Prisma

Pro-Creation

PRISMA VISION PAPER ON
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Hands up for health

Prisma

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Abbreviations

ANC	Antenatal Care
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CSW	Commercial Sex Worker
FBO	Faith Based Organisation
GBV	Gender Based Violence
MMR	Maternal Mortality Rate
MSM	Men having Sex with Men
NGO	Non-Governmental Organisation
OVCs	Orphans and Vulnerable Children
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother-To-Child Transmission
PWD	People living with Disabilities
RTI	Respiratory Tract Infection
SHG	Self Help Group
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STD	Sexual Transmitted Disease
STI	Sexually Transmitted Infection

1 Introduction

1.1 Aim of position paper Prisma

Sexual and reproductive health and rights[1] is an important focus area in current policies on development cooperation, both in the Netherlands and internationally. In its health programme[2], the ICCO-alliance (MFS 2007-2010[3]) has made the choice for strengthening and expanding the efforts in the area of sexual and reproductive health for women, adolescents and vulnerable groups. Central to this is the right to a social, physical and spiritual healthy life. This choice is closely connected to the rapidly increasing number of HIV-infections and to the MDGs 3, 4 and 5 (see below).

Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

Reducing maternal mortality is closely linked to MDG 3 (gender equality). Many young people and women worldwide have no access to reproductive or sexual information, or to contraceptives. This results in large numbers of unwanted pregnancies. Worldwide there is a large and growing increase in demand for contraceptives and a shortage of other resources for sexual and reproductive health. MDG 5 is closely linked to MDG 4.[4] Good (medical) counselling and support during pregnancy and childbirth, and good care for mother and newborn, including breastfeeding, increases the chance of a good start in life for a newborn. Only if the death rate of newborns decreases can progress be made for MDG 4.

Two main aims in the health programme at the level of the partner organisations are:

- That partners are aware of the importance and the specific requirements of sexual and reproductive health care for young people, and
- That partners recognise the importance of influencing government policy on sexual and reproductive health and reproductive rights (including male-female relationships).

The aim of this position paper is to formulate a Christian view on Sexual and Reproductive Health and Rights, linking it with HIV and AIDS. At the same time, we intend to contribute to the programmes that the members of Prisma and their partner organisations are implementing within the MFS-framework. We would like to present our main principles and

[1] See annex 1 for used definitions.
[2] http://www.prismaweb.org/algemeen/documentatie&lng=uk
[3] MFS is the co-financing system of the Dutch government, the grant framework for Dutch civil society organisations that work to achieve a sustainable reduction in poverty.
[4] MDG 4 ‘Reduce child mortality’ and MDG 5 ‘Improve maternal health’.

our view on sexual and reproductive health and rights. Internationally, one of the main reasons for focussing on Sexual and Reproductive Health and Rights is the general opinion that a fast growing world population has a negative impact on development. Our first focus, however, will be on caring for women and their families and on equipping and involving both genders. More specific objectives of this paper are capacity building, discussion and programme development within the Prisma organisations.

We acknowledge that sexual minority groups, like men having sex with men (MSM) and commercial sex workers (CSWs), need special attention. However, in this document the general impact of SRHR is being discussed and as such special target groups are beyond the scope of this document.

1.2 The international setting

Worldwide, little attention is paid to issues that specifically affect women, e.g. sexual rights of women, domestic violence, taboos and harmful cultural practices, such as female circumcision. Sexual and reproductive health problems, including HIV/AIDS, are the leading cause of death among women aged 15 to 44 worldwide and are responsible for approximately 250 million years of productive life lost annually.[5] In the search for sustainable solutions to the lack of fulfilment of SRHR and the continuous spread of HIV/AIDS, it is important to identify and address the socio-economic, cultural and moral causes. Gender inequality and poverty are two important factors that both fuel the HIV/AIDS epidemic and act as structural barriers for improvements within these areas.[6]

Discrimination, stigmatisation, cultural values and judgments strongly affect sufferers of certain diseases, e.g. leprosy, HIV/AIDS, sexually transmitted diseases in general and vaginal fistulas. In addition to the personal harm to these women, it harms society when these women are less, or not at all, able to participate in social and economic activities. Women throughout the world play significant roles in society that are key to the improvement of family life, in terms of income and education, for example.

Adolescents are especially vulnerable when it comes to sexual and reproductive health, as they often have unexpected sexual relations and poor accessibility to health services. Young girls are often forced into marriage or sexual relations, often resulting in the end of their education, social isolation from peer groups and complicated pregnancies. Pregnancy is one of the main causes of death for girls between 15-19 years old. It is also important to note how difficult it is for women and adolescents to prevent STIs (principally HIV).

1.3 Structure of the document

In Chapter 2, the main issues in the area of Sexual and Reproductive Health and Rights will be briefly explained. Chapter 3 explores a Christian perspective on these issues. Chapter 4 will focus on the main issues raised by our partner organisations. Chapter 5 will then elaborate on strategies for our programmes.

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[5] UNFPA State of World Population 2005, http://www.unfpa.org/swp/2005/english/ch1/index.htm

[6] AIDSnet (2005), Synergizing HIV/AIDS and Sexual and Reproductive Health and Rights -a manual for NGOs.

2 SRHR Worldwide

2.1 Introduction

Poor sexual and reproductive health and lack of sexual rights are symptoms of gender and class inequalities. By contrast, good sexual and reproductive health and the realisation of sexual rights, including pleasure, joy and fulfilment, are inextricably linked to equity and empowerment, and underpin all major health and development goals.

In this chapter an overview will be given of the main issues and debates of Sexual and Reproductive Health and Rights.[7] This chapter will be descriptive, following main line literature, and not yet normative. As such some important cross-cutting issues like rights, justice and gender will be further discussed in the chapter on our view, in paragraph 3.3. For definitions we refer to annex 1.

2.2 Main issues

2.2.1 Mother and child care

The burden of maternal mortality is huge in sub-Saharan Africa and south Asia, mainly as a result of obstetric haemorrhage, unsafe abortion and indirect causes, such as malaria or HIV/AIDS.[8] The risk of a woman dying as a result of pregnancy or childbirth during her lifetime is about one in six in the poorest parts of the world, compared with about one in thirty-thousand in Northern Europe. Such a discrepancy poses a huge challenge to meeting the fifth Millennium Development Goal to reduce maternal mortality by 75% between 1990 and 2015.[9] Besides risks related to pregnancies and childbirth, unsafe sex is the second largest risk factor for disability and death in the world's poorest communities.

Annually, hundreds of millions of women suffer disability as a result of pregnancy complications. More than half a million die in pregnancy and childbirth, or due to an unsafe abortion, leaving an estimated one million or more children motherless each year. These children are up to 10 times more likely to die before their second birthday than children with both parents alive. World Bank estimates show that 74% of maternal deaths are preventable, through family planning that provides access to contraceptives, skilled workers attending to births and improved access to emergency obstetric care when necessary.[10] Yet some 200 million women a year are not accessing the contraception they would want in order to space or prevent pregnancies.[11]

2.2.2 Family planning

Despite very large increases in the prevalence of modern contraceptive use, in some parts of the world, particularly in Africa, total fertility rates and the unmet demand for family planning remain high. Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert one third of all maternal deaths and nearly 10% of

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[7] In this document we accept the current terminology of 'reproduction' to join the debate even though form a biblical perspective the term 'procreation' would be more adequate. In our view the term reproduction has mechanistic and technocratic connotations that do not correspond well with a Christian view of mankind.

[8] Carine Ronsmans, Wendy J Graham (2006) 'Maternal mortality: who, when, where, and why'. *The Lancet.* Vol 368: 1189-1200

[9] Carine Ronsmans, Wendy J Graham (2006) 'Maternal mortality: who, when, where, and why'. *The Lancet.* Vol 368: 1189-1200

[10] UNFPA State of World Population 2005

[11] Macan-Markar, Marwaan (2006), Reducing maternal mortality stymied by lack of funds and absence of national laws. http://www.twnside.org.sg/title2/health.info/twninfohealth056.htm

childhood deaths. It would also contribute substantially to women's empowerment, achievement of universal primary schooling, and long-term environmental sustainability.[12]

2.2.3 Unsafe abortion

Every year, 80 million women worldwide have an unintended pregnancy, 60% of which are aborted.[13] Of these abortions taking place globally every year, an estimated 19 million are unsafe and lead to the death of about 68,000 women, as a result of complications.[14] Leading causes of death are haemorrhaging, infection, and poisoning from substances used to induce the abortion. The primitive methods used for unsafe abortion show the despair of the women. Despite its frequency, unsafe abortion remains one of the most neglected global public health challenges. International organisations increasingly associate legal access to abortion with improvement in sexual and reproductive health. Some regard the denial of safe abortion services as a human rights violation.

2.2.4 Female Genital Cutting

An estimated 130 million women and girls worldwide have endured some form of female genital cutting; approximately two million girls are at risk each year.[15] This amputation has serious consequences for the physical and psychological well-being of women. The consequences range from minor problems, like pain during menstruation of urination, to major problems of infection, labour complications and death. Psychologically, the practice can result in life-long trauma with little support, as discussion about it is taboo, even among women. In many cultures, however, a woman not excised is treated as an outcast by their community. In some areas, it is considered a prerequisite for marriage.

2.2.5 Adolescents and sexuality

Adolescents are especially vulnerable to sexual and reproductive health problems as they often have unexpected sexual relations and find access to services difficult or denied. Each year, roughly two million girls between the ages of five and 15 are trafficked, sold or coerced into prostitution.[16] The trade is lucrative and fuelled by the levels of poverty among target families. For young girls, prostitution and early marriage usually means an end to their education, social isolation from peer networks and complicated pregnancies. Pregnancy is one of the main causes of death for women aged between 15 and 19 worldwide.

2.2.6 STIs and HIV and AIDS

Gender, sexual and reproductive health and rights are strongly interrelated with HIV and AIDS. On a global scale, 75% of all HIV-cases are transmitted sexually, an additional 10% during pregnancy or through breastfeeding. Sexual and reproductive ill health and HIV are rooted in the same social pathologies, including unequal gender relations, sexual violence, discrimination against sexual minorities, conflict and poverty.
In this policy paper, HIV and AIDS will not be taken as a separate topic. For our view on this issue we refer to the Prisma AIDS policy.[17]

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[12] Cleland, J. et al. (2006) 'Family planning: the unfinished agenda'. *The Lancet*. Vol 368:1818-1827
[13] Alan Guttmacher Institute. Sharing responsibilities: women, society and abortion worldwide. New York: The Alan Guttmacher Institute, 1999.
[14] Grimes, D.A. et al. (2006) 'Unsafe abortion: the preventable pandemic' *The Lancet*. Vol. 368:1908-1919
[15] Plan (2005), Gender equality report
[16] Idem
[17] Prisma vision paper on HIV and AIDS Response (2009), http://www.prismaweb.org/algemeen/documentatie&lng=uk

2.3 Main debates

2.3.1 International debates and its main actors

Development discourses have traditionally portrayed sexuality and reproduction as problems that need to be controlled. However, through international agreements and activism from non-governmental organisations in the past two decades, approaches have emerged which recognise sexual and reproductive health and rights as human rights, as well as being instrumental to health and well-being.

The 4th International Conference on Population and Development (ICPD), held in Cairo in 1994, recognised the reproductive and sexual needs and rights of individuals, and called for universal access to sexual and reproductive health services by 2015[18]. Although a major cause of morbidity and mortality, until recently sexual and reproductive health has been neglected. The eight Millennium Development Goals omitted sexual and reproductive health, which is essential for the attainment of goals 3, 4, and 5. Since January 2008, MDG 5b 'Achieve universal access to reproductive health' has been added. Sexual and reproductive health is seen as fundamental to the social and economic development of communities and nations, and a key component of an equitable society. Among the more liberal international organisations, the increasing effect of conservative political, religious, and cultural forces is seen as threatening to undermine progress made since ICPD.[19]

Main international actors are organisations like UNFPA, the Department of Reproductive Health and Research of the World Health Organisation (WHO) and the Global Fund (GFATM); see also annex 3. The International Planned Parenthood Federation (IPPF) has designed their Charter on Sexual & Reproductive Rights as a tool to increase the capacity of member associations and other NGOs to undertake effective human rights advocacy within the field of sexual and reproductive health.[20] They have identified twelve rights, which are based on the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child. See also annex 1.

2.3.2 Dutch Ministry of Foreign Affairs

Sexual and reproductive health and rights is one of the priority themes of the policy of the Netherlands. Sexual and reproductive health incorporates everything related to reproduction, having children, and sexuality. The ministry has formulated the following aims to achieve by 2015[21]:

- More women are given effective counselling and supervision during pregnancy and childbirth, as well as good care for mother and newborn.
- More women and men participate in family planning, have knowledge of sexual and reproductive health, and have access to and make use of contraceptives to prevent unwanted pregnancies.
  More young people are given sex education and have access to contraceptives.
- Access to reproductive health for everybody.

Partners of the Dutch government are governments/NGOs/individuals in developing countries, like-minded donor agencies, NGOs and UNFPA.

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[18] http://www.un.org/popin/icpd/conference/bkg/egypt.html or http://www.unfpa.org/icpd/summary.cfm

[19] Glasier, A. et al. (2006) 'Sexual and reproductive health: a matter of life and death'. *The Lancet.* Vol 368: 1595-1607

[20] International Planned Parenthood Federation (2003), *IPPF Charter Guidelines on Sexual and Reproductive Rights.*

[21] http://www.minbuza.nl/en/themes,poverty-reduction/millennium_development_goals_xmdgsx/millennium_development_goal_5.html

2.3.3 *Christian debates and main actors*

For Christians, mutual love within a married relationship is the basis for sexuality.[22] Within the broad spectrum of Roman Catholic, Orthodox, Protestant, Evangelical and Charismatic churches, there are many different opinions regarding SRHR issues of family planning, abortion, women rights, etc. In contrast to the Roman Catholic Church, whose official teachings mostly link sexuality to procreation, evangelical Christians perceive sexuality as a gift within marriage that is given to conceive children as well as to express and experience mutual love. We note that mainline churches proclaim their ideas more publicly, whereas evangelical churches that are focussing on 'social justice' participate less in the debate but continue doing their job. Among the main actors of the broader Christian debate are the Ecumenical Advocacy Alliance (EAA), originated from the World Council of Churches, and the Catholic Family & Human Rights Institute.

Some Christians argue that the whole concept of development (as used in the MDGs) is being based on a New Age philosophy in which humanity is supposed to develop itself until becoming 'a shared Christ' in the New Age. This contradicts biblical norms and values. In this view, the most relevant 'strongholds' against these norms are abortion and the breakdown of the family. The MDGs are not seen as ways to decrease poverty but to actually increase the injustice towards the poor and needy.

Other Christians, however, would say that in Christian circles unnecessary dichotomies are created. In their view, the Declaration of Cairo is seen as an initiative of the UNFPA that wanted to distance itself from the forced population politics as taking place in China and Romania (at that time), instead focussing on the rights of couples in their choices to start a family and in using contraceptives respecting religious convictions. The implementation of the whole Declaration of Cairo should lead to a decrease of unwanted pregnancies and the demand for abortion, so promoting the protection of young women, married women and of the foetus. This movement will advocate that the call to make abortion safer (according to medical standards) is not a call for legalizing abortion but a call to improve the care and the jurisdiction in this matter.

[22] Genesis 1:27-28, 2:24, Song of Solomon

3 Christian position

3.1 Introduction

In this chapter we present a Christian perspective on the issues described above. We begin with the presentation of a Christian framework for the evaluation of the issues in this field of sexual and reproductive health and rights. Subsequently, we formulate our position regarding those issues, after which we deal with some cross-cutting issues.

3.2 Framework

A valuable approach to a Christian perspective is provided by the use of the focal points of the history of salvation as an interpretative framework.[23] These four focal points are creation, fall, redemption and restoration. In addition to an historical understanding of those events, they can be seen as perspectives on life and reality. In this way they offer a framework that helps to interpret reality. In this framework it is important to balance the four perspectives.

3.2.1 Creation

This perspective holds that God the Creator in His creation gives an expression of His own character, implying that Creation rests on the divine purpose and morality. This implies a basically positive attitude to reality, to bodily life and to human activity in this world. The created world has a value independent of its usefulness for mankind.
Mankind, as male and female, is created in God's image. God used the soil of the earth and blew his breath into the being He made. In this way, mankind shares both the material world and the spiritual world and hence is equipped to intermediate between them.
Being created in the image of God finds expression in religiosity, relatedness and responsibility

- *Religiosity* - in the sense that the human being will only really flourish in relationship with the Living God, the Creator. Religiosity is also a structural characteristic of mankind; in philosophical terms, human beings always interpret and act in this world from a fundamental commitment towards someone or something that is considered as ultimately determining reality. In this sense an atheist is also religious. This characteristic of mankind entails that we take religion seriously, even when disagreeing with the religious beliefs of others. Religious beliefs are fundamental in understanding and cooperating with people.
- *Relationality* means that human beings are not just individuals but also social beings. The individual can only become a mature and flourishing person in relation to other human beings. Therefore, the contrast between collectivism (socialism) and individualism (liberalism) in political theory is mistaken.
- *Responsibility* refers to the task of human beings in the created world: to care for and explore the world in obedience to God. This means that our daily work should not primarily be understood as an unavoidable burden, as something unworthy, but as our calling to care for God's world and pursue its development.

3.2.2 Fall

This perspective teaches that disbelief and disobedience destroyed the harmonious relationship with God, with each other and with nature. Hence the fundamental root of evil and suffering is not a lack of knowledge or resources, nor just blind fate, but the loss of the sound relationship with God. Mankind in its root is corrupted in a way that is irreparable for mankind itself. This corruption is primarily religious, but manifests itself in all other aspects of

[23] Wolters, AM (1985) 'Creation regained'. Grand Rapids (MI).

life. This perspective underlines the seriousness and profoundness of evil without explaining it and without excusing mankind. Wickedness and sin remain a dark mystery that goes beyond individual evil human actions; yet human beings are held responsible. Human life and actions always carry this contamination of corruption and decay. This should make us careful and modest. Utopia is not within human possibilities. All forms of power, political, institutional and technical, etc. always have this tendency towards corruption. Therefore, power should always be controlled and restricted by norms. This also applies to Christian organisations. These norms still relate to reality as originally created. However, in our world, the underlying created structures and their corruption are inextricably mixed. Therefore, our ethical judgement is a process of learning how to interpret the validity of ethical values in a particular situation. In this journey, we need the light of God's Word and the guidance of the Holy Spirit. In the course of this process, in which many factors can play a role, people may come to different conclusions, even if they adhere to the same religion. We all know in part.

3.2.3 Redemption

The Son of God has given Himself to overcome the human enmity and alienation and to open the way to salvation. The sacrifice of Jesus Christ for the salvation of the world underlines the immense value that God attaches to His creation, not least to human beings. In His work, Jesus demonstrated that He came to overcome sin and evil and to restore wholeness and shalom. In that perspective, the work of people, and certainly of Christians in this world, can be seen not least in all forms of care. Without doubt, love in a variety of forms is the central value for the followers of Jesus. But His love is not an unqualified emotion of sympathy or kindness; it is related to God's law. Love is an attitude of unconditional willingness to do well, to do justice to people and relations and to created reality in general. Doing justice to reality means to observe the created order that is valid for it. This is expressed in the (moral) law. The law fits the human being and love is the fulfilment, not the replacement of the law, as Jesus Himself stressed. Such love, and its practice in the fulfilment of the law, is beyond mere human possibilities. It can be God's gift that springs from the fountain of Christ's saving work, through the Holy Spirit.

3.2.4 Restoration

This perspective deals with the 'last things', the destination of history. Theologically, it refers to the belief that God will guide history to its fulfilment in His Kingdom, in which He will be all in all. This will happen through the crisis of judgement that will reveal the deepest motives of people. In addition to the notion of threat, judgement entails a positive element. In judgement goodness will be connected openly again with truth. The proud, the wicked and the violent will not inherit the earth but the meek, the peacemakers and the pure in heart. So, this perspective teaches us that sin and suffering, death and doom do not have the last word. This perspective is a source of hope and motivation to take responsibility and try to establish signs of God's justice and mercy already in this world. Life is not futile or absurd, nor just a cruel accident in a meaningless history. Ultimately, history is His story in which everything will be justified and put right, even though to us that is beyond imagination.
At the same time it puts our work in the right perspective. It teaches us that the final solution to the human condition will not come by our efforts. It resists all technological fanaticism and utopianism. This is important, since utopianism has the tendency to exclude certain groups of people from the moral community who will not be willing or able to meet the criteria of utopia.
We are called to care, but not to be constantly concerned as if the salvation of the world depends on us. We are also called to enjoy and celebrate the good things of life, as an act of gratitude towards our Creator and Saviour.

3.3 General observations

The Prisma organisations want to collaborate, aiming to do justice to the fact that human beings are created in God's image and loved by God in Christ. On the basis of the framework

presented above, we stress that working as Christians in this area requires being open, out-going and empathetic, and offering compassionate care without being judgmental.
Before we formulate our positions with respect to a number of specific issues, we formulate a few general observations to mark our approach of this field of SRHR:

- The SRHR issues concern essential notions of the Christian faith and life in obedience to God, e.g. the biblical view of sexuality, humanity, love, etc.
- For many Christians, talking about sex is a taboo. This contributes to ignorance and consequently to many problems related to sexual and reproductive health.
- Yet the churches and Christian organizations are of special importance in the fight against stigmatization and taboos concerning sexuality, and in furthering a biblical life style, since they have immediate contact with the people who are facing the issues and can combine biblical teaching with loving care
- A view based on the Bible always needs a translation into practice, in order to touch on daily life in a specific time and culture. We admit there is no common view or common interpretation on biblical norms/values among churches/Christian organisations (cf. paragraph 2.3.3.)
- This asks for an ongoing dialogue between Christians of different cultures and will not always result in identical answers to the issues at stake.
- We live in a broken world. For development organizations, this means that reality is far from ideal and activities are implemented in a context of poverty and violence that often requires less-than-ideal measures.
- For many years, churches and Christian organizations have accepted unbiblical gender relations as normal and were unable to sufficiently change the cultural patterns that are contrary to the Bible. On the other hand, in some cases where cultural patterns have changed and became more biblically based, Christians have become resistant to adapt to changes in their cultural context; we have to admit that we have been, and still are, part of the problem.

3.4 Christian position on major issues

3.4.1 Introduction

For Christians, God's commandments are key principles. These commandments show what is good for people. Commandments aren't just strict rules but ask for a well-considered way of applying them in the reality we are living. It is not always possible to give a universal interpretation of biblical guidelines and commandments (see above). Responsibility, therefore, is a key concept within Christian ethics. Human beings are accountable to God and their fellow human beings.[24] Guidance of the Holy Spirit is a necessity and occurs within the community of the church.
Prisma advocates for responsible and informed choices, choices that originate from the biblical norms and values. Prisma stresses the fact that often people's behaviour not only has consequences for those directly involved but also for their environment. The church should provide moral guidance, even though the church cannot take over its members' responsibility for making choices. The church is a place where people can reflect together on their responsibilities and choices. Against this background, we will now deal with some of the major issues in the context of SRHR.
The understanding of marriage, sexuality, family planning, masculinity and femininity can vary fundamentally between various societies, or even between groups in societies. Prisma, therefore, needs to contextualize biblical norms and values to avoid being too abstract. For instance, we should be aware that, in a welfare state, biblical guidelines about sexual and reproductive health, like the use of contraceptives, will be applied differently than they would in a war zone, where humanity and respect for bodily integrity of women is far gone. In

[24] Cf. Genesis 1-3, Mathew 25.

countries where taboos around sexuality are eminent, information and services related to SRHR might better be integrated in other projects or services.

3.4.2 Value of human life

Life: Our valuable gift from God

God is the Source, Giver, and Sustainer of all. Human life has unique value because human beings, though fallen, are created in the image of God. God values human life not on the basis of human accomplishments or contributions but because we are His creation and the object of His redeeming love. It gives the human being its fundamental and inalienable dignity; a dignity granted to him by the Creator. It underlines that being ill or disabled does not make life a 'failure', because that person is still created in the image of God, and in God's future there will be no disease or disability. The view of human beings made in God's image makes all intentional killing of human beings fundamentally problematic.

Life: Our response to God's gift

Because God gives and sustains life, we must also protect and nurture it. God calls for the protection of human life and holds humanity accountable for its destruction. God is especially concerned for the protection of the weak, the defenceless and the oppressed. Christian love (agape) is the costly of our lives to enhancing the lives of others. The believing community is called to demonstrate Christian love in tangible, practical, and substantive ways. Hence, our strategies must reflect our commitment to promote sexual purity, to prevent the transmission of HIV and to guard life.

Life: Our calling and responsibility to decide

God calls each of us individually to moral decision-making and to search the scriptures for the biblical principles underlying such choices. Human decisions should always be centred in seeking the will of God.[25] Decisions about human life from its beginning to its end are best made within the context of healthy family relationships, with the support of the faith community. In practical, tangible ways the church as a supportive community should express its commitment to the value of human life.

3.4.3 Adolescents and sexuality

Sexuality is a fundamental dimension of personality, communicating with others, feeling, expressing and of living human love. Integrating this dimension and all it entails into the personality and in responsible relational behaviour is a developmental task of (young) people in becoming mature. Young people need understanding and support in this task. Sexual education should begin at home. Parents and communities want youth to be sexually healthy, not just physically but also psychologically and socially. Teens want and need accurate information, accessible services, and discussions with their parents. Parents know that discussions with their children about sexuality are important, but most parents are uncomfortable discussing sexuality with youth and uncertain how to do so. Young people should be given the opportunity to express their questions, feelings, and attitudes about sex. At the same time they should be taught that sex is a holy gift, blessed only if enjoyed in the right context.

3.4.4 Sexuality and marriage

Human beings are created in God's image. Men and women have been created from the beginning with their different characteristics of sexuality, together reflecting in a special way the relationality that also characterises the Trinity. Gender, respect for each other and sexuality are very closely related.

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[25] Based on: Seventh Day Adventist Church (2008), *Guidelines on abortion.* http://www.adventist.org/beliefs/guidelines/main_guide1.html

God has given love, sexuality, relationships and marriage as a blessing, to be enjoyed. Healthy family life is important to individual fulfilment, social stability and sustainable development. In this broken world however we see that people are very vulnerable in this area. Often these blessings are being abused, leading to unhappiness or problems like sexual violence, (forced) prostitution, teenage pregnancies, single headed households, etc. (cf. paragraph 3.2. and 3.3).

In view of the important role of marriage and sexuality in the explored issues, the Biblical principles can be briefly summarized as follows:

- Sexuality is a fundamental human characteristic and given by God to be enjoyed within the protection of His norms.[26]
- Gender relations are characterized by mutual respect and equality and by functional diversity.[27]
- The context for intimate sexual relationships is a monogamous heterosexual relationship, based on love and fidelity, with mutual promises and duties.[28]
- In the sexual relationship within marriage we can distinguish the functions of unification (unity between husband and wife), recreation (playfulness) and procreation. Sexuality, procreation and family planning are part of human responsibility.[29]
- This implies sexual abstinence before marriage and faithfulness within marriage.[30]
- Both father and mother are actively involved in and responsible for bringing up their children.[31]
- The importance of strong relationships in the extended family shown in loving support for widows, orphans and single mothers who are in special need as well as care for any relative.[32]

3.4.5 Family planning

Children are God's blessing and procreation is a biblical instruction. When God in the beginning tells Adam and Eve to 'be fruitful and increase in number', He welcomes all children that will be born: there is a place for them in God's world.[33] Procreation is a responsibility of both partners. Husbands and wives should discuss the raising of a family and the spacing of children in the light of the circumstances and of their own personal lives, having in mind the relationship between the sanctified love of marriage and receiving children.[34]

Although most couples in one way or another plan their families, ideas about family planning differ among Christians. Some would say that the use of contraception is allowed to prevent the blessing of children becoming a burden or even a curse. Others would say that birth control of any sort motivated by selfishness or lack of trust in God's providential care should be rejected. Some people would argue that using natural family planning methods is the best solution because it calls for mutual responsibility with regard to family planning by both husband and wife and it allows married couples to live their sexual relationship within natural law as well as within moral and religious teaching. In itself planning is not unbiblical. The

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[26] Genesis 1:27-28, 2:24
[27] Ephesians 5:21-33
[28] Matthew 2:14, Proverbs 2:17, Ephesians 5: 31-32
[29] H. Jochemsen (2009), *Family planning and abortion – Christian ethical remarks.* Presentation given during learning session ICCO-alliance on Family Planning and abortion, 12 March 2009.
[30] Genesis 2:24, Ephesians 5:31, 1 Thessalonians 4:3-5
[31] Deuteronomy 6:7, Ephesians 6:1-4
[32] Exodus 22:21, Deuteronomy 24:17-21, 1 Timothy 5: 3-4,8,16
[33] Genesis 1:28
[34] Slootweg-van de Kraats, H. (2006). *Seksualiteit en gezinsvorming.* In: Wagenaar, P. (red.), Samen genieten; gids voor groei in je seksuele relatie. Zoetermeer: Boekencentrum.

issue of family planning in many cases is debatable insofar as non-abortive measures are taken for family planning. The tendency to let things have their course often turns out extremely negatively for women and children, not least in poor countries.

Prisma prefers an approach towards family planning and contraception in which responsible and informed choices are the basis. Partner organisations finally make the decision on how to give information and how to make family planning services available. In the dialogue, Prisma would advocate a more balanced approach, reflecting both on general Christian principles (like protection of life of mother and child, responsibility for family and its environment), as well as at the role of couples in being responsible for the size of their own family and what planning method fits best. This means that couples need to make informed choices. The Prisma organisations can have a role in:

- Feeding the dialogue with arguments and reference material.
- Challenging people to face the consequences of their choices (e.g. consequences for women and children).
- Challenging churches and Christian leaders to take the difficulties and sensitivities serious.

3.4.6 Unborn children

In modern Western discourses often the rights of women are stressed but the right to life and care of the foetus is neglected. The Universal Declaration of Human Rights only takes into account life that has already been born. Unborn human life is a gift of God. God's ideal for human beings requires respect for unborn or prenatal life.[35] Abortion is never an action of little moral consequence. Thus prenatal life must certainly not thoughtlessly be destroyed and if at all possible, not at all!

Some guiding principles in this area are:

- The human embryo deserves to be protected. It is a new biological organism, an entity with its own unique genetic characteristics, and has all potential to fully develop as a human being. Every unborn child is therefore to be welcomed.
- From a Christian ethical point of view abortion should only be performed for the most serious reasons, an example being to save the life of the pregnant mother (the vital medical indication). The availability of safe abortions under such circumstances and in specific institutions can in itself be desirable.
- In the reality of people’s lives decisions about life are made in the context of a fallen world, full of sin, violence and suffering. In that world human beings confront tragic dilemmas that more frequently than desirable lead to an abortion. Christians need to be present in that world demonstrating love and care.
- Not infrequently, women are pressed to an abortion that they would not want if there were support for them and their child, once born. The church should offer gracious support to those who personally face the decision concerning an abortion.
- Christians are commissioned to become a loving, caring community of faith that assists those in crisis when alternatives like adoption are considered.
- We should make a distinction between acts and people; whereby we should not approve of wrong acts (and sometimes it is difficult to determine that) but should also not reject people; we should be open to share their burden and sorrow. Writing people off is totally inappropriate for Christians.
- Since so many pregnancies are unintended and unwanted (see 2.2.3), it is of utmost importance to address the circumstances that lead to (mostly unsafe) abortions.

[35] Cf. Psalm 139

3.5 Cross-cutting issues

3.5.1 Rights and justice

Cultures are dynamic and do change as the result of social, economical and political changes. In developing countries, these processes do often come with enormous negative consequences for the most vulnerable groups in society. A rights based approach tends to focus on the rights of the individual, to be implemented by the state, underestimating the (social) vulnerability of groups of people and the importance of social structures (civil society) for the individual. Although attention for rights has a legitimate place in development cooperation, we prefer an approach based on public righteousness that also stresses the responsibility of vulnerable persons and of social actors for vulnerable persons and groups, not least the churches, in addition to the government. Public righteousness is a situation in which both individuals and their social institutions and structures have a place protected by the law in order to realize their own mission and responsibility. A legal system, important as it is in itself, is powerless if it does not root in the morality of communities and nations. This is obvious with respect to SRHR issues.

Violence against women is common in many countries and is a major cause of ill health, and closely related to gender inequality. Women are more at risk from violence at home than in the street and this has serious repercussions for women's health.[36] Domestic violence is known to affect women's sexual and reproductive health, and may contribute to increased risk of sexually transmitted infections, including HIV.
In those situations, often the state is not able or not willing to protect women's rights and security. Change requires addressing the issues at the level of individuals and their immediate neighbours, of civil society and of the state, trying to link intended changes to certain values that also, in those cultures and situations, are probably part of the cultural inheritance of the population.

Another condition that almost by definition frustrates people's well-being and that is often related to violence against women and abuse of children is poverty. Poverty is a condition created by an unjust society, denying people access to, and control over, the resources they need to live a full life. Our mission is to work towards a world where poverty and injustice are no longer present. Based on the Christian commission of solidarity and love for our neighbour, we strive for justice, peace and reconciliation. Therefore we:

- Take the side of poor and marginalised people as they struggle to realize their rights to fully participate in the civil, political, economic, social and cultural life of their society.
- Promote a just and sustainable use of the earth and its resources, so that the greed of one generation will not create poverty for the next.
- Are committed to combat the causes and effects of poverty and the related injustice and
- To restore relationships and to establish reciprocal relationships.

Prisma chooses to stress not only on the rights people have but also the responsibility they have towards one another. Every human being ought to feel desired and respected. This implies the responsibility of everyone towards his or her fellow human being: if God wants us and our fellow human being here on earth, we have to follow in His footsteps and take care of one another with much compassion and commitment.[37]

[36] García-Moreno, C. et al (2005), WHO Multi-country Study on Women's Health and Domestic Violence against Women. Geneva: WHO.
[37] Schothorst, L. van (2006), Beleidsstuk Familie en Gezin: Mannen, vrouwen, kinderen (2007 – 2010), Groinchem: Woord en Daad.

3.5.2 Gender

The word gender refers to the differentiation between man and woman, to the social and cultural roles and perceptions of men and women. Many aspects of (traditional) societies are organised according to gender. This often leads not only to different positions and roles for men and women, but also to unacceptable inequalities. The unequal value held of men and women often leads towards violence and oppression, this is unacceptable and should be rejected. Not only is it incompatible with the universal declaration of human rights but it also contravenes God's purpose with people.

Many of the health issues related to sex and sexuality depend on the nature of men's and women's relationships with each other. Gender inequality has a profound impact on sexual and reproductive health and maternal mortality. Women have the privilege of being able to conceive, to bear and give birth a new human being, thus cooperating in a special way with the creative work of God. On the other hand, getting pregnant and giving birth they also experience the risks and burdens related to that. Hence these risk factors and exposures to ill health are gender-differentiated from the outset, with the burden being much greater for women. Often, for physical as well as for cultural, social, economic and political reasons, women and girls have less power in relationships and are therefore not in a position to protect themselves against unwanted sex, transmission of infections or violence, or even to gain information about sexual and reproductive health and rights (SRHR).

Against this background Prisma underlines the importance of empowering both men and women within their social context. This is a necessary first step to enabling women to advocate for their rights and use any available services. We have to be aware that in a context of a totally unequal balance of power, empowering only women can have very negative consequences for women and girls, because it increases gender tensions. Therefore we should also involve men and families in programmes which focused on the equal and respectful relations between men and women (and girls). This can be both a key measure for success as well as simply helping men understand what gender is about. Healthy relationships between men and women benefit both genders and strengthen the family

3.6 Prisma and Cairo

The vision and positions set out above enable us to make a number of critical observations to the approach of the Cairo conference[38] and the Dutch government policy:

1. An approach that is based on the individual rights of a person does not do justice to the cultural reality in which people live. Personal choices are being urged but making the right choices requires a normative context in which those choices are protected options. For example in the field of medical ethics it has been recognized that 'informed consent', valuable as it is in many contexts, also has its limitations. Many patients are simply not in a physical or mental condition of making reflected independent choices. Furthermore, doctors can even unconsciously direct their patients' choices.
2. The view on sexuality is rather technical and that is why reproductive health care is to a greater extent limited to offering contraceptives and care. There is not much attention for the inherent relational character of sexuality. Sexuality cannot be described only in terms of rights.
3. In the Cairo agenda, good reproductive health is seen as key to poverty reduction as reduces population figures. On the other hand, poverty also has a direct effect on SRHR as it limits people's options (choices). While we are aware that a (too) high birth rate puts economic development under pressure, there is no simple causal connection.

[38] http://www.un.org/popin/icpd/conference/bkg/egypt.html or http://www.unfpa.org/icpd/summary.cfm

4. The Cairo declaration rejects abortion as a method of family planning and states that local legislation should be the norm regarding abortion. This means that promotion of abortion in countries where this is illegal (art. 8.25)[39] is not justified. The declaration summons governments to help women to avoid abortion (art.7.24). Prisma supports this last statement. Prisma rejects lobbying for the legalization of abortion, but supports safe abortion in case of vital medical indication.
5. The approach of most western, including the Dutch, governments is presented as neutral, meaning that no transfer of (Christian) norms and values are intended. At the same time the approach is extraordinary compelling. The policy of the Cairo declaration denies that procreation in most cultures is defined strongly religiously, whereas in many countries, sexuality is religiously and culturally restricted. This blind spot is characteristic of government policy. Conservative powers in receiving countries are held responsible for the failing of many programmes in this area.

In view of these comments, Prisma chooses to focus *not just* on the individual rights of people, but to explicitly pay attention to the normative context and the role of religion in this context.

[39] http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf, p. 57

4 Focus areas for partner organisations

4.1 Introduction

In this chapter we will give a description of input received from different partner organisations in Africa, Asia and Latin America.[40] The partner organisations have indicated the following priorities regarding SRHR:

- Cultural practices (both traditional and new practices)
- Importance of raising health awareness
- Access to sexual and reproductive health services
- Family planning and abortion
- Sexual and reproductive rights
- Sexuality education
- Gender, women and adolescents
- Domestic violence
- Role of families and churches

Partner organisations do not necessarily share exactly the same values about all these issues. Most partners however, agree that the general approach related to SRHR issues is the protection of life. The level of awareness and involvement of each partner organisation is different. Some partners indicated that they are working on their own policy on SRHR, while others indicated that much more can be done in the implementation of activities in the area of SRHR including raising awareness among their staff.

Some African partners addressed the fact that in their countries sensitive issues are also very sensitive in government policies. Often the west is regarded by partners with suspicion due to their liberal values concerning sexuality. At the same time these partners struggle with the dilemma of how far they can go against government laws, for example by sharing information about issues that are officially illegal. For example in countries where it is forbidden for school youth to be sexually active, it is difficult to talk about issues like family planning and abortion. This is very different in Latin America, where in most countries government policies in the area of SRHR are well developed, and no real taboos exist as far as the government is concerned.

4.2 Reproductive Health and Reproductive Rights

4.2.1 Health awareness and health education

A number of partner organisations point out the apathy in society regarding SRHR as a problem. Partners stress that people need to have knowledge on both their health as well as their rights. It is important to raise awareness by being involved in health education, especially for the more vulnerable groups. In spite of government efforts, many vulnerable and rural people are still to be reached. Most partners emphases on creating awareness for

[40] Input has been received from the following sources:

- Face-to-face interviews about SRHR (see annex 4 for questionnaire) with partner organisations in India and Uganda, with some additional information from Brasil and Bolivia (February-September 2008).
- Session on important SRHR issues with staff of Dorcas Aid International in Hungary (May 2008).
- Interactive workshop on cultural practices, organised during the 2008 HIV consultation of the Micah network with participants from Asia and Africa (October 2008).
- Interactive workshop on SRHR during a PSO partner consultation with partner organisations from Malawi, Zimbabwe and South Africa (October 2008).
- Expert meeting of ICCO/Kerk in Actie and Prisma on ‘Sexuality, reproduction, HIV & Aids: how to better include Christian faith based organisations in maintaining health’ (November 2008).

adolescents, although the importance in the role of the parents in educating their children is also mentioned.

4.2.2 Access to services

Problems related to pregnancies and child birth are mostly referring to access to services, e.g. long distances to antenatal services and/or lack of proper health care systems. Vulnerable people often have even less or no access to health services. Access to both information and treatment are seen as essential: only when people have adequate and balanced knowledge will they be able to make informed choices. Regarding treatment, the number, quality and gender division of human resources are often a problem in isolated areas. Female doctors and nurses are important for female patients and often the importance of the role of nurses is underestimated.

4.2.3 Family planning

Partner organisations have different ideas about family planning. Especially partners in Asia see the problem of the ever increasing population numbers. In this light and also in the context of the mother's health and quality of life in general, family planning is seen as desirable. For instance sterilization after completion of the family (2-3 children) is widely accepted among Christians in India. In Africa, however, family planning is a much more sensitive issue. In Africa children are seen as a blessing and marriage without children is no marriage at all. Sometimes couples will divorce when they have no children, which is partly due to pressure from relatives. According to one of the partner organisations the issue of birth control has divided the church. One of the main reasons is the principle in the bible to 'multiply and fill the earth' (Genesis 1:28). Some people want many children due to high infant mortality rates, they know that some will live and others will die. The high unmet needs for family planning are recognized but due to reluctance to implementation by the Christian community, family planning programmes are often implemented by other (secular) organisations.

> *"Small families bring more happiness to society."* From one of the Asian partners.

4.2.4 Abortion

Prevention of both safe and unsafe abortion is in general seen as very important by the partner organisations. Abortion is recognized as being a culturally destructive process. Life is a gift; therefore abortion is not acceptable, unless there are medical reasons. When people can make their own informed choices, abortion can be prevented by avoiding unwanted pregnancies. At the same time it is noted that in case of unwanted pregnancies, the woman should be supported by other solutions, because life is hope. Even after rape she is encouraged to keep the child. Although this seems to be the common point of view, one of the partners in South America states that a woman should have the right to choose abortion.

> *"Abortion is killing of a child, a sin against God, man and society."* Anon

4.2.5 Sexual and reproductive rights[41]

According to the partner organisations, SRHR from a rights' perspective has both negative and positive aspects. Pregnant women should be given more rights and freedom instead of dying during child birth. The right of one person, however, is not more important than the right of the other. When speaking about sexual rights both sexes should be involved in decisions and consideration for the rights of the unborn child should not be left out.

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[41] See also Annexe 1 for definitions.

For a number of the partner organisations the rights approach is a new dimension to their activities. According to the partners many people are not aware of their basic rights. Women think they don't have the right to say yes or no in matters concerning sexuality. Women's rights, therefore, should be discussed openly, especially in the light of harmful cultural practices.

> *"Sexual rights should be embedded in marriage relations"*
> Anon

Sharing general information on the fact that a person is responsible for his or her own sexual health is not enough. The different environments (social, political, religious and economic) need to be in place to positively reinforce this message, before an individual can fully decide on his or her sexual health. As such, sexual and reproductive rights are seen as meaningful within the cultural and religious norms and context. That these contexts and norms differ is obvious from the responses, which ranged from some unease when talking about sexual rights, through to the notion that everyone has sexual rights but that it should be safe for both partners.

> *"Sex is the choice of individual, people should have the right to sex."*
> Anon

Several partners mentioned the issue of homosexuality. They seem to struggle with the topic. Some would look at it from a biblical perspective, stating that homosexuality is not biological but learned behaviour. Another partner thinks that living out homosexuality is the decision of the individual and it is not the partner organisation's role to judge the person or force him/her to change.

4.2.6 Sexuality education

The importance of comprehensive sexuality education for young people is often mentioned. Partner organisations are very much aware of the necessity of focusing on young people. They receive many mixed messages (life skills, media, family) and parental and church involvement is often lacking. Lack of guidance in matters of sexuality is seen as a consequence of spiritual bankruptcy: "Christians should reclaim the issue of sexuality."[42]
Sexuality education is mentioned in relation to the prevention of teenage pregnancies. There is a lot of stigma and shame around teenage pregnancies. It varies from one situation to another, but the stigma is mainly on abortion or on being an unwed mother. As Christians our response should be support rather than condemnation.

> *"The youth make wrong decisions because of lack of information."* Anon

Adolescents themselves have an important role to play. They can be role models and peer educators and have a voice in the community. It is therefore imperative to empower them with solid reliable information and resources to carry on, lead and act as so called 'torch bearers'. Peer education is seen as a good strategy, with consent of the parents, especially in countries where talking about sexuality issues is a taboo.

4.3 Gender and equality

4.3.1 Gender inequality

> *"Gender equality is agreed on. But why are so many young Indian/ African women so convinced that women are inferior to men?"*
> Anon

Both women and men are created in God's image. Healthy relationships are the starting point of people's wellbeing in the area of SRHR. During the expert meeting it was clear that both culture and religion have a role in gender inequality. This is sometimes referred to as the 'double canon': tradition is favouring men and often

[42] Genesis 1:27-28, 2:24, Ecclesiastes 9:9

Christianity does the same. The way mothers teach their daughters ironically stands to reinforce the gender inequality.
Girls marry too young and get children too young. Sometimes women are divorced because they are not able to carry a boy child. In India practices like female feticide due to sex selection is very common. Women are often not in a position for negotiating or decision making. According to partner organisations, women's dignity requires that they should be involved in decisions about sex. Some of the partners address themes like domestic violence, rape (also within marriage), oppression and psychological and physical violence against women.

4.3.2 Domestic violence

Domestic violence is mostly reported being gender based: men dominating women. It can include sexual violence i.e. sexual assault and rape by relatives. The urgency of the issue was illustrated by partners with examples of the many abused children and of exploitation of women and girls due to cultural hierarchies: in India lower casts are sexually exploited by higher casts (e.g. temple prostitution).In Africa hierarchy is known to cause violence. Gender-based violence (GBV) is often directed towards women who do not have children or those who want to limit the number of children.

4.3.3 Male responsibilities and participation

One of the main challenges is the strengthening of a communities understanding of men's and boys' roles in enhancing women's and girls' SRHR.
At the expert meeting, the issue of redefining masculinity in a positive image was discussed: what is a real man? Instead of talking about gender equality it might be better to talk about the equal sharing of responsibilities. There is a need to teach boys to be responsible, as is already done with girls from a very young age. When boys are not being taught to be responsible at an early age, it impacts later in marriage e.g. in lack of decision making, insecurities around self image leading to an increase of GBV and bad use of money. We need to realize that it is the women who are mostly raising children so women need the skills to bring up a real man. In this light, education about how to educate a new generation and especially how to prepare a boy for responsible adulthood is imperative.

4.4 Role of society

4.4.1 Cultural beliefs and practices

Some traditional beliefs are directly related to SRHR issues and can be harmful, for instance for the unborn life. In India pregnant women often eat less and even no vitamins in order for the child to stay small and not needing a caesarean section at delivery. Another belief is that delivery is unclean. Traditional birth attendants are mainly low cast women because only they are allowed to touch 'lower parts'.
Many of the issues talked about are deeply rooted in culture. Most cultural practices have evolved around the protection of social structures and/or families. Cultural practices often have both positive and negative sides. Some practices encourage promiscuity and render people more vulnerable, while other traditions are having a positive impact on society. Migration for instance is commonly attributed to causing unfaithful behaviour. The main purpose of arranged marriages is to protect the virginity of the girl, which is positive. The practice of bride price in Africa was originally meant to establish relationship between two families. It however did go out of hand: brides were asking a very high price, causing a woman to be treated as a possession with a high price tag. Wife inheritance, arranged marriages or child marriages, and in particular, the role of the mother in law were mentioned as influential. Polyandry is mentioned as causing a high fertility rate.

> *"Marriage is often seen as 'only for production, not for relationship.'"* Anon

Except for traditional practices, we also should take into account more recent practices that have emerged due to changing contexts like migration, modern media, etc. New developments include jobs at call centres and multinationals that can serve as a possibility for girls to earn their dowry.

4.4.2 Role of families

With regard to families, we often see that parents struggle to talk with their children about Christian values. In many cases they are working hard to make ends meet, without bothering about the psychological and social needs of their adolescents. Partners clearly see the role of parents in educating their children. At the same time it is mentioned that we should look after the parents, as raising children is a difficult task.
Families are changing. For a long time adolescence did not exist in Africa. The African view on puberty prevails more in the tradition: initiating into adulthood. At the same time we see a prolonged adolescence; people need to wait very long before marriage because of the need for education and money for the bride price.

4.4.3 Role of churches

Challenges in the area of SRHR mentioned include the unwillingness of many churches to discuss issues of sexuality and the observation that governments do not recognize the role of churches in relation to issues like sexuality and HIV/AIDS. A discrepancy is seen between what is said in the church and acted out in practice. Two issues that were highlighted in the interviews:

1. It is difficult for the church to talk about birth control. There is a need to show that abstinence is an option for birth control. Governments often do not know, or do not want to know, the work that churches are doing or can do in these areas.
2. The issue of condoms is still confusing for many churches. A balanced view is needed. The Christian church looks at life in two ways: when talking about 'saving life' you can save physical life, but damage/kill spiritual life. As Christian we advise abstinence and faithfulness, but want to provide young people with full information. Church leaders should advise on, and show correct condom use (both technically and ethically), rather than condemning those using condoms. At the same time they should identify sexual sins and urge people to avoid them.

The church should break the silence of both church and society on sexuality. Well-informed pastors and church leaders will result in a well-informed congregation. In dealing with cultural issues we should be willing to discuss harmful practices: be transparent, and preach the Word of God.

4.4.4 Values verses rights

It has been discussed with partners that value based decisions can sometimes be a stronger behavioural determinant than rights based decisions. Although value based programmes cannot exclude rights based approaches, values are sometimes in conflict with the same rights based approach. It appeared to be difficult to link rights and values or come up with a model that takes both into account. What was said, is that rights often focus on conflicts and problems, whereas values focus on relationship. Nevertheless values and rights are complementary since rights embody values. The question of how FBOs can harmonise a value based approach with a rights based approach should be explored further. Two important principles mentioned were Genesis 1: 27 (uphold the value and dignity of all human beings) and Romans 15:7 (accept as Christ accepted)[43].

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[43] ICCO/Kerkinactie and Prisma (2008) *Sexuality, reproduction, HIV & AIDS: how to better include Christian faith based organisations in maintaining health.* Report expert meeting

4.5 Concluding remarks

As we have seen in Chapter 2, several main issues recognized worldwide are also important issues that our partner organizations are dealing with. It becomes clear from their input that they identify with the context and problems as described in reports and research.
In the geographical area where most of our partner organisations are working, access to services is a big issue, as well as cultural practices. None of the partner organizations represented in the different interviews and sessions are directly dealing with prostitution and female genital cutting.
The role of the church is described by all partners as very significant. The silence of church, and society as a whole, about sexuality issues should be broken.

5 Strategies: from vision to practice

5.1 Introduction

5.1.1 Principles translated

Based on the many issues that have been discussed, in this chapter we discuss possible strategies that can be implemented in programmes focusing on SRHR. The basic objective is to make health care safer and more responsive to the needs of families, especially of women. Prisma acknowledges the need for quality reproductive health services, care and support for pregnant women and infants. Sexuality education is needed, especially in situations where traditional patterns are changing. Following principles (Chapter 3) and the input of partner organisations (Chapter 4), Prisma advocates the following activities:

a. Strengthening of family relationships.
b. Building societies that support girls and women; especially women who are pregnant.
c. Offering support and assistance to women who choose to complete unwanted or unplanned pregnancies.
d. Raising awareness concerning Christian principles of sexuality, involving both genders and especially adolescents.
e. Emphasizing responsibility of both men and women for family planning.
f. Encouraging and assisting fathers to participate responsibly in the parenting of their children.

These topics will be elaborated on in the strategies mentioned in this chapter. Which strategies will be applicable for partner organisations will depend on the specific context, expertise and scope of operation of the different organisations.

5.1.2 Guiding principles for implementation

In implementing the strategies proposed we should keep in mind the following:

1. We should address issues concerning SRHR from medical, social and cultural perspectives. SRH policies relating to churches and FBOs should support programming which moves beyond individual responsibility and also
    - addresses risk contexts,
    - supports multifaceted prevention programming,
    - is both rights and values based and
    - includes and involves all community stakeholders.
2. Sexuality in general is a sensitive issue. Sex and sexuality should be recognized as being sensitive issues for both churches and organisations in support countries as well as in the countries where the programmes are being implemented. The whole area of sexual and reproductive health and rights is an area that is not always easily discussed, and all research instruments, intervention tools and practice guidelines have to be designed with this in mind.
3. Building good relationships with government health centres, other NGOs and other local health providers can avoid conflict, confused messaging and competition. Activities addressing SRHR need to focus on harmonization with existing programmes of governments, FBOs and NGOs. This includes cooperation with regular health service providers and integration of sexual and reproductive health services with HIV and AIDS programmes. This constructive attitude does not mean that an organisation's own principles are renounced or considered as secondary.
4. The Prisma organisations should be sensitive towards the ideas of the partner organisations. This means among other things being aware of commonalities, not stereotyping or comparing but exploring differences and similarities.

5.2 Improvement of quality care

5.2.1 Services

Practical solutions in terms of services should come in the context of broad efforts to improve women's status. The most cost effective health strategies to prevent maternal and newborn deaths are:

• Access to comprehensive health services related to procreation; like family planning services and antenatal care for mother and child.
• Skilled care by nurses, midwives or doctors during pregnancy and childbirth.
• Emergency care for all mothers and newborns with complications.

SRH services need to be comprehensive, linked, and include a range of services like family planning, maternal care, prevention of mother-to-child transmission of HIV (PMTCT);, voluntary counselling and testing for HIV (VCT), quality counselling, prevention of gender-based violence, services; sexual health information and counselling, gynaecological care - including STI screening and treatment, cervical cancer screening and treatment, fertility options, post abortion care and psychosocial services.[44] Special attention is needed for:

- Promotion of safer pregnancies by providing good antenatal, perinatal, postpartum and neonatal care (including infrastructure, costs of transport, priorities, decision making).
- Preventing vertical or perinatal transmission (mother to child transmission) of HIV.

In realizing access to SRH services, we should pay special attention to people with disabilities. They are often a forgotten group when it comes to education, access to medical care and protection against sexual violence. Social and economic circumstances often make people with disabilities more vulnerable to sexual and reproductive health problems than non-disabled people.[45] Good maternal care can prevent disabilities for both mother and child. Through good health care service provision, some disabilities can also be anticipated.

5.2.2 Staff

Quality of care by staff can be improved by:

- Comprehensive training of nurses and doctors in SRH and family planning in order to give appropriate specialized care (reproductive health, midwifery, sexual health) to women and their newborn children. This should involve basic family planning options, interpersonal communication, counselling, management of STIs and the integration of youth-friendly services.
- Training of midwives in order to be able to increase skilled attendance at birth.
- Health workers need both training and support to eliminate facility-based stigma and discrimination and to provide quality, safe and compassionate care. This should include addressing their own attitudes towards women/mothers living with HIV.
- Raising awareness of the staff about the larger social context of issues such as those affecting sexuality, sexual health, access to care, and confidentiality.

5.2.3 Counselling and support

In order to improve psychosocial counselling skills we support the following:

- Stimulation of churches and other community organizations to give pastoral and psycho-social care to patients and their families. The support of existing care and counselling structures within the community, especially the churches, and seeking to develop community-based methodologies.

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[44] EngenderHealth and International Community of Women Living with HIV/AIDS (ICW) (2006). *Sexual and reproductive health for HIV-positive women and adolescent girls: manual for trainers and programme managers*. New York and London.

[45] See also Dutch Coalition on Disability and Development (DCDD) (2008). '*Universal Access Now! Including people with disabilities in HIV and AIDS policies and programmes*'. Utrecht: DCDD.

- Christian leaders bring to light the values and concerns of their communities. They need to get tools to help them develop solutions to the problems they face.
- Easy access to health care, counselling and/or assistance for victims of sexual violence and opportunities for referral if needed.
- Particularly relevant in the HIV context is VCT: proper counselling needs to go beyond testing only and also provide coaching and support, e.g. by helping to make decisions about seeking medical advice and/or family support.

5.2.4 Family welfare

Family planning

- It is very important to discuss family planning within the organisations' programmes. According to some of the Indian partner organisations it can be helpful to revise or reflect on the name of a programme. Where 'family planning' is sensitive, 'family welfare' might help to address family planning in a wider area of activities like body hygiene, STIs, RTIs and counselling.
- Men and women should be able to take 'joint informed decisions' on family planning. Because information is not neutral, the right to information needs further exploration: to whom, how and why is the information given.
- Family planning could also be advocated for as part of a more complete package of 'birth planning': planning for prenatal care, place of delivery, attendant at delivery, emergencies (decision making, money, transport) and postnatal care.
- Even when partner organisations do not consider condoms an appropriate method of prevention or are not directly involved in family planning programmes; giving correct information about birth control and prevention methods is considered important, without necessarily promoting their use.

Focus items in the area of family planning are:

- Birth spacing (healthy timing and spacing of pregnancy).
- (Counselling and) helping clients select and use appropriate FP methods.
- Applying a choice of criteria like method of application, reversibility, safety, reliability, appropriateness, practical consequences and possible abortive effect.
- A positive approach towards motives of clients (physical, psychological).
- Advocacy for the availability of contraceptives.
- Rejection of abortive methods, especially female feticide.

Training topics include Christian principles, contraceptive methods, family planning services, counselling and pain management.

Abortion

Important strategies for the prevention of abortion are:

- Reducing reliance on abortion. In countries where abortion is legal and easily accessible and where contraceptives have generally been unavailable, women have come to rely heavily on abortion to regulate their fertility. In these countries, women and couples need more contraceptive choices.
- Providing full information is essential. Abortion services are only a small part of the picture; alternatives to abortion and information about the growth and development of the foetus are equally important. Alternatives of abortion should be thoroughly reviewed with the partner organisations: what are possible options for the unborn child in instances of unwanted pregnancies?
- Supporting women with unwanted or unplanned pregnancies. This can be done by raising awareness about an unwanted pregnancy and its impact on women. Secondly it is important to guarantee a conscious decision-making process since the decision to abort a pregnancy is irreversible. Further research on alternatives to

> Quote of one of the African partners:
> *"If programmes are not sustaining life, better keep your money and knowledge here…"*

abortion is needed and these possible alternatives should be discussed (e.g. support from the extended family, possibilities for foster care). This needs multi-disciplinary investigation (e.g. encompassing oral and written information), involving different groups of professionals like doctors, social workers and psychologists.

- Improving the ability of health care providers to manage and treat incomplete abortion complications. At the same time, there may be a need to strengthen post abortion counselling and contraceptive information.
- Reducing unsafe abortions. This includes providing adequate quality care when abortion is needed on medical grounds.

5.3 Education on sexual and reproductive health and rights

5.3.1 Sexuality education

Sexuality education according to the partners should be aimed at developing responsible sexual behaviour. In this respect the difference between *personal responsibility* or *personal response-ability* is a good distinction between how much it is possible to decide on your own sexual well-being. People should have the ability to make informed and responsible choices. What is needed is a balanced comprehensive approach, that links the issue to people's priorities.

When addressing sexuality education our main focus is on training in life-skills, family values, pre-marital counselling and peer education in which sexuality education takes place in line with biblical principles. This can be done by the development and/or implementation of programmes for life-skills education and peer-group education for schools and (church) youth groups, using evidence based approaches to find out what methods are most effective.

Furthermore as FBOs we can contribute by:

- Facilitating theological and biblical exploration of sexual well being;
- Facilitating cross cultural interaction, documentation and research with exchange of lessons learnt.
- Networking (amongst organisations) will be an important issue. Creating platforms that make people (men/women) aware of existing thoughts, beliefs and reflections.
- Influencing present learning systems for change or finding alternative teaching methods. Establishing inventories of available materials. Developing bible based packages for different age groups. If necessary, biblical materials on sexual well-being for theological institutions and pastors can be developed.
- Integrating SRHR in the curriculum of theological training at all levels, especially sexuality education.
- Using literacy programmes as an opportunity to provide health education and information.

5.3.2 Adolescence

Prisma facilitates culturally sensitive, youth-friendly services and sexuality education programmes aimed at eliminating prejudice and discrimination based on sexual orientation, gender identity, age or ethnic background.
Important strategies to reach children and young people and their care givers are:

- Providing accurate information about sexual issues, e.g. through promotion in schools and creating youth/recreation clubs (i.e. youth health groups that aim at openness/breaking through taboos and use positive peer pressure).
- Having practical and good adolescent health teaching materials. Topics can be: adolescent health, refusal skills, knowing myself, my family, marriage, etc. Using evidence based information can help to discuss culturally sensitive issues.
- Identifying key persons influencing children and young people (parents, teachers, Sunday school teachers, pastors, older friends or famous figures in youth culture (such as

musicians and actors). They should be role *models* rather than role *players*. Creating mentors in the community that can coach and advise young people.
- Supporting (church) youth leaders who are able to talk openly to young people about difficult issues, particularly those regarding sexuality.
- Participation of young people in developing health policies, implementation of activities, etc. is a necessary condition for achieving successful policies.
- Counselling/support for teenage mothers starting based on experience through a peer education system.
- Developing or shaping behaviour of young boys and girls by supporting parents, grandparents and significant others (e.g. aunts) in the family, in raising children, with materials and training.

5.4 Addressing cultural issues and gender

5.4.1 Traditional leadership

In implementing programmes organisations should start with the people. They should not only focus on changing behaviour, but also on understanding people's thoughts, beliefs and attitudes. Transformation is needed in order to internalize behavioural change. Therefore existing structures should be addressed: i.e. family, church leadership, etc. People within the community can be agents of change if participatory, capability and bottom up relational approaches are used. Attention should be paid to determining how best to address culturally sensitive issues. In many villages the chief has a lot of authority. Good relationships with local traditional leaders are important.

5.4.2 Gender

Around the world, many men are unresponsive to women's needs, offering few role models of men who advocate understanding and respect for women and their situation. Churches and FBOs however have the potential to change this and enable women to be fully and freely involved in making choices regarding their sexuality, health and lives. Churches could be effective agents of change in empowering both women and men, considering the various relationships in which they live and meet.[46]

Since men and women are not the same, gender equality as such cannot be achieved. It is therefore better to pursue reduction of unjust gender inequality, promotion of mutual respect and shared decision making. Relationships are broader than the issue of gender (in)equality and should therefore be focused more on sharing of responsibilities. Religiously and culturally informed beliefs on different roles for men and women should be respectfully addressed.

Some strategies that can be used in gender programmes are:
- Formal and informal education on beliefs and attitudes for all age groups. Some organizations have already started to also teach couples about sexuality and family issues in pre-marriage counselling to prevent domestic violence. Their experiences can be used by other organisations.
- Pilot projects and research to further explore how CBOs and FBOs relate to the rights based approach. Comparing projects focused on the rights based approach and those focused on relationship/value based approach. This can be a starting point for position formulation and evaluation of the type and level of impact that each approach has.
- Advocacy for the creation and use of legal safety nets – e.g. use human rights organisations.
- Use of role models.
- Empowering and involving churches. The church has an important role to play through:

[46] Micah Network (2008) 'Reflections from the Global Consultation on HIV and AIDS'. Pattaya, October 21-25, 2008.

- Developing theological and biblical teaching as well as demonstrating how to apply the lessons to everyday life.
- Addressing persons in powerful positions (community/politics/church) to become agents of change.
- Providing better teaching and setting a good example by practicing what they preached.

- Mainstreaming gender equality into other programmes.
- Providing economic empowerment of women. Empowering women with education and skills that help to create an environment of mutual respect and equality.
- Addressing families (at all different levels), social/church structures and church leadership.

5.5 Role of churches

In many countries churches are respected in the community. While involving local secular leadership, we should also involve local church leaders. When religious leaders endorse new ideas or behaviour change initiatives, change is realised more quickly than when messages are spread by secular means only. Involving churches and church leaders in programmes should be motivated intrinsically rather than instrumentally only. Cooperating organizations should aim at partnering with Christian leaders in the implementation of development programmes:

- Since many cultural practices help to sustain problems that are related to sexuality, churches should desist from silence and encourage dialogue about them. Human sexuality needs to be discussed within churches, with adults and with youth. Theologians in all continents need to overcome their reluctance to talk about human sexuality, vulnerability and the appropriate evangelical responses. They also need to continually assess their progress and adjust their approach where necessary.. Therefore, theological and ethical reflection should be stimulated and ideas on best practices exchanged; i.e ideas on subjects like power, gender relations, positive and negative aspects of (traditional) cultures etc. Being open about sexuality, how to handle it, set boundaries and indicate responsibilities is a responsibility of the church.
- Religious leaders need more information to help their followers make informed choices about their health.[47] The development and/or implementation of information materials for all groups within a community should include churches themselves. This could include training of Christian leaders on topics like family planning methods, birth spacing; risks associated with early marriage, early childbearing; and female genital cutting; benefits of breastfeeding; antenatal, postpartum and post abortion care; as well as the prevention of sexually transmitted infections.
- Christian leaders can play a role in educating their congregations about healthy practices.[48] This can be affected through counselling, sermons and public meetings, based on biblical concept. They need to learn how to best communicate with youth, men, and newlyweds. For this reason pastors need more training and regular refresher courses.

Other roles of the church that were mentioned by partner organisations

- Biblical and theological reflection needs to promote mutual responsibility and restored relationships. This can be done by strong and systematic Christian teachings on families (e.g. a devotional book on/for families). In this teaching we should:
    - Teach and preach realism in marriage.
    - Teach about sexual practices, responsibility, Christian ethics and values.

> *"The church has a heart. If you want to work with HIV and AIDS in India you need a heart"* Anon

[47] Burket Mary K. (2006) 'Advancing Reproductive Health and Family Planning through Religious Leaders and Faith Based Organisations'. Pathfinder International.
[48] Burket, Mary K. (2006), idem.

  - Support singles.
  - Reach out to young people to respond to their many questions.
- Advocacy to reduce gender inequality by the churches. The church is a unique structure that can help
  - Women teach girls self-esteem.
  - Boys to respect the girls.
  - Include gender awareness in bible studies as well as in children's and youth programmes at churches/FBOs (mainstreaming gender). Programmes should not only be designed from the top, but also use biblical theology about gender to engage this perception.
- Involving community leaders in dialogue about harmful cultural practices and HIV and AIDS
- Providing extensive counselling when testing for HIV (e.g. discordant couples or young people who want to get married). Church leaders and others need training to do that well.

5.6 Advocacy

In building partnerships, we need to humbly seek common cause with others. We should persist in partnerships even through points of difference. We can learn from the example of advocates in the Bible who spoke with persistence, courage, passion and vision – Moses, Esther, Nehemiah and others. Let us also learn from one another's experiences and best practices, including strategising, and improving the links between church leaders and all other decision-makers.[49]

5.6.1 Role of government

Churches or FBOs and governments need each other as issues should be approached from both a (Christian) community and a legal/administrative perspective. For stakeholders partnering with FBOs, these grassroot organisations often provide dedicated community health workers (CHWs), large networks and access to underserved communities (filling in the gaps left by public health facilities).

Main considerations for advocacy targeted at governments are:

- Governments need to be willing to implement the SRHR policies that are in place.
- Governments need to be summoned to view reproductive health within a broader scope, including the cultural and religious reality. Policy making dialogues with developing countries should include representatives of these groups. Advocacy sessions by religious leaders with government officials would benefit both parties. It is important to bring together different parties (government officials, NGO and church leaders) in order to create mutual understanding and appreciation of each others work and intentions.
- Governments should be encouraged to take seriously those articles of the Cairo declaration that urge them to help women to avoid abortion and to avoid giving the impression that abortion is being promoted as method of family planning. Positively the government should be actively engaged in developing alternatives for abortion like support for day care, foster care and child support grants.

5.6.2 Role of FBOs and churches

Because every life is equally valuable, people should be able to live in dignity and with respect for one another. FBOs and churches have a role to play in making this happen. Their main role is both to clarify their position as well as to advocate for health for all. This is a call to local congregations in both the North and South to unite to advocate for social justice. Issues to be advocated for by churches/FBOs should incorporate access to services,

[49] Micah Network (2008) 'Reflections from the Global Consultation on HIV and AIDS', Pattaya, October 21-25, 2008.

prevention of HIV and STIs, on vulnerable groups as well as the role and image of churches/FBOs. This includes:

- Recognition of the value of the church/FBO's by government.
- Agreement on commonalities and ideal way to position FBOs based on what they can and can not contribute.
- Recognition of the role of volunteers in the church and involvement of medium income and rich members of the church in volunteer work.
- Increasing the understanding of gender, justice and HIV and AIDS advocacy in churches/FBOs.

Necessary strategies are:

- Partner with secular organisations and other FBOs, local community structures, government departments, human rights groups/organisations (e.g. groups focusing on advocacy, church, education) on key advocacy issues.
- Generate evidence, starting with that based on research, and share evidence based sites.
- Fight stigma internally and help to change policies.
- Conduct research and document causes of deaths in motherhood.

Annexes

Annex 1 Internationally used definitions

Introduction
In this annex some mainline definitions used by international players are described. They do not necessarily reflect the ideas of Prisma and therefore Prisma does not necessarily support all mentioned rights and methods.

Reproductive health
Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life, that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are:

- the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law,
- and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (ICPD Programme of Action)[50].

Sexual and reproductive rights
Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus statements. According to the ICPD Programme of Action they include[51]:

- The right of all persons to the highest attainable standard of health.
- The right of all couples to decide freely and responsibly the number, spacing and timing of their children and to have information and means to do so.
- The right of women to have control over, and decide freely and responsibly on, matters related to their sexuality, including SRH – free of coercion, discrimination and violence.
- The right of men and women to choose a spouse and to enter into marriage only with their free and full consent.
- The right of access to relevant health information.
- The right of everyone to enjoy the benefits of scientific progress and its applications.

Or, according to the Charter on Sexual and Reproductive Rights of IPPF[52]:

- The right to life.
- The right to liberty and security of the person.
- The right to equality, and to be free of all forms of discrimination.
- The right to privacy.
- The right to freedom of thought.
- The right to information & education.
- The right to choose whether or not to marry and to found and plan a family.
- The right to decide whether or not to have children.
- The right to health care & health protection.
- The right to the benefits of scientific progress.

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[50] http://www.unfpa.org/public/site/global/publications/pid/1973
[51] ICPD Programme of Action -Principles, http://www.unfpa.org/intercenter/advocating/icpd-poa.htm
[52] International Planned Parenthood Federation (2003), *IPPF Charter Guidelines on Sexual and Reproductive Rights*

- The right to freedom of assembly and political participation.
- The right to be free from torture and ill treatment.

Family planning

Family planning is a health service that helps couples decide whether to have children, and if so, when and how many (Unesco). It involves various methods of controlling population growth by controlling the timing, spacing and number of pregnancies.
Methods for family planning are:

- Oral contraceptives
- Injectable contraceptives
- Contraceptive implants
- Condoms/diaphragm with spermicide
- IUDs (intrauterine devices)
- Sterilization (male/female)
- Lactational amenorrhea method (LAM)
- Fertility awareness methods / natural family planning (periodic abstinence or withdrawal.)

Abortion

The following terms are used to categorize abortion:

- *Spontaneous abortion (miscarriage)*: abortion due to accidental trauma or natural causes.
- *Induced abortion*: deliberately induced. The following indications can be distinguished:
  - Vital medical indication: to save the life of the pregnant woman.
  - Non-vital medical indication: to preserve the woman's physical or mental health.
  - Therapeutic indication: to terminate pregnancy that would result in a child born with a congenital disorder which would be fatal or associated with significant morbidity.
  - Partial abortion: to selectively reduce the number of foetuses to lessen health risks associated with multiple pregnancy.
  - Legal indication: to terminate pregnancy due to rape or incest.
  - Social indication: abortion performed for any other reason, including positive sex selection (e.g. India) and forced abortion by governments (e.g. China).

Commonly speaking, and also in this document, the term ‘abortion’ is synonymous with induced abortion.

Annex 2 Players and efforts

Introduction

Numerous organisations are active in the area of sexual and reproductive health and rights. Many of them publicize their policies, guides, tools and best practices online. A few of these organisations that we came across in the process of writing this policy document, are highlighted in this annex. Prisma can not be held accountable for ideas promoted on the websites of these organisations.

Christian resources

Tear Fund's vision is to see millions of people released from material and spiritual poverty through networks of local churches. Their publications provide practical information that can help to bring about positive change. They aim to encourage and support local churches in bringing justice and transforming lives. Tear Fund has an extensive amount of practical guides and tools that can downloaded from the Tear Fund International Learning Zone (TILZ). http://tilz.tearfund.org/

Family Impact exists to spread a passion for the supremacy of God in family life and relationships. Healthy family life is important to individual fulfilment, social stability and sustainable development , especially in the context of HIV and AIDS. Their Positive Parenting materials are suitable for individual or group use. Biblical principles are revealed as they apply to today's caregivers – parents, teachers and youth leaders. http://www.familyafrica.org

General information on Sexual and Reproductive Health and Rights

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries as well as monitoring and assessing health trends.
Two related programmes are:

- WHO Reproductive Health, http://www.who.int/topics/reproductive_health/en/
- WHO CAH Adolescent and Reproductive Health, http://www.who.int/child-adolescent-health/asrh.htm

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. IPPF is a global network of member associations working in 176 countries by providing and campaigning for sexual and reproductive health care and rights. http://www.ippf.org/en/

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV and AIDS and that every girl and woman is treated with dignity and respect. UNFPA State of the World Population 2008: http://www.unfpa.org/swp

Countdown 2015 Sexual and Reproductive Health and Rights for All. The Countdown to 2015 Initiative tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality. http://www.countdown2015mnch.org/

Family Health International: Youth InfoNet, a one-stop electronic source for new publications and information on youth reproductive health and HIV prevention.
http://www.fhi.org/en/Youth/YouthNet/Publications/YouthInfoNet/index.htm

John Hopkins Bloomberg School of Public Health: The Information & Knowledge for Optimal Health (INFO) Project. A knowledge sharing resource on family planning and reproductive health. http://www.infoforhealth.org/

Planning. Repositioning Family Planning (USAID Health) is a multilateral initiative aimed at mobilizing commitment to address the serious problem of unintended pregnancies by strengthening family planning (FP) services in sub-Saharan Africa. It was launched by USAID's Office of Population and Reproductive Health and the Africa Bureau. http://www.usaid.gov/our_work/global_health/pop/techareas/repositioning/

Population Council: Frontiers in Reproductive Health. Frontiers in Reproductive Health (FRONTIERS) seeks to improve people's lives by enhancing services in family planning, safe motherhood, and other reproductive health areas. http://www.popcouncil.org/frontiers/index.html

Population Reference Bureau. The Population Reference Bureau informs people around the world about population, health and the environment, and empowers them to use that information to advance the well-being of current and future generations. One of their topics is Reproductive Health. http://www.prb.org/Topics/ReproductiveHealth.aspx

International Federation of Health and Human Rights Organisations (IFHHRO). Central to IFHHRO's work is the concept of the Right to Health. IFHHRO believes that health professionals and their associations have an important role to play in the monitoring and promotion of this right. http://www.ifhhro.org/main.php?op=text&id=39

Dutch organisations

Share-Net is a network of Dutch development organisations and individual consultants working in the field of sexual & reproductive health and AIDS. Prisma is member of Share-Net. Share-Net aims to maintain and strengthen the capacity of its members through information sharing, capacity building and policy dialogue. http://www.share-net.nl/

World Population Foundation (WPF) aims to encourage sexual and reproductive health and rights throughout the world. http://www.wpf.org/

Women's Global Network for Reproductive Rights (WGNRR) is an autonomous, feminist and grassroots network of groups and individuals from every continent who aim to achieve and support reproductive and sexual health rights (RSHR) for women everywhere. http://www.wgnrr.org/

Training tools and best practices

The Global Health eLearning Center developed by the USAID Bureau of Global Health is a response to repeated requests from field staff for access to technical public health information. Online courses are free and available to all who are interested. www.globalhealthlearning.org or http://www.infoforhealth.org/elearning/

Resources for HIV/AIDS & Sexual and Reproductive Health Integration. This resource is designed to help organisations in their efforts to integrate provision of sexual and reproductive health services with activities for preventing and treating HIV/AIDS. http://www.hivandsrh.org/

Eldis (Health Resource Guide) aim is to share the best in development policy, practice and research. Sexual and Reproductive Health and Rights is one of the key issues they address. http://www.eldis.org/health/srhr/index.htm

The Centre for African Family Studies is an African institution dedicated to strengthening the capacities of organisations and individuals working in the field of reproductive health, population and development in order to contribute to improving the quality of life of families in sub-Saharan Africa. http://www.cafs.org/
Pathfinder International's mission is to ensure that people everywhere have the right and opportunity to live a healthy reproductive life. This organisation has a list of helpful guides and tools. http://www.pathfind.org/site/PageServer

The International Women's Health Coalition (IWHC) promotes and protects the sexual and reproductive rights and health (SRRH) of all women and young people, particularly in Africa, Asia and Latin America, by helping to develop effective health and population policies, programmes, and funding. They have a series on adolescents' sexual and reproductive health and rights http://www.iwhc.org/resources/youngadolescents

The implementing Best Practices (IBP) Knowledge Gateway brings together individuals and groups around the world to communicate, exchange, and share knowledge on a variety of health issues. One of their activities is the distribution of the IBP Global Community eNewsletter. http://my.ibpinitiative.org

Useful web based resources that openly talk to young people about difficult issues, particularly sexual ones are: http://www.theworldstarts.org/ or http://www.tarsc.org/auntstella/

Funding

The International Health Partnership (IHP+) was launched in September 2007 in order to respond to the MDG challenges that called for all signatories to accelerate action to scale-up coverage and use of health services, and deliver improved outcomes against the health-related MDGs and universal access commitments. Closely related initiatives have also been launched with the common aim to accelerate the achievement of the health-related MDGs in line with the Paris Declaration. http://www.internationalhealthpartnership.net/

The GUIDE to European Reproductive Health, HIV/AIDS and Population Assistance publishes information about funding available in the European Union (EU), including its Member States plus Switzerland and Norway, to help improve sexual and reproductive health and rights, as well as for HIV and AIDS and population assistance in developing countries. http://www.euroresources.org/guide_to_population_assistance.html

Annex 3 Questionnaire on Sexual and Reproductive Health and Rights

Introduction

Prisma is an association of Christian organisations in development cooperation in the Netherlands. Together with its member organisations, Prisma is working on a position paper on Sexual and Reproductive Health and Rights.

As we would highly value your input on this subject, we would like to ask you some questions about your activities and ideas/opinions regarding SRHR matters. We are aware that some of the topics might be culturally sensitive and not necessarily easy for you to discuss. However we hope that you feel comfortable to speak openly about them. We genuinely appreciate your participation.

Questions

1. Possible warm up questions: What is the first thing that comes to your mind when you think about SRHR? What problems do you see in your own context? What are the most vulnerable groups for these issues? Are they part of your target group?

2. Regarding the position of your organisation:
   a. How would you like to be involved in the subject of Sexual and Reproductive Health and Rights (SRHR)?
   b. Do you have your own policy on topics related to this matter?
   c. What are the objectives of your policies or strategies?
   d. Would you need suggestions to assist you to phrase your own position?

3. Regarding your activities:
   a. What kind of activities/services within the area of Sexual and Reproductive Health and Rights do you provide?
   b. How relevant are these activities?
   c. What are the challenges you face in implementing your activities in the area of SRHR?
   d. What role do adolescents and young people play in these activities? How do you get them involved?
   e. How do you deal with culturally sensitive issues like family planning? Other issues?

4. What are your ideas/opinions on Sexual and Reproductive Health and Rights topics, e.g.
   a. abortion
   b. family planning
   c. teenage pregnancies
   d. information for adolescents
   e. domestic violence
   f. reproductive rights
   g. sexual rights
   h. HIV and Aids,
   i. infant care (0-1 years old)

5. How do you promote/implement this vision in projects with beneficiaries of other faith groups?

6. Are there any other activities related to SRHR that you would like to implement? Please mention them.

7. What issues are dealt with by the government? Do you participate with the government in its activities pertaining to these issues? What is still lacking in government policies or practices?