a host of factors, including increased investment, strong government-civil society partnerships, and local buy-in. And the growing trust and relations between CRSD and the Ministry of Health and Social Action demonstrate that government-religious partnerships in Senegal can be successful in addressing various development challenges.

Just as Morocco's religious engagement and family planning success served as a model for CRSD, some of Senegal's experiences can serve as a model for countries within the Ouagadougou Partnership (see Figure 4). To date, CRSD members have conducted two exchange visits within the Ouagadougou Partnership. The visits to Mauritania and Guinea prioritized not only sharing the example of Senegal's faith engagement, but also exchanging best practices with the host country. Learning from the experience of other countries and integrating best practices has always been at the heart of CRSD's approach. For example, in crafting the Islamic *argumentaire*, it was important to the Muslim members of CRSD to explore how faith leaders have been involved in implementing family planning programs in several Muslim-majority countries, like Indonesia, Bangladesh, Pakistan, and Iran.

What do faith leaders say about family planning?⁸

In 2017, CRSD and WFDD conducted focus groups with married men and women, as well as interviews with faith leaders, in three of Senegal's regions (Thiès, Diourbel, and Kédougou). Unsurprisingly, the interviews revealed that faith leaders of the same tradition hold widely varying views on family planning. CRSD thus has a key role to play in harmonizing the perspectives of Senegal's religious leaders and reinforcing approaches that are built on evidence.

The quotes that follow come from three imams in one region of Senegal in response to a question about religion and family planning. They hint at two key issues that were prominent during the focus groups and interviews, pointing to critical areas where CRSD can play an important role:

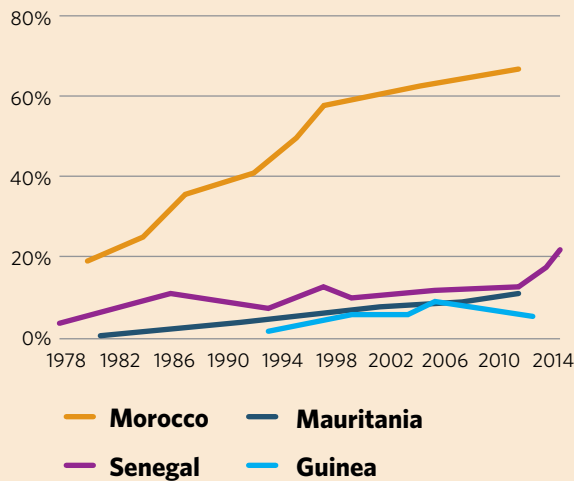
- Lack of consensus on terminology, particularly the differences between birth spacing, birth limitation, and family planning
- Lack of consensus on which family planning methods are permissible and for what purposes

"And with the fragility of the female reproductive system, it is not good to often have closely spaced births, which is why religion accepts birth spacing."

"Religion does not accept family planning... Women breastfeed their babies for two years. That is the only method accepted by Islam to space births. There are prayers for birth spacing, but these are traditional practices that Islam does not accept."

"If the person has the means and the couple are in good health, there is no reason to limit the number of children. You must not flee from your responsibilities with respect to educating your children... You must not deprive life to those who would come into the world for your own interests. If the woman is able to conceive, she must not limit her pregnancies. The Prophet said that it is necessary to procreate to expand the Muslim community in the world. As such, if a woman is in good health and is able to take on the responsibilities of educating her children, in this case it is not acceptable for her to limit her births."

Figure 4. Contraceptive prevalence, any methods (% of women ages 15-49)



Source: Contraceptive prevalence, any methods (% of women ages 15-49). World Bank, 2017. Available at: <http://data.worldbank.org/indicator/SP.DYN.CONU.ZS>

Like Senegal, Mauritania and Guinea are Muslim-majority countries, and they share some of the same challenges around family planning. During the visits, conversations focused largely on Islamic perspectives on family planning, but Guinea’s religious composition allowed for key discussions on Christian-specific issues and interfaith strategies. CRSD was accompanied by a representative of Senegal’s Ministry of Health and Social Action during each visit. In each case, meetings with the United Nations Population Fund (UNFPA) assured links to international programs.

Exchange visits to Mauritania and Guinea have been successful not only in engaging faith communities in family planning promotion, but also in establishing connections and launching a dialogue between faith leaders, government, and civil society. During these visits, CRSD members have raised awareness of maternal and infant health risks and the unique role that faith leaders can play in family planning promotion, while also addressing faith leaders’ concerns about family planning use. CRSD members plan to remain in contact with key stakeholders in both Mauritania and Guinea. A third visit within the Ouagadougou Partnership is planned for 2017.

Looking Ahead

CRSD was formed initially to support national family planning strategies, but its mandate is broad. Lessons learned relate both to specific religious roles on family planning programs and to the engagement of faith actors on a wider

range of development issues. These reflections are ongoing, as the effort to engage religious leaders strategically is quite new, with both approaches and institutional channels still at an exploratory stage. The considerable potential benefits, as well as possible risks, are among areas that deserve continuing focus. Some lessons to date include:

- Clarifying the underlying agenda to faith leaders: dialogue has allowed a leadership group to investigate and determine where and how family planning aligns with religious principles;
- Tailoring the approach to the local context: identifying key religious leaders in each district, as well as specific concerns and approaches, has highlighted the need to ensure a differentiated approach. Both national and local faith leaders need to be engaged.



CRSD Treasurer Pastor Pierre Adama Faye greets Monsignor Jacques Boston, Bishop of the Anglican Diocese of Guinea and Guinea Bissau, during a meeting between CRSD and the Christian Council of Guinea in November 2016.

- Bridging the secular-religious divide: building partnerships with faith communities is key, but it should be done without the expectation that faith leaders will take up a “canned” message on family planning. Rather, the message must be indigenous. For a true partnership, have them build their role with you rather than having them fit into your plan.
- Managing expectations: Faith leaders will not be all things for all people and respectful engagement is a sine qua non. For example, while faith leaders have been unwilling to encourage unmarried youth to use family planning, they are increasingly ready to encourage education that prepares youth for their future roles as mothers, fathers, husbands, and wives.
- Focusing specifically on relationships with government officials: CRSD sees itself as independent, but it has developed constructive and sustainable relationships with the Ministry of Health and Social Action.

Central objectives of CRSD’s work include continuing outreach to national and local religious leadership; increasing media presence; encouraging husbands to attend workshops with their wives, as husbands can act as gatekeepers in marriages; dispelling myths around family planning and religion held by health workers; and developing region-specific (within Senegal) strategies. WFDD and CRSD are continuing their collaboration with the goal of building CRSD’s capacity, including members’ ability to address Senegal’s various development challenges, to ensure the association’s sustainability.

Notes

1. Mortality rate, infant (per 1,000 live births). World Bank, 2017. Available at: <http://data.worldbank.org/indicator/SP.DYN.IMRT.IN>
2. “Maternal mortality ratio (modeled estimate, per 100,000 live births).” World Bank, 2017. Available at: <http://data.worldbank.org/indicator/SH.STA.MMRT>
3. “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>
4. Ibid
5. Ibid
6. “Senegal Round 6 data (2015).” Afrobarometer, 2015. Available at: <http://afrobarometer.org/data/329>
7. For more information, see *The Religious Landscape of Senegal: An Overview*. (Herzog, L). Available at: <https://berkeleycenter.georgetown.edu/publications/policy-brief-the-religious-landscape-of-senegal-an-overview>
8. For more information, see *Understanding Religious Influences on Family Planning: Findings from Monitoring and Evaluation in Senegal*. (Mui, W.). Available at: <https://berkeleycenter.georgetown.edu/themes/senegal>
9. Contraceptive prevalence, any methods (% of women ages 15-49). World Bank, 2017. Available at: <http://data.worldbank.org/indicator/SP.DYN.CONU.ZS>

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.

This brief, authored by Lauren Herzog under the direction of Katherine Marshall, reflects WFDD research and engagement within the context of a project supported by the William and Flora Hewlett Foundation. Address questions to Lauren Herzog (lauren.herzog@wfdd.us) or to CRSD President Sheikh Saliou Mbacké (saliou.mbacke@crsdsenegal.org). Additional information about CRSD and the WFDD-supported program can be found at <http://crsdsenegal.org> or at <http://berkeleycenter.georgetown.edu/subprojects/country-mapping-senegal>.



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