

Notes Workshop “Involvement of religious institutions in promoting sexual and reproductive rights”

Introduction:

The workshop was introduced by Emmanuel Eratu from Uganda and Martha Momanyi from Kenya. Martha shared her experience as a Planning Director for the Adventist Development Relief Agency. ADRA Kenya currently implements two programs on sexual reproductive health and rights. The programs are:

- a) The Abstinence and Be Faithful (ABY) project focuses on teaching young people that abstaining from sex until marriage is the best means of ensuring that they avoid HIV infection, other sexually transmitted infections and unintended pregnancy. This abstinence program has been made possible through the funding by PEPFAR (President’s Emergency Plan For AIDS Relief)

The ADRA implemented program covers 3 regions (Mwanza, Mara and Kilimanjaro) in Tanzania and 2 provinces (Nyanza and Rift Valley) in Kenya. The program employs training and media strategies targeting youth ages 10-24 years. Secondary target groups are teachers, parents and religious leaders to stress on their role as protective influences for positive behaviour in young people.

- b) ADRA Kenya also implements another program that addresses SRHR. The program is on female genital mutilation (fgm). The program is implemented in communities that practice fgm in Nyanza and Rift Valley Provinces. The activities of the anti fgm program bring out specific rights that should protect girls and women from female genital mutilation and which are discussed with target audiences. These include:

- ◆ the right to health the right to be free of cruel and degrading practices
- ◆ the right to sexual and corporal integrity, and
- ◆ the right to reproduce.

Emmanuel shared his experience as a programme assistant for the Catholic Education Research and Development Organisation. He explained about the health and special needs programmes in schools, the basic education support and research initiatives of the organisation. One of the activities is the life planning skills. It contains an one hour session conducted once per week for nine consecutive weeks. The sessions aim at equipping children 9 – 14 years (pre – adolescents) with life skills and inputs on the advantages of primary and secondary abstinence in their lives. It seeks to prepare children for the challenges and opportunities posed by the adolescence period. Children are equipped with skills that enable them to enjoy their teenage years and appreciate the physical and psychological changes that come with growing up.

Emmanuel is also a musician and he performed the song *I want to be free from HIV* during the workshop.

Plenary discussion:

Issues that came up during the discussion included:

- 1) The need to give complete information (e.g. on condom use); it became clear that religious organisations within their own structures have difficulties to discuss certain issues around sexuality. In some cases complete information is given and e.g. the use of contraceptives is stressed for groups at risk as a preventive measure. In others hierarchical decision-making processes make it difficult. Overall, organisations are able to find solutions, for example by working together with other organisations (that *do* give complete information)

2) Misconceptions and myths e.g. about condom use. In the discussion it became clear that information given should be evidence-based. It does not make sense to give young people wrong information (e.g. the quality of condoms decreases after transport).

Lessons learned

1) Religious institutions do have an added value in promoting sexual and reproductive health. A nuanced picture emerges in the discussion. Religious organizations are value based and have a moral obligation to teach and promote the values they believe in. Abstinence and be faithful messages are in line with the value system of religious organizations. This does not mean that religious congregation do not face challenges posed by SRHR issues.

2) Religious organisations have to deal with different requirements from different donors (e.g. PEPFAR vs European donors) in implementing SRHR programs. Each project stands on its own with its requirements. This is a challenge that faces organizations that depend on donor funding – this is not limited to religious organizations only.