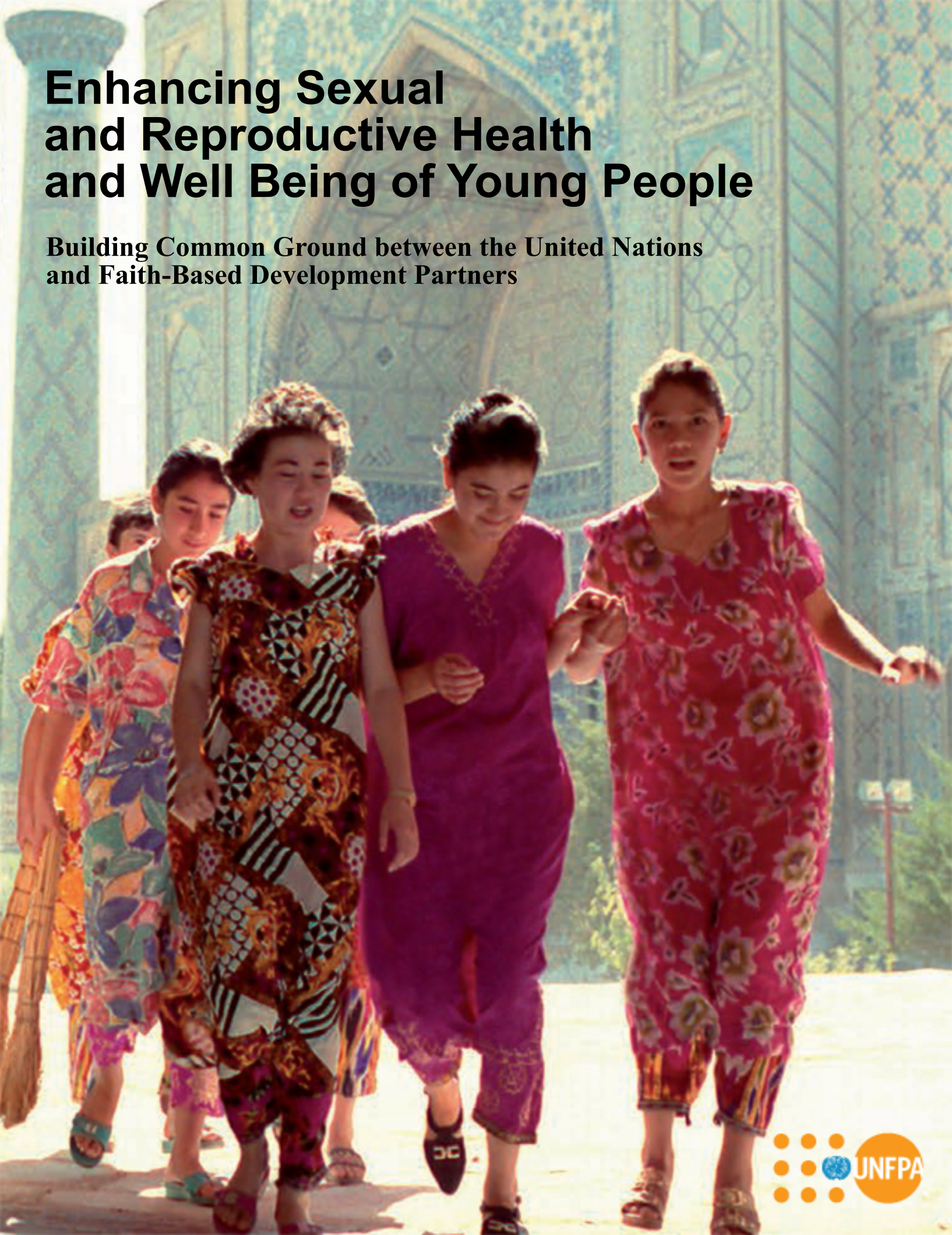
Enhancing Sexual and Reproductive Health and Well Being of Young People

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



Enhancing Sexual and Reproductive Health and Well-Being of Young People: Building Common Ground between the United Nations and Faith-Based Development Partners

Section 1 – Overview[1]

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 training 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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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[i], 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 required 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[iii]. At the same time the

BOX 1 – Definitions of Faith Based Organisations (taken from UNICEF Partnering with Religious Communities for Children)[ii]

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)[iv]. From the donor constituency, the UK Department for International Development launched its own 'Faith Partnership Principles' in 2012[v].

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'[vii], 'Religion, Peace and World Affairs', at Georgetown University[viii], 'Africa Religious Health Assets Programme'[ix], and the 'Journal of Refugee Studies' special addition on religion[x]. 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'[xi]. 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. [vi]

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[xii], 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'[xiii]. 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'[xiv].

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[xv]. 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 platforms 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[xvi], 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[xvii].

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[xix]

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 he 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[xviii].

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[xx]. It carries with it normative assumptions concerning autonomy, family and individual 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[xxi] 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'[xxii]. 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[xxiii]. The UN recognizes the 'evolving capacities'[xxiv] 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.

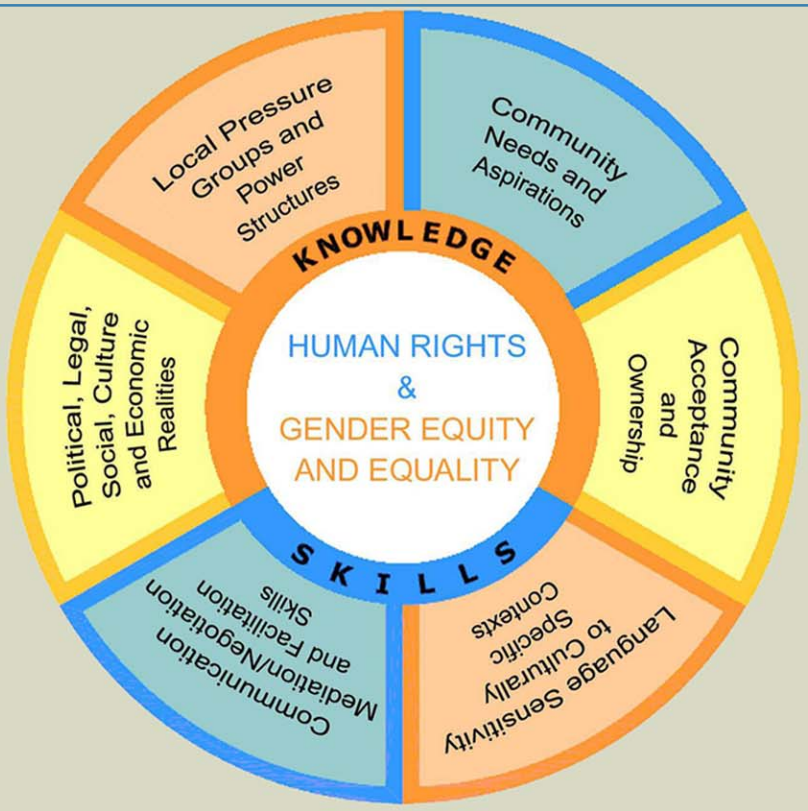
These differences have been exacerbated by the increasing politicization of sexual and reproductive rights in global standard setting fora. At the last Conference on Population and Development, certain member states continued to oppose comprehensive SRH services, which include access to abortion and condoms[xxv]. 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'[xxvi]. 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[xxvii]



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.' [xxxiii]

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-martial 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[xxviii]. 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[xxix] and services to adolescents and youth are still largely ignored[xxx]. In many countries only around 30% of sexually active 15-24 yrs olds use condoms and usage drops further for under-15yrs[xxxi]. It is interesting to note that even where the law provides for SRH access for adolescents and youth, cultural and religious values continue to block provision of services in government as well as FBO health services[xxxii].

There are many barriers to the advancement of SRH: legal, economic, political, social and cultural. States are key partners in ensuring appropriate legislation is in place and national resources are mobilized to facilitate greater access to SRH services for adolescents and youth. UNFPA recognizes that communities hold joint responsibility with governments for empowering and protecting young people[xxxiv]. 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.

Health service provision

Faith based organizations continue to be one of the largest providers of health services globally. FBOs are also often the only providers to marginalized communities, whether in remote rural communities or densely populated urban settlements. Health provision is often considered as integral to the religious mandate to engage in compassionate service to others. A recent study of the service provider behavior of faith based health services concluded religious not-for-profit providers

are intrinsically motivated to serve (poor) people, and that this 'ethos of service' was demonstrably stronger than in government run health facilities[xxxv]. This track-record is acknowledged in the vast anecdotal evidence, which suggests individuals turn to FBO run health services when they are unable to pay.

A number of recent surveys by the World Health Organization and the World Bank, amongst others, have attempted to quantify this provision[xxxvi]. A mapping carried out by WHO in 2009, estimated that between 30-70% of health care provision in Sub-Saharan Africa was faith based[xxxvii]. The breadth of these figures gives some indication of the challenge of mapping FBO health provision, much of which remains small-scale, local and consequently under the radar of national data collection and strategic planning mechanisms. However the body of research into faith based health provision has been steadily growing over the last decade with notable expertise residing at the Berkley Centre for Religion, Peace and World Affairs, as Georgetown University and in the International Religious Health Assets Programme, based at the University of Cape Town.

Despite the challenges of capturing the global contribution of FBOs in the health sector, the reality is many states are still unable to achieve national coverage of comprehensive health services and FBOs are key actors in filling this gap. Sometimes this is through official partnership agreements and joint funding arrangements with the state; sometimes it is managed and funded entirely privately. Churches in many African countries have partnership agreements with their governments, whereby the state pays for and provides medical staff plus some equipment and medicines, leaving management, upkeep of facilities and shortfalls in equipment and medicines to the churches. Ghana and Zambia, amongst others, have formed Christian Health Associations to streamline and strengthen the capacity of these partnerships and to share best practice and national resources. Faith based health provision can be sustainably financed through fees, whether for profit or not, or can be based on a charity model and receive external funding through international faith networks. Institutions can be managed by indigenous or international staff, and contain varying levels of local ownership.

Sexual and reproductive health services

Most FBO health services will offer some form of sexual and reproductive health advice as part of their maternal health package of care. However the quality and accessibility of this provision varies greatly. There are a wide range of perspectives amongst faith based providers on what kinds of services and advice can be offered, and who should and should not have access to them. Most FBO health providers accept the need for some form of family planning to promote maternal health. The Anglican Communion was the first church to publically state their support for contraception in 1930[xxxviii]. Many accept the use of condoms, or other contraceptive methods to achieve this, although many still do not. There is some evidence to show that faith leaders from across different faiths are strengthening their commitment to maternal health. Statements such as the *Interfaith Declaration to Improve Family Health and Well-being*, referenced earlier in this paper, are a positive step forward[xxxix].

Despite these gains unmarried adolescents and youth are often denied access to SRH services, because of religious value systems that do not sanction sexual activity outside of marriage. Many FBOs feel that providing young people with the means to have 'safe sex' actually encourages them to engage in sex, which is counter to their beliefs. While there is no evidence to support this claim, this concern speaks to a more fundamental approach of many FBOs, who are unwilling to offer health services outside of a moral framework. This poses challenges to a public health discourse, which is unwilling to engage in ethical discussions concerning sex between two consenting individuals. Although sex has a universal biological dimension, it is experienced and understood is different ways in different cultural contexts. The normative framework of public health approaches is often limited in its ability to effect positive behavior change, because it seeks to isolate sexual activity from its social context. Interestingly the WHO recognizes that 'Health is a sate of complete physical, mental and social well-being and not merely the absence of disease or infirmity'[xl]. Health is therefore connected to one's place in society. This can be a point of entry into dialogue with FBOs to foster a

BOX 6 – Case study – Ghana Christian Health Association

This case study looks at how SRH services for adolescents and youth can be integrated into existing FBO health provision. The Ghana Christian Health Association (CHAG), founded in 1967, is an umbrella association of all churches, who operate hospitals, primary health care centers and training centers. They are the second biggest provider after the Ministry of Health, covering an estimated 35-40% of the population, mainly in rural and underserved areas. In 2002 the African Youth Alliance/Pathfinder embarked on a partnership with CHAG called 'Window of Hope' to integrate youth friendly services, into some of their existing health facilities. This project was part funded by UNFPA. The package of services included the provision of a range of contraceptives, drugs, confidential advice and counseling to all youth, including young adolescents, plus outreach services, and the inclusion of youth on facility management committees.

Despite some local controversy surrounding this work, as well as national level resistance from several members of CHAG, the project was implemented in 10 health facilities. Details of the negotiating process with CHAG, reveal the value of extensive dialogue and compromise, to establish mutual trust and to understand the theological and cultural rational behind resistance to the programme. It necessitated flexible deadlines that gave space for internal agents of change to guide the process, and negotiated an acceptance that not all members would participate. This was underpinned by a deep commitment from the leadership on both sides to stick with the process. The results were extremely positive. The quality of youth services was shown to have doubled after a year, and participating members made plans and commitments to further integrate youth friendly services into the rest of their facilities. CHAG's reach of provision and their presence in local communities means their ownership of the project has built foundations for lasting change in SRH services.

Full case study – see Pathfinders International 'Building Partnership with Faith-Based Organisation: Integrating Youth Friendly Services into the Health Delivery System of the Ghana Christian Health association of Ghana' (Pathfinder International USA)[xli]

greater appreciation of cultural and transcendental value systems related to sexual ethics.

It is important remember that there is no 'official' or 'homogenous' faith position on the provision of SRH services to unmarried youth, but rather multiple interpretations of religious texts, transmitted through different cultural frameworks, drawing a range of different practical conclusions. It is also important to remember denial of services to young people is not limited to faith based health provision, as evidenced by the WHO report[xlii]. There are many FBOs who do provide condoms and sexual advice to unmarried young people. Sometimes this is officially sanctioned and at times practically minded health workers offer services under the radar, against the wishes of their leaders. Rarely is this work publically championed by faith leaders, in part because of the reticence to talk about sexual health in general, but also because of the risk of backlash from communities. This quiet approach is indicative of FBOs general preference for engaging in practical support, rather than advocacy. Much of this work remains small scale and unreported, or hidden within wider maternal health programmes. This poses challenges and opportunities for those seeking to establish an evidence base for this work. It is interesting to note that a mapping of UNFPA FBO partnerships in 2008 revealed 14 existing partnerships to promote the sexual and reproductive health of adolescents and youth.

In seeking to better understand the contribution of FBOs to health service provision is it unhelpful to make generic statements about FBO health provision, but rather to examine the specific objectives of different FBO providers, as well as the national legislative frameworks, and local contexts within which they operate. It is also important to appreciate the evolution of FBO health provision in the last fifty years, in the context of a transition out of colonial government in many parts of the world and the global professionalization of development. FBO approaches to health provision have not been static; they have adapted and increasingly integrated public health values. It is important to identify, respect and work with, not against, internal levers of change, and allow adequate time and flexibility to support this process. This is always a process of negotiation, which has been most sustainable when in dialogue with religious values on health. There are many examples from the HIV sector demonstrating

how religious texts have been used to engage in discussions about sex and sexuality[xliii]. A closer analysis of the multiple variables of FBO health provision will enable a more accurate discernment of the value and opportunities for partnering with FBOs for SRH.

Section 4 – FBOs accompaniment of young people through adolescence as a protective factor for sexual and reproductive health

Research into the sexual and reproductive behavior of adolescents and youth shows that there are many protective and risk factors located within culture, family and community, which are necessary components of sustainable behavior change[xliv]. Although the significance of antecedents varies by country, many relate to cultural norms concerning sexual behavior and relationships, psychological resilience, and the presence of supportive networks and alternatives to unhealthy behavior. Many FBOs have a track record of engagement in these areas, through their presence and influence in local communities. The community level engagement of local FBOs and faith leaders can be seen as complementary to the protective factors offered by UNFPA in the form of commodities and information services. This section will consider how the values and platforms for youth engagement provided by FBOs are part of a comprehensive response to sexual and reproductive health goals.

Multiple platforms for engaging youth

FBO work on SRH should not be considered in isolation, but rather within the context of the holistic engagement of local faith communities with adolescents and youth, through a range of activities and services, which include education, health, civic education, leadership training, fellowship, sport and art. UNPFA identifies social assets such as peer-based social support networks, culturally creative activities and recreation, as a key strategy for building the resilience of adolescents and youth[xlv]. FBOs accompany young people through adolescence, interceding with advice and guidance at critical junctures in their development, such as providing marriage preparation classes. The reality is in areas of the world where UNFPA works many young people marry while they are still adolescents; this is a constructive entry point for partnership with FBOs. FBOs also participate in adolescents other rites of passage, which provide windows of opportunities to engage young people. Their links to religious institutions and teachings means these ready-made platforms for engaging youth are trusted and sanctioned by parents, and are thus able to reach more extensively into communities. They are rich in social capital as they are part of the glue that holds society together, by *bonding, bridging and linking* individuals together[xlvi].

Faith based youth groups are usually considered by parents to be 'safe' spaces for young people to learn to express themselves. This is in part because they are considered as places that will actively discour-

BOX 7 - Case study – Using church networks for peer education on SRH

The Anglican Church of Western Cape in South Africa, implemented a youth peer education programme 'Agents of Change' aimed at changing risky sexual behavior among youth (aged 12 – 19 years), which also included workshops with parents. The approach taken was an 'abstinence plus' model that emphasized delaying sexual debut, but also provided young people with information on how to utilize and access condoms and other advice and commodities. This approach was in line with the church's emphasis on abstinence, but also created opportunities to educate parents on the importance of providing information to keep young people healthy and safe.

An independent control test showed the programme succeeded in increasing both the percentage of those delaying sexual debut and, for those who were sexually active, increasing the rate of condom use. The church utilized its existing community and youth networks to roll-out the initiative. This was identified as a key factor in the effectiveness of the programme.[xlvii]

A significant proportion of youth groups in sub-Saharan Africa are affiliated to a religious organization. Few are currently connected to SRH programmes, but remain a vast untapped resource for engaging adolescents and youth.

age adolescents and youth from becoming sexually active. This is turn is the reason why the UN often feels it cannot partner with such organizations as this *'discouraging'* is contrary to the promotion of an individual's autonomy, and are therefore defined as disempowering environments. However 'abstinence plus' approaches represent a third approach, which both respects the value system of FBOs, and provides opportunities to educate parents and young people in fostering a range of protective factors.

Good parenting bolsters protective factors and promotes the resilience of young people[xlviii]. The role of parents is enshrined in the Convention of the Rights of the Child, and yet many initiatives seem reticent to engage parents in discussions on SRH choices of their children. WHO identifies connection, love, behavior control, respect for individuality, modeling appropriate behavior, provision and protection as the key parental roles played, which contribute to young people's sexual and reproductive health[xlix]. The moral influence of FBOs means they are able to engage parents in dialogue on how to be more supportive of their children's moral and emotional development. Parents are more likely to accept this advice when they feel more ownership and understanding of the rationale of the FBOs work with their children. Therefore it is most effective when it is grounded in religious language concerning the family. Again opportunity is not always utilized and too many FBOs accept and even support authoritarian modes of parenthood. However there are also many FBOs who offer training and support to parents to promote happy, non-violent families. For example local Anglican priests in South Sudan were trained to give parents non-violent techniques for dealing with disagreements.

There is a tendency for SRH infinitives to focus on girls, as the more vulnerable group, who are susceptible to early pregnancy or coerced sexual encounters. However the empowerment of girls requires the full participation of boys in realizing this goal. FBOs have ready-made platforms for engaging boys and often have teachings and activities aimed specifically at young men. This provides space for issues of masculinity to be discussed and for associated cultural norms around power, dominance and violence to be challenged. When religious leaders challenge negative cultural norms around gender, they can be powerful role models for young men.

FBOs certainly have a mixed record on gender. Often they use their social capital to reinforce gender inequalities. However there are countless examples of how religious texts are being used to fight gender based violence and to promote women's empowerment. FBOs have within them the intellectual and cultural resources to provide a contextual vision for gender equality based on their religious texts.

FBOs need to be understood and engaged as key stakeholders in local communities, who form part of the local enabling environment for young people's health choices. Sustainable and authentic behaviour change on sexual and reproductive health requires attention to the values underpinning interconnected relationships that bind local communities. Programmes will be more effective if they work *with* rather than push *against* these factors. Bypassing local faith based stakeholders, can prohibit access to collective community knowledge, which may actually negate and inhibit a community's internal development process and ability to take collective action[lii]. Engaging local FBOs in value based dialogue on SRH issues needs to be integrated into current theories of change.

BOX 8 – FBOs work with men and boys

Two recent examples of how language and stories from the Bible have been used to tackle gender based violence and promoted gender equality come from the World Council of Churches.

The Tamar Campaign uses the story of the Old Testament character, Tamar, who was raped by her brother-in-law, to challenge the silence and stigma around GBV, by illustrating the failure of her family and society to protect her[l].

A women's empowerment training manual for churches called 'Created in God's Image -From Hegemony to Partnership' focuses in engaging men and boys to promote positive masculinities that can resist cultural norms to dominant women.[li]

Cognitive development and psychological resilience

A distinctive contribution of FBOs is their ability to engage with the spiritual dimension of young people. For those who self-identify as religious or spiritual, their spiritual development is intertwined with their psychological growth, and therefore has an impact on their 'evolving capacities'. Global statistics on values continue to show that the majority of the people (82%) believe in some form of religion[liii]. Religions provide individuals with 'meaning enhancing capabilities', through transcendental teachings, moral beliefs and behavioral norms, which help young people to make sense of the world and the choices open to them[liv]. Religious beliefs represent important sources of hope, ideals, worldviews and role models that influence the course of identity development during adolescence[lv]. A WHO study (2001) showed that in the majority of regions spiritual beliefs were a protective factor in delaying sexual initiation[lvi]. Greater consideration of the impact of spiritual beliefs on cognitive development of young people will open new opportunities for working with FBOs to support their evolving capacities.

Faith based youth groups often provide a range of creative and collaborative social activities for young people, under the guidance of trusted adults, which develop their capacity for critical thought, leadership, cooperation and mutual service. This contributes to the third pillar of UNFPA's strategy, which seeks to empower young people, by building their personal competencies, enabling them to contribute positively to local and global society, and providing them with information and confidence to take responsibility for their sexual and reproductive health[lvii].

Faith based youth groups often operate in the context of an under-resourced school system, which is unable to offer spaces for interactive development; although where FBOs are involved in education, many have made provision, additional to the national curriculum, through special clubs to foster 'safeguarding' and learning around topics ranging from sexual health, peace-building and the environment[lx]. In many cases these platforms support human rights of young people by creating environments where they can grow into their potential[lxi]. This contributes to fostering the capacity of adolescents and youth to make responsible decisions on sexual and reproductive health choices.

The reality is that religious texts and beliefs are open to a range of interpretations, and are transmitted through a multiplicity of cultural frameworks. Consequently the values young people receive from religious leaders and communities have the potential to either help or hinder their ability to make healthy, autonomous decisions. A central secular critique of FBOs is that they generally inhibit rather than promote the ability of youth to develop the capacity to make choices through conservative approaches to sexual activity, and deny the reality of the pressures on young people's lives. While there is some truth in this there are also many ways in which FBOs promote cognitive growth and responsible decision making that has been largely overlooked. It is important to avoid generalizations about what messages FBOs are transmitting, and instead to develop tools to discern the range of nuanced messages contained within a particular interpretation and application of spiritual teaching in a specific context.

When messages are empowering they foster the internal resilience of young people. Internal emotional resilience can be considered a protective factor against unhealthy sexual behavior; for example by giving an in-

BOX 9- Case study -Zimbabwe Christian Student Movement

The Zimbabwe Student Christian Movement brings adolescents and youth from across all churches in Zimbabwe to raise awareness and promote dialogue on issues of concern to young people. Through meetings, retreats, seminars and new media ZSCM empowers young people think about social norms in the context of their faith and to speak up and speak out. In the Zimbabwean context where many civil society groups have been silenced, they continue to speak up on good governance and non violence. ZSCM also has a programme on HIV and SRH[lviii].

The ZCSF is also part of the Worldwide Student Christian Federation, of over two million young people across the world. Created in 1895, the WSCM provides space for cross-cultural dialogue on issues ranging from human sexuality to peace-building.[lix]

dividual the confidence to say no to sex, or to insist on the use of a condom. FBOs can assist UNFPA in its goal to *'empower progressively the self-management of their sexual and reproductive health'* [lxii], by building the emotional resilience of young people, in part through religious and cultural values. In this way young people might not only know their rights but have the internal resilience to demand them.

When boys are engaged in the conversation, religious values can also be used to challenge destructive forms of masculinity, which rely on violence and sexual dominance[lxiii]. Messages of peace and non-violence can have a significant impact in post conflict settings, where societal checks and balances that protect young people from early pregnancy and gender based violence have broken down. Most faith based youth groups provide a mixture of messages, based on traditional interpretations of holy texts, combined with local experiences and institutional memory, and the vision of the youth leaders themselves. Effective partnerships with faith based youth groups will allow positive messages to be reinforced, while creating space for negative messages to be reviewed and challenged.

Promoting resilience and mutual respect must be central to any approach to SRH. This is particularly important in contexts of conflict, displacement and poverty, when an individual's vulnerability increases. WHO research shows that when an individual is treated less equitably they are more likely to take sexual risks[lxiv]. Therefore when FBOs foster self esteem and mutual respect amongst young people they are fostering protective factors for sexual and reproductive health. A review of studies into the sources of resilience of young people in South Africa showed that religious leaders and personal faith were fundamental to the processes and outcomes of resilience[lxv].

BOX 10 - Examples of Empowering and Disempowering messages promoted by FBOs

Empowering messages and behaviour from religious youth groups	*Disempowering messages and behaviour from religious youth groups*
Fostering self esteem and mutual respect –the sacredness and value of every individual	Perpetuating internal inequalities and negative stereotypes of outsiders
Challenging violent and sexually dominant forms of masculinity – finding equal identity in God's love	Gender bias – promoting female submissiveness and male dominance
Promoting self expression and cognitive growth	Inhibiting self expression and acquisition of knowledge
Making the connection between sexual intimacy, love, responsibility, mutual respect and commitment	Stigmatizing sexuality - negative teaching about the body- a belief that all sexual satisfaction is wrong
Talking about different types of love and identifying which ones should not be expressed through sexual intimacy (for example from parents, guardians and others in authority) or outside of committed relationships	Ignoring abuse, or encouraging forgiveness without justice and accountability for perpetrators
Fostering the confidence to resist pressure to have sex or to negotiate the use of contraception	Ignoring the realities of pre-marital sex, extra-marital activity and gender based violence
Helping parents and children to communicate with each other in non violent ways	Authoritarian approaches to intergenerational interaction and marginalization of youth
Compassion, forgiveness, reconciliation and rehabilitation	Punitive and exclusionary approaches to deviancy
Mutual respect, community support and inclusion for all – including listening to marginalized groups	Reactionary positioning within local communities

Protective environments and supportive networks

Sexual behavior is influenced not only by values but by socio-economic realities faced by adolescents and youth. UNFPA recognizes safe and fair employment as a key enabling factor for the wellbeing of adolescents and youth[lxvi]. For many vulnerable young people finding alternatives to risky sexual behavior requires both economic alternatives to seeking protection through sexual activity and protection from predatory adults. FBOs are often involved in life skills and vocational training for youth. Many also offer safe spaces, such as youth hostels and day centers, where young people are given the space to make autonomous decisions, freed from some of the socio-economic or cultural pressures exerted upon them.

Given the revelations of abuse in FBO-run institutions, no one can be complacent in assuming all initiatives are safe and empowering spaces for young people. Many FBOs are now engaging in processes to educate staff on these issues and install child protection policies[lxvii]. More understanding and commitment needs to be fostered within FBOs on the importance of 'safeguarding'. The UN and other NGO partners can support and encourage FBOs to do achieve this by insisting on safeguarding as principle of partnership, but also by providing capacity building for FBOs to help them build appropriate mechanisms to protect young people.

The social capital of FBOs can be also be used in negative ways to exclude and stigmatize[lxviii]. FBOs are often criticized for their religious condemnation and ostracism of young people when they deviate from proscribed sexual behavioral norms. Religious texts are often used to justify judgmental positions; however an interesting development is how many FBOs are using those same texts to demonstrate how the suffering of one is the collective responsibility of all. This moves communities from the condemnation of the individual to a need for repentance and action from the community as a whole to provide more comprehensive forms of support and protection. The strength of this approach comes from the utilization of spiritual values and language in holding local communities' to account as 'duty bearers'.

HIV & AIDS responses by the UN and other agencies over the last twenty years have demonstrated the importance of engaging with faith communities, whether they are perceived as a barrier or an ally in delivering effective programmes. Very early in the HIV pandemic it was recognised that local faith communities and FBOs, with their unparalleled reach, were at the forefront in providing care and support for those sick with AIDS-related illness and for orphans and other vulnerable children in affected communities. However, at the same time, faith teachings, in stressing abstinence and faithfulness, were often seen to stigmatise those living with HIV, blaming them for their infection. Such stigma and discrimination were identified as key barriers to promoting testing and treatment while also inhibiting prevention efforts. While some FBOs promoted comprehensive prevention approaches stressing their duty to protect life, others found it difficult to discuss sex and safer practices, particularly condom use, in a faith context. AIDS programmes therefore started to work with the faith communities, both to build on the positive aspects of their responses and to transform the negative dimensions. In many contexts FBOs now play a significant role in challenging HIV-related stigma and discrimination, not least through

BOX 11 – Using spiritual texts to promote protective community networks

UNICEF worked with Buddhist scholars in Thailand to unpack the holy teaching of the Five Nobel truths. In the past local Buddhist interpretations of the concept of 'suffering' pointed to uncritical acceptance, which minimized local protective factors for youth and resulted in a collective failure to protect the vulnerable. A refocusing on the concept of the Five Nobel Truths, which understands suffering to be communal and the cause to be ignorance, facilitated behavior change of FBOs and faith leaders, who began to invest in establishing protective frameworks for adolescents and youth.[lxix]

Box 12 – Transforming stigma around HIV

One initiative has engaged with Christian churches and their leaders in Nigeria, transforming their attitudes to comprehensive HIV prevention. Key elements of the initiative included addressing traditional perspectives about disease, gender and other issues, recognising other cultural worldviews operating alongside religious teachings. A more comprehensive prevention framework (SAVE), promoting a full range of safer practices (ABC, PMTCT, access to testing and treatment, gender empowerment, etc) enabled the faith leaders to move away from circular debates on abstinence and faithfulness versus condoms. The active involvement of people living with HIV, including pastors, also challenged attitudes, enabling the church leaders to see HIV as a public issue, making moral demands on them to inform and equip those vulnerable to HIV while tackling the underlying causes of vulnerability. Through all this, churches were able to affirm Christian teaching on valuing life and addressing exploitation and injustice, while exploring their own faith teachings and motivations at a deeper level.

Adapted from: Tearfund (2008) Transforming approaches to HIV prevention in Nigeria. Tearfund UK.

the network of religious leaders living or personally affected by HIV (INERELA)[lxx].

Complementary protective factors

The UNFPA Framework for Adolescents and Youth advocates for an integrated approach that situates the sexual and reproductive health choices of young people, within the context of other areas of their life, such as education, citizenship and livelihoods[lxxi]. These choices also need to be considered in the context of their identity and participation in religious groups. Autonomous decisions are not made in a vacuum; rather individual agency requires the negotiation of a range of influences and arguments. Studies into behaviour change demonstrate the degree to which the values of local communities have significant influence on the sexual and reproductive health decisions and outcomes of adolescents and youth[lxxii]. One study into the impact of religiosity on sexual behavior shows the religious focus on abstinence does have a positive impact on prolonging sexual debut[lxxiii]. However a focus on abstinence without additional information denies young people access to other protective factors. Abstinence plus programmes provide opportunities to access a range of complementary protective factors for adolescents' sexual and reproductive health.

A significant proportion of youth groups in sub-Saharan Africa are affiliated to a religious organization. Their links to religious institutions and teachings mean these ready-made platforms for engaging youth are trusted and sanctioned by parents, and are thus able to reach more extensively into communities. Religious youth groups are usually considered by parents to be 'safe' spaces for young people to learn to express themselves. This is in part because they are considered as places that will actively discourage adolescents and youth from becoming sexually active. This in turn is the reason why the UN often feels it cannot partner with such organizations as this 'discouraging' is contrary to the promotion of an individual's autonomy, and are therefore defined as disempowering environments. However the picture is more complex than this.

In reality while some FBOs are fully engaged in sexual and reproductive health of young people, others remain reluctant to offer a 'comprehensive' package of SRH services that include the provision of condoms and sexual health advice to unmarried people. However there are many ways in which FBOs are fostering of a range of other protective factors pertaining to the sexual and reproductive health of adolescents and youth. Much of this work is complementary to the protective factors advanced by public health models, as it addresses the social determinants of health. FBOs are rich in social capital and have access to local networks and opinion formers, not available to the UN and other non indigenous organizations. Embedded in local communities, they are able to promote lasting behavior change in the lives of young people and in the contexts within which they experience growth and change.

Section 5 – Building effective partnerships between the UN and FBOs

The final section of this paper seeks to build on the arguments made for the existing and potential contribution of FBOs to the sexual and reproductive health of adolescents and youth, by making some practical suggestions for establishing partnerships between FBOs and the UN at the country level. These gains also need to be reflected within international standard setting and strategic planning fora if they are to foster lasting improvements across the sector. These suggestions draw extensively from existing UNFPA, UNICEF, UNAIDS and DFID guidelines for working with FBOs[lxxiv]. In doing so this paper affirms the direction of travel within the UN system towards more effective collaboration with FBOs. It also encourages UN staff to consult more widely within their own organizations and within the wider donor community, to access the expertise and institutional memory being internally generated on these issues.

Fundamental principles of partnership – how to engage

Effective UN partnerships with FBOs for sexual and reproductive health must be underpinned by transparent and mutually respectful relationships. Many of the barriers to partnership are related to mutual mistrust between the UN and FBOs, born out of ignorance and a tendency to stereotype individuals and perceived agendas, which is compounded by a lack of shared language around sexual and reproductive health and well-being[lxxv]. Therefore it is important to provide space for dialogue with a range of faith based actors (see next section) in order to unpack and understand each other's values, language and actions.

Dialogue with local partners is nothing new, but it is important that dialogue with local faith actors is characterized by transparency and mutual respect[lxxvi]. This can be particularly challenging when FBOs, hold differing views from the UN on certain aspects of the human rights framework, such as reproductive rights. However the divergence around issues within the body of wider body human rights should not be a barrier to good partnership, given that there is strong convergence between the UN and most FBOs on the fundamentals of the Declaration of Human Rights. Following good partnership principles will reaffirm this mutual commitment to human rights.

Transparency means both the UN and FBOs are required to explain their values and language, rather than expecting one party justify their position with regards to the other's normative framework. This requires UN staff to be ready to unpack their values as enshrined in the human rights framework, to explain in plain language why they hold to these values, and be honest about challenges of implementation. There is no neutral space and UN staff should be self-aware of their values and knowledge base and develop skills to enter into dialogue with others values[lxxvii].

FBOs must be allowed to bring their own theological frameworks and language to the table. This will help them to communicate their values and to establish common ground around human rights, which have strong roots in religious concepts of justice and human dignity. There is often a reticence by the UN to engage directly with religious discourse, as they are a secular organization, but it is essential in order to foster greater understanding of the values and actions of FBOs. However it is also incumbent on FBOs to make themselves understood in secular terms where possible, and to be transparent about internal dialogue over interpretations. Local theological debates concerning sexual health need to be better understood and integrated into theories of change. Both sides must listen to and engage with critiques from the other, resisting the temptation to retreat into entrenched positions and jargon. Through this iterative process common ground can be identified and trust can be built.

Just as important is for FBOs and the UN to acknowledge and understand each others 'footprint', track-record or impact on local communities. Although the UN and FBOs are often working on similar projects, they are often quite disconnected at country level, with limited second hand knowledge about each other's community health work. Increasing

knowledge of one another helps to create a 'level playing field'[lxxviii] for partnership, where each party's unique strengths and weaknesses are understood and incorporated into project design. As acknowledged by this paper there is currently limited data on the health and wider community development work of local FBOs. This is because much of it is small scale and is not captured in national mapping, and most is not funded by INGO or government donors and thus does not appear in their M&E data. It is important that the UN and other donors invest in more research in this area and in communicating research findings across UN agencies. Mapping can also be conducted at a local level by establishing ongoing relationships with multi-faith networks of key stakeholders. This also helps to communicate the work of the UN to FBOs and other faith based stakeholders in civil society.

Levels and forms of partnership – who to engage

UNFPA affirms the need to work with across a diverse range of stakeholders, including religious leaders, to make a positive impact on young people's lives[lxxix]. The paper has sought to build on that commitment to demonstrate that there are a wide range of faith based actors making an impact on the sexual and reproductive health of adolescents and youth. Faith leaders, local faith communities, religious youth groups, faith based development organizations, and inter-faith networks are just some of the range of faith based actors[lxxx]. Understanding who to engage with on sexual and reproductive health is perhaps the most significant challenge for UN organizations. Internal religious structures and inter-religious networks are complex, dynamic and often political, making them difficult for outsiders to understand and penetrate. However there are already good some examples of engagement between UNFPA and different types of faith based actors, which can be replicated.

National religious leaders are often gatekeepers to a complex web of relationships and activities, as well as being institutional opinion formers, making them key partners. They often also have opportunities to influence national policy makers. In Bangladesh and Philippines, UNFPA has successfully harnessed the power of national faith leaders to lobby governments for a change in laws related to sexual and reproductive health[lxxxi]. However it is crucial that the UN is able to reach beyond senior faith leaders to access those within faith communities who are working closely with young people.

Local faith leaders are embedded in local communities, accompanying people day to day throughout their lives, being present at births, marriages, deaths, to providing moral guidance and emotional support. This makes them key agents of change. In reality, although many local faith leaders see the effects of bad SRH services throughout their communities and would like to help, they are often reluctant to talk about SRH issues because cultural taboos and of a lack of information. There are a growing number of case studies showing the positive impact of empowering local faith leaders with basic SRH information and awareness raising on related issues such as gender based violence and FGM/C. A number of training manuals for faith leaders have been developed; for example 'Pastors Preach Population' from UNFPA in Papa New Guinea. These need to be shared more widely within regions.

Faith based youth groups are a vastly under-utilized ready made platforms for engaging and understanding youth. Youth groups can provide opportunities to dialogue with young people about how their faith impacts their sexual behavior and use of SRH services, and identify which values need to be encouraged and which challenged. They also provide spaces to cultivate and mark young people's development, which can be incorporated into strategies for promoting the evolving capacities of youth. In Guyana, UNFPA was able to build on a project, which utilized community worship spaces to discuss issues of adolescent sexual and reproductive health, to establish a partnership with the Anglican National Youth Council[lxxxii]. Pursuing strategies to identify and engage local and national religious youth groups, will help to embed change within religious structures.

It is equally important to dialogue with ***youth workers,*** as they are at the interface between imparting faith values and accompanying youth people through adolescence. Youth workers are also accountable to faith

leaders and parents and can offer insights into the multiple influences on young people's behavior and help identify the most effective strategies for change. Strategies for engaging youth workers should appreciate that they have less opportunities for dialogue with external agencies, as compared to faith leaders, and need to be specifically identified and targeted.

Although the voice of women is significantly under-represented in religious leader's forums, most religious traditions have vibrant ***women's groups.*** In addition to religious activities, faith based women's groups usually deal with the practical realities of women's lives, of which sexual and reproductive health feature prominently. A good example of this is the Anglican Mother's Union's Literacy and Development and Family Life Programmes[lxxxiii]. In Cambodia, UFPA has already worked with Buddhist nuns to facilitate outreach to adolescent girls to education them on issues related to sexual and reproductive health, such as trafficking, the commercial sex trade and HIV[lxxxiv]. Listening to the voices of religious women, young and old, will foster a greater understanding what specific religious values really say about gender and how women negotiate these values alongside practical realities.

It is important to realize that religious leaders are not always theologians. ***Theologians and theological educators*** in seminaries and other religious training institutions help to shape values and practical interpretations and should be considered key agents of change. They have the greatest access to religious texts and authority to interpret them. UNFPA has already worked with Egypt's Al-Azhar University to engage youth and women religious leaders in advocacy programs that advance the MDGs, including co-producing a manual on "Islam and Development"[lxxxv]. Work in FGM/C has shown that supporting the creation of safe spaces for internal discussion of religious texts with respected theologians can enable a review of theoretical interpretations and practical application, which promote the wellbeing of young people. In 2008 and then again in 2011 the Grand Imam of Al Azhar University issued declarations stating that FGM/C is not part of Islam[lxxxvi].

Faith based schools are also ready made platforms for engaging youth. As is the case with health facilities, there are a range of arrangements with governments across different contexts, ranging from fully privatized institutions to those that fully integrated into the national education system. Even in the latter model local faith leaders continue to influence the choice extra-circular activities, and can thus be enablers of blockers of changing attitudes in schools. UNPFA has successfully partnered with the Russian Ortho-

Box 13 – Female Genital Cutting and Religious texts:

Beliefs about FGC are an integral part of people's cultures. They have a meaning and fulfil a purpose to some communities, however much they are judged as harmful and a violation of girls' and women's rights. Those working on ending FGC need to understand the deep felt beliefs and show respect for the integrity of the culture, building positive motivation for change while maintaining the beneficial aspects of their culture. In many contexts, communities state that the practice is demanded by their faith. 80% of communities which practice FGC are Muslim, yet 80% of Muslims in the world do not perform FGC. Similarly the practice continues in some Christian communities. In many initiatives, religious leaders and scholars have become key advocates, since there is no reference to FGC in the Qur'an or the Bible. WHO in the Eastern Mediterranean worked with Islamic scholars who clarified that FGC is not a religious obligation, but is rather "a custom that causes an absolute injury"[lxxxvii]. Following this ruling, UN and other agencies have provided spaces for religious scholars to work with faith leaders to ensure clarity on the relevant religious texts. When conveyed back to local communities, this message has a powerful impact on attitudes and beliefs, enabling people to see that their religious does not endorse the mutilation of infants, girls and women. This in turns helps to create a safe environment for community dialogue on cultural change.

Adapted from UNICEF (2001) Things Change: Ending Female Genital Cutting – A Resource Book for Working with Youth and Communities. Sara Communication Initiative. UNICEF ESARO.

dox Church to promote human rights and HIV prevention in its schools, including youth friendly services and peer based learning[lxxxviii]. Strategies for schools should appreciate that faith groups consider schools as part of their holistic community outreach, and integrate this into their engagement with faith.

Interfaith networks are not normally programme implementers themselves, but rather coordinating or dialoguing platforms between groups of implementing bodies. This means each member is likely to have a slightly different approach and thus the network can provide a space for negotiating change. For the last ten years UNFPA has supported a network of diverse faith-based organizations in Ghana to bring reproductive health education and services to local communities and to address the needs of young people. Implementation strategies differ between members of the network, depending on what each respective doctrine allow; some organizations are providing condoms, undertaking counselling, and referring clients to health centres. Others are assisting in income-generating activities. If problems arise that are specifically related to another religious tradition, the project coordinator or focal point consults with or refers them to another organization in the network. Each organization is a source of guidance and support for the others on culturally sensitive issues ranging from family life to the prevention of HIV/AIDS and teenage pregnancy. In this way, diverse religious institutions have been brought together to interact, plan and discuss issues of mutual concern[lxxxix]. Establishing partnership with umbrella networks also provides cover for those testing internal change.

Local faith based development organizations are more likely to be partners of the UN and other INGOS as they are more attuned to the secular development framework. Where these organizations are also deeply embedded in local faith communities they can also be interlocutors, helping the UN to understand the wider contribution and footprint of particular faith groups and to translate religious concepts into human rights language. In Brazil, UNFPA was able to sensitize local Catholic communities on sexual and reproductive health issues through a local Catholic FBO[xc]. However if they are authentic agents of change working within religious traditions, there is always the risk that faith leaders may resist the pace of change and attempt to limit or prohibit their activities. Where this occurs external agents should withdraw to allow space for internal dialogue and be ready to re-engage if as appropriate.

International faith based organisations have a role to play in mapping the impact and best practice of local faith actors listed above across regions and communicating this at a international policy and standard setting level. They also have a role in building the capacity of local faith actors in project cycle management. UNFPA is currently collaborating with over 15 IFBOs on the Joint Learning Initiative into Faith and Local Communities, which is gathering evidence on the impact of local faith communities in achieving development and humanitarian goals[xci]. Strengthening engagement with FBOs as a global level is also crucial in order to impact policy and encourage country level partnerships by internationally sharing examples of good practice with FBOs. IFBOs can carry a positive voice from national FBOs on their commitment to and track record of supporting the sexual and reproductive health of young people into global standard setting fora like ICPD and CSW.

Faith based organisations are complex, dynamic and multidimensional, comprised of collections of individuals negotiating their faith values alongside a range of other values and practical realities. Each context is different, so it is important for UN staff to develop the local relationships and basic understanding of religious structures that will expose them to key agents of change within faith based organizations. It is also important not attempt to instrumentalize FBOs with regards to sexual and reproductive health messages, but rather to recognize the impact and legitimacy of faith based actors and faith values within theories of behavior change and seek to engage and listen to them as equal partners. A deeper understanding of structures, values and track-record of provision of the range of FBOs will help UN staff to discern effective strategies for catalyzing change, and opportunities for transforming turning obstacles into advantages.

BOX 14 - Strengthening SRH programmes through complementary partnerships with FBOs

Strategies	Antecedents of change	Partnership Outcomes
Mapping of existing FBOs partnerships on SRH within UN and SRH sector	Identify good practice	FBO / UN joint programmes for sexual and reproductive health of adolescents and youth FBO acceptance of UN programmes on sexual and reproductive health for adolescents and youth (not advocating against them) Behavior change around negative sexual and reproductive health practices
New research into range of activities where FBOs impact SRH	Increase awareness of holistic engagement of FBOs with youth	
Engage a wider range of FBO stakeholders, including youth workers, religious youth, women's groups, etc	Understand the range of protective factors provided by FBOs, as related to cultural determinants of SRH	
Mutual and transparent country level dialogue between UN programme staff and faith leaders (there is no neutral space) Use the cultural lens and other UN guidelines for engaging with FBOs	Foster authentic partnerships – not transactional or instrumental, but based on trust and complementarity	
Allow space and time for joint programme design – be flexible and pragmatic	Establish shared ground and goals	
Faith literacy (faiths not static) UN literacy (human rights framework) Engage in joint action	Dispel stereotypes and unpack perceived agendas	
Listen to and support change agents who have respect within their faith communities Support processes to engage with theological texts in consideration of sexual and reproductive health issues Engage religious women and youth in collaboration with religious men	Support internal levers of change Integrate FBOs and spirituality into theories of change	

Suggested ways forward

- Engage with faith leaders, theologians and faith networks at a national and local level in transparent and mutual dialogue (utilizing the UNFPA Cultural lens and other guidelines for working with FBOs) to build mutual literacy and establish common ground around sexual and reproductive health goals for adolescents and youth.
- Conduct country level informal mapping of FBOs work with adolescents and youth, including identifying key agents of change, through established UNFPA multi-faith networks, as well as local and international FBO interlocutors.
- Utilize existing country level consultations for the UNFPA Adolescent and Youth Platform for Action, to engage key faith based stakeholders from across the different sectors related to youth, such as health, education, livelihoods, and values development. Integrate their insights and assets into programme design.
- Strengthen existing networks by providing technical support and financial assistance to local youth-serving FBOs, such as religious youth groups, women's groups, faith leader networks, after-school clubs, and outreach programmes to marginalized groups, to empower them to contribute to the UNFPA Adolescent and Youth Platform for Action.
- Invest and participate in multi agency cross sector research initiatives looking at the impact of local faith actors on sexual and reproductive health (for example the Joint Learning Initiative on Local Faith Communities).

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[i] UN Convention of the Rights of the Child, Article 14.

[ii] UNICEF (2012) 'Partnering with Religious Communities for Children', UNICEF New York, p. 7.

[iii] There are some studies from the UN including World Health Organisation (2007) 'Appreciating assets: mapping, understanding, translating and engaging religious health assets in Zambia and Lesotho', WHO Geneva, http://www.who.int/mediacentre/news/notes/2007/np05/en/index.html plus some a number of documents from The Berkley Centre for Religion, Peace and World Affairs at Georgetown University, Washington http://berkleycenter.georgetown.edu/ and International Religious Health Assets Programme at Cape Town University South Africa http://www.arhap.uct.ac.za/ accessed June 27th 2012

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