CASE STUDY: Religious Leaders Transforming Community Perceptions of Family Planning in Nigeria

Program: Breakthrough ACTION  
Organization: Johns Hopkins Center for Communication Programs  
Country: Nigeria

Introduction

Funded by the United States Agency for International Development, the Breakthrough ACTION project in Nigeria began in 2018 and set out to influence priority behaviors across a range of health areas, including family planning and reproductive health; maternal, newborn, child health and nutrition; malaria; and tuberculosis. In partnership with the state-level Ministries of Health and Primary Health Care Development Agencies, Breakthrough ACTION-Nigeria implemented health programming in the Federal Capital Territory (FCT) and 12 out of 36 states across the country. Each state boasted a mix of health programs, with family planning programs implemented in the FCT and these seven states: Sokoto, Kebbi, Bauchi, Ebonyi, Oyo, Plateau, and Akwa Ibom. Male engagement is an integral part of Breakthrough ACTION-Nigeria’s family planning programming, which aimed to address unmet need for family planning by increasing uptake of family planning methods.
Drivers of Male Engagement in Family Planning

Various factors drive men’s engagement in family planning in the FCT and other target states. At the individual level, some men believe that certain family planning methods—such as hormonal methods like the implant and injection—can lead to serious side effects, including infertility. Additionally, men’s religious beliefs can be strongly linked to lower levels of understanding and support for family planning. For example, some men believe that God has a predetermined number of children for each family and that using a family planning method goes against God’s will by limiting or spacing births. These and other beliefs and attitudes influence men’s perceptions and use of family planning methods themselves as well as their support for their spouses’ or partners’ use.

At the close relationship level, gender and social norms dictate that men are the final decision makers in the household and family, even for family planning. Some men prohibit their spouses or partners from seeking family planning information, services, and methods, as they fear they might have sex with other men if pregnancy is no longer a possible consequence. Here, denial of family planning access and use is rooted in the perceived need to control women’s bodies and protect personal and family reputation. Although men are often the final decision makers, gender and social norms also come into play in instances where men are more supportive of using family planning methods. For example, women may actively resist their spouses’ or partners’ requests to use family planning methods. Their resistance is rooted in concerns that their spouse or partner might marry another woman who will bear them children. In this case, these norms dictate that a woman’s value is determined by the number of children she bears, a concept known as reproductive success.

Health care and child care are commonly viewed as women’s issues at the community level. Many men fear being ridiculed by their male peers for their involvement in family planning and reproductive health. In addition to rarely seeking health care for themselves, men are also reluctant to accompany their spouses or partners to health facilities, especially for family planning and reproductive health services. Also at this level, misinformation and disinformation about family planning is commonly spread by community members. Breakthrough ACTION-Nigeria staff observed a rumor in one community about a woman who was only able to have two children, instead of the five children she desired, after using a hormonal method. In response to the rumor, many community members expressed concerns about this method’s effects on menstruation and fertility.

Lastly, at the societal and institutional level, religious institutions and their teachings influence men’s perceptions, acceptance, use of, and engagement in family planning. Nigeria is a very religiously observant country; the Northern region is predominantly Muslim, and the Southeast region is predominantly Christian. As gatekeepers and role models, religious leaders relay messages based on their understanding and interpretation of religious
texts and can significantly impact attitudes, beliefs, values, and behaviors around family planning. Another driver at this level is the availability and accessibility of the full range of family planning methods at health facilities. The temporary unavailability of methods, or stockouts, means that individuals and couples are not always able to obtain their preferred method. The combination of limited choice and concerns with perceived and real side effects can lead to individuals and couples avoiding or discontinuing method use. Individuals and couples may also face financial barriers due to the out-of-pocket costs of family planning services and methods and associated costs like transportation to and from health facilities.

**Intervention**

To address these and other drivers, Breakthrough ACTION-Nigeria developed a program with the following activities: household visits, health service referrals, community health dialogues, compound meetings, and community edutainment events. These activities were supported by digital and mass media outreach and engagement.

Getting religious leaders’ buy-in and support was critical to increasing acceptance of and support for family planning. Religious leaders had previously disapproved of family planning, believing it to be against God’s will. To obtain their buy-in and support, Breakthrough ACTION-Nigeria first met with prominent religious leaders individually to better understand their perceptions and concerns. In response, the program adopted the term “childbirth spacing” instead of “family planning,” which was more acceptable to religious leaders. When engaging Muslim religious leaders around the importance of couple communication and joint decision making, Breakthrough ACTION-Nigeria used the concept of adalci, which promotes and encourages fairness and justice in relationships in Islamic teachings. Those religious leaders who agreed with and adopted this messaging went on to share it with other religious leaders and their congregations. Leveraging religious sermons, special church events, and church committee meetings, religious leaders spoke with male congregation members about the benefits of childbirth spacing and the need to support women’s agency in decision making. And the men started listening. Moreover, some religious leaders became role models for family planning themselves by accompanying their own spouses in seeking family planning information, services, and methods. This intentional engagement with religious leaders supported critical reflection on inequitable gender and social norms and subsequent changes in attitudes, beliefs, values, and behaviors.

“At first, I did not take it seriously, but I later attended the community dialogue meeting while my wife attended the compound meeting for women organized by Breakthrough ACTION-Nigeria. The attendance of these meetings was the turning point for us, because my wife started a discussion about what they were taught as soon as she got home. We discussed everything from benefits to myths and misconceptions and methods of family planning, at the end of which, we both agreed that embracing a childbirth spacing method was exactly what we needed for peace to be restored in our home.”

– Community Dialogue Participant, Man
Household visits were another key activity. Community volunteers visited individuals and couples in their homes to discuss family planning and the importance of couple communication and joint decision making. To engage men more effectively, Breakthrough ACTION-Nigeria ensured that at least one male volunteer was present in each target community. As much as possible, community volunteers visited homes when both members of the couple were present, as women often needed their spouses’ or partners’ support to access family planning services and methods. Additionally, in speaking with couples, these volunteers taught relationship skills like couple communication and joint decision making as a means to encourage men’s equitable participation in family planning and support women’s bodily autonomy and agency in family planning decision making. The household visits helped normalize informed family planning discussions and practice important relationship skills among couples. During these visits, volunteers also distributed referral cards for family planning services at nearby health facilities.

Community volunteers facilitated compound meetings and community health dialogues.\(^1\) The compound meetings took place in the front of the residential compounds and primarily targeted women with family planning information and engaged them in group discussions about family access and use.\(^1\) Meanwhile, the community health dialogues primarily reached men, with a mix of men-only and mixed-gender groups.\(^1\) During these dialogues, male community volunteers provided family planning information and clarified myths and misconceptions that influence family planning access and use. They also discussed gender-equitable masculinities and the importance of men and women practicing couple communication and joint decision making. At the end of these dialogues, the community volunteers distributed referral cards for family planning services to anyone who indicated interest. Like the engagement with religious leaders, these meetings and dialogues with community members supported critical reflection on inequitable gender and social norms and subsequent changes in attitudes, beliefs, values, and behaviors, and modeled a supportive environment for increased mutual respect and equality in relationships.

These community activities were complemented by digital and mass media outreach and
engagement to reach more people. Breakthrough ACTION-Nigeria also developed and implemented radio shows, magazine shows, and magazine spots, which were all freely available on mobile phones via the Airtel 4-2-1 digital platform. For example, Breakthrough ACTION-Nigeria launched a weekly radio show called “Albishirin Ku!” (“Good tidings!” in Hausa), to promote couple communication, joint decision making, and men’s involvement in health care as individuals, partners, and parents.¹

Changes

Breakthrough ACTION-Nigeria’s family planning intervention contributed to notable changes at various levels. At the individual level, more men learned and acknowledged they had an important role to play in family planning, both as individuals and as partners. Men also sought to use family planning methods themselves. For example, more men are now using male condoms, which was previously considered taboo due to its association with sex outside of committed relationships.

Couple communication and joint decision making increased and improved at the close relationship level, along with support for women’s agency. Previously, men left when community volunteers visited households to discuss family planning. Over time, more men sat down with their spouses or partners and asked questions. Of those men who believed the importance and benefits of family planning, some even accompanied their spouses or partners in seeking family planning information, services, and methods at nearby health facilities. These changes indicate important shifts in gender norms, roles, and practices regarding men’s engagement in family planning.

The changes across other levels resulted in important changes at the community level. Men’s increased interest in and support for family planning contributed to increased turnout at family planning services, which resulted in people across genders receiving more family planning information, services, and methods. Importantly, this led to a decrease in the pregnancy rate.⁴

At the societal and institutional level, there was greater religious support for childbirth spacing, family planning, and mutual respect and equality in relationships. More male religious leaders discussed these topics in their religious sermons and other congregational activities. Some religious leaders even distributed referral cards for family planning services after fielding questions from congregation members about where to access family planning information, services, and methods. These and other efforts improved the enabling environment for engaging men in family planning in supportive, affirming, and gender-equitable ways.

Impact: Know, Care, Do

- **Know:** Men became more familiar with the importance and benefits of family planning, including childbirth spacing and financial and health benefits.⁴ Men demonstrated increased knowledge and awareness of family planning information, services, and methods available to them and their spouses or partners.⁴

- **Care:** Men demonstrated greater understanding of the important role they can play in family planning access and use, as well as in building healthier relationships through couple communication and joint decision making. More men demonstrated interest in talking with their spouses or partners about family planning and other household and family decisions.

- **Do:** More men used male condoms and supported their spouses and partners in accessing and using family planning services.
information, services, and methods, including hormonal methods like the implant and injection. This support is evidenced by how more men joined their spouses or partners for family planning and antenatal care visits at nearby health facilities. Notably, improvements in men’s engagement in family planning extended to other health areas. For example, men became increasingly involved in child immunization and nutrition.

**Takeaways**

Breakthrough ACTION-Nigeria’s family planning program offers several good practices and lessons learned. First, when partnering with very religiously observant communities where religious beliefs strongly influence family planning access and use, public support and modeling by religious leaders can greatly facilitate men’s engagement in family planning. Secondly, success of such programs requires examining and shifting language around family planning to be culturally relevant and contextually appropriate. In the FCT and other target states, religious leaders and community members found “childbirth spacing” to be more acceptable than “family planning,” as the latter was understood to imply limiting births against God’s will. By using more acceptable terminology, Breakthrough ACTION-Nigeria successfully obtained buy-in and support from religious leaders. Finally, engaging both men and women in coordinated, mutually reinforcing ways can improve uptake of family planning among couples and across communities. As this case study shows, women were more likely to access and use family planning methods with their spouses’ or partners’ support, and men were better able to grasp the importance and benefits of family planning and relationship skills like couple communication and joint decision making.

**Additional Resources**

Blog post: Leveling the Playing Field in Nigeria through Adalci

**References**


Note: Unless indicated otherwise, the source of information for this case study was an interview held on February 15, 2022, with Ifeoma Chris-Okafor, Sammy Olaniru, and Usman Inuwa from Breakthrough ACTION-Nigeria.

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