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FAITH AND FAMILY PLANNING

WORKING TOGETHER TO DRIVE
PROGRESS POST-2020

Summary, Background, and Methodology

Religion plays an important role in many FP2020 priority countries, where faith leaders influence health-seeking behavior^{1,2,3,4} and faith based organizations¹ (FBOs) provide a notable share of healthcare information, services and supplies. FBOs are seen as credible and trustworthy through their continuous presence at the grassroots level, notably in conflict-ridden or hard-to-reach communities where other actors appear only intermittently. FBOs help contextualize family planning concepts and interventions by using language and approaches that resonate with the cultures and beliefs of the communities they serve. When FBOs provide leadership supporting family planning, they may contribute powerful incentives in favor of it.

Many FBOs provide family planning information, services, and supplies so that people are free to voluntarily choose to space the timing and number of children they want. They generate educational materials that explain the religious texts supporting family planning; train service providers in their own facilities; provide referrals to service providers; promote social and behavioral change through their activities; and educate policy makers to advocate for policy change. A study of 95 FBOs regarding their interventions on the broad theme of sexual and reproductive health and rights (SRHR)⁵ found that FBOs promote a holistic approach to physical and spiritual wellbeing with various interventions addressing family planning, maternal and child health, reproductive health, adolescent health, gender based violence, sexually transmitted infections, HIV/ AIDS, sexual health, and sexual and

¹ The term "faith-based organization (FBO)" in this brief is used to mean any actor or institution affiliated with or sponsored by a religion, including organizations and health service providers affiliated with a religious community as well as religious leaders / institutions themselves.



reproductive rights. The top intervention by FBOs surveyed was advocacy and policy influencing – notably working group membership and meetings with decision makers and influencers – followed by capacity development, trainings, and service delivery. FBOs report clients use natural family planning, as well as pills, condoms, spermicides, injectables, IUDs, implants, and sterilization.

Family Planning 2020 (FP2020) is a global partnership supporting the rights of women and girls to decide – freely and for themselves – whether, when and how many children they want to have. With a growing awareness of FBOs' role, FP2020 sought to identify best practices, inform its partners and help drive progress post-2020. FP2020 has commissioned this brief to summarize knowledge about how secular FP2020 partners can more effectively engage with the faith community and FBOs to help women achieve their fertility intentions and to improve healthy timing and spacing of pregnancy, including the voluntary use of modern contraceptive methods. Evidence for this brief came from document review, eleven key informant interviews, and an online survey to FP2020 partners and stakeholders. Documents reviewed, people interviewed, and stakeholders surveyed were selected by FP2020 in consultation with the consultant and representatives of World Vision and the Faith to Action network. Many thanks are due to the report authors, interviewees, survey respondents, and reviewers for their commitment to this work and contributions to this brief.

Faith and family planning interact in complex ways at personal, community, civil society, and governmental levels. Better understanding of this by all stakeholders will allow secular actors, faith leaders, and FBOs to more effectively advance family planning.



Successful Approaches and Engagements

Successful partnerships among secular and faith actors on family planning typically customize a context-specific multi-faceted approach that includes landscape mapping, knowledge- and awareness-raising, trust-building “safe-space” dialogue, training and capacity-building, social and behavioral change communication (SBCC), advocacy, media outreach and other activities. Here are some well-documented examples:

The **NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE (NURHI)** aims to increase contraceptive uptake among women and adolescents in urban settings through advocacy, demand creation and service delivery, plus monitoring and evaluation.⁷ Starting with research to understand the local context, project implementers identified religious and community/traditional leaders and explored knowledge, views, ideas, and attitudes that influence family planning. In close collaboration with Interfaith Forums, champions and scholars, NURHI developed and disseminated resources with Islamic and Christian perspectives to guide dialogue with religious leaders on family planning. These resources support Christian and Islamic clerics/leaders to better promote the health and social benefits of family planning during their services. Interfaith Forums have acted to: train clerics on these resources to expand support and ensure integration of family planning into regular activities, public gatherings and events; air supportive statements on radio and improve media discourse on family planning. The Forums are registered with the government as self-driven organizations promoting faith-based advocacy for family planning.

A NURHI evaluation found 30% higher contraceptive uptake among women exposed to family planning messages from religious leaders compared with those with no exposure.⁶

WORLD FAITHS DEVELOPMENT DIALOGUE (WFDD) engaged with a leading Sheikh in Senegal to launch an interfaith dialogue on family planning.⁸ The dialogue focused on Senegal's high rates of infant and maternal mortality and discussed how improved healthy timing and spacing of pregnancy could decrease these rates. An

interfaith group, “Cadre des Religieux pour la Santé et le Développement,” (CRSD) was formally registered with the government with objectives to promote dialogue and cooperation among religious communities; improve maternal and child health; protect and support vulnerable populations; and advance peace and social cohesion in support of the national Ministry of Health family planning strategy. CRSD members developed context-appropriate strategies aligned with religious teachings. They conducted courtesy visits with prominent religious leaders; held workshops for community groups, especially religious women; implemented targeted activities during religious events and holy periods, such as Ramadan; and liaised with radio, television, and print media.

The **FAITH TO ACTION NETWORK (F2A)**⁹ has more than 100 Bahai, Buddhist, Christian, Confucian, Hindu, Muslim member institutions. It builds on an interfaith consensus brokered in 2011 to deliver on family planning, by integrating coordination and networking with advocacy, capacity development and knowledge transfer. It strengthens FBO capacity through international interfaith cooperation and dialogue and

supports efforts to find common ground related to family planning and reproductive health. It catalyses stakeholders and leverages their approaches with religious communities and policy makers, who rely on religious constituencies for political support

and legitimacy. F2A works with religious leaders to influence politicians; change policies, shift values and attitudes; and increase FBO commitment to better SRHR programs and policies.

WORLD VISION¹⁰ has found that addressing family planning awareness to both members of a sexually active couple is more effective than efforts targeting only one member of the couple. World Vision emphasizes the physical, economic, social and ecological benefits of healthy timing and spacing of pregnancies (HTSP) and family planning use for individuals, families, and communities, and helps connect family planning decisions to broader religious beliefs and practices.

An external evaluation found that F2A contributed to better SRHR care and service delivery; increased FBO engagement and advocacy resulting in concrete policy changes; and disseminated knowledge on how religious texts support SRHR.

Information about family planning can be shared by faith leaders during marital counseling with couples, weekly religious services, small group gatherings, home visits, workshops, or community events.

UNFPA partnerships with FBOs for capacity building, knowledge sharing, and advocacy. UNFPA Country Offices facilitate national interfaith networks, regional offices promote dialogue and cooperation, and the headquarters coordinates and monitors initiatives globally. By convening multi-religious organizations with religious leaders and program/policy officers, UNFPA helps establish strategic, issue-based alliances built on common objectives (e.g. family well-being, safe motherhood, eliminating maternal and child morbidity and mortality and eliminating harmful practices). The principal aim of UNFPA's outreach to faith actors around family planning is to develop equal partnerships which recognize each party as its own agent for change with complementary strengths; and seek to endorse a sense of joint accountability based on the partnerships. UNFPA builds on the consultations to promote South-South engagement and global continuity for mutual learning and strengthening of alliances.¹¹

CHRISTIAN CONNECTIONS FOR INTERNATIONAL HEALTH, “CCIH” is a US-based network of diverse organizations and individuals from across the globe working since 1987 to mobilize and empower members to promote global health and wholeness from a Christian perspective. With 150 Christian health organizations worldwide, 15 secular affiliate organizations that work with FBOs, and 350 individual members, CCIH plays an advocacy and convening role on family planning globally. Its broad reach, in-country partners and growing track record enables CCIH to scale-up advocacy capacity and advocacy efforts of the faith community in key countries.

Kenya saw a large increase in family planning visits after Christian Health Association of Kenya (CHAK) implemented a project with six FBO-managed health facilities to increase voluntary family planning services in western Kenya, in partnership with religious leaders and community health volunteers (CHVs).¹²





Effective family planning policies and programs must take religion into account, intelligently, explicitly, continuously, and creatively.¹⁷

Lessons Learned

The term “family planning” is widely accepted to mean voluntary prevention or spacing of pregnancy. Many faith traditions and denominations, religious leaders and adherents aim to support the health and well being of women and children. Healthy timing and spacing of pregnancy is a concept that is understood by many faith traditions, and many also support the use of modern methods of contraception, although support for modern methods of contraception varies by method and religious tradition.

FBOs were providing care, education, and health and social support long before current development agendas were established. In more than a dozen countries in Africa – including the Democratic Republic of Congo, Sierra Leone, Zimbabwe, Malawi, Rwanda, Uganda, Tanzania, Zambia, Lesotho, Benin, Ghana, Kenya, Nigeria, and Cameroon – the faith-based market share of health providers is estimated at over 30%.¹³ FBOs offer extensive geographical coverage, influence, infrastructure, scale, and sustainability.¹⁴

Some lessons learned include:

- › **Women’s rights and sexual and reproductive health rights are among the most contentious national, regional, and global issues.**¹⁵ Religion is sometimes used to justify discrimination, but the interaction between tradition, culture, and religion is not static. Religion can strengthen the argument for human dignity and freedom. Engaging women through formal and informal religious structures has been found effective for increasing family planning acceptance.¹⁶
- › **Politics and culture can undermine FBO support for family planning.** Political agendas, non-accountable governments, and actors opposing democratic inclusion can undermine human rights generally, including universal healthcare and family planning. Inputs to this analysis suggest that if development actors ignore the role of politics and culture in shaping religious views, they may inadvertently strengthen regressive notions about family planning.
- › **Cultures and values don’t change overnight.** Long-term investment is required to promote greater understanding and facilitate collective action. The most successful approaches gently shift community norms by creating safe spaces and promoting mutual understanding through ongoing collaboration and partnership platforms. Meaningful partnerships require early and ongoing consultation, emphasis on scholarship and practice, and engagement of formal and informal religious leaders, religious teachings, and ideas.
- › **In-depth analysis of each context’s religious history and landscape** should be part of any family planning program or policy approach, as religious beliefs, norms and practices play important and complex roles in the choices and behaviors of individuals and communities. Religious actors must be identified, their links both in-country and trans-nationally understood, and their approaches to development and health clarified.
- › **The experiences of other countries can be useful.** As interpretations of most religious traditions transcend national boundaries, exchange visits, conferences, and other forms of peer learning can be important motivators. Exchange visits across boundaries have been known to engage faith communities in family planning promotion, establish helpful connections and launch dialogues between faith leaders, government, and civil society.



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Challenges

Many myths and misconceptions exist regarding faith and family planning. Secular and faith actors often have unhelpful preconceptions about each other. Secular actors often see the influence of faith as a barrier to family planning and the empowerment of women and youth. Some faith actors view secular groups as seeking to impose more recent “western” values, compared with traditions developed over centuries. Distrust is common, as well as fear of being manipulated to advance foreign aims rather than respected as an equal partner to advance the community’s best interests. Distrust also can exist among adherents of different faiths, for similar reasons.

In reality, the picture is much more dynamic than these views allow. Just like secular actors, FBOs make a vast and complex tapestry, with diverse mandates, missions, expertise, services and work modalities, ranging from pro- to anti-family planning. The wider socio-political context has a major impact on secular-faith partnership discussions. Regressive and authoritarian political forces which oppose human rights broadly may seek to spread falsehoods depicting family planning as an anti-religious or “foreign” attempt to reduce local populations.

The role of culture or politics, rather than religious texts can be difficult to distinguish. In addition to checking

scripture, one test is whether the practice in question is universal across countries and cultures within communities of that faith. If not, then culture is probably the main determinant, rather than religion.¹⁸

Additional challenges that commonly arise when secular and faith groups seek to partner include:

- › Disagreements over “acceptable” contraceptive methods, clients, and partnerships.
- › Different language and frames of reference create misunderstanding and antagonism.
- › Participation and equal representation of women and youth.
- › Avoidance of issues involving adolescent sexuality, especially among unmarried youth.
- › Regressive sectarian and divisive stances.

Religious prohibition of family planning exists in some places partly because of the spread of myths and misconceptions. Without accurate information and acknowledgement of traditional beliefs, faith leaders may resist family planning. It is vital to help faith leaders understand how all methods of contraception work and the positive health, social and economic benefits associated with them.



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“Sometimes there is misconception in the secular world that the church does not support family planning. This is very misleading because if there is any institution that promotes the family unit, it is the church.

Christian (Protestant) FBO, Country-level

Gaps and Opportunities

Secular-faith collaboration on family planning is not a patchwork quilt, but rather a collection of pieces that can eventually, with additional resources, be stitched together to become a quilt. Some efforts have been documented at local, national, and international levels, but there are many more places where there is little or no evidence of this type of collaboration.

The main gap is **insufficient resources** for secular-faith collaboration and for faith-led initiatives in support of family planning. Many secular donors assume that faith institutions have resources, but family planning is only one of many issues that faith institutions address. Dedicated resources can encourage faith institutions to prioritize family planning in their work, increase the geographic coverage of faith-led family planning initiatives in areas of greatest need, and significantly contribute to efforts to scale successful programs. Many secular donors advance their own policies and blueprints, which is often perceived as imperialistic.

For secular-faith partnerships, **it requires a long term investment** to: establish relationships; build trust; develop common ground; obtain approval through levels of hierarchy; overcome long-entrenched habits of thought and action; ensure locally owned strategies; and implement locally appropriate actions. And yet, these partnerships have tremendous potential to overcome the barriers associated with the “last-mile.” Faith leaders

are credible, trusted community leaders are consistently present and concerned for communities’ overall well-being, where secular actors that focus on single issues come and go.

Closely following resource gaps include:

KNOWLEDGE GAPS. Gaps in knowledge can be addressed by generating and building a knowledge base through cooperation among universities, international agencies, civil society organizations national development organizations and FBOs. Gaps also can be addressed by improving the technical capacity of faith leaders and FBOs on the scriptural and scientific case for family planning; among secular groups working with faith actors to increase faith “literacy;” and with policy-makers to inform them of faith communities’ support for family planning. Understanding religious narratives and how they shape lived realities is pivotal to clarifying when religion oppresses versus inspires people for justice and equality.

Some “knowledge gap” opportunities:

- › Promote religious literacy among secular actors seeking to partner with FBOs, help them better understand the scriptural arguments supporting family planning and enable them to differentiate socio-cultural from religious underpinnings of local beliefs.

- › Be clear about how family planning holistically supports physical, mental/emotional, and spiritual health.
- › Improve FBO openness to family planning and gender issues through use of language sensitive to both scriptural and scientific approaches.
- › Support local religious leaders and FBOs to develop and disseminate sermon guides, theology-based advocacy materials and religious study guides on family planning showing how faith institutions support family planning, acknowledging major differences and emphasizing the health, development, and economic evidence for family planning.

GENDER INEQUALITY. Women can be very influential among their peers, communities, and towards religious leaders when it comes to family planning, but they are insufficiently present in many of the institutions doing this work. Women directly involved in faith-based social service work should be enabled to express their views and participate actively in decision-making and policy-setting. Those within faith-based or faith-inspired organizations with “hands-on” experience of service delivery and community-rooted activism provide unique perspectives. Women’s religious community groups can be highly effective at raising awareness, understanding and uptake of family planning.

Some “gender inequality” opportunities:

- › Secure women religious leaders’ participation in inter-faith and secular-FBO cooperation for family planning and ensure they speak at national and international events.
- › Ensure that FBO efforts to promote family planning engage with women’s groups.
- › During workshops with women’s groups, note their questions and concerns for incorporation into broader communications and seek out local women champions.

INADEQUATE TIME AND SPACE DEDICATED TO NON-JUDGMENTAL DISCUSSION OF SENSITIVE ISSUES (“SAFE SPACES”). In a polarized context, speaking and advocating from opposing viewpoints obstructs mutual understanding, agreement and cooperation. It is important to connect to the middle, to the “silent majority” that does not speak out on issues of family planning. Safe spaces are needed where all parties can have tentative discussions, voicing and sharing ideas that are not yet totally thought through, expressing frustrations, and sharing discursive and pragmatic successes in argumentation and implementation. A safe space can enable collaborators to jointly test reasoning and strengthen the discourse supporting family planning. Formal religious leadership is important, as well as informal leaders and people who can speak to the lived realities of faith communities.

Some “safe space” opportunities:

- › To reduce mistrust, secular groups must identify their own biases about the influence of religion on family planning and use language that shows respect for faith values and perspectives, makes family planning language more faith-sensitive and focuses on common aims.
- › Partnerships should be nurtured gently, promoting dialogue that demonstrates mutual respect, protects open sharing of views, builds trust and enables collaboration based on common aims.
- › Clarify opportunities for joint action to promote family planning, such as integration of family planning into broader health, maternal, adolescent and child health, HIV/AIDS and development programs.
- › Engage in brave dialogues, explore differences and identify common ground. Only by testing the boundaries can the common ground be expanded.

FBO CAPACITY GAPS. Research, monitoring and evaluation, and management/administration skills have been reported as weak among some FBOs. FBO service provision does not always comply with WHO or UNFPA guidelines, and some FBOs do not provide comprehensive information on sexuality and family planning in public education and campaigns. Increased FBO knowledge and skills would help improve practice, impact and documentation in support of family planning. It might also improve FBO resource mobilization for work to promote family planning.

Some “capacity gap” opportunities:

- › Enhance FBO credibility and legitimacy as family planning advocates by developing their knowledge and capacity to conduct evidence-based advocacy, in line with their faith.
- › Work with authoritative religious leaders and scholars to train religious leaders on the scriptural and scientific basis for family planning.
- › Provide technical and financial support that builds FBO organizational capacity and management skill in addition to technical knowledge – such as the evidence basis for WHO and UNFPA standards, good practices in social and behavioral change, etc. – to

advance family planning throughout FBO institutions and communities.

EVIDENCE GAPS include the weighted value of different religions’ influence on FP uptake in specific local contexts. Better measurement is needed on the impact that existing work is having – such as the impact of family planning when it is mainstreamed with other health interventions – since an unknown portion of faith institution work on family planning appears to be not well captured through existing health system measurements.

Some “evidence gaps” opportunities:

- › Improve collection, analysis and feedback loops for data and other evidence related to FBO- implemented family planning activities.
- › Explore ways for national health system data collection to demarcate services provided by FBOs to better determine how they can better contribute to measurement of family planning uptake.
- › Identify and implement mechanisms to better capture data / evidence on FBO family planning activities and their impact through national health service monitoring systems.

Several declarations developed and endorsed by religious leaders in the last five years show FBO support for family planning. These can be helpful resources during collaboration and partnership:

2008

[Global Forum of Faith-based Organizations for Population and Development](#)

2011

[Interfaith consensus statement in support of family planning and reproductive health](#)

2012

[New Evangelical Partnership for the Common Good: A Call to Christian Common Ground on Family Planning, and Maternal, and Children’s Health](#)

2013

[The Religious Institute Open Letter to Religious Leaders on Family Planning](#)

2014

[A Call to Action Faith for Sexual and Reproductive Health and Reproductive Rights Post 2015 Development Agenda](#)

2016 & 2018

Faith leaders’ statements on Family Planning at successive International Conference on Family Planning (2016, 2018)

2019

[Interfaith statement in support of ICPD at the 52nd session of the Commission on Population and Development \(CPD52\)](#)

Recommendations

The evidence for this brief falls neatly into **four major areas of strategic emphasis for the collective international FP2020 effort and secretariat** driving toward 2030:

1

INCREASE COUNTRY-LEVEL FOCUS ON INTEGRATION OF RELIGIOUS LEADERS AND FBOS INTO THE FP2020 WORK.

Suggestions include: researching/understanding the politico-cultural-religious landscape affecting family planning uptake in the country; convening “safe space” interreligious or secular-faith discussions on family planning; identifying / appointing / supporting faith champions in each country; mandating FP2020 country focal points to ensure that both secular and faith institutions are included in their activities; funding FBO work on family planning; investing in faith-based community dialogues; forming networks/coalition or better still establish strategic collaborating forums to facilitate joint planning and implementation; and sharing best practices among countries.

2

MAKE SURE THAT FBOS ARE SITTING MEANINGFULLY AT THE TABLE ON ALL COMMITTEES AND WORKING GROUPS, IN POLITICAL AND POLICY DISCUSSIONS, IN DEVELOPING TRAINING MODULES.

They are too often excluded, or invited late in the process. View religious communities as important constituents throughout the effort, which requires knowledge about who they are, what they’re doing, the diversity, the sensitivities. Do not silo religious engagement and have separate conversations with secular groups. All civil society groups should discuss and agree together. They all should be offered the same terms and opportunities at the same time. Persistence with this inclusiveness is absolutely critical. Make sure that the religious actors who are present represent the diversity of religious actors out there.

3

FACILITATE A “SAFE SPACE” FP2020 PLATFORM FOR FBOS AND SECULAR FAMILY PLANNING ACTORS FOR CONTINUOUS DIALOGUE AND DISCUSSION.

Begin with self-reflection: What pre-conceptions do FP2020 and its partners hold that obscure a view of faith actors as equal partners or create barriers for meaningful dialogue? Have a safe space to dialogue, that starts by building trust through identifying common ground, even if this represents “low hanging fruit.” Avoid the most explosive issues, and don’t try to force religious leaders into positions they are uncomfortable with. Take a subtle approach to testing boundaries: Don’t whitewash by only talking about the easy issues, but don’t over-emphasize the controversial ones. For example, hosting dialogues between faith leaders and youth leaders or discussions/visits in other contexts can enable exposure to new viewpoints and knowledge without their imposition by secular actors.

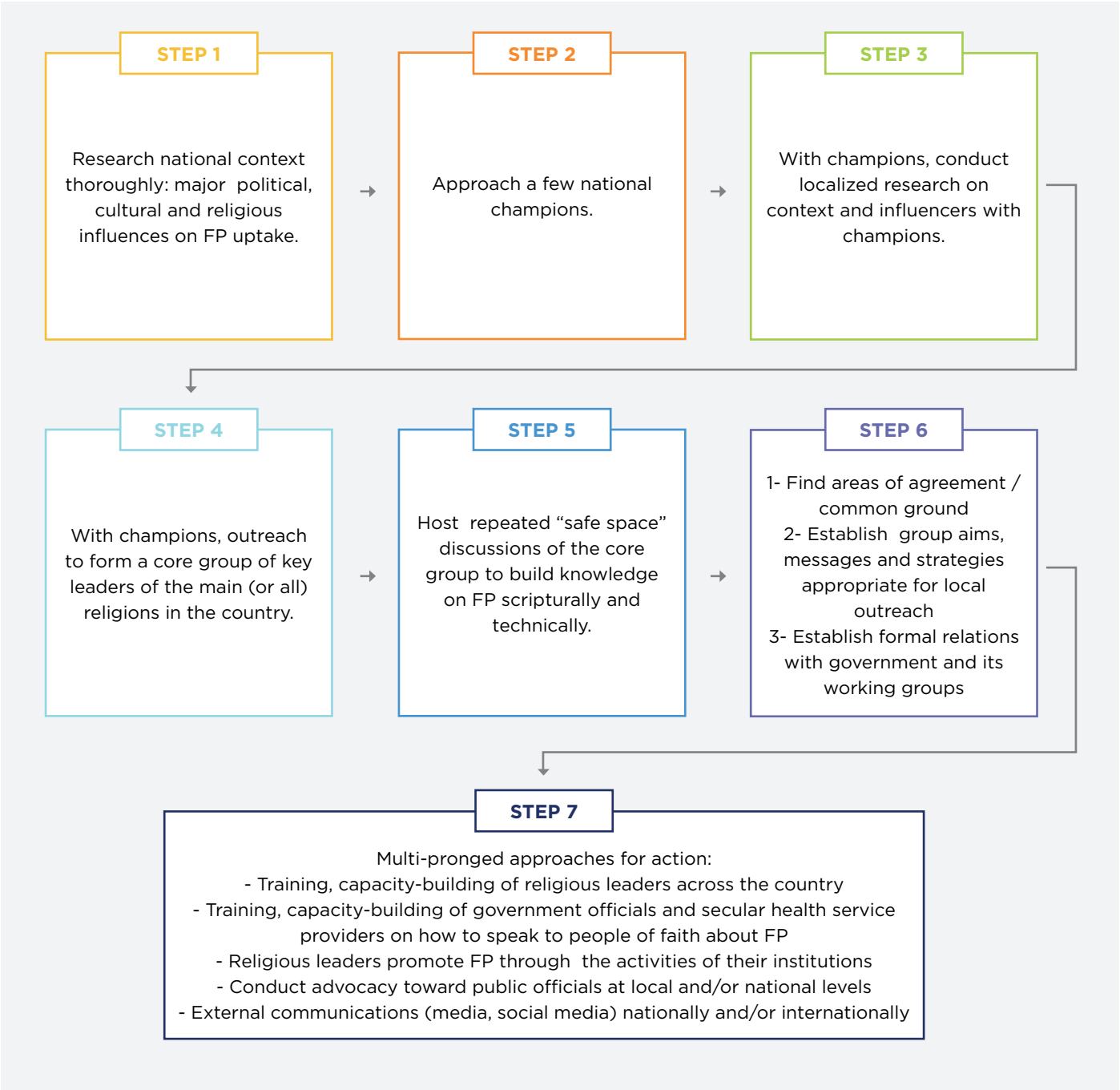
4

ESTABLISH OR ADVOCATE FOR FUNDING THAT ENCOURAGES FAITH AND SECULAR ACTORS TO APPLY JOINTLY FOR PROJECT SUPPORT.

This can be done affirmatively, to increase collaboration and partnership. Another option is to establish or advocate for funding managed by the faith community, providing grants to faith groups for family planning work. Sometimes the language used by secular human rights groups is off-putting to the intended recipients of the money. It can prevent them from applying, even if the resources would enable them to expand access to family planning. Having faith groups that demonstrate sufficient management capacity manage the money intended for faith actors on family planning would signify that FP2020 and other donors see faith actors as equals, capable of delivering results.

Practical Steps for Secular-Faith Partnership

Below is a generic step-by-step process for secular FP2020 partners to integrate the faith community and FBOs in their field work post-2020 derived from the inputs to this brief:



References

1 Azza Karam, Julie Clague et al. The view from above: faith and health. The Lancet. VOLUME 386, ISSUE 10005, PE22-E24, OCTOBER 31, 2015. DOI:[https://doi.org/10.1016/S0140-6736\(15\)61036-4](https://doi.org/10.1016/S0140-6736(15)61036-4)

2 Nii Lante Heward-Mills, Catherine Atuhaire, et al. The role of faith leaders in influencing health behaviour: a qualitative exploration on the views of Black African Christians in Leeds, United Kingdom. Pan Afr Med J. 2018; 30: 199. Published online 2018 Jul 6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6294965/>

3 Dr Jill Olivier, PhD, Clarence Tsimpo, PhD, et al. Understanding the roles of faith-based health-care providers in Africa: review of the evidence with a focus on magnitude, reach, cost, and satisfaction. The Lancet. VOLUME 386, ISSUE 10005, P1765-1775, October, 2015. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60251-3/fulltext?rss%253Dyes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60251-3/fulltext?rss%253Dyes)

4 Sarfo, Isaac. The Power of Beliefs on Health Seeking Behaviour: Implication for Therapeutic Relationships for Cardiovascular Care. Evropejskij Medicinskij Žurnal. 10. 10.13187/ejm.2015.10.195. 2015. https://www.researchgate.net/publication/307783350_The_Power_of_Beliefs_on_Health_Seeking_Behaviour_Implication_for_Therapeutic_Relationships_for_Cardiovascular_Care

5 Faith to Action Network. Advancing sexual and reproductive health and rights through faith-based approaches: A mapping study. 2014. <https://www.faihtoaactionnetwork.org/resources/pdf/Advancing%20sexual%20and%20reproductive%20health%20and%20rights%20through%20faith-based%20approaches-a%20mapping%20study.pdf>

6 ibid

7 Adedini SA, Babalola S, Ibeawuchi C, Omotoso O, Akiode A, Odeku M. Role of religious leaders in promoting contraceptive use in Nigeria: evidence from the Nigerian Urban Reproductive Health Initiative. Glob Health Sci Pract. 2018;6(3):500-514. <https://doi.org/10.9745/GHSP-D-18-00135>

8 World Faiths Development Dialogue. Briefing: Building Consensus for Family Planning Among Senegal's Faith Communities. July 2017 https://berkeleycenter.georgetown.edu/publications/building-consensus-for-family-planning-among-senegal-s-faith-communities/pdf_download/en

9 Faith to Action Network. End of Project Evaluation Final Report. 2016 <https://www.faihtoaactionnetwork.org/resources/pdf/FAITH%20TO%20>

[ACTION%20NETWORK%20EVALUATION%20REPORT.pdf](#)

10 World Vision. ENGAGING FAITH LEADERS IN FAMILY PLANNING A Review of the Literature plus Resources. 2012. <https://www.worldvision.org/wp-content/uploads/2017/03/Engaging-Faith-Leaders-in-Family-Planning.pdf>

11 UNFPA. Guidelines for Engaging FBOs as Agents of Change. 2009 https://www.unfpa.org/sites/default/files/resource-pdf/fbo_engagement.pdf

12 Ruark, A., Kishoyian, J., Bormet, M. and Huber, D. (2019). Increasing Family Planning Access in Kenya Through Engagement of Faith-Based Health Facilities, Religious Leaders, and Community Health Volunteers. [online] Available at: <http://ghspjournal.org/content/7/3/478>

13 Jill Olivier & Quentin Wodon (2012) Playing broken telephone: assessing faith-inspired health care provision in Africa, Development in Practice, 22:5-6, 819-834, DOI: 10.1080/09614524.2012.685870, as cited in Jill Oliver, Open Democracy, Faith and health care in Africa: a complex reality <https://www.opendemocracy.net/en/openglobalrights-openpage/faith-and-health-care-in-africa-complex-reality/>

14 Jean F Duff, Warren W Buckingham III. Strengthening of partnerships between the public sector and faith-based groups. Published Online July 7, 2015 [http://dx.doi.org/10.1016/S0140-6736\(15\)60250-1](http://dx.doi.org/10.1016/S0140-6736(15)60250-1)

15 UNFPA and Church of Sweden, Women, Faith and Human Rights, ISBN number: 978-1-61800-026-2 Publishing date: 24 June 2016 <https://www.unfpa.org/sites/default/files/pub-pdf/WFHR.pdf>

16 World Faiths Development Dialogue. Briefing: Building Consensus for Family Planning Among Senegal's Faith Communities. July 2017 https://berkeleycenter.georgetown.edu/publications/building-consensus-for-family-planning-among-senegal-s-faith-communities/pdf_download/en

17 Katherine Marshall. World Faiths Development Dialogue. Religious engagement in family planning policies: Experience in six Muslim-majority countries. Oct 2015 <https://berkeleycenter.georgetown.edu/publications/religious-engagement-in-family-planning-policies>

18 Judge Mohammed Abou Zeid, President of Saida Islamic Sunni Court, Lebanese Republic Presidency of Council of Ministers, speaking at European Development Days, Brussels, June 2019

Additional References Essential to this Brief

Advocacy: the NURHI approach. Undated. <http://www.nurhitoolkit.org/sites/default/files/NURHI%20Advocacy%20Approach%20.pdf>

Christian Journal for Global Health. Vol 4 No 2 (2017): The Global Church and Family Planning : Creative Collaboration. <https://journal.cjgh.org/index.php/cjgh/issue/view/16>

Nava Friedman. World Faith Development Dialogues. Faith communities care about healthy mothers and families. 2014. <https://berkeleycenter.georgetown.edu/publications/faith-and-international-family-planning-policy-brief>

Sandro Galea MD, DrPH, Roger D. Vaughan DrPH, MS, et al. When Population Health Science Intersects With Pressing Cultural Issues: A Public Health of Consequence. American Journal of Public Health. March 2019. 109(3), pp. 358-359. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6366504/>

Guttmacher. A Common Cause: Faith-Based Organizations and Promoting Access to Family Planning in the Developing World. Guttmacher Policy Review. Vol 16, Number 4. Fall 2013. <https://www.guttmacher.org/gpr/2013/12/common-cause-faith-based-organizations-and-promoting-access-family-planning-developing>

IRH Georgetown University. Faith-Based Organizations as Partners in Family Planning: Working Together to Improve Family Well-being.

2011. http://irh.org/wp-content/uploads/2013/04/IRH_Faith_Report_oct_5reduced.pdf

Joint Learning Initiative on Faith and Local Communities. Keeping the Faith in Sexual and Reproductive Health. Published Online. 2017. <https://jilifc.com/wp-content/uploads/2017/08/Religious-Affirmations-of-SRHR-II-1.pdf>

Ali Mohammad Mira, Gul Rashida Shaikha. Glob Health Sci Pract. Islam and family planning: changing perceptions of health care providers and medical faculty in Pakistan. 2013 Aug; 1(2): 228-236. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4168576/>

PRB: Kenya Faith and Family Planning Presentations <https://www.prb.org/wp-content/uploads/2014/09/engage-kenya-faithbased-handout.pdf> <https://www.prb.org/religion-and-family-health-in-senegal/>

William Summerskill, Richard Horton. Faith-based delivery of science-based care. The Lancet. Published: July 06, 2015 DOI: [https://doi.org/10.1016/S0140-6736\(15\)61104-7](https://doi.org/10.1016/S0140-6736(15)61104-7)

World Faiths Development Dialogue: Developing New Approaches to Respond to the Needs of Faith Communities. 2018. <https://berkeleycenter.georgetown.edu/publications/developing-new-approaches-to-respond-to-the-needs-of-faith-communities>

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