



Report expert meeting ICCO/Kerkinactie and Prisma

‘Sexuality, reproduction, HIV & Aids: how to better include Christian faith based organisations in maintaining health’

Summary

Introduction

On the 26th and 27th of November Prisma together with ICCO/Kerkinactie organised an expert meeting about sexual and reproductive health, including HIV and AIDS, and Faith Based organisations with speakers from India, Zambia, South-Africa, Zimbabwe and Uganda. The meeting aimed at a better understanding of the different views of people from the South on this issue together with a dialogue between people from the South and the North, on the challenges faced. The outcome of the meeting will be used for both policy development and for reinforcement of the programmes the different organisations are implementing. The first day of the expert meeting 35 people participated representing different Dutch development organisations; the second day was used to formulate strategies together with 18 people, both the experts and programme officers from ICCO en Prisma.

Process of expert meeting

The expert meeting took place within the ICCO-alliance programme basic health care and HIV and AIDS. Sexual and reproductive health is a relatively new focus area within Prisma and ICCO/Kerk in Actie. To better enable us to develop a policy that is coherent with the situation in the South, and to develop a consistent lobby agenda, several actions have been undertaken and planned, the expert meeting being one of them.

Presentations

The presentations were grouped around the following themes: gender and equality (MDG 3), safe motherhood and reproductive health (MDG 5) and HIV/AIDS and sexuality issues (MDG 6). Some important issues that were being presented and subsequently discussed:

Gender and equality

Reasons of the inability of women to take decisions about their lives are due to their inferior position, in comparison to men, in society becoming apparent through lack of material ownership and decision making power. In a religious context these are also called ‘patriarchal sins’: men and women are defined as unequal and men take the decisions. Faith institutions are quiet on gender inequality. Culture and tradition play an important role in gender inequality as well as male dominance within Christianity. A theology of gender equity is needed.

We should address inequality by challenging the church leaders, through formal education, and by redefining masculinity (who is a real man?). Role models are very important.

Safe Motherhood

The problem of maternal mortality is still very much evident in both Africa as well as in India. We should not address the issue from a medical perspective only, but also from a social/cultural perspective. Only then we will be able to bring about lasting change.

We should not forget HIV-positive women in MDG5. They experience huge human rights violations, and in some countries are criminalised, because of their HIV status. Women need proper information on their rights.

Birth control is a difficult issue to talk about in Africa. Children are a blessing and marriage without children is no marriage. Birth control has divided the church.

HIV/AIDS and sexuality

Key messages in HIV and AIDS prevention:

- What is culturally, legally, religiously, or politically correct, acceptable or lawful may not always be safe in terms of HIV infection, transmission and prevention.
- To be within God's will, the sexual practice must be lawful; to escape HIV infection the sexual practice must be safe.

Values can be a stronger determinants in determining choices and behaviour than rights . How do these to relate to each other? Value based programs cannot exclude rights based approaches and the other way around. Challenging values is something that needs to be addressed more.

In India a need is felt to target children and young people to develop a responsible sexual behaviour. There is a lack of models. The development of a model of sexual wellbeing as a continuum (from early childhood to old age) was taken up. Personal responsibility or personal 'response-ability' is a good distinction between how much is possible to decide on someone's own sexual well-being.

Main issues/conclusions

During the working group sessions discussions took place on: 1. Sexual well being; 2. Gender and equality; 3. Safe Motherhood and 4. The advocacy role of FBOs. For each of these themes principles and strategies were discussed. The ideas for networking, research, etc. that came out of these sessions will be taken up in the year plans of the ICCO-alliance for 2009 and 2010.

Some of the main ideas/conclusions:

1. The impact of changing behaviour is limited as long as we do not take into account the crucial factors that determine our behaviour and try to work on these. Behaviour change is about changing contextual, social and personal beliefs, values etc. Cultural values are very strong. The importance of these values, beliefs, norms triggered the discussion about the rights based versus value based approach. What is the foundation for our programs? Is the rights based approach a safety net and should we prioritize values as carrying societies? Different concepts were developed and will be taken further.
2. Networking came forward in all the different themes as crucial. Joint development of vision, of biblical materials on gender, sexual wellbeing, of models. Even the expert meeting itself was acknowledged to be a great opportunity for networking.
3. In order to strengthen the role of FBOs, they need to identify and agree common advocacy issues. Where possible they should work together with secular organisations on key advocacy issues. One issue identified particularly is criminalization of people living with HIV and of HIV transmission. It is very important to generate and share evidence about the role of FBOs and churches.
4. Presenting HIV and AIDS in the larger context of SRHR was supported by the participants. The impact and scale of prevention, care and treatment of HIV and AIDS can only be achieved with integration. SRHR issues broaden the context.
5. We have to be aware to both involve the target group and at the same time not sideline leadership. The grassroots level is very much dependent on hierarchy.

6. It was not possible to discuss all issues related to SRHR. Some issues that still need more attention are family planning, commercial sex workers and other high risk groups, the issue of premarital counselling.

For a version of the full report of this expert meeting or other questions/remarks, please contact Anke van Well at avanwell@prismaweb.org or Willeke Kempkes at willeke.kempkes@iccoenkerkinactie.nl

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