



WORLD FAITHS
DEVELOPMENT
DIALOGUE

Faith communities care about healthy mothers and families.

For many, this includes active support for family planning.



Many faith-inspired organizations (FIOs) are actively involved in family planning efforts around the world. Similar to other aspects of FIOs' development work, their family planning efforts are community-focused and in line with religious principles. These family planning efforts are supported by a variety of individuals and foundations; a few major FIOs—such as World Vision and the United Methodist Committee on Relief—have received USAID grants for family planning programs.

FIOs take a holistic approach toward family planning, seeing it as one aspect of their mission to promote health and reduce poverty. For many FIOs, family planning is viewed as an integrated piece within their larger global health programming; it is seen as a way to improve the health not only of women, but of entire families. For example, the United Methodist Committee on Relief has integrated family planning into a child survival project in Liberia. In Uganda, the Bwindi Community Hospital (a Church of Uganda facility) integrates family planning into its HIV and postnatal care. Islamic Relief has provided trainings in sexual and reproductive health for young women in Bangladesh.

FIOs' work in family planning is diverse, involving the promotion and provision of a variety of methods. These organizations provide information and counseling regarding contraceptive use and may dispense pills, condoms, Intrauterine Devices (IUDs), and natural methods of family planning, among others. Complexities remain, as some organizations refrain from providing contraception due to a perceived linkage with abortion⁷ or anxieties about encouraging sexual activity among youth and the unmarried. Catholic organizations generally only provide natural methods of family planning in line with Church teaching, but will often provide referrals regarding other just methods.

Faith leaders can be key proponents for family planning use, helping to improve the health and well-being of their followers. As an example, the Christian Health Association of Kenya has trained religious leaders to incorporate messages about family planning into their sermons, which has helped improve the use of contraceptives in project areas. After studying the health benefits of contraception, Afghan mullahs helped devise materials to educate people about the importance of contraception. And the Islamic leadership of Nigeria penned a detailed document underscoring the permissibility of many methods of contraception and their importance for the health and well-being of families.⁶

Why this matters

- Globally, 222 million women do not currently want to get pregnant, but are not using contraception.¹
- Meeting this need could reduce maternal mortality by 35%, cut abortion in developing countries by 70%, and shrink infant mortality by 10 to 20%.²
- Only 22% of women in sub-Saharan Africa who are married or in a union use contraception.³
- 84% of the world's population identifies as religious.⁴
- Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries.⁵

Methods of Family Planning

The World Health Organization describes several modes of family planning that can be used effectively and safely to prevent pregnancy.

- **barrier methods** such as the condom, diaphragm, and sponge;
- **intrauterine devices (IUD)**;
- **hormonal methods**, such as a pill, patch, or injection;
- **sterilization methods**, such as vasectomy, hysterectomy, and tubal ligation; and
- **natural methods**, which include fertility awareness and post-partum breastfeeding.⁸

Take Action

- Support increased US funding for international family planning programs.
- Forge dialogue with religious constituents, Members of Congress, and other decision makers regarding support for family planning among faith actors.

KENYA

- 98% identify as religious (85% Christian, 10% Muslim).⁴
- 46% contraception use.³
- 1 in 38 lifetime risk of maternal death.⁹
- 4.5 children per woman.¹⁰

TIMOR-LESTE

- 99% identify as Christian.⁴
- 22% contraception use.³
- 1 in 44 lifetime risk of maternal death.⁹
- 5.5 children per woman.¹⁰

AFGHANISTAN

- 99% identify as Muslim.⁴
- 21% contraception use.³
- 1 in 11 lifetime risk of maternal death.⁹
- 5.4 children per woman.¹⁰

GHANA

- 96% identify as religious (75% Christian, 16% Muslim).⁴
- 34% contraception use.³
- 1 in 66 lifetime risk of maternal death.⁹
- 4.0 children per woman.¹⁰

Case Studies

See the World Faiths Development Dialogue report “Faith and International Family Planning” for more details on these and other cases of faith-linked family planning programs.

Christian Health Association Supports Family Planning in Kenya

The Christian Health Association of Kenya (CHAK) and other faith-inspired organizations provide around 30 percent of the country’s health care, including family planning services. In 2010, with funding from the World Bank, CHAK launched a project utilizing community health workers (CHWs) to provide contraception in remote areas of Kenya’s Eastern Province. Beneficiaries were given access to pills, condoms, and fertility-tracking tools, and were referred to health centers if they desired surgical/injectable methods. CHAK trained 72 pastors from 32 churches on information that would allow them to incorporate family planning messages into their sermons. Follow-up surveys showed that the combined religious and CHW outreach correlated with significantly higher uptake of contraceptive methods. 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.¹¹

Catholic Relief Services Turns Focus to Birth Spacing in Timor-Leste

In the heavily Catholic country of Timor-Leste, natural family planning methods are an important mechanism for addressing the unmet need for birth spacing. To serve this need, Catholic Relief Services (CRS) designed a program focused specifically on family planning. Working with the Ministry of Health and local Catholic service providers in partnership with the Institute for Reproductive Health (IRH) at Georgetown University, CRS initiated “Planning for Responsible Parenthood,” through which they provide scientifically-tested natural family planning services¹⁴ to poor Timorese. CRS runs educational programs, does demonstrations, and trains midwives and volunteers, equipping them with calendars and fertility tracking tools. The program had reached 580 couples at the time of CRS’s most recent tally.¹⁵

Afghan Mullahs Promote Birth Spacing in Afghanistan

Mullahs (Islamic teachers) in Afghanistan have, in some cases, served as disseminators of positive knowledge about family planning. The Accelerating Contraceptive Use Project, funded by the William and Flora Hewlett Foundation and managed by Management Sciences for Health, served as a vehicle for this dissemination. In interviews with 37 mullahs, program administrators found that mullah disapproval came primarily from health concerns rather than religious disapproval. Once provided with accurate information, they became supportive of birth spacing and helped create pamphlets about the subject with Qur’anic verses. In one outreach effort, a mullah discussed the positive aspects of family planning within Islam on a national television program; positive feedback allowed additional airtime for programming on contraception, and about 70 percent of television viewers in Afghanistan are recorded as having watched.¹²

Religious Sensitivities and Youth-Friendly Services in Ghana

Pathfinder International and their African Youth Alliance (AYA) initiative launched the Window of Hope Project in 2002, aimed at providing youth-friendly reproductive health services in collaboration with the Christian Health Association of Ghana (CHAG). 150+ CHAG member organizations were given the choice of whether to implement the program, due to the sensitivity of the issue. Ten medical centers of the Methodist, Presbyterian, Salvation Army, Pentecost, Church of Christ, and Seventh Day Adventist denominations proceeded. The project reached almost 450,000 youth and included the dissemination of 118,000 condoms by the time it concluded in 2005, and these facilities decided to sustain the programs with help from CHAG and other sources, with some seeking to expand them.¹³

Photo credit: Dominic Chavez/The World Bank. Women and their children listen to a nurse explain the benefits of breast feeding in Bamako, Mali on November 4, 2013.

1. Singh, Susheela and Jacqueline E. Darroch, “Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012,” Guttmacher Institute and United Nations Population Fund (UNFPA), 2012, <http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>.
2. Coleman, Isobel and Gayle Tzemach Lemmon, “Family Planning and US Foreign Policy,” Council on Foreign Relations, 2011, <http://www.cfr.org/maternal-and-child-health/family-planning-us-foreign-policy/p24683>.
3. “World Contraceptive Use 2011,” United Nations, Department of Economic and Social Affairs: Population Division, 2011, http://www.un.org/esa/population/publications/contraceptive2011/wallchart_front.pdf.
4. “Global Religious Landscape,” The Pew Forum, 2012, <http://features.pewforum.org/grl/population-percentage.php>.
5. “Maternal Mortality Ratios per 100,000 Live Births,” World Health Organization, <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>.
6. Insights from: Aylward, Lynn and Nava Friedman, “Faith and International Family Planning,” World Faiths Development Dialogue and United Nations Foundation, 2014.

7. Christian Connections for International Health has done extensive work on differentiating family planning and abortifacients. See, for example: “Love, Children and Family Planning,” Institute for Reproductive Health and Christian Connections for International Health, 2011, <http://ccih.org/BibleStudy-Printer%20Spread.pdf>.
8. “Family Planning: A Global Handbook for Providers,” World Health Organization, 2011, http://whqlibdoc.who.int/publications/2011/9780978856373_eng.pdf.
9. “Lifetime Risk of Maternal Death,” Population Reference Bureau, 2011, <http://www.prb.org/DataFinder/Topic/Rankings.aspx?ind=247>.
10. “Fertility Rate, Total (Births per Woman),” World Bank, 2011, <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN>.
11. Aylward, Lynn and Nava Friedman. op. cit. p. 21.
12. Ibid., p. 26.
13. Ibid., p. 28.
14. The Institute for Reproductive Health has scientifically devised and tested several methods of natural family planning which can be classified as “modern.” For more on types of methods and attendant research, see irh.org.
15. Ibid., p. 19.