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Policy Brief

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Addressing the Collective Discomfort: The Role of Religion in Sexual and Reproductive Health and Rights (SRHR) Decision-Making and Access to Family Planning Services Among Young Women in Kenya

Key messages

- A study conducted by the Carolina Population Center at the University of North Carolina at Chapel Hill and the African Institute for Development Policy (AFIDEP), explored the influence of religion and religious beliefs on the contraceptive decision-making by young Christian and Muslim women in Kenya's Mombasa and Wajir counties.
- Muslim and Christian perspectives on modern contraceptive use varied, with mixed interpretations of religious permits and prohibitions.
- Muslim and Christian religious leaders supported family planning (FP), particularly for birth spacing and the health and well-being of mothers and children. However, concerns existed regarding unmarried youth using contraceptives and the potential long-term reproductive health effects.
- There is a need to engage religious leaders in sexual and reproductive health (SRH) youth programs, and to promote dialogue between religious leaders, healthcare providers, and young people.
- Key strategies include continuous training and awareness programs, leveraging technology for access to SRH services, and developing culturally sensitive and religiously appropriate FP programs.

Background

In Kenya, over 90% of the population is affiliated with a religion[1]. Religion plays an important role in their lives, including informing their decisions on sexual and reproductive health (SRH) and family planning (FP) services.

In relation to this, the Carolina Population Center at the University of North Carolina at Chapel Hill and the African Institute for Development Policy (AFIDEP), through the Full Access, Full Choice project, conducted a study in 2022 aimed at specifically understanding the role of religion in the choice and access to reproductive health services among young women.

This study was conducted in Mombasa and Wajir counties in Kenya. Mombasa is an urban county and has a large Muslim and Christian population and a higher level of modern contraceptive use (42%), while in Wajir, the majority of the population is Muslim and modern contraceptive use is extremely low (3%).

The study sought to inform the development of interventions and programs that are specifically tailored to the needs of these populations, promoting sexual and reproductive health and rights in a manner that respects and acknowledges the individual beliefs and perspectives of young women. Generating evidence for each of these contexts will inform the development of county and religion-specific programming.

Specifically, the study aimed to: explore how religious beliefs and leaders influence young women's decision-making; understand the perspectives of Muslim and Christian religious

[1]KNBS and ICF. 2023. *Kenya Demographic and Health Survey 2022. Key Indicators Report.* Nairobi, Kenya, and Rockville, Maryland, USA: KNBS and ICF.

leaders on family planning; and identify strategies to engage religious leaders in youth programs.

The findings of the study were shared with government representatives, development partners, religious leaders, civil society organizations and community members in dissemination workshops held in Wajir and Mombasa counties. This brief outlines the study's findings as well as recommendations from the dissemination workshops.

Methodology

The study conducted 24 in-depth interviews with adolescents and young women aged 18–24 years in Mombasa and Wajir counties in Kenya. All participants in the study were currently using a modern method of contraception, indicating their active engagement in family planning (FP) practices. The age distribution of the participants revealed a median age of 24 years and a mean age of 22.88 years, indicating a relatively young sample population. The majority of participants (87.5%) were married, even though the study did not intend to focus predominantly on married women.

The participants were selected based on their religion, with specific criteria applied for Christians and Muslims. For Christians, participants were considered practicing if they participated in religious worship at least once a week and also regularly participated in church activities, while for Muslims, participants were considered practicing if they prayed at least five times a day.

In Wajir County, all 12 respondents were Muslim, which aligns with the predominantly Muslim population in the area. All participants in Wajir County were married, and this can be attributed to the influence of Muslim laws and cultural norms, which prioritize marriage.

In Mombasa County, there was a mix of Muslim and Christian participants, as well as married and unmarried. Out of the 12 participants, 7 were Christians from various denominations (Catholic, Protestant, Evangelical), while 5 were Muslims. In terms of marital status, 3 participants out of the 12 participants were unmarried.

Additionally, the study recruited 24 pro-FP Muslim and Christian religious leaders, 12 per site. In-depth interviews with these leaders provided insights into their perspectives on young people's access to sexual and reproductive health information and FP services. The discussions covered the use of these services by both married and unmarried youths. Furthermore, religious leaders were asked about their strategies to engage their counterparts in advocating for increased support for young people's access to information and services.

Findings

Young women's motivations for family planning

Both Christian and Muslim religions prioritize the well-being of the mother and existing children. For instance, a recommendation from a doctor or a health worker that a mother's health condition would pose a danger if she becomes pregnant immediately would warrant child spacing. Further, participants from both religions emphasized child spacing for addressing financial constraints and achieving economic stability.

Muslim participants emphasized the significance of child spacing, attributing it to religious teachings which allow for adequate time between pregnancies (2 years). On the other hand, acceptance of contraceptive methods varied for Christian women among different denominations mainly due to diverse theological interpretations.

Young Muslim and Christian women involve husbands and family members in contraceptive decision-making and receive support from community health volunteers and experienced women. It is important to note that while Muslims emphasize spousal permission as a religious principle, certain Christian women face hurdles convincing their husbands to embrace family planning. Nonetheless, addressing cultural and generational disparities remains pivotal in effective interventions.

Perspectives of Muslim and Christian women on modern contraceptives

There were diverse perspectives on religious positions concerning FP among young Christian and Muslim women. Muslims exhibit varied interpretations, with a prevailing notion that FP

is permissible for child spacing and maternal well-being. However, nuances emerge, with some participants firmly rejecting it and others acknowledging conditional permissibility, while reservations persist in specific contexts. Christians also display a spectrum of viewpoints – some assert unequivocal prohibitions on unmarried individuals using FP due to religious doctrine, while others view it as a personal decision aligned with individual circumstances and well-being.

As a result, cognitive dissonance was apparent in both Christian and Muslim participants. Christian individuals navigate cognitive dissonance, acknowledging a discrepancy between their contraceptive choices and religious doctrine. Some prioritize well-being despite religious reservations, while others align contraception with specific child-rearing phases. Meanwhile, most Muslim participants show less cognitive dissonance, viewing FP as compatible with responsible child spacing endorsed by Islam. Acceptability of methods varies, with short-term options seen more favorable than long-term ones, reflecting nuanced engagement with religious principles.

Consequences of contraceptive use within the religious community

Among young Muslim women, there was a sense of social judgment and potential stigmatization, particularly from the community, when using FP methods. While some Muslims suggest that their religious community may engage in counselling, there is a fear of condemnation and accusations of not adhering to religious principles. Conversely, among the Christian participants from Mombasa, there is a more nuanced perspective. They acknowledge the conflict between religious teachings and individual decisions regarding FP. Some anticipate consequences such as exclusion from certain groups, criticism, or being seen as a "bad influence," but they also emphasize the autonomy of personal choices.

Perspectives of religious leaders on young women's FP use

Overall, the selected pro-FP religious leaders were supportive of FP. The majority of Muslim and Christian leaders expressed their endorsement of FP for birth spacing, emphasizing the benefits it offers in terms of the health and well-being of both the mother and child. These leaders acknowledged the influence of real-life factors, such as economic instability, on their perspectives regarding FP.

Muslim religious leaders emphasized that FP is only acceptable among married youth, emphasizing the religious requirement of breastfeeding for two years as a form of FP. While expressing support for FP use regardless of marital status, some Christian leaders also raised concerns about FP use among young girls and its potential adverse effects on their long-term reproductive health and marital life.

Discussion

The dissemination workshops were a key step in creating awareness among stakeholders on the impact of religious leaders and the religious community on young people's SRH decision-making, as they facilitated meaningful discussions and collaborations among religious leaders, youth representatives, and healthcare workers.

Family planning and reproductive health implementers and providers ought to solicit insights into the religious viewpoints on contraceptive use, and deliver culturally attuned and ethically informed guidance and services. Overcoming collective discomfort should translate into fostering open conversations about reproductive health alternatives, and managing potential clashes between religious doctrines and individual choices.

Future research endeavors should address these gaps to further our comprehension of the intricate interplay between religious convictions and family planning decisions among young women. One key direction involves broadening the participant pool to encompass diverse demographics.

By exploring a broader cross-section of society, future studies can delve deeper into the diverse factors that shape family planning choices within the context of religious beliefs.

Recommendations

Multisectoral approach
There is a need for multisectoral collaboration between the health sector and non-health sectors. This recommendation includes health providers working with school nurses in providing SRH education, as well as joint resource mobilization with relevant sectors, for instance between education and social services, to expand access to comprehensive SRH services for adolescents and youth.

Continuous training and awareness programs
Continuous training and sensitization programs will help reduce the stigma associated with SRH issues, often within Muslim and Christian religious communities, as a lot of rejection comes from a place of unfamiliarity. Stakeholders recommend developing a booklet that would be used as a training guide for religious leaders.

Collaboration and coordination
There is a need to foster and sustain collaboration between religious leaders, youths, and healthcare providers to promote youth-friendly family planning programs and ensure comprehensive reproductive healthcare services. This can be done by facilitating platforms and creating safe spaces for open dialogue between religious leaders and young people on family planning. Leveraging technology is one way to ensure young people are comfortable with accessing SRH services.

These initiatives will not only help harness the influence of religious leaders in expanding access to SRH services but also help develop family planning programs that respect cultural and religious norms, ensuring their acceptance and effectiveness among religious communities.

Youth involvement in SRH decision-making
Actively engaging young people as partners in the design, implementation, and monitoring of interventions related to their sexual and reproductive health would ensure that their unique perspectives and needs are adequately addressed.

What is Full Access, Full Choice?

Full Access, Full Choice (FAFC) is a Bill & Melinda Gates Foundation (BMGF)–supported project implemented by the University of North Carolina at Chapel Hill Carolina Population Center and the African Institute for Development Policy (AFIDEP). The project generated and synthesized evidence to inform programs and policies to expand contraceptive method choice for youths aged 15–24 years at the global and country levels.

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