

Senegal's Reproductive Health Challenge

Religious Dimensions and Engagement

April 2015

The challenge

Senegal aspires to rapid social and economic progress, with ambitious goals set for 2030 (Plan for Emerging Senegal). Within national plans, human development, especially family well-being and health services, receives considerable attention; reproductive health services and family planning in particular rank high in national objectives. Senegal's rapid population growth rate (2.7 percent per annum estimate for 2012), significant maternal and child mortality, large youth population, and natural resource challenges (climate variability, limited agricultural resources) are important factors explaining the new priority. Senegal's partners, notably the World Bank, USAID, the United Nations Population Fund (UNFPA), the *Agence Française de Développement* (AFD), and several large foundations, support these goals actively. Senegal is also part of the nine-nation Ouagadougou Partnership (launched in 2011) that focuses on family planning and fosters synergies among this group of francophone nations. Given Senegal's noteworthy religiosity (the population is 94 percent Muslim, with a Christian minority) and traditions of positive collaboration between government and religious bodies, Senegal's family planning



Religious leaders pray together following an October 2014 meeting to discuss the permissibility of family planning approaches according to Islam.

program anticipates significant roles for religious leaders and communities in advancing family planning. The World Faiths Development Dialogue (WFDD), financed by the Hewlett Foundation, supports exploration, dialogue, and communication programs to engage religious communities in the national programs to advance family well-being, and more specifically family planning initiatives.

Key Themes

- Maternal and infant mortality rates remain high in Senegal, notwithstanding recent improvements.
- Limited access and quality issues contribute to low contraceptive prevalence rates.
- Religious beliefs and practices also shape demand for family planning and government policies.
- Uncertainties about religious views on family planning, accentuated by some radical preachers with negative messages, have colored past policies.
- Senegal's National Family Planning Action Plan 2012-2015 identifies religious leaders and communities as key partners, recognizing their wide influence in society.
- Many Senegalese religious leaders (especially Muslims, in this predominantly Muslim country) agree that Islamic teachings do not oppose child spacing and contraceptive use within marriage.
- Active efforts to inform, listen to, and engage religious leaders and communities can enrich and deepen family health approaches.



Religion and development in Senegal

Senegal is renowned for its distinctive forms of Islam, with four major Sufi orders (*confréries*) exercising substantial personal and political clout within a national framework of democratic ideals and practice. Senegal also takes pride in harmonious interreligious relationships, notably between the Muslim majority and Christian minority (with dynamic Catholic and Protestant communities). Notwithstanding keen academic interest in Senegal's distinctive religious communities, understanding of their actual and practical development roles is limited. The government and its development partners have few formal or direct mechanisms for engaging the most senior religious leaders in policy or programmatic aspects of development work. This gap in operational knowledge and dialogue takes on increasing importance as the character and roles of the *confréries* are changing in the face of modernization and urbanization. Religious attitudes towards and influence on health matters thus deserve greater attention from policymakers and development practitioners alike as these leaders can help improve the quality and impact of development interventions, especially where behavior change is involved.

Leadership of Senegal's Muslim communities is quite complex, with significant variations both by religious family, by region, and between urban and rural areas. Broadly, hierarchical, hereditary leadership within the Sufi *confréries* is the norm, and the religious leaders operate independently of the government. A *khalife* leads each of the four major Sufi *confréries* that are active in Senegal: the Muridiyya, the Tijaniyya, the Qadiriyya, and the Layènes. The Tidianes and Mourides together represent approximately 80 percent of Senegal's Muslims, while the Qadiris and Layènes have smaller numbers of adherents—estimated at 10 and 6 percent of the Muslim population, respectively. Historically, the orders were based in rural areas, actively involved in agriculture; however, roles are shifting as cities grow and emigration expands. Religious adherence is also important in the substantial diaspora communities. Further, as new generations assume leadership roles in the *confréries*, the nature of authority of religious leaders in daily life and their influence on politics are changing. Nonetheless, few question the significance of the *confrérie* identity and the influence, actual and potential, of their leaders.

Each *confrérie* has a unique history and cultural milieu, but they share significant features. They emphasize religious education directly instilled in disciples by a master teacher (*sheikh*). Disciples progress through specified stages (*maqamat*) in their mystical relationship with God. Brotherly solidarity among followers sets the tone of relationships. Traditionally, the *confréries* have emphasized obedience to leaders, but these relations provide mutual benefits to both leader and follower. Virtually all leadership

has been male. To varying degrees, economic and social changes, as well as demography (notably migration) challenge some of these traditions; but, in much of Senegal, they still influence daily life.

Other trends affect Senegal's Muslim landscape, some related to changes at the national and local level, others to regional and global factors. Traditional power hierarchies within the leading *confréries* today compete with a variety of independent influences, local and transnational. There are some 10,000 imams, generally selected and supported by communities. An active religious media has growing social media dimensions. An immediate challenge comes from a significant group of independent imams, some veering towards fundamentalist views and looking to global Islamic movements. An example is Oustaz Alioune Sall, who promotes radical messages on television and radio. Among arguments advanced by these voices are assertions that family planning is a Western plot designed to limit the Muslim population worldwide. Others preach that family planning is un-Islamic and harmful to health and to families.

Historically, the Catholic Church has been an important part of Senegal's religious landscape. Catholics are especially active in education; they have been less vocal on family planning and reproductive health issues. The Senegalese Catholic Church, in keeping with global positions, formally supports only natural methods of contraception, though some Catholics support wider understandings of family planning. Among Protestants in Senegal, some denominations, such as the Lutherans, have had family planning programs for years and provide active support for policies and programs.

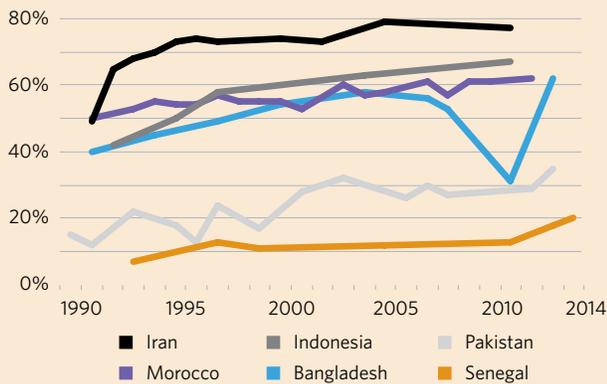
The national family planning program

Senegal's family planning program is ambitious and explicit in its goals. The National Family Planning Action Plan 2012–2015 sets out clear targets and resource requirements. Government budget allocations have doubled, a department of the ministry of health has lead responsibility, and support from several partners (national and international, public and private) is significant. Results have been promising: the contraceptive prevalence rate among married women increased from 12 to 16 percent (2012 to 2013) after years of stagnation (see chart). The results for 2013–2014 showed a further jump to around 20 percent. The goal is a CPR of 27 percent by end 2015. The program focuses both on supply and demand, with important innovative features such as a well calibrated contraceptive supply system and a focus on social marketing.

Religious engagement on family planning

The roles that religious beliefs and leaders play in the reproductive health decisions of families, as well as in government policy, are complex. Senegal's religious leaders

Contraceptive Prevalence Rate in Several Muslim-Majority Countries



Senegal has recently seen rapid gains in contraceptive use, particularly since renewed engagement by the Ministry of Health and Social Action and its partners. However, Senegal's contraceptive prevalence rate lags behind those of many countries, including other Muslim-majority countries. Although Senegal is moving closer to its goal of a CPR of 27 percent by the end of 2015, 25.1 percent of married women still have unmet needs for family planning. Data from the DHS Program (<http://dhsprogram.com/pubs/pdf/FR305/FR305.pdf>) and the World Bank (<http://data.worldbank.org/indicator/SP.DYN.CONU.ZS/countries>)

and communities have rarely taken strong anti or pro family planning stances that would materially shape official policies. However, the general sense is that cultural norms favor large families and youth sexual activity is frowned upon. There were concerns that religious opposition could emerge if there was active support for family planning. These assumptions have long played a part in public (government and partner) approaches to family planning. Thus the tendency to tread carefully in this area is not unrelated to perceptions of religious attitudes and social influence. Positive messages and support, especially from respected religious leaders, could directly address doubts about the compatibility of modern family planning with religious teachings and also contribute to the general national effort to communicate the benefits of family planning and its links to maternal, child, and family health.

Both DHS data and anecdotal evidence suggest that while supply and service shortages account for a large proportion of low contraceptive use, cultural norms (a pro-natalist tradition) and specific hesitations about family planning, often rooted in religious and cultural practice and beliefs, also play important roles. Additional hesitations in

adopting family planning include religious inhibitions and perceived teachings. Couples and families may believe that Islamic teachings do not support family planning, and some religious leaders propagate such views. The attitudes of men in particular are widely assumed to be especially influenced by religious leadership, whether they support or oppose family planning.

A significant element of the government's family planning program involves engagement of religious "champions" for family planning. Positive, active support from religious leaders can link family welfare (including maternal and child health) and family planning while dispelling a general aura of distrust of family planning. In contrast, religious opposition could undermine public and private efforts to advance family planning. Religious leaders in Senegal have rarely played active roles in health matters, with the notable exception of HIV and AIDS where some leaders supported government efforts to address the threat and its causes in a forthright manner. Thus well-calibrated efforts are needed to engage religious communities.

The complex roles that religious communities and leaders can play in influencing family planning behaviors call for positive efforts to engage the widely respected leaders of the Sufi *confréries* who have a considerable following. These efforts need to come alongside communication with and training of local imams. Support from Muslim scholars and religious media is also an important strategic priority. Informal women's religious networks exist; these networks can and should be engaged.

In engaging religious leaders, five themes are especially important.

1. Islamic teachings are widely seen (internationally) as supporting modern family planning, albeit solely within the context of marriage. There are, however, exceptions. Continuing efforts to present the foundations for family welfare in Islamic teachings and interpretations are important. Clarity can be provided by updating and diffusing relevant Qur'anic teachings, reinforced by the wisdom of Senegal's religious leaders.
2. Talk of birth limitation or, worse, population control, is anathema. The message, well supported by Islamic teachings, is that child spacing is beneficial for the health of mothers, children, and the family. Islamic traditions support extended breast feeding and good care for children born to the family.
3. There is little leeway at present to discuss family planning for young people outside of marriage. This echoes the government position that family planning is for couples *en union*, that is, married. Since many young people are marrying later and do engage in sexual relations outside

of marriage, this presents a significant issue that will need to be addressed over time. Active discussion of the cases of infanticide underscores the desperation of people who lack access to family planning, as well as the reality of cases of rape and incest. There is some scope for stressing the need to provide accurate information about reproductive health to young people, both in schools and informal settings. While the argument is advanced by some that education about sexuality encourages promiscuity, others see benefits in education that prepares youth for their future lives as husbands and wives, mothers and fathers.

4. Senegal can take inspiration from active family planning programs involving religious leaders in Muslim majority countries such as Indonesia, Bangladesh, and Morocco.
5. Religious leaders interact with men in formal settings given the generally patriarchal social context in Senegal. This access and influence can support family planning messages centered on men. At the same time, the influence of religious leaders' comments and unspoken expectations about religious obligations on women should not be discounted.

Recent engagement with religious leaders

Especially following the 1994 Cairo Conference, deliberate efforts in Senegal (as in various countries) sought to present family planning in an Islamic context. Inter alia, communication materials were developed, and visits to other countries were organized. Although family planning was not an official priority, a few Senegalese organizations, such as the *Réseau islam et population* (RIP) and the *Association nationale des imams et oulémas du Sénégal*, worked to demonstrate that family planning was permissible in Islam. These efforts, however, lost some steam over the several ensuing decades. Recent efforts, particularly by RIP, have largely focused on training imams at a local level, highlighting the advantages of family planning for maternal and child health.

Since mid-2014, a working group on family welfare involving leaders of the four major Sufi orders, the Catholic

and Protestant communities, the health ministry, and three leading Muslim organizations has engaged in a common effort to understand family planning issues and to support action at a national level. WFDD support is centered on this group. An important initial effort has involved a series of visits to leaders of the major Sufi *confréries* and other religious communities. The nature of the visits conforms to Senegalese traditions of discussion and exchange, and they have opened a series of dialogues about family health and family planning. The working group also visited Morocco to share views and experiences on religious engagement on family planning. They have prepared, debated, and agreed on a primary, positive document (*argumentaire*) that sets out the case for family planning in a religious context. The working group is independent but works closely with the Ministry of Health.

Areas for future action

Dialogue with religious leaders is an important part of Senegal's family planning programs. Major benefits are increasing understanding of issues facing family health in Senegal, situating modern family planning practices within a well-honed religious context, and listening to and addressing specific concerns raised both by religious leaders and other community members, including women and youth. Given the hierarchical leadership structure of the *confréries*, personal approaches are essential and the working group established in mid-2014 is well-positioned to continue its outreach and dialogue. Work on the Islamic framework of arguments (*argumentaire*) is well advanced and will be honed and diffused widely. Engaging with religious media is a second priority. Senegal's media is diverse and increasingly active, ranging from traditional radio to social media; thoughtful engagement can contribute to reasoned dialogue, even on sensitive topics. Finally, regional links among religious communities are complex but significant. Outreach to neighboring countries offers promise of promoting dialogue and understanding, as well as gaining support both for family planning specifically, but also for broader initiatives supported by religious leaders and communities for family health.

This brief reflects WFDD research and engagement within the context of a William and Flora Hewlett Foundation supported project. Katherine Marshall is the primary author with substantial support from Lauren Herzog, as well as the WFDD team. Address questions to Katherine Marshall (km398@georgetown.edu), Lauren Herzog (lauren.herzog@wfd.us), or Saliou Mbacké (salioumbacke4@gmail.com). Further information about the working group and the WFDD supported program can be found at <http://berkleycenter.georgetown.edu/subprojects/country-mapping-senegal>

