

# BRIEFING PAPER

## Faith in Sexual and Reproductive Health and Rights

ACT Alliance

### KEY MESSAGES

**1. Sexual and Reproductive Health and Rights are human rights**, including the rights to freedom, bodily integrity and equality. The rights of all people to decide freely, make responsible choices.

**2. SRHR are critical drivers for sustainable development**, economic empowerment, and to advancing gender justice, which was affirmed in the 1994 ICPD Programme of Action.

**3. A comprehensive definition of SRHR is critical** to recognise the full range of peoples' needs and services, including sexual well-being and bodily autonomy.

**4. Comprehensive Sexuality Education is critical to prevent gender-based inequalities**, this includes context-sensitive, evidence-based and up-to-date information about bodies, rights, and relationships.

**5. Access to SRHR is affected by patriarchal systems**, socio-economic status and underlying inequalities; in many countries, faith actors are providing Sexual and Reproductive Health Services.

**6. Advancing SRHR requires transforming social norms**, faith actors are often trusted voices within communities and can be catalytic changemakers in promoting bodily autonomy, access to family planning and preventing sexual and gender-based violence.

**7. Justice is an inherent divine feature in all religions**, which often also includes dignity, ethics, self-determination, liberation, and autonomy. ACT Alliance is to advance 'gender justice' and 'reproductive justice' as integral to our faith and rights-based practices.

## INTRODUCTION

ACT Alliance is a global faith and rights-based coalition with more than 150 members working in 125 countries. ACT Alliance promotes a locally led and coordinated approach to advocacy, humanitarian, and sustainable development, which includes advancing gender justice at every level. ACT Alliance is **faith-motivated, rights-based, impact-focused** and engaged with communities to work ecumenically and interfaith, seeking to serve and accompany people at the center of our work.

Persistent discrimination against women and girls, weak political commitment, and inadequate resources, alongside the impacts of the COVID-19 pandemic, are hindering progress towards achieving SRHR for all. Access to Sexual and Reproductive Health services, including family planning, was significantly impacted by the pandemic. This included **'widespread losses in access to sexual and reproductive health information and services and increased concerns over gender-based violence'**, including forced child marriage and female genital mutilation, are on the rise<sup>1</sup>. Unintended pregnancy, complications of pregnancy and childbirth, unsafe abortions, gender-based violence, Sexually Transmitted Infections (STIs), including HIV, and reproductive cancers threaten the wellbeing of everyone.

Sexual and Reproductive Health and Rights (SRHR) are fundamental to people's health, economic development, gender justice/equality and to their wellbeing. In 2018, the Guttmacher-Lancet Commission presented a new and comprehensive definition of SRHR: "Sexual and reproductive health is a state of **physical, emotional, mental and social well-being** in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity (...) **All individuals have a right to make decisions governing their bodies and to access services that support that right.**" This definition includes the full range of people's needs and services including sexual wellbeing, personal autonomy and bodily integrity and also encompasses the recommended

access to services that ensures these rights are upheld. **A comprehensive definition of SRHR is critical to recognise the full range of peoples' needs** and services, including sexual well-being and bodily autonomy. ACT Alliance recognises the importance of a broad definition that can serve as a constructive umbrella for faith actors to advance SRHR.

## INTERSECTING INJUSTICES: PATRIARCHAL POWER, SOCIAL NORMS AND VIOLENCE

**Sexual and Reproductive Health and Rights are human rights**, including the rights to freedom, bodily integrity and equality. The right to freedom guarantees women the necessary conditions to live their sexuality free of coercion, discrimination or violence; decide freely and responsibly on the number of children they will have and the spacing between them; enjoy the highest standard of sexual and reproductive health. Freedom is a structuring principle not only of fundamental rights, but of the human condition. In the language of Christian religiosity, "it was for freedom that Christ set us free" (Galatians 5:1). This assertion opens the possibility for understanding that the exercise of freedom is done in its connection with responsibility, so that where there is freedom, there is responsibility. "Where the Spirit of God is, there is freedom (2 Corinthians 3:17), and if a person does not have freedom to exercise responsibility and live their identity, their life of faith is being separated from God, their faith and their identity are being violated, because God and the spirit are one, and people born of the spirit are free (John 3,8)."**Women who decide freely, make responsible choices**".

In 1994, at the International Conference on Population and Development, 179 governments adopted a **Programme of Action and called for women's reproductive health and rights to take centre stage in national and global development efforts**. This included people to have access to comprehensive reproductive

health care, including voluntary [family planning](#), safe [pregnancy and childbirth services](#), and the prevention and treatment of sexually transmitted infections. In 1995, the Fourth World Conference on Women in Beijing, built on and reiterated some of the consensus language related to the rights and health of women that was established by the [ICPD Programme of Action](#).

## Patriarchal Power

Access to SRHR and its related services is a human right that is essential to all individuals and a prerequisite for people's health and wellbeing. Limited or no access to essential life-giving services have devastating consequences, for example, suffering, sickness, and mortality. Lack of resources is one reason, **yet access to SRHR is also affected by patriarchal systems, socio-economic status and underlying inequalities.**

Social determinants of health underpin how power relations negatively affect people's access to SRHR, including for women and girls in all their diversity. Globally, **complications of pregnancy and childbirth is the leading cause of death for girls aged 15-19<sup>2</sup>**, 1 in 3 women experience gender-based violence in a lifetime<sup>3</sup>, and 94% of all maternal deaths occur in low and lower middle-income countries<sup>4</sup>.

## Social Norms

Faith actors are often reaching people at all levels of the society and influence social norms, as well as national legislative and policy making. The debate on faith in relation to sexual and reproductive health and rights has, at times, been shaped by **faith actors reinforcing patriarchal social norms**, which are often expressed through condemnatory moral judgments that restrict bodily autonomy and cause deep suffering. The contradiction of women's capacity of having a wholesome (integrate) sexual life on one side and the focus merely on reproduction on the other; is a contradiction between women as agents of productions, in economic life, and women as controlled and subordinated bodies when it comes to their reproductive life and realities.

Faith, in its dimension of grace, cannot be

instrumentalised for purposes of subordination and shrinking of bodily autonomy, but is a liberating gift from God that enables women and girls, in all their diversity, to fully exercise their emancipatory vocation as human beings, created in the image of God. Evidence shows how diverse **faith actors are, and while some are hindering implementation, others are working to advance progress towards achieving Sustainable Development Goal 5**, see our co-published 2021 report, [Looking Back to Look Forward – The Role of Religious Actors in Gender Equality since the Beijing Declaration](#).

## Injustice and Violence

**Inequalities related to SRHR are interconnected to other forms of injustices**, for example, lack of social protection, education, Sexual and Gender-Based Violence (SGBV), and poverty. Without access to accurate and age-appropriate knowledge, attitudes and skills that contribute to positive relationships, health and well-being, and respect for human rights and gender equality, adolescent girls face greater risks of becoming unintentionally pregnant, drop out of school, miss out on job opportunities, lose the freedom to plan their future, and often subjected to SGBV. **Therefore, achieving SRHR, including Comprehensive Sexuality Education (CSE)<sup>5</sup>, is a critical condition to achieve gender equality and intergenerational justice.**

Lack of access to SRHR is not only affecting individuals but also societies at large. Ensuring universal access to SRHR not only saves lives and empowers people, but it also **leads to significant economic gains for individuals, families, and countries**, and contributes towards eradicating poverty<sup>6</sup>. A crucial aspect of SRHR is ensuring that each person's desire and consent is respected because they are at the heart of many human rights, each person is a subject of law, and because sexual and reproductive rights are human rights. In these aspects, people's values and faith play a categorical role. This is what calls and challenges FBOs to work together to change that reality and address the myths and misconceptions on SRHR, and connect to local contexts and interests. Faith actors must walk the talk in our practices for justice.

## THE REALITY ON THE GROUND

**Mental health** is an integral part of sexual and reproductive health, and the **World YWCA** has been leading a three-year initiative focused on bodily autonomy, SRHR and mental health with young women in Asia, Africa and Eastern Europe. Mental health includes perinatal depression and suicide; the mental and psychological consequences of miscarriage, abortion or complications stemming from pregnancy and childbirth, SGBV, and HIV/AIDS.

**Sexual and gender-based violence survivors commonly experience fear, shame, guilt, and anger** and may suffer from the stigma which can impact mental health. About a third of all rape victims develop post-traumatic stress disorder (PTSD) and the risk of depression and anxiety increases three to four-fold after exposure to SGBV. W-YWCA are responding by developing advocacy partnerships with peer organisations, Member States and policy-makers, to influence policy to ensure all women, young women, and girls have the power, freedom, and rights to make decisions about their own bodies, as well as access to the comprehensive health care, information, and services they need to best exercise those decisions for their sexual and reproductive health and rights and mental health<sup>7</sup>.

**Tanzania** has one of the youngest populations in Africa:

- 44% of the population is under the age of 15.
- Adolescents between 15–24 years account for 20% of the total population.
- Adolescent (aged 15 – 19) fertility rate

increased from 116 to 132 births per 1000 women from 2010–2016, one of the highest adolescent fertility rates in the world.

- 64% aged 15–19 years, who are sexually active, have unmet contraceptive needs<sup>8</sup>.

Limited access to sexual and reproductive health services increases the risks of unplanned pregnancy, unsafe abortion and STIs. Pregnancy in adolescents, 'can be both a cause and a consequence of school dropouts, hindering entry into the labour market and reducing adolescents' opportunities for emotional and physical growth, including life skills and self-confidence. Moreover, complications related to adolescent pregnancy are the leading cause of death among adolescent girls in the world.<sup>9</sup>

## NOW IS THE TIME FOR SEXUAL AND REPRODUCTIVE JUSTICE

In 1994, the year that saw the adoption of the historic ICPD Programme of Action, **a collective of 12 Black feminists coined the term 'reproductive justice'**, transforming the narrow "pro-life versus pro-choice" debate dominating reproductive, economic and social rights discourse in the United States of America. Mainstream reproductive rights movements were perceived to privilege white, cisgender and heterosexual women, which undermined the lived experiences of women of colour and other marginalised groups by failing to address the intersecting forces affecting these communities.

**Reproductive justice aims to illuminate the experiences of those who have often gone unheard**, while permitting a systematic analysis of the power and privilege that punitively regulate

reproduction. Injustices related to gender, class, race, sexual orientation, age, religion, disability, migration status and ethnicity intersect.

**Justice is an inherent divine feature in all religions.** While 'reproductive justice' is not founded by religious traditions, it is important to acknowledge the reverence of its origin, the concept of justice is intrinsically part of faith traditions, which also includes dignity, ethics, self-determination, liberation, and autonomy.

Justice is embedded in sacred texts and can make people of faith better understand the dimensions around facts that undermine human dignity. Sexual and reproductive justice requires specific, tailored and prioritised interventions for individuals and communities facing multiple and intersecting forms of discrimination, shaped by what they define as their needs and choices. In 2022, The High-Level Commission on the Nairobi Summit on ICPD25 Follow-up, which ACT Alliance served on, published the report, [Sexual and reproductive justice as the vehicle to deliver the Nairobi Summit commitments](#). The report features the work of the ACT Alliance and emphasises the need to collaborate with faith actors, to advance a sexual and reproductive justice framework.

## Sexual and Reproductive Health Services

For many, SRHR remains a sensitive topic, and a spectrum of positions exist, including within faith communities. **84% of the world's population identify with a faith group, and faith actors continue to have a powerful reach into people's lives<sup>10</sup>.** Faith institutions play a critical role in crucial health services and social protection, such as sexual and reproductive healthcare service provision, including schools, health centres, family planning services, counselling, comprehensive sexuality education, vocational training schemes, and community outreach programmes. In some countries, faith actors provide an essential part of their country's healthcare services, often in rural and remote areas, where the government health care system sometimes is absent or weak. At times, faith actors are the only healthcare providers, and therefore, are critical stakeholders to engage in

advancing SRHR.

## Between Taboos and Freedom

Sexual and reproductive justice will not be achieved simply by changing laws, reducing poverty, or improving education and health care services. While these are all essential steps, we also need to challenge and eliminate discriminatory social norms that constrain bodily autonomy, agency and rights. Faith actors, and the testimonies they share, can be catalytic changemakers for social transformation and are often working from within communities to transform patriarchal attitudes and practices by advancing gender justice at all levels of society, engaging men and boys in their activities, and promoting transformative masculinities. Faith-based strategies, for example, the development of gender justice prophetic messages or religious perspectives, can be critical for transforming social norms. In the Christian church, the reference to the prophetic character is often used as a synonym for **responsible, committed and critical work**.

An aspect that must also be considered is that a prophetic approach to a social reality, in addition to a deep analysis, also compromises the capacities to assume concrete responsibilities in the face of that reality, whether it is a comprehensive or more limited testimonial response, but always transformative. In summary, prophets usually announce God's message by accompanying their words with strong signs and symbolic actions to call the people to community or collective action. Faith actors, in collaboration with technical partners, have a long history of tackling taboos and stigma, including work within the HIV movement, and in diverse contexts are promoting family planning, bodily autonomy, and challenging harmful traditional practices, including FGM.

**Breaking the silence that surrounds SRHR,** and engaging faith actors to create space for discussions on gender justice is critical. Questions relating to sexuality and reproduction are complex, and can cause discomfort and difficulties, touching the core of our personal and societal value systems. We believe that theology enables us to hold complex realities and complex questions, and that despite our diversities, ACT Alliance

is committed to dialogue and mutual learning in order to build political, social, cultural and theological wisdom for the defence and fulfilment of sexual and reproductive health and rights. As affirmed in the Interfaith SRHR Briefing Paper: “We, as members of the faith community, believe that we cannot stand by and watch when our people are without information on SRHR... **We have a collective duty as the faith community to use our leadership and our witness influence to educate and advocate for greater access to age- and context-appropriate SRHR information and services.**”<sup>11</sup>”

## THE ACTION ON THE GROUND

### Gender Justice Partnerships between Faith and Secular Rights-Based Civil Society

Human rights include the right to freedom of conscience, to have spirituality and to live in a healthy environment, so a rights-based approach must consider people’s beliefs, their relationship with the ecosystem and their life plans. Likewise, a faith-based approach must consider people’s human rights, their dreams and hopes, and the care of creation. In many biblical texts when talking about the soul or the flesh or the spirit, reference is made to the person because it is impossible to separate any of these elements.

The pastoral and spiritual approach to sexuality needs to have a rights-based perspective because it involves the entire body of the person with their history, their faith, and their reality. The ACT Alliance Gender Justice Programme is strengthening the space for dialogue and partnerships between faith and secular rights-based groups, to address the misconceptions that faith and rights are incompatible, and to identify spaces for strengthened

partnerships in community and global policy spaces.

**The ACT Argentina Forum** is confronting fundamentalist and hateful discourses which oppress, manipulate, and deny the fundamental freedoms of women and girls in all their diversity. ACT Alliance members are developing, and sharing liberating faith narratives and theological perspectives that encourage the rereading of sacred texts and cultural contexts. It is also creating safe spaces of trust, which are open, intimate, and focused on active listening without judgement. Together, we are working to support and amplify those prophetic voices who are courageously calling for transformative action to achieve justice for all.

For example, **Hora de Obrar in Argentina**, is working in rural areas through workshops and radio equipment, to listen and collaborate with young people on SRHR. They are also working in partnerships to foster intergenerational dialogues on SRHR between adolescent girls, young women, and grandmothers, in indigenous communities, which recovers ancestral knowledge.

**Evangelical Lutheran Church of Tanzania (ELCT)** has a SRHR-project called **Vunja Ukimya** (breaking the silence). The overall goal of the project is to increase youth access to SRHR. ELCT works to strengthen the links between churches, health clinics and schools through engagement with religious leaders and health-care providers in churches and health clinics ELCT runs. Through engaging strategically with these platforms and actors, they can challenge discriminatory SRHR norms, reduce stigma and increase health-seeking behaviour among youth who access youth-friendly SRH-services. They also equip youth with SRHR information and education. For instance, after engagement

in the project, health care providers have been invited to churches to speak about family planning and religious leaders have communicated that youth should seek SRH-services and report cases of gender-based violence. The project sheds light on the broad role ELCT plays in Tanzania, where they are essential providers of health-care services while also having an important presence and are trusted in local communities.

## RECOMMENDATIONS

ACT Alliance is committed to the realisation of gender justice, including Sexual and Reproductive Health and Rights. Our collective responsibility to advance SRHR, aligns with our commitment to stand up for justice and work towards just relationships between all humans and within the whole creation.

### For governments:

- Establish and resource multi-stakeholder rights-based frameworks to address the multiple and intersecting forms of discrimination that limit access to SRHR.
- Promote holistic/comprehensive definitions of SRHR, for example, the Guttmacher-Lancet Commission's, which enables diverse stakeholders to identify their own entry points.
- Partner with faith actors, who are affirming human rights, to understand the local challenges and transform social norms, which often act as a barrier to SRHR.
- Affirm, support, and resource the ICPD Programme of Action and the outcomes of its reviews conferences. Ensure no regression on previously agreed language and commitments including language on sexual and reproductive health (SRH) and reproductive rights (RR) for all.
- Invest in the safety and security of Human

Rights Defenders, including faith actors, who are promoting SRHR in often challenging contexts.

### For faith actors:

- Revisit religious texts and identify the language that resonates with your community, which promotes SRHR. For example, through contextual bible studies, faith-based methodologies, and community-led dialogues.
- Create safe spaces to tackle taboos and discuss sensitive SRHR topics, for example, family planning and unsafe abortions.
- Promote access to Comprehensive Sexuality Education that is accurate, context-sensitive, evidence-based and up-to-date information about our bodies and rights, which teaches young people how to treat others with respect and dignity, communication skills and how to make informed decisions.
- Invest in partnerships that promote shared learning, for example, between faith and secular civil society to address misconceptions about the incompatibility of faith and rights, and foster collaboration, for example in collective advocacy and/or referral pathway systems.
- Make visible support for SRHR in faith communities, including from the pulpit, to contribute to tackling taboos and transforming social norms that hinder access to SRHR.

## RESOURCES

- [Comprehensive Sexuality Education \(CSE\) Toolkit](#), NorwegianChurchAid, 2022
- [Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights](#), Save the Children, 2019
- [Sexual and reproductive health and rights in Latin America: an analysis of trends, commitments and achievements](#), Reproductive Health Matters 19(38):183-196, 2011
- [Advocating safe abortion: outcomes of a multi-country needs assessment on the potential role of national societies of obstetrics](#)

[and gynecology](#), International Journal of Gynecology & Obstetrics 148(3), 2019

- [No longer Silent about teenage pregnancies, GBV and SRHR](#), Video, ACT Ubumbano, 2022
- [Interfaith Brief on Sexual and Reproductive Health and Rights](#), ACT Ubumbano, 2020
- [Scoping Study: Looking Back to Look Forward – The Role of Religious Actors in Gender Equality since the Beijing Declaration](#), JLI-FC, ACT Alliance et al, Nora Khalef Elledge, 2021
- [Social Protection As A Powerful Tool For Gender Equality](#), Act Church of Sweden, 2022
- [Building from Common Foundations: The WHO and Faith-Based Organizations in Primary Helathcare](#), WHO Press, 2008
- [Religion and Gender in Donor Policies and Practices](#), DanChurchAid, Act Church of Sweden et al, 2021
- [Faith and Family Planning Brief](#), Faith to Action Network, World Vision, FP 2020, October 2019
- [Progress on the Sustainable Development Goals: The Gender Snapshot](#), UN Women, 2022
- [Strengthening Partnership with Faith Actors in Family Planning: A Strategic Planning Guide](#), HIP

## END NOTES

- 1 <https://www.unfpa.org/news/studies-show-severe-toll-covid-19-sexual-and-reproductive-health-rights-around-world#:~:text=Findings%20from%20experts%20in%20the,concerns%20over%20gender%2Dbased%20violence>
- 2 [https://www.who.int/health-topics/adolescent-health/pregnancy-and-childbirth-complications-are-the-leading-cause-of-death-among-15-19-year-old-girls - tab=tab\\_1](https://www.who.int/health-topics/adolescent-health/pregnancy-and-childbirth-complications-are-the-leading-cause-of-death-among-15-19-year-old-girls - tab=tab_1)
- 3 <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>
- 4 <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
- 5 Comprehensive Sexuality Education (CSE) Toolkit
- 6 <https://www.svenskakyrkan.se/filer/130cd3e9-800e-4fdc-9cac-73734515ed18.pdf?id=1095498>
- 7 <https://www.worldywca.org/wp-content/uploads/2023/02/World-YWCA-Advocacy-Roadmap-2022-2024-1.pdf>
- 8 <https://pubmed.ncbi.nlm.nih.gov/32588782/>
- 9 <https://pubmed.ncbi.nlm.nih.gov/32588782/>
- 10 <https://www.pewresearch.org/religion/2012/12/18/global-religious-landscape-exec/#:~:text=A%20comprehensive%20demographic%20study%20of,world%20population%20of%206.9%20billion.>
- 11 <https://www.actubumbano.org/wp-content/uploads/2020/03/Interfaith-Brief-on-Sexual-and-Reproductive-Health-and-Rights.pdf>