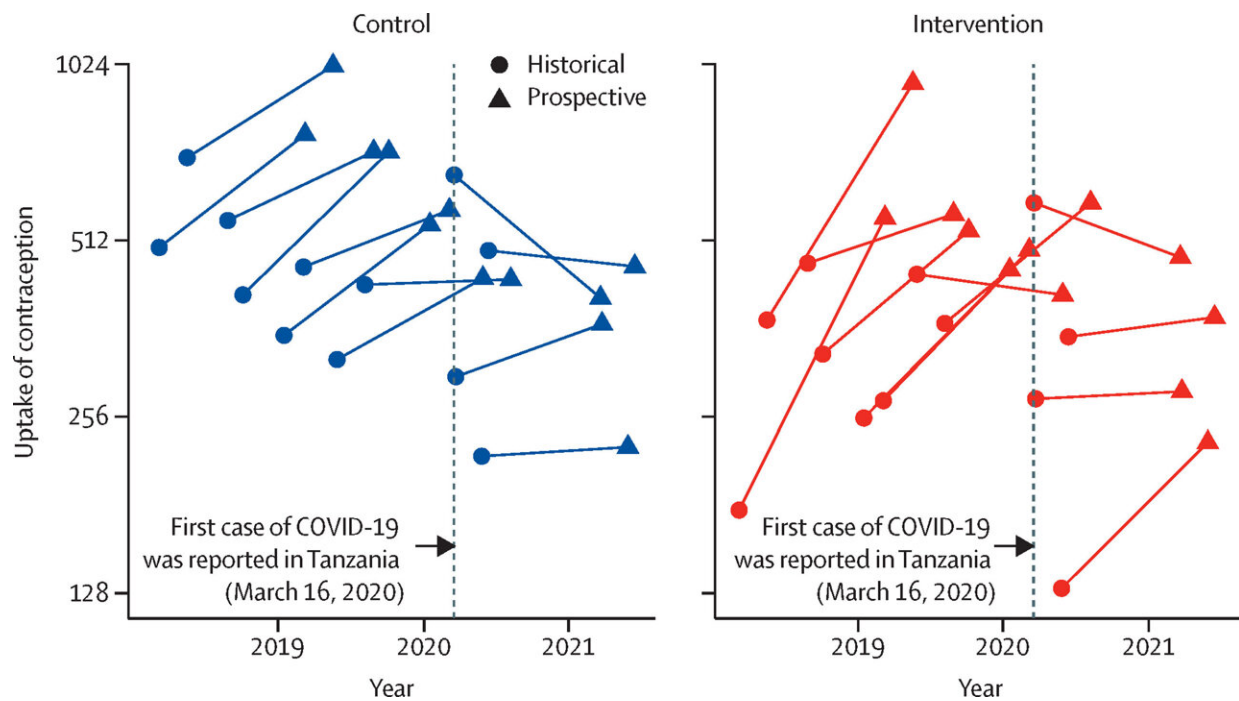


Working with community leaders found to boost family planning in Tanzania

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Uptake of contraception in each community during the prospective year and the historical year. Uptake of contraception over study period by trial arm. Uptake of contraception in each community is shown on the y-axis using a logarithmic scale versus the midpoint of study period on the x-axis. For each community, a circle indicates data for the historical year and is plotted at the point on the x-axis that indicates the midpoint of that historical year. For each community, a triangle indicates data for the prospective year and is plotted on the x-axis at the midpoint of that prospective year. Each community's two data points from the historical year and prospective year are connected by a line. The date of intervention for each community is the x-axis coordinate of the midpoint of the line. March 16, 2020, was the date when the first case of COVID-19 was

reported in Tanzania and is represented by the vertical dotted line. In the first 12 study roll-out communities, the midpoint of the prospective year occurred before the pandemic (triangles on left side of the vertical dotted line) while the midpoint of the prospective period was during the pandemic for the other 12 communities (triangles to the right of the vertical dotted line). Credit: *The Lancet Global Health* (2023). DOI: 10.1016/S2214-109X(23)00453-9

Researchers at Weill Cornell Medicine found that partnering with local religious leaders boosted adoption of family planning methods in Tanzania. The findings present a novel strategy for increasing global awareness and use of contraception in regions where faith leaders are trusted messengers in the community.

The [study](#), published in *The Lancet Global Health*, showed that workshops designed to provide [religious leaders](#) with information about [family planning](#) promoted discussion in context of faith and led to a measurable increase in the numbers of people seeking contraception at community public health facilities.

"When women have access to [family](#) planning, it leads to better health for the women and better health for their babies," said co-senior study author Dr. Jennifer Downs, the Ehrenkranz Family/Orli R. Etingin, M.D. Associate Professor in Women's Health and an associate professor of microbiology and immunology in medicine at Weill Cornell Medicine.

Religious leaders help increase community knowledge

The work was inspired by a similar study Dr. Downs and her colleagues in Tanzania conducted [in 2017](#). In that trial, the researchers worked with religious leaders to promote adoption of male circumcision as an HIV prevention measure. Although the approach was successful, the women

in the villages felt left out.

"They kept asking us when we were going to talk to *them*," said Dr. Downs. When she and her team asked what the women wanted to hear about, their answer was unequivocal: family planning.

Dr. Downs and her colleagues began by exploring why women might hesitate to take advantage of free contraceptives available at health facilities in Tanzania. The team learned that people questioned whether these methods could cause infertility or birth defects. They were also afraid that family planning might go against their faith.

"Both women and men would say things like, 'maybe I should just have the number of babies that God wants to give me,'" said Dr. Downs, who is also a member of the Center for Global Health at Weill Cornell Medicine.

Based on their previous study, the researchers realized that local families would be more receptive to information about family planning, and referrals to their local health facilities for contraception, from religious leaders. "They are deeply trusted—much more so than doctors," said Dr. Downs. "They're the ones that people go to with problems, and they're closely integrated in people's lives."

In collaboration with first author Dr. Agrey Mwakisole, a pastor and theologian at Mwanza Christian College, the team presented a one-day educational seminar to Christian leaders in rural communities. (A parallel course has been developed for Muslim leaders.)

In addition to delving into what the Bible says—or doesn't say—about contraception, the workshop reviewed the risks and benefits of the full gamut of available family planning methods. The leaders were then free to share that information within their communities—during services, in

private consultation, or by spreading the word via family and friends.

Despite COVID challenges, contraceptive uptake increases

The researchers then tracked the number of individuals who sought family planning at their local health care facility in the 12 communities that received the educational seminar for religious leaders, compared to 12 communities that received the seminar after the end of the study. They measured a 19 percent rise in uptake of contraceptives in communities whose religious leaders attended the seminar.

The researchers speculate that the increase may have been almost double that, had it not been for the global pandemic. "When I did the interim analysis, everything looked good. But when I finally got all the data, it was clear that something had happened," said senior study co-author Dr. Myung Hee Lee, assistant professor of clinical epidemiology in medicine at Weill Cornell Medicine. When she plotted the data on a calendar, Dr. Lee realized that COVID-19, which struck in the middle of the study, gave people more to worry about than family planning, impacting their results.

Pandemic aside, "we were thrilled with the results," Dr. Downs said. "The approach was highly effective, and we heard stories of people's lives being transformed." A year later, the researchers found, people continued to discuss the issues with their pastors, partners, physicians and friends. "There definitely was a ripple effect," said Dr. Lee.

Extrapolating from their findings, the researchers estimate that working with Christian and Muslim leaders could advance access to contraception for one million additional women in Tanzania alone. "Based on the prevalence of religious faith across so much of sub-Saharan Africa," said

Dr. Downs, "we think this strategy could prove effective in other countries with an unsatisfied demand for family planning."

More information: Agrey H Mwakisole et al, Partnerships with religious leaders to promote family planning in rural Tanzania: an open-label, cluster randomised trial, *The Lancet Global Health* (2023). [DOI: 10.1016/S2214-109X\(23\)00453-9](https://doi.org/10.1016/S2214-109X(23)00453-9)

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