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Religious leaders' nuanced views on birth spacing and contraceptives in Sierra Leone - qualitative insights

Regina Mamidy Yillah^{1†}, Florence Bull^{2†}, Alhaji Sawaneh¹, Beryl Reindorf^{4†}, Hamid Turay^{1†}, Haja Ramatulai Wurie¹, Mary Hamer Hodges^{3†} and Augustus Osborne^{1,4*}

Abstract

Background Sierra Leone is a religiously diverse country, with Christianity and Islam being the dominant faiths. This religious landscape plays a significant role in shaping attitudes towards family planning and contraceptives. We examined religious leaders' knowledge of family planning and modern contraceptive methods.

Methods In September 2021, data was collected from 116 religious leaders in Sierra Leone, including 32 Muslims and 84 Christians from nine different denominations from sixteen districts, through 16 focus group discussions. The data was subjected to a thematic analysis using NVIVO 12 software.

Results The study found a spectrum of opinions among religious leaders, both between religions (Christianity vs. Islam) and within denominations of Christianity. There was a general acceptance of natural birth spacing methods, like abstinence during fertile periods, across both Christian and Muslim leaders. Views on modern contraceptives were more divided. Catholics generally opposed them, citing religious doctrines against interfering with procreation. Pentecostals and some Muslims, however, found them permissible under certain circumstances, like promoting family well-being or spacing births for health reasons.

Conclusion The study reveals that religious leaders' views on family planning in Sierra Leone are multifaceted. Understanding these nuances is crucial for designing effective family planning programs. By working with denominations that are more accepting of modern methods and leveraging the support for natural birth spacing methods across religions, there's potential to improve reproductive health outcomes in Sierra Leone.

Keywords Birth spacing, Family planning, Religious, Leaders, Sierra Leone

[†]Regina Mamidy Yillah, Florence Bull, Beryl Reindorf, Hamid Turay and Mary Hamer Hodges contributed equally to this work.

*Correspondence:

Augustus Osborne
augustusosborne2@gmail.com

¹Institute for Development (IfD), Freetown, Western Area, Sierra Leone

²Christian Health Association of Sierra Leone, Freetown, Western Area, Sierra Leone

³Njala University, Njala, Moyamba District, Sierra Leone

⁴Department of Biological Sciences, School of Basic Sciences, Njala University, PMB, Freetown, Sierra Leone



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Introduction

Family Planning (FP), as defined by the World Health Organization, allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved using contraceptive methods and the treatment of involuntary infertility [1]. Globally, it is estimated that FP can prevent up to one-third of maternal deaths [2], while birth spacing of at least 36 months can reduce under-five mortality by 25% [3, 4]. It provides other potential non-health advantages, including increased educational opportunities and empowerment for women and sustainable population growth and economic development for countries [1].

Out of the 1.9 billion women aged 15–49 worldwide in 2021, 1.1 billion require family planning. Among them, 874 million are utilising modern contraceptive techniques, while 164 million have an unfulfilled need for contraception [5]. As measured by Sustainable Development Goals (SDG) indicator 3.7.1, the global proportion of family planning demand covered by modern methods has remained stagnant at about 77% from 2015 to 2022. However, in sub-Saharan Africa, this proportion has increased from 52 to 58% [6]. In Sierra Leone, a quarter (25%) of women have an unmet need for family planning (32% for birth spacing and 14% for limiting births) [7]. The modern contraceptive prevalence rate (mCPR) for all women increased from 17.4 in 2012 to 26% in 2022 [8].

The Sierra Leone government and cooperating NGOs are actively working to improve the accessibility of modern contraception options. This includes efforts to establish family planning services at healthcare facilities nationwide [9]. The use of mass media and community outreach projects to provide correct understanding and improve public awareness of the benefits of family planning [10]. These programmes aim to reduce the cost of contraceptives, hence enhancing its affordability for women with limited financial resources. However, challenges still need to be addressed, especially for women living in rural areas who often face geographical barriers and have limited access to services compared to those in metropolitan areas [9]. Gender stereotypes and religious beliefs may impact women's autonomy in making reproductive choices [11]. An unequal distribution of healthcare professionals and inadequate training can hinder service delivery [9, 11].

A systematic review seeking to clarify the role of religion and religiosity on fertility and contraceptive use in continental Sub-Saharan African countries found the following: 1) Islam followers have higher fertility rates than followers of Christianity (Catholics having the highest fertility among Christians, followed by Protestants and Apostolic) 2) Religion exerts an influence on fertility rates and contraceptive use, but the magnitude and nature of

this influence can differ significantly from one country to another 3) Within the context of Islam a stronger degree of religiosity and higher fertility rates correlate with decreased contraceptive use, unlike among Christians where this is not the case [12]. Also, existing research in Somalia [13], Nigeria [14], and Tanzania [15] has demonstrated varying religious perspectives on family planning. However, the nuances of these views within specific religious denominations and cultural contexts remain understudied. This study, therefore, addresses a critical gap in the literature by exploring the perspectives of religious leaders in Sierra Leone on birth spacing and contraceptive use. By examining their knowledge, attitudes, and beliefs, this research seeks to understand the factors influencing their stance on FP and identify potential entry points for engaging with these influential figures. Ultimately, this study aims to contribute to developing more effective FP programs that respect and incorporate diverse religious perspectives.

Methods

Study design

A community cross-sectional survey among religious leaders (≥ 18 years) was conducted in September 2021 in sixteen districts in Sierra Leone.

Study population and sampling

A purposeful sampling technique was used to recruit 116 religious leaders in Sierra Leone, including 32 Muslims and 84 Christians from nine different denominations in eleven districts. More Christian religious leaders were recruited as the study was commissioned by the Christian Health Association of Sierra Leone (CHASL), whose primary interest was understanding the perspectives of Christian religious leaders, while a comparison of their views with Muslim leaders was of secondary interest.

Data collection

This qualitative study used focus group discussion (FGD) to allow flexibility for respondents to explain what they knew to be necessary, the intricacies of the issues, their moral values and religious beliefs. An FGD guide developed for this study included the study information, consent procedures, and a participant demography sheet. The guide included open-ended questions and probes on knowledge and perception of family planning, modern contraception and references from the Quran and Bible, as shown in the supplementary file. The guide was developed in English, and translations of key phrases in all the main local languages were agreed upon with data collectors and documented during training. The FGDs were conducted in Krio, Temne, or Mende, depending on the respondents' preferred local language. In-depth responses were obtained about participants' thoughts

and feelings to gain insights into their beliefs and attitudes towards FP services. Data collectors took notes in English, and the interviews were recorded, translated, and transcribed into English by two native speakers of the local language. FGD was conducted with 6–8 religious leaders in each district headquarter-town. Recruitment of Muslim religious leaders for the study was strategically initiated by contacting the principal mosque in each community, as identified by residents. The research team first introduced the study to the Principal Imam, who played a crucial role in mobilizing other imams by explaining the significance and objectives of the research. Upon arrival, although the imams expressed mixed feelings about discussing family planning—a topic sometimes viewed as sensitive within their religious doctrines—they agreed to participate after understanding that the findings would enhance policies and programs to improve women's health and family well-being. This preliminary engagement facilitated a conducive environment for open discussions. All Muslim religious leaders remained actively engaged throughout the focus group discussions, contributing thoughtful insights and responding comprehensively to the questions posed.

Data analysis

All FGDs were audio-recorded to ensure the accuracy and completeness of the collected information, and supplementary notes were taken to capture immediate insights and contextual details. The audio recordings from the FGDs were listened to and directly translated into English transcripts. These transcriptions were then cross-referenced with the written notes to ensure the accuracy and completeness of the data. Responses were analysed using NVivo 12 software to synthesise results into major themes using thematic content analysis.

Results

Background characteristics of religious leaders in Sierra Leone

A total of 116 religious leaders participated (Muslims: 32, Christians: 84). The breakdown of Christian

denominations is shown in Table 1. Most Christian participants identified as Pentecostal, accounting for 38.1% ($n=32$) of the participants. Methodist (14.3%, $n=12$) and Wesleyan (13.1%, $n=11$) were the next most common denominations, followed by Baptist (10.7%, $n=9$). The Anglican denominations represented 6% of the sample ($n=5$). Catholic and Evangelical denominations represented 7.1% ($n=6$) of the participants. Protestant participants were relatively few, accounting for only 2.4% ($n=2$). A single participant identified as non-denominational, constituting 1.2% of the total participant population. Thirty-two Muslim religious leaders participated, but their denominations or sects were not noted, as the primary purpose of their participation was to contrast their views with those of Christian religious leaders. It should be acknowledged for contextual relevance that the majority of Muslims in Sierra Leone predominantly identify with either the Shia or Sunni branches of Islam.

The results have been categorised into religious leaders' knowledge of contraceptive use and birth spacing, perceptions of modern contraceptives, perception of sex education, and identifying champions and entry points for FP advocacy and service delivery.

Religious leaders' knowledge of family planning methods

The results show that religious leaders have a fair understanding of FP and the different types of modern contraceptives. They categorised FP methods into (1) Artificial/modern contraceptives that include pills, injections (Depo-Provera), and implants (locally known as Captain Band), intrauterine devices (coil), male and female condoms and (2) natural and traditional methods such as withdrawal, calendar method (i.e., menstrual cycle tracking to avoid sex during the fertile days), abstinence, and lactational amenorrhea method. They stated that the natural methods are safe and advantageous as they have no side effects.

The analysis revealed varying opinions between Christian denominations and Muslims about family planning and the use of modern contraceptives. However, an area of concurrence was that all Christian and Muslim religious leaders fully support the practice of birth spacing and could outline associated benefits. For example, ensuring the woman has good reproductive health and time to take care of the children with the limited resources available, instead of having “*wan na belle, wan na back*” (one in the belly and one on the back – a local slogan for inadequate spacing) Wesleyan Christian, Western Area Urban.

In exploring religious leaders' perspectives on family planning, several themes emerged that demonstrated an in-depth understanding of the diverse benefits associated with family planning. The succinct but profound statements encapsulate the various dimensions of family

Table 1 Christian denominations

Denomination	Number of participants	Percentage of total
Anglican	5	6.0
Baptist	9	10.7
Catholic	6	7.1
Methodist	12	14.3
Evangelical	6	7.1
Non-denominational	1	1.2
Pentecostal	32	38.1
Protestant	2	2.4
Wesleyan	11	13.1
Total	84	100

planning, encompassing its health benefits and wider socioeconomic implications.

"It saves lives and improves the health of women that have given birth. It also allows parents to take care of their homes and time for children to grow properly before another pregnancy. Family planning also prevents girls from dropping out of school and achieving their goals" Catholic Christian, Western Area Rural.

"The relevance of spacing birth is, for instance, if you have space for your children for more than three years, the older children will be able to take care of the younger ones, and the parents too will be able to cater for their children. These are the things we preach to our congregation about the importance of birth spacing." – Muslim Falaba.

Another Muslim leader cited a recommended breastfeeding duration of 30 months, which surpasses the World Health Organization's recommendation of breastfeeding "up to the age of two years and beyond." This extended breastfeeding period aligns closely with the three-year birth spacing mentioned by other participants in the study.

"To me, giving birth is very important because it's planned by God. Allah said we should marry and give birth to children, and the Quran said (2:223) when a woman is pregnant, she should breastfeed for at least 30 months if we follow this, it will be okay." – Muslim, Kailahun.

Overall, religious leaders voiced that birth spacing is acceptable; however, as shown below, they are less open to the concept of limiting births.

Religious leaders' views on the use of contraceptives for limiting births

Limiting births refers to individuals or couples who have completed their families and do not plan to have any more pregnancies. Religious leaders shared that children are from God and any means of limiting their existence is prohibited and not of God's ways, as stated:

"Psalm 127- the child is a heritage from God, and we believe in procreation, so anything that destroys it, like the contraceptive, is not of God and it is against the Christian beliefs, and Genesis 1:28 states "be fruitful and replenish the earth." – Catholic Christian, Port Loko.

Other Christian leaders, especially those from Evangelical and Protestant denominations, held contrary views; they stated that even though the Bible (Genesis 1:28) states children are a blessing from God and that people should be fruitful and multiply, they did recognise that these 'commands' should not be taken literally as the word of God is allegorical.

"The commandment of God in the Old Testament is we should be fruitful and multiply. By looking at the perspective of fruitfulness and multiplying, we see that there were not enough people on planet Earth at that time, but now, there are many people on planet Earth, and some people are complaining that we are overpopulated. Instead of having so many children, one or two will be enough. Looking at the current socio-economy, a bag of rice costs New Leones 370–500 (~\$40-\$50). If you give birth to 30 children, how many days will it take to finish a bag of rice?" – Pentecostal Christian Koinadugu.

Another Pentecostal Christian Leader suggested that not having the means to take care of your children is also a sin and, thus, the importance of having financial security before deciding to have children.

"According to Pentecostal, which is my denomination, it preaches against bearing children and leaving them unattended... that is a sin. Also, failing to fulfil your children's demands is not sinful but criminal. This is what our religion (Pentecostal) says about childbearing and family planning." – Pentecostal Christian, Bonthe.

The Pentecostal Christian beliefs above differed significantly from those of Muslims who stated that Islam is against family planning if the intention is due to fear of provision for and income to take care of the children, then it is *haram*, as the Quran 17:31 states:

"Kill not your children for fear of want: We shall provide sustenance for them as well as for you. Verily, the killing of them is a great sin"—Muslim, Western Rural.

Overall, the Islamic perspective was that family is acceptable if done following Islamic practice (for example, 30 months of breastfeeding) and with a good intention of safeguarding the woman's health. However, it should not be done out of fear of being unable to provide for the family.

Some Muslim respondents also stated that the use of modern contraceptives is a way of aborting a child, which is against the teachings of Islam. Abortion is a sin. However, this view was not universal among Muslim participants.

Finally, Catholic Christians expressed that while they were in favour of family planning both for spacing and limiting their main concern was how family planning is achieved – the use of modern contraceptives, which are artificial and have many side effects.

Perceptions of modern contraceptive methods

The Catholic Christian leaders stated that the Bible only supports natural FP, and anything that suppresses procreation artificially goes against the word of God.

"At the Catholic Church we accept family planning, but we are against the methods that are being used. Of course, the natural way is natural, and there is no intervention from a human being. The others are artificial." Christian, Western Area Urban.

A Muslim leader also stated that during the time of the Holy Prophet, his disciples used the withdrawal method. When the prophet was asked about it, he said, "Not out of all the semen a child is formed, and if Allah willed to create something, nothing would stop Him from doing it [16]." This indicates a willingness on the part of Muslims to accept family planning using natural methods.

Christian religious leaders of all denominations and Muslim religious leaders also voiced concerns about side effects, infertility, and the professional capacity of health workers. One of the primary concerns expressed by several Christians was the negative effects of modern contraception; these adverse effects include difficulty conceiving, stomachache, infertility, severe internal bleeding, blockages, cancer, irregular menstrual cycle, and changes in blood pressure.

"Some disadvantages are like when someone has taken the pills or injectables, they are faced with a lot of risks, and they would affect your blood pressure because there are hormones that have been injected into your system that may affect you negatively." – Methodist Christian, Western Urban.

Some of the religious leaders mentioned side effects of women having big stomach bloating and/or abdominal growth or fibroid and disruption of their menstruating cycle. They believe that such bloating affects their beauty and makes them barren or infertile. Concerns about cancer from intrauterine devices (IUDs) and the possibility of the IUD entering into the stomach, causing excess bleeding to death.

"Sometimes this IUD they use may cause abortion, and this may happen when the coil gets displaced into the stomach while the woman gets pregnant at the same time. This would lead to abortion because there are two conflicting foreign bodies competing for space, so one has to be displaced, leading to miscarriage." – Catholic Christian, Western Urban.

Christian leaders' additional concerns about FP include condom getting stuck and condom tearing during intercourse, putting one at risk of sexually transmitted diseases and unwanted pregnancy. Another serious concern is out-of-pocket expenses resulting from side effects and complications. Furthermore, they assert that not all

health workers have the capability to provide high-quality counselling and modern contraceptive administration.

"Some nurses cannot insert the implant properly, causing bleeding and unrest", Catholic Christian, Western Urban.

Another major concern raised was the perceived indiscriminate dissemination of modern contraception to school-aged children in schools. They believe that access to contraceptives encourages sexual activity, urging children to test out what they have learnt about. They suggested this practice will eventually destroy the lives of children, causing them to be disobedient to their parents. They assert that providing contraceptives to underage children without parental consent is inappropriate.

"Government give children, even the underage, without any parental consent. This has negative implications on the children ...as parents, we see some it has some health effects on them. My child is an example of it; they gave her an implant without my notice. I was made to understand about it the day she got an attack which left her unconscious." – Baptist Christian, Port Loko.

The influence of modern contraceptives on children was another critical concern. Some believe that modern contraceptives are making them promiscuous and causing them (particularly girls) to get loose in the streets. Furthermore, modern contraceptives divert students' attention away from their studies and allow them to disregard preventative measures and the fear of God or become wayward.

"Family planning is like giving our wives and daughters licenses for promiscuous behaviour; as a result, the women and/or daughters become unruly and disrespectful to their husband"—Muslim Falaba.

However, some argue that FP is good and, if done correctly, can lead to positive outcomes such as ensuring a prosperous future for children by allowing them to gain an education and support. Additionally, they stated that FP is good for school-going children and society as it assists in preventing teenage pregnancies and allows girls to reach their potential.

Identifying champions and entry points for family planning

The findings indicate that there are religious leaders (both Christian and Muslim) who advocate for the use of modern contraceptives because of their professional lives, working as nurses or teachers. They are key influencers

who can raise awareness of FP, making them potential champions for FP in their communities.

Religious leaders mentioned that they are aware of their potential role in improving sexual and reproductive health. However, some stated that they had not been involved enough to take up disseminating messages at the community level.

"We are always with the people, and they listen to us. Therefore, the Government should involve us more in more complicated issues like FP to be the community ambassadors, [and] then you will see how the uptake will improve" Muslim, Western Rural.

Religious leaders further mentioned that they have several ways of reaching many people to promote FP practice.

Preaching family planning to the congregation

Muslim leaders stated that they sometimes preach about FP, while Catholics believe that FP is not a suitable topic to preach in the church and that it can cause division in the church. On the other hand, Pentecostal Christians were willing to preach about FP, especially the natural methods, as long as it did not promote promiscuous behaviour. The Pentecostal added that preaching about FP is not always done from the pulpit because the congregation combines children and adults.

"...for instance, in a congregation, sometimes we as pastors do find it difficult to go too deep to talk about the uses of these contraceptives that we have been discussing because we have young people in our midst, and as a pastor, we know that family planning is good, but we have to discuss that with people that are married and also the uses of these contraceptives. We cannot explain that in the church where we have young people that are not married, that will want to prompt them to fornicate, which is not good."- Christian, Kono.

The Muslim respondents added

"There is a subject that we call 'fedarr'; it is one of the materials we use to preach about family planning, its usefulness and how to go about it. We have another subject which is called Lull; Lull tells them how to use family planning and also how to go about it. We treat those two subjects." – Muslim, Pujehun.

The respondent also mentioned that they preach to unmarried youths who are sexually active to use

contraceptives for them to continue schooling and prevent them from giving birth out of wedlock, especially for ruling/chieftaincy households. We told them that FP is suitable using the famous quote, "If you plan yourself, it will be beneficial. If you fail to plan yourself, it's not good."

"They should join family planning as it will prevent you from giving birth to a child out of wedlock because, in the ruling house, children out of wedlock will not be eligible to participate in any chieftaincy activities. It will be a disgrace to the child in future; therefore, we encourage them to use family planning to prevent such awkward scene happening" -Muslim, Pujehun.

Discussion about family planning in different religious groups

Some churches, such as the United Methodist Church, have a policy to allocate some time for health talks before each sermon on various topics.

"After the Ebola Virus Disease, the United Methodist Church has made it a policy for anyone who wants to mount the pulpit to give a health talk for 10 minutes before preaching the actual sermon. Before you go to the pulpit, we sit together and agree on a particular health talk; that is when we address our members about family planning. Little by little, the church is getting acquainted with lots of health information."-Christian, Moyamba.

The Pentecostals also have a platform called RETREAT, which they utilise to preach FP to their members.

"Yes, at Pentecostal, we preach to our members about family planning during service or through a platform called RETREAT. This platform is where we assemble our youths- young adults and women's wings. There are different sectors of retreats. The singles retreat is meant for those who are not married, where they are taught about restraining or bearing a child for someone who has not tied the knot with them. There is another retreat called couples' retreat, whereby married couples come together and listen to advice delivered." - Christian, Bonthe.

Religious assemblies such as youth wing, women's and men's groups, and persons with disabilities also discuss FP. The main topic discussed is abstinence for unmarried youth. They should maintain celibacy as sex is for married people, which implies that FP is for married couples. In addition, the youths are advised about moral values

and religious positions on FP, and/or health practitioners are invited to discuss this and other health topics.

Religious leaders' perspective on reproductive and sex education

The majority of Christians (all denominations) supported sex education in schools and believed in the new school curriculum that integrates comprehensive sex education. They understood the adverse effects of not being well informed about reproductive health and sex, including unwanted pregnancies, which could be detrimental, especially to the life of the girl child and their parents.

"Yes, my church supports that because it is a burden to the child and the parents when a child bears a child when she has not attained the age and the capacity. This may lead to dropout in schools because here in the provinces, when a child gets pregnant, the parents consider that to be the end of her education, and they would never care about her continuing to school again."— Christian, Bombali.

The minority of Christian leaders who opposed sex education in schools expressed that if children become aware of sex and are supplied with modern contraception, it reduces their fear of becoming pregnant, making them more sexually active with multiple partners, losing focus on their education, boys taking drugs for longevity, becoming thieves and drug addicts. On the other hand, the Islamic position was that sex education is not suitable for children; instead, such information should be provided to adults instead of children.

"It's not good. Because that is the main reason underage girls are becoming pregnant nowadays. Even as parents, we are doing it secretly. That's not good; if they were mature, it's different. But underage children will lead to doing bad things. If they are above 18 years, that's not bad. This has brought so many problems because these children are now practising it, and it's not good at all." Muslim, Kailahun.

Discussion

Our study explored religious leaders' views on family planning for women. We found that both Christians and Muslims generally accepted natural birth spacing methods. However, opinions on modern contraceptives differ. Catholics opposed them due to religious beliefs, while Pentecostals and some Muslims found them acceptable in specific situations like health concerns.

The study found that religious leaders in Sierra Leone are generally well-informed about modern contraceptive methods. This aligns with a global trend where religious

leaders increasingly view family planning to control pregnancy spacing voluntarily [17]. The Inter-Religious Council in Sierra Leone's involvement in health awareness projects, including family planning, suggests collaboration within religious communities. This knowledge sharing could contribute to a better-informed clergy on these issues [18].

Both Christian and Muslim leaders in Sierra Leone agree on birth spacing, which aligns with family planning goals. This finding aligns with the study in Tanzania, where Muslim religious leaders agree on birth spacing [15]. However, there are significant differences within and between religions regarding modern contraceptives. Some Muslims accept them only for health reasons [19], while others, like those in Burkina Faso, strictly oppose them due to religious beliefs [20]. The consensus among religious leaders in our study creates an opportunity for collaboration between religious institutions and government agencies in promoting family planning. It can also guide future research to explore the factors contributing to this consensus among religious leaders, such as shared cultural values or socioeconomic conditions. The finding of consensus among religious leaders on birth spacing is a powerful tool for advancing family planning efforts in Sierra Leone and beyond. It highlights the potential for religious leaders to be influential allies in promoting public health goals.

The study revealed that the Catholic Church allows only natural methods for birth spacing, with concerns about the side effects of modern contraception. This finding aligns with the previous study on Catholicism and contraception [21]. A study in Kenya, Nigeria, and Senegal shows similar worries exist elsewhere in Africa, with women facing long-term health problems and infertility from using modern contraception [22]. Our finding underscores the importance of considering diverse religious perspectives when studying reproductive health, and it contributes to research on factors influencing contraceptive choice, including religious beliefs and perceived side effects. Policymakers must acknowledge the role of religion in shaping reproductive health decisions and develop inclusive policies. By understanding the Catholic Church's perspective on birth spacing, policymakers and program implementers can create more effective and inclusive family planning programs that meet the needs of diverse populations.

Unlike Catholics, Pentecostal leaders seem less restricted by religious doctrine and take a more practical approach to family planning. This finding aligns with the previous study in rural Malawi [23]. This finding from our research contributes to the growing body of literature demonstrating the heterogeneity of religious perspectives on reproductive health. It deepens understanding of Pentecostal beliefs and practices related to family planning,

a relatively understudied area. Given their pragmatic approach, pentecostal leaders can be seen as potential partners in promoting family planning. By recognizing the pragmatic approach of Pentecostal leaders, policy-makers and program implementers can effectively engage with this influential group to advance family planning goals in Sierra Leone.

Some Muslim leaders are okay with birth spacing using modern contraceptives, especially for women's health reasons. However, they require spousal approval and oppose permanent sterilisation methods. This finding demonstrates the heterogeneity of views within Islam regarding family planning. Muslim leaders who support birth spacing for women's health can be valuable partners in family planning programs. By understanding the nuanced perspectives of Muslim leaders, policymakers and program implementers can develop more effective and culturally sensitive family planning programs that meet the needs of Muslim communities.

Religious leaders often worry about artificial methods interfering with God's plan and have concerns about the side effects of modern contraceptives. This finding is consistent with the findings in Burkina Faso [20]. This finding contributes to a more nuanced understanding of religious beliefs surrounding family planning and highlights the importance of exploring religious factors as barriers to contraceptive adoption. By understanding the underlying concerns of religious leaders, policymakers and program implementers can develop more effective and culturally appropriate family planning interventions.

Study limitations

The Christian Health Association of Sierra Leone (CHASL) commissioned the study and assisted in the study design and recruitment of participants. As a result, more Christian religious leaders were recruited as the primary interest was understanding their perspectives, compared to their Muslim counterparts, who were of secondary interest.

Conclusion

The understanding of family planning among religious leaders in Sierra Leone largely reflects the wider population's views, presenting challenges and opportunities for policy intervention. Given the pre-existing acceptance of 'natural' methods for birth spacing within this cohort, there lies a significant opportunity to cultivate these leaders as champions for family planning. They could serve as influential change agents in promoting the initiation and sustained use of family planning services within their communities. While the data suggests that Pentecostal and Muslim leaders may be more amenable to modern contraceptive methods compared to their Catholic counterparts, a multi-pronged approach will be required to

engage each religious group effectively. Leveraging their acceptance of 'natural' methods as a starting point could provide an entryway for more comprehensive discussions around modern family planning options.

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Author contributions

RM, FB, BR, HT and MHH contributed to the study design conceptualisation and performed the analysis. RM, FB, AS, BR, HT, HRW, MHH and AO developed the initial draft. All the authors critically reviewed the manuscript for its intellectual content. All authors read and amended drafts of the paper and approved the final version. AO had the final responsibility of submitting it for publication.

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Data availability

The data for this study is available upon request.

Declarations

Ethics approval and consent to participate

Ethical clearance was obtained from the Sierra Leone Ethics and Scientific Review Committee at the Ministry of Health and Sanitation. The optional nature of the study (that participants could refuse to answer questions if they were uncomfortable, that from the study at any time, in which case none of their data would be used) was explained verbally. All the respondents were granted informed written consent to participate, and all data was anonymised. Confidentiality was also assured.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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