Challenging Partnerships: Religious Engagement for Senegal’s Family Health

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Ask a group of health professionals how religious communities and leaders view family planning and you may meet some skepticism. However, a decade long program in Senegal has defied negative preconceptions and is an example of engaging religious leaders to work towards a common goal. A combination of leadership that brings different religious communities together, robust theological and intellectual inputs, learning partnerships, alertness to differing perspectives, and patient determination make clear that religious support is a necessary, not optional facet of national family health initiatives. A coalition of the nation’s leading religious communities, *Cadre des Religieux pour la Santé et le Développement*(CRSD--Religious Alliance for Health and Development) has emerged as an interreligious non-governmental actor, a vital partner, and an integral part of Senegal’s family planning and welfare programs.

So how did this unusual experience emerge and why has it met so much success? CRSD is solidly grounded in theology and thus religious networks and ideas. It builds on a broad government commitment to work with “religious champions” in the national family planning program. CRSD was willing to learn from [international experience](https://berkleycenter.georgetown.edu/publications/religious-engagement-in-family-planning-policies) with positive religious engagement in national family planning programs and integrate key aspects into their programs. The ambitious international family planning coalition ([FP2020, now FP2030](https://fp2030.org/)) that envisaged roles for religious actors offered encouragement. Other elements played important parts: the partnership that emerged to take on the challenge in Senegal, between [Cheikh Saliou Mbacke](https://berkleycenter.georgetown.edu/interviews/a-discussion-with-sheikh-saliou-mbacke-continental-coordinator-of-ifapa), who brought long interreligious experience, and the US based [World Faiths Development Dialogue (WFDD),](https://berkleycenter.georgetown.edu/wfdd) drew heavily on personal relationships and, frankly, various leaps of faith. And creative financial support was critical: the [Hewlett Foundation](https://hewlett.org/), deeply committed to the region wide [Ouagadougou Partnership](https://partenariatouaga.org/) supporting family planning, agreed to provide support for a modest pilot effort. But there were no blueprints and plenty of skepticism at the start.

CRSD’s work to promote family planning in Senegal and in the sub-region began from a limited base. In 2014, few Senegalese religious actors, including those who constitute CRSD today, knew about family planning and other aspects of family health. A learning-in-action process thus dominated the first years. Work began with efforts to mobilize and inform diverse religious leaders, most from Sufi families in Senegal but also a senior Catholic cleric and interfaith leader and a Lutheran pastor. The work involved “top down” (visits to Senegal’s leading religious authorities across the country) and “bottom up” (reaching community members and the creation of an [Islamic “argumentaire”](https://berkleycenter.georgetown.edu/publications/a-brief-overview-of-islam-and-birth-spacing)) approaches. A visit of leading Senegalese religious actors to Morocco drew on relevant experience, as did discussions with numerous Senegalese activists and scholars. The program grew steadily from there to involve meetings and workshops across Senegal, together with cooperative ventures in other Sahel countries. CRSD built on experience in religious peacebuilding efforts so that Senegal’s rather complex religious landscape (often masked by a commitment to harmony) was intricately understood. The Muslim Sufi orders were central but Christian leaders were integral to the effort from the beginning.

CRSD today is a well-established interreligious platform, organized as a formal non-government organization, whose usefulness is recognized by the Senegalese government, notably the Ministry of Health, but also sectoral Ministries, including Women and Education. Explicit recognition by health authorities of the impact of CRSD interventions underscores the importance of involving religious leaders in health programs.

Senegal has made marked progress in its national goal of increasing modern contraceptive use and, through many linkages, reducing infant and maternal mortality. However, there is still far to go before Senegal achieves its targets. Programs were set back by the COVID-19 emergencies, though CRSD was among Senegalese institutions that supported the government’s notably successful COVID-19 response. It is nigh impossible to quantify the full impact of the religious contributions, but [qualitative](https://berkleycenter.georgetown.edu/publications/how-do-religious-beliefs-and-attitudes-influence-family-planning-in-senegal-excerpts-from-endline-focus-groups) and quantitative measures provide evidence that these contributions are and continue to be substantial.

What lessons can be drawn from this experience? What lies ahead for Senegal and other countries in the region? The shared experience and strong commitment by the very different leaders to work together have been fundamental in the effort’s success. A deliberately measured, step by step approach helped build trust among the actors.

Intensive dialogue among the religious leaders involved in CRSD has been an essential feature. At the outset some CRSD members actively opposed or had neutral positions about family planning, seen and argued from a religious angle. A quite fiercely debated religious analysis (resulting in the *argumentaire*) brought members together and provided a solid foundation for continuing discussions on contentious topics, like approaches to unmarried youth and how to address the quite extensive misinformation circulating about family planning. The essential consensus that religion, particularly Islam, supports family planning among married couples through the spacing of births has been and remains a foundation for action. There is a full consensus and commitment to the program and its fundamental features among all CRSD members.

This dialogue within religious circles needs to move beyond them, and especially to political and administrative leaders, if it is to advance the deep social and behavioral changes that can move Senegal in positive directions. Dialogue and cooperation between the political decision-makers, the world of science, and religious actors are necessary. This requires awareness by the administrative and health authorities of the critical role of religious beliefs and leadership in the process of social transformations, if populations are to adopt behaviors conducive to improving their health. The broad implications of such dialogue and cooperation were demonstrated early in the COVID-19 pandemic, as CRSD promoted both vaccination against COVID-19 as part of reproductive health services, and advocating action by religious authorities (visits to the Caliphs of different Sufi orders, religious associations, and churches). Their voice helped to change the behavior of the populations, who hold these leaders in esteem.

An important, continuing challenge is youth. Family planning advocates tend to focus on young people, many not yet married, for the obvious reason that they are, in today’s societies, often sexually active. CRSD took some time to reflect before engaging directly with this challenge, taking a measured approach before taking action on a notably sensitive subject that sparked heated debates. Religious leaders are perfectly aware that young people focus on health matters and that their future and the future of society are at stake. If religious leaders were reluctant to participate in the debate about providing family planning services to youth, it was not because they were in denial. Rather, defining a religious approach to the question was imperative. After many reflections and extensive consultations, CRSD decided to develop a religious argument on promoting the health of adolescents and young people.

To achieve national and regional family planning objectives, the fundamental challenge is action that aims not to change behavior (which seems rather pretentious) but to transform the social norms and implicit standards that can hinder progress. These standards must first be understood and respected, followed by “work with the communities to make them evolve”[[1]](#footnote-1) The term “collaborate” is the crux. Norms have emerged within the communities, in a specific context, to regulate social life. It is problematic to seek to change them without the participation and agreement of the communities. Through negotiation and dialogue with influential members of the community (religious leaders, customary chiefs, opinion leaders, etc.), meaningful change can find genuine agreement.

The terms used in such advocacy are very important. Messaging such as “Family planning, through birth spacing, can help reduce maternal and infant-child mortality,” and “Islam and Christianity regard human life as sacred,” can be persuasive in religious advocacy for family planning. Important ideas can be rejected when terminology is used that offend the sensibilities of the targeted communities. Religious actors, charged with advocacy, can use the appropriate language to convince people of the benefits of behavior change.

The CRSD experience offers important learning. Some lessons are straightforward: respect for the distinctive approaches of different communities, avoiding traps of stereotypes and preconceived ideas, and a wise combination of patience and forward momentum. Less obvious are the practical importance of heeding diverse religious views, the careful processes needed to translate a broad willingness by government officials to engage with powerful religious figures into operational strategies, and the merits of linking top down and more bottom up approaches. The learning process is far from complete but it underscores the importance of strategic religious engagement—strategic in tailoring approaches to local context, religious in recognizing why diverse religious ideas and people played essential roles, and engagement as a respectful and active commitment to working together.

1. Prof. Sylvain Landry Birane Faye, “Explore and Understand Contraceptive Standards in Africa: An ANTHROPOLOGICAL PERSPECTIVE, [↑](#footnote-ref-1)