

# Enhancing Sexual and Reproductive Health and Well Being of Young People

Building Common Ground between the United Nations and Faith-Based Development Partners





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## Section 1 - Overview<sup>[1]</sup>

### RELIGION, SPIRITUALITY AND YOUNG PEOPLE

The religions of the world have a rich history of engagement with adolescents and youth. Religious leaders and faith based organisations take responsibility, alongside parents and the state, for nurturing children, by equipping them with values and skills required to grow into adulthood. The imperative to protect young people, but also to take seriously their own experiences and perspectives, are foundational principles contained within in most religions. Religious youth are not always given adequate voice within their traditions, but they remain a significant and permanent fixture in all faith communities, who continue to challenge and refresh all faith traditions.

Given the holistic nature of much work carried out by faith based organizations, they often provide multiple entry points, for engaging with adolescents and youth. Most FBOs have some form of youth group, youth worship, youth formation or youth leadership scheme. In addition religious organisations run schools, health centres, vocational train-

ing schemes, as well as other outreach programmes for orphans and vulnerable youth, such as migrants and refugees. These services are 'ready made' platforms for engagement, which are currently being underutilized by the UN. Local FBOs and religious leaders are rooted in local communities and frequently their networks are able to stretch far beyond the reach of the UN or the state. This means their service provision and wider presence and engagement with local communities is rich in social capital.

Religion exerts significant influence over young people's lives, but the reality is the impact of this engagement not always benign. FBOs have a mixed track record; sometimes promoting empowerment and fostering protection; and at other times suppressing young people's rights and hampering their wellbeing. Some FBOs encourage violence and intolerance in young people and fail to protect vulnerable youth from violence and abuse or to hold those responsible to account. Other more subtle forms of oppression are exerted when FBOs deny young people access to information and fail in their

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<sup>[1]</sup> This paper is authored by Helen Stawski, Senior Advisor on Development at the Office of the Archbishop of Canterbury, Lambeth Palace, London. The research for this paper was undertaken during Ms. Stawski's Secondment with UNFPA's Technical Division in New York, and her research with members of the UN Inter-Agency Task Force on Engaging FBOs for Sustainable Development, from May to June, 2012. All the opinions expressed in this paper belong to the author alone, and are not representatives of any Institution, Office, Board Staff members, or Governments.

duty to educate girls and boys so they can grow into their potential.

Much has been written by religious scholars on the spirituality of young people, however relatively little consideration has been given to how the psychological aspect of spiritual growth might impact on the behavior of adolescents and youth. Although the UN recognizes the religious dimension of children and youth in the Convention of the Rights of the Child<sup>[i]</sup>, often this is limited to protecting an individual's freedom to engage in religious activities and consigned to the private sphere. A deeper appreciation that personal faith is both a public and a private matter is needed, to understand how young people's spiritual values, identity and participation impacts on their capacity to make informed choices in all spheres of life. This must be balanced against an acknowledgement that religious values are not the sole or defining factor of any individual or community, but instead are mediated through culture, gender, ethnicity, age and socio-economic status. A more nuanced and contextual approach is re-

quired from religious organisations and the UN to understand how religion influences and is influenced by multiple factors.

Adolescence is a time of great change and growth, when young people are negotiating a range of influences, including religious ones. Strategies, including work on sexual and reproductive health, which seek to support the wellbeing and dignity of adolescents and youth, need to give greater consideration to internal and external drivers of wellbeing generated by religion, spirituality and the work of FBOs. This paper will seek to unpack some of these dimensions and suggest ways forward for more fruitful collaboration between FBOs the UN and faith based organizations on the sexual and reproductive health of adolescents and youth.

## UN WORK WITH FAITH BASED ORGANIZATIONS (FBOs)

In recent years there has been a greater realization of the role played by faith based organizations in delivering a range of services to local communities<sup>[iii]</sup>. At the same time the

### BOX 1 – DEFINITIONS OF FAITH BASED ORGANISATIONS (TAKEN FROM UNICEF PARTNERING WITH RELIGIOUS COMMUNITIES FOR CHILDREN)<sup>[ii]</sup>

THE TERM 'RELIGIOUS COMMUNITIES' BROADLY REFERS TO BOTH FEMALE AND MALE RELIGIOUS ACTORS AND TO SYSTEMS AND STRUCTURES THAT INSTITUTIONALIZE BELIEF SYSTEMS WITHIN RELIGIOUS TRADITIONS AT ALL LEVELS – FROM LOCAL TO GLOBAL. THESE INCLUDE:

- LOCAL WORSHIP COMMUNITIES (E.G., CHURCHES, MOSQUES, SYNAGOGUES, TEMPLES, ETC.)
- DENOMINATIONAL LEADERSHIP (E.G., BISHOPS, CLERICS, AYATOLLAHS, LAMAS, ETC.)
- SCHOLARS, THEOLOGIANS AND RELIGIOUS EDUCATORS
- MISSION WORKERS
- YOUTH FAITH OR INTER-FAITH GROUPS
- WOMEN OF FAITH NETWORKS
- FAITH-BASED OR FAITH-INSPIRED ORGANIZATIONS
- DENOMINATIONAL, ECUMENICAL AND INTRA-RELIGIOUS INSTITUTIONS, UMBRELLA ORGANIZATIONS AND NETWORKS
- INTER-FAITH INSTITUTIONS

THERE IS AN IMMENSE COMPLEXITY AND DIVERSITY AMONG RELIGIOUS COMMUNITIES WITH REGARD TO BOTH THEIR POSITION AND STATUS IN SOCIETY AND ORGANIZATIONALLY. "THESE ACTORS VARY IN SIZE, MISSION, ROLE, GEOGRAPHIC SCOPE AND TECHNICAL CAPACITY – SOME OPERATE ON SHOE-STRING BUDGETS, WHILE OTHERS ADMINISTER OVER ONE BILLION DOLLARS ANNUALLY... SOME ORGANIZATIONS ARE LOOSELY INSPIRED BY FAITH PRINCIPLES, WHILE OTHERS ARE FORMALLY LINKED TO RELIGIOUS INSTITUTIONS." IT IS IMPORTANT THAT RELIGIOUS COMMUNITIES BE UNDERSTOOD ON THE BASIS OF THE WAYS IN WHICH THEY IDENTIFY THEMSELVES.

voice of faith, within civil society, is being more purposefully articulated in global policy forums, such as the Commission for the Status of Women and the Commission on Sustainable Development. In many cases FBOs are welcome partners in the struggle for human rights, whether in support of MDGs, cutting debt, challenging multinationals work in extractive industries or promoting peace. However some FBOs are also taking increasingly oppositional stances, particularly in areas of gender and reproductive rights. This presents a complex picture of multiple faith institutions and voices which impact on the work of the UN at local, national and global levels.

Many UN organizations are engaged in processes to better understand how to work with FBOs at the global and local level. The natural starting point for this work has been to collate and analyze the range of existing UN-FBOs partnerships at country level, and then to promote dialogue to unpack the mutual value of these partnerships. Several UN agencies have produced guidelines for working with FBOs: these include 'Guidelines for Working with FBOs' UNFPA (2010); 'Strategic Framework for Partnering with FBOs', UNAIDS (2011); and 'Partnering with Religious Communities for Children' UNICEF (2012)<sup>[iv]</sup>. From the donor constituency, the UK Department for International Development launched its own 'Faith Partnership Principles' in 2012<sup>[v]</sup>.

There is also increasing academic interest in the contribution of FBOs in promoting sustainable development and providing humanitarian assistance. These include the DFID funded 'Religions and Development Research Programme'<sup>[vii]</sup>, 'Religion, Peace and World Affairs', at Georgetown University<sup>[viii]</sup>, 'Africa Religious Health Assets Programme'<sup>[ix]</sup>, and the 'Journal of Refugee Studies' special addition on religion<sup>[x]</sup>. Many FBOs are also engaging in critical reflection and quantitative analysis of their own work with academic institutions through collaborative platforms, such as the 'Joint Learning Initiative on Local Faith Communities'<sup>[xi]</sup>. UN participation in these multidisciplinary platforms is fostering a deeper institutional appreciation, of both the quantitative contribution of FBO services but also the qualitative impact provided by the unique strengths of faith based provision and local presence.

## BOX 2 - UNFPA WORK WITH FBOs

### ASSUMPTIONS UNDERPINNING UNFPA'S WORK WITH FBOs

- CULTURES ARE THE CONTEXT IN WHICH ALL DEVELOPMENT WORK TAKES PLACE AND WHERE ALL INTERNATIONAL HUMAN RIGHTS AGREEMENTS ARE IMPLEMENTED
- FAITH AS PART OF CULTURE IS AN IMPORTANT DETERMINANT OF VALUE SYSTEMS, AT BOTH THE INDIVIDUAL AND COMMUNITY LEVELS
- CULTURES ARE DYNAMIC, INTERACTIVE AND EVOLVING
- FBOs, RELIGIOUS LEADERS AND RELIGIOUS INSTITUTIONS, AS THE GATEKEEPERS AND INTERPRETERS OF RELIGIOUS TEXT AND THUS IMPACTING CULTURE, ARE IMPORTANT PARTNERS IN THE PROCESS OF DEVELOPMENT, PARTICULARLY WHEN IT COMES TO INFLUENCING BEHAVIOUR, ATTITUDES AND PERCEPTIONS
- FBOs AND RELIGIOUS GROUPS HAVE ENORMOUS OUTREACH, BOTH ACTUAL AND POTENTIAL. THEY MANAGE THE OLDEST, MOST FAR-REACHING AND DIVERSE ARRAY OF SOCIAL SERVICE DELIVERY MECHANISMS

AS WELL AS DEVELOPING THE FIRST UN GUIDELINES FOR WORKING WITH FBOs IN 2010, UNFPA NOW SPEARHEADS AN UN INTERAGENCY TASK FORCE ON FBOs, AS WELL AS FACILITATING A NETWORK OF OVER 500 FBOs GLOBALLY. <sup>[vi]</sup>

## Section 2 - Sexual and Reproductive Health of Adolescents and Youth - the challenge and imperative of working with faith based organizations (FBOs)

### SHARED GOALS FOR ADOLESCENTS AND YOUTH

A good starting point for considering increased collaboration around sexual and reproductive health is to acknowledge common foundations and shared goals of the UN and FBOs with regards to adolescents and youth. Both FBOs and the UN want to create an environment where young people can be nurtured and grow into their potential. This goal is enshrined in article 4 of the Convention of the Rights of the Child<sup>[xii]</sup>, and expressed in the 2012 UNFPA Adolescent and Youth Strategy as 'Charting a course by which young people's safe and secure passage to adulthood is ensured'<sup>[xiii]</sup>. It is also at the heart

of the focus on the family advocated by most religions. Values related to the wellbeing of children are also contained in sacred texts of the world religions. UNICEF provides a good overview of religious writings related to reaching the marginalized, non violence, education and gender equality in their FBO partnership document 'Partnering with Religious Communities for Children'<sup>[xiv]</sup>.

A closer consideration of the Convention of the Rights of the Child reveals many shared values with FBOs; learning about one's culture (29), receiving education and information (17), engaging in play and cultural activities (31), expressing oneself (15), and learning respect for others (15). Local faith communities are part of the framework for transmitting cultural values and behavioral norms. Many also engage in socio-political discourse as part of civil society. UNFPA recognizes that sexual and reproductive health choices do not exist in isolation from social, political and economic wellbeing<sup>[xv]</sup>. FBOs have multiple platforms for engaging youth, including youth groups, schools, vocational training programmes, health facilities and other outreach initiatives that are embedded in local communities. They also engage parents, supporting rights related to the role of parents in nurturing (5), guiding (14) and protecting (19) their children. These plat-

forms for engagement will be considered in more detail in the next chapter. In addition all major religions have at their core a message of peace and reconciliation, although this is not always respected. Religious teachings therefore contain within them the resources and the platforms to support these rights, and are often at the forefront of doing so.

There are also shared concerns for the 'most marginalized' youth in society. UN agencies often create a separate category for the most at risk children, to ensure they are not unintentionally denied their rights. UNFPA recognizes that programmes to reach marginalized groups can be highly labor intensive<sup>[xvi]</sup>, however FBOs are often the most well placed to reach the most disenfranchised and vulnerable youth who are excluded from mainstream state care, through their presence in conflict zones, areas of extreme poverty, and their mandate to care for the sick. This work seeks to provide services but also protect children from sexual exploitation and other forms of violence, as enshrined in CRC and CEDAW<sup>[xvii]</sup>.

ICPD + 5 outlines adolescents specific rights and needs in relation to sexual and reproductive health services. It calls for SRH services that are appropriate, user friendly and accessible for young people. Faith groups are increasingly recognizing the need for access

### BOX 3 - INTERFAITH DECLARATION TO IMPROVE FAMILY HEALTH AND WELL-BEING

GLOBAL INTERFAITH CONFERENCE IN NAIROBI 29 JUNE 2011<sup>[xix]</sup>

WE, LEADERS OF RELIGIOUS INSTITUTIONS AND FAITH BASED ORGANIZATIONS (FBO), BELIEVE THAT HEALTH IS A UNIVERSAL VALUE HELD BY ALL FAITHS AND A UNIVERSAL RIGHT FOR HUMAN BEINGS.

OUR FAITH TRADITIONS, SPIRITUAL VALUES AND COMMITMENT TO SOCIAL JUSTICE LEAD US TO BELIEVE PASSIONATELY THAT FAMILIES SHOULD NOT SUFFER NEEDLESSLY BECAUSE THEY LACK ACCESS TO HEALTH SERVICES.

WE ACKNOWLEDGE THE EVIDENCE THAT THE HEALTH BENEFITS OF ACCESS TO EDUCATION AND SERVICES, AND THEREBY AVERTING UNINTENDED PREGNANCIES, CAN BE SUBSTANTIAL. EACH YEAR LACK OF FAMILY PLANNING SERVICES AND EDUCATION IN DEVELOPING COUNTRIES RESULTS IN AN ESTIMATED 600,000 NEWBORN DEATHS; 150,000 MATERNAL DEATHS FROM ABORTION AND OTHER PREGNANCY-RELATED CAUSES; AND AT LEAST 340,000 CHILDREN LOSE THEIR MOTHER.

WE RECOGNIZE THE IMPORTANCE OF ACCESS TO INFORMATION ABOUT AND SERVICES TO ENABLE FAMILIES TO PLAN THE TIMING AND SPACING OF THEIR PREGNANCIES CONSISTENT WITH THEIR FAITH FOR FAMILY WELL-BEING, FOR ACHIEVEMENT OF COUNTRY HEALTH TARGETS AND TO SUPPORT ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT GOALS (MDGs) BY 2015.

WE RESPECT THE CHOICE OF FAMILIES BASED ON THEIR OWN FAITH AND NEEDS AND KNOW THAT STRONGER, HEALTHIER AND THRIVING FAMILIES AND COMMUNITIES RESULT WHEN COUPLES JOINTLY PLAN THEIR FAMILIES.

IN THIS DECLARATION, WE COMMIT TO LEVERAGING OUR NETWORKS TO SUPPORT FAMILY HEALTH BY PROVIDING EDUCATION AND SERVICES THAT ENABLE FAMILIES TO PLAN THE TIMING AND SPACING OF THEIR PREGNANCIES CONSISTENT WITH THEIR FAITH. WE CALL ON OTHERS TO SUPPORT THIS INITIATIVE TO INFLUENCE GOVERNMENT AND DONOR POLICIES AND FUNDING.

to information to make responsible and informed decisions (see BOX 3). Many faith groups share the priorities for counseling young people, as outlined in ICPD + 5; gender relations and equality, violence, responsible sexual behavior and family planning, family life, preventing the spread of HIV and other sexually transmitted diseases<sup>[xviii]</sup>.

## POINTS OF CONTENTION

Despite the shared foundations between the UN and FBOs to promote the growth and wellbeing of adolescents and youth, and a deepening engagement between the UN and FBOs on a range of issues, the promotion of sexual and reproductive health remains a highly problematic area for collaboration. Part of the unease surrounding SRH is fueled by disagreements over the legitimate limits of family planning, particularly concerning abortion, which many FBOs are philosophically opposed to. The reality is that there are a wide range of attitudes and approaches to an issues such as abortion amongst FBOs; some consider emergency contraception to the abortifacient, while others will accept mid term abortions if the mother's life is in danger. Many of those who disagree with abortion, still believe it should not be criminalized. Some FBOs reject packages of SRH services which include the distribution of condoms and sexual advice to unmarried youth. Some FBOs go further and reject the promotion of condoms in any circumstance. The UN and other international partners should seek to better understand the nuanced positions of particular faith groups in specific contexts, and how these have been negotiated and developed from within. Many FBOs have been able to foster behavior change in support of increased SRH services, by building consensus around the language of family wellbeing, and grounding this objective in religious values.

Areas of disagreement between the UN and FBOs on SRH for adolescents and youth must be seen in the context of a multiplicity of worldviews concerning both sexual activity and the concept of youth. The period of time in an individual's life classified as adolescence is a concept that originated in Europe and North America around 60 years ago<sup>[xx]</sup>. It carries with it normative assumptions concerning autonomy, family and indi-

vidual identity formation, which are often ill-fitting to societal value systems in other parts of the world. The age bracket of 'youth' is culturally dependent, as is evidenced by the varying age limits for marriage, military service, employment and sexual activity. Many societies do not consider someone an autonomous adult until they are married. More subtle value judgments also pertain to youth within communities and households concerning their ability and right to make decisions about various aspects of their lives. Parents will often retain an element of control over choices around dress, education, employment, socializing and sexual relationships. In such contexts insisting on the confidentiality of services for adolescents<sup>[xxi]</sup> will be received as deeply counter cultural, and resisted.

Finding a way to work with parents and their value systems around the issue of youth autonomy is crucial to effect sustainable behavior change. Indeed ICPD+5 states actions should be implemented with 'full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights'<sup>[xxii]</sup>. Parents in all societies make decisions for their children in early childhood, indeed the CRC recognizes this as a parental duty, when children have not yet acquired the cognitive skills to make their own decisions<sup>[xxiii]</sup>. The UN recognizes the 'evolving capacities'<sup>[xxiv]</sup> of young people, as the underlying concept which acknowledges and promotes the journey of growth during adolescence, into a fully autonomous individual. How exactly these capacities are understood and assessed within local contexts is the key issue.

The UN uses multiple definitions for its work with adolescents and youth: under-18 years are defined as children; adolescents as 10 - 19 years; and youth as 15 - 24 years. The UN is operating in the context of a multiplicity of cultural value judgments regarding autonomy, societal roles and sexual behavior of adolescents and youth, many of which are not gender neutral. This is often at odds with a normative human rights framework, particularly in the areas of gender equality. Theories of change recognize that no situation is static, rather that a dynamic negotiation of change is always present, although the direction of travel is never certain. The intertwining of religion and culture means FBOs are

naturally part of the dialogue regarding autonomy, societal roles and sexual behavior of adolescents and youth.

These differences have been exacerbated by the increasing politicization of sexual and reproductive rights in global standard setting fora. At the last Conference on Population and Development, certain member states continued to oppose comprehensive SRH services, which include access to abortion and condoms<sup>[xxv]</sup>. There is particularly strong resistance from some FBOs and members states to provision of SRH for unmarried adolescents and youth. Such coalitions are attempting to reverse some of the gains made for maternal and child health.

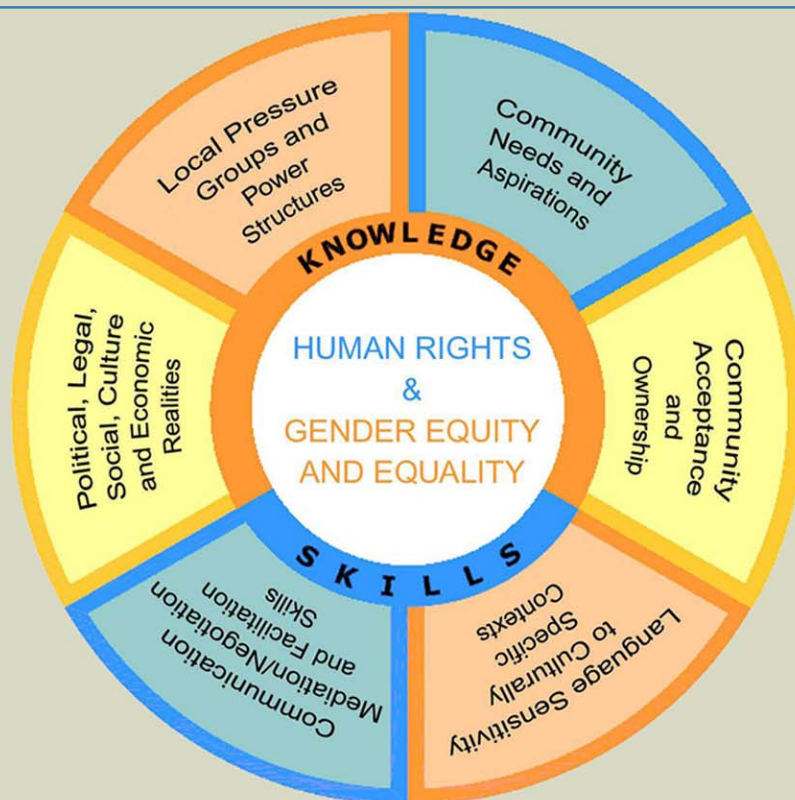
These highly politicized and public confrontations with FBOs on SRH issues have fostered a sense that partnership in this area is unachievable because of polarized positions on key issues. It is therefore relegated to the category of issues on which FBO's and the UN must 'agree to disagree'<sup>[xxvi]</sup>. Not only is this an unproductive position to take, in terms of expanding the reach of SRH services through the significant networks of FBO health provision globally, it is also inaccurate. Any attempt to contain and homogenize a 'faith position'

on SRH, fails to acknowledge the diverse range of views on SRH held amongst FBOs, many of whom are not opposed to provision of a comprehensive package of SRH services, including condoms.

#### CULTURAL DETERMINANTS OF HEALTH

Attempts to homogenize a definitive faith position on SRH also neglects a deeper consideration of how religion is lived out and negotiated within the framework of culture. Religious beliefs form part of, but are not the only factor, in sustaining cultural value systems, which relate to sexual activity outside marriage and the autonomy and societal roles of adolescents and youth. Local FBOs and religious leaders are often seen as custodians and protectors of cultural norms. However is important to remember that religiously or culturally based values are not necessarily static, but evolve over time. Therefore FBOs and religious leaders are uniquely positioned to be enablers or barriers to change. Developing tools to understanding how FBOs in particular contexts can be integrated into 'theories of change' is the foundation of building sustainable partnerships for SRH.

#### BOX 4 - UNFPA CULTURAL LENS<sup>[xxvii]</sup>



## BOX 5 - CULTURAL BARRIERS TO SRH

THE WHO STUDY 'SOCIAL DETERMINANTS OF HEALTH' REVEALED HOW CULTURAL BELIEFS INHIBIT THE EFFECTIVE PROVISION OF SRH SERVICES TO UNMARRIED YOUTH, EVEN WHEN THE LAW PROVIDES FOR THESE SERVICES. WHEN INTERVIEWED HEALTH WORKERS OPENLY ADMITTED TO REFUSING SERVICES TO UNMARRIED YOUTH, AS IT WAS 'AGAINST THEIR CULTURE.'<sup>[xxxiii]</sup>

CULTURAL VALUES ALSO NEGATIVELY IMPACT ADOLESCENT'S USE OF SERVICES. THIS IS DUE TO A LACK OF CONFIDENCE IN THE CONFIDENTIALITY OF HEALTH WORKERS AND THE FEAR OF BEING STIGMATIZED IF CONFIDENTIALITY IS BREACHED. THIS IS ALSO INDICATIVE OF THE MORAL QUANDARY MANY YOUNG PEOPLE FEEL ABOUT ENGAGING IN PRE-MARITAL SEX. A RELUCTANCE TO ACKNOWLEDGE AND ACCEPT RESPONSIBILITY FOR THEIR SEXUAL ACTIVITY DISCOURAGES THEM FROM ACCESSING SRH SERVICES. AS ONE YOUTH COMMENTED 'I DON'T WANT TO CARRY CONDOMS AS I KNOW WHEN I AM DOING IS WRONG'.

Health is rarely experienced as purely medical phenomena; rather it is understood through cultural norms, which often include religious beliefs. In recognition of this interconnectivity between the physical body and interpretative capacity of the mind, UNFPA holds 'health', 'wellbeing' and 'identify' together in one category in their Call to Action<sup>[xxviii]</sup>. Given the significant impact of cultural barriers to the advancement of SRH, greater engagement with FBOs on this issue is of paramount importance, despite the challenges. There have been significant gains in maternal and child health since ICPD, but millions of women still do not have access to SRH services<sup>[xxix]</sup> and services to adolescents and youth are still largely ignored<sup>[xxx]</sup>. In many

ties hold joint responsibility with governments for empowering and protecting young people<sup>[xxxiv]</sup>. FBOs and faith leaders are key stakeholders within communities, helping to shape how young people understand health and their health choices, and directly providing health services. FBO partnerships, which address the social determinants of health, complement state level engagement, and should be seen as part of a comprehensive theory of change, for the advancement of SRH for adolescents and youth.

## Section 3 - The contribution of faith based organizations towards the sexual and reproductive health of adolescents & youth through health service provision

The next two sections will consider two dimensions of the work of faith based organization's sexual and reproductive health services for adolescent and youth. Section 3 will look at the significant contribution to health service provision made by FBOs globally, paying particular attention to the diverse and wide reaching nature of this provision. Chapter 4 will address the work of FBOs in nurturing the cognitive development of young people and promoting their resilience and ability to make autonomous decisions. This analysis will aim to elucidate how FBOs are addressing both the push and pull factors in the effective use of SRH services and rooting this in a wider context of happy and healthy transition into adulthood.

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