



Report Expert meeting September 25th 2012

Managing Ideals and Realities; the work of faith based organisations in reproduction and sexuality

Introduction

The main focus of this meeting was the discussion related to the experiences of religious and non-religious organizations in their collaborations with religious actors in the field of reproductive and sexual health. Objective is to learn from each other, exchange ideas, and to share experiences.

Target group: individuals and organizations working with religious actors in the area of reproduction and sexuality.

Christo Greyling facilitated the expert meeting (World Vision, involved in INERELA+ and Channels of Hope).

Keynote speaker

Brenda Bartelink of the Dutch Knowledge Center on Religion and Development.

Managing Ideals and Reality: an interesting and crucial theme that intersects religion, reproductive health and sexuality

Brenda opened her speech with a quote from Father Peter, in which he refers to the crossroad of a dilemma between compassion and religious norms. The quote also illustrated the relation between religious ideals and the contingency of everyday life in which people make or have to make sexual and reproductive health choices that stand in odds with these ideals. It acknowledges the dilemma's people are confronted with.

The metaphor of the crossroad also has a positive meaning, because solutions are found for these challenges on this crossroad as well. It is good to look at the challenges and achievements in working with Faith Based Organisations (FBOs).

The key note speaker stated that religion should be more than only creating a positive or negative impact. We need to look at it as an open road, as a tool for reflection.

FBOs have a long history, they organised care etc in the past. In developing societies churches and FBOs often filled the gaps left by the (local) government, nevertheless it seems that they are also seen as strange organisations.

Reality is twofold:

1. There is a long history of engagement
2. FBOs are also under-acknowledged, this perspective changed only recently.

Two tendencies influenced this development:

- FBOs are acknowledged as important actors. Religious bodies have decided to work on reproductive health to fight HIV & AIDS, motivated to address issues of sexuality reproduction (for instance the PEPFAR programme is one of the well known initiatives).
- Secular organisations realised the impact and influence of someone's faith on reproductive health.

The AIDS policy also includes the topic of sexual education. The historical context of FBOs involvement in communities should be utilised to bring ideals and reality together as FBOs are becoming aware of their own religious identity and ideas, and of the identity of their partners.

Brenda continued to emphasis three connected academic perspectives:

1. A narrative perspective: how people shape their lives, the world, people write their own biographical identity, conflicting narratives, identity is not fixed, it is moving, it is constructed.
2. A culture perspective: we as humans have multiple identifications, religion and culture are intertwined, and both should be seen as part of the culture. In addition also connected with the

nation-state. This is contextual and open to change. E.g. change from condemning to addressing. Social morals are often dominant.

3. A practice perspective: FBOs fill a gap by giving religious meaning to sexuality, they guide choices in daily life, due to their religious ideals translated into the complex reality in everyday life. Some communities solve tensions pragmatically, for instance combining medical evidence, Christianity and local witchcraft.

These three perspectives of narrative, culture and practice help us to understand that sexual and reproductive health choices are not made based on ideals or reality, but are informed by both. People integrate the multiple and sometimes conflicting voices in their personal narratives and make pragmatic choices in everyday life. It also shows that sexuality and reproduction inherently social, and not only something individual as we see emphasized in Western health and human rights discourses. Where religious choices conflict with social pressures pragmatic choices are made. Sexuality and reproductive health has also a social dimension.

The above illustrates three important issues to look at:

1. The identity of the FBO
2. The context
3. Our own identity as western organisations.

The identity of an FBO has an important influence on the organisation itself, in the shaping of its policies, when and how they will become active. For instance, Islamic organisations became more recently involved in reproductive health illustrated by the Islamic Relief Agency (ISRA) policy document. Churches and FBOs in the Netherlands are increasingly acknowledged as key role players.

Context, partner identity and own identity is important. Partner identity:

- It explains how FBOs look at reproductive health and sexuality. Do we share the same problem analysis? If we want to influence we need to know what is feasible. E.g. difference between NGOs and FBOs, the first one is field based, the other one often hierarchical.
- Context: the context is important: it shows the urgency and possibilities. Anyone teaching should be careful not to lose credibility. Contextual knowledge of ideal and reality is important so the right communication is essential.
- Know yourself: every organisation brings in its own views, it is important for both religious and secular organisations to know each other. The Rights Based Approach is based on the liberal secular worldview, this worldview influences views on sexuality.

Responses of Buzz groups at the tables:

- Your identity affects your response. The value you have in yourself influences this.
- There is a main focus on Christians and Muslims, hardly on Hindus.
- How to bring in the dilemma of change, in particular ethical change.
- There should be a focus on sexual risks, however also emphasising sexual joy/pleasure. People are not used to talk on this part of sexuality, framing sexuality in the marriage. Discussion incorporated.
- Discussion on differences: churches realise how their approaches have been, their approach made the people 'sinners' related to HIV/Aids, but also family planning. How do you overcome the gap between ideal and reality.
- Are there more joyful ways to bring in HIV/Aids topic, for instance with theatre etc. This is usually not an issue on the work-floor, in the communities. It might be with the real decision maker such as the bishop, This kind of a creative dialogue doesn't give a clear standpoint, could be utilised specifically for within hierarchical contexts.
- First of all: 'know yourself', and then start a dialogue. Define your own vision and policies.

Response of Dr Nyambura Njoroge (EHAIA), World Council Churches

Dr Nyambura has been working in an ecumenical setting, addressing HIV/AIDS, and the intersection between gender and domestic violence. She is involved in discourses with all kinds of FBOs, churches in both global North and South. It is much about relationships, dialogue in conflict situations.

Know your context, know your partner, know yourself.

Knowing is a key word, knowing your partners also means that you know yourself and their contexts which is the greatest challenge we face. Especially due to the historical baggage of how Africa has

been perceived by the West for many centuries and some of the mistrusts that prevail in certain contexts. Cultural complexities in a globalized world are another aspect that makes our task rather overwhelming.

Three books recommended:

1. *African sexualities: A reader* (edited by Sylvia Tamale, Pambazuka Press, 2011. Especially page 313-339 by Beth Maina Ahlberg and Asli Kulane.
2. *Colonising African Values: How the US Christian Right is Transforming Sexual Politics in Africa* by Kapya John Kaoma, A publication of Political Research Associations, 2012.
3. *Walk at Midnight: Journeying with Abused Women and Girls Towards Inner Dignity & Wholeness* by Catherine M. Wanjohi, Panel Media, 2010.

What are Africans saying about the current discourse on development, rights approach, sexuality and reproductive health policies and practice.

- Africa has a dynamic, vibrant and youthful citizenry.
- Africans (academia and rituals) are interrogating what maintains the global inequality. Africa is not poor, what are the causes of poverty and inequality. Why do we need the Dutch government?
- What is missing is the power dynamics, the African woman has been depicted as a passive victim, but they are very powerful.
- African women and men are questioning the research methodologies that are used from Western academia that tend to ignore the world view of the researched, people's knowledge systems and cultural realities. For instance the mother-in-law is very powerful, she decides how many children will be born etc. Unpack this power.
- US Christian rights is destroying the power balance, they are shaping the discourse; homophobia and demonising the discourse on sexuality according to African setting. HIV in Africa: we need to address politics, poverty, religion etc. An holistic approach is needed, including peer pressure: the young people are coming together, they have solutions, innovations take place.

Suggested Solutions:

- Single issue campaigns fail to tackle the complex nexus of gender inequality, cultural norms, power dynamics and poverty within which SRHR concerns are rooted and their effectiveness has been undermined.
- Responding to HIV pandemic with a holistic approach to multi-faceted life-threatening issues is an old-age practice among African communities.
- Tap into local knowledge.
- Build on existing institutional innovations by movements and networks, for instance the *Circle of Concerned African Women Theologians* and *African Partnership for Sexuality and Reproductive Health and Rights for Women and Girls*.
- Collaborative partnerships in multidisciplinary learning, research and writing is needed.
- Facilitation of people's representation and in particular women, girls and people living with HIV and people with disabilities.

Workshops

1. *Dialogue with and support to religious leaders.*
 - a. Juan Walter from the GGD Amsterdam together with 2 religious leaders presented experiences in developing the Training of Trainers manual on sexual health.
 - i. The religious leader takes on a preventive and counseling role with regard to sexual health in their community.
 - ii. The religious leader who also wants to train their religious colleagues will have acquired a sufficient basis to do so.
 - b. Christo Greyling presented initiatives from the international field developed to support faith and religious leaders in their work such as the Channels of Hope Training of trainers and the network of religious leaders infected or affected by HIV and AIDS (INERELA+).
 - i. Religious leaders are going through a change and become powerful change agents. See for example the vision of INERELA: a world where HIV and AIDS related stigma, infections and deaths are eliminated.
 - ii. SAVE and SSDDIM are developed.
 - iii. Channels of Hope involve all layers of society.

2. *What can be offered to religious leaders in order to support their communities.*
Tools and methodologies are shared that support religious leaders and key lay people with faith based communities.
 - a. Dr Njoroge presented experiences of the Ecumenical HIV/aids Initiative Africa (EHAIA) especially with Contextual Bible Studies, e.g. the Tamar Campaign.
 - b. Mrs Albrecht presented three methodologies SOA/Aids Netherlands has developed to support faith and religious leaders in their work.

3. *Dealing with sexual and reproductive health for within faith based institutions (schools and health centres).*
 - a. Jo Reinders from Rutgers WPF shared experiences with the Comprehensive Sexuality Education (CSE) programme introduced in Ethiopia, Uganda, Kenya, Indonesia, Pakistan etc.
 - b. Yuri Ohrichts shared about this work in the Netherlands including the website 'Geen Taboes' (No taboos).
 - a. Geertje van Mensvoort from Cordaid mentioned the challenges surrounding sexual education and services for unmarried youth. She also presented their research among Catholic service providers on 'Religious and cultural influences on clients' ability to make informed decisions about their sexual and reproductive health'

Summary of Lessons Learned and Challenges

Feedback workshop 1

Lessons learnt:

- Religious leaders need to realize that they are also sexual beings before topics about sexual health can be addressed.
- In trainings a lot of reflection is needed on people's own self.
- GGD: religious translation is left to religious leaders themselves, link communities to faith leaders.
- Compassion is important in (most) religious societies hence make use of religious principles
- Faith leaders are door openers to communities.
- We should actively link communities with faith leaders.
- Because Family Planning (or birth control) is a loaded term, it is better to talk about Healthy and Timely Spacing of Pregnancies.

Challenges:

- The question 'Who is a religious leader' (more or less educated, appointed or self chosen); World Vision: everybody who has a leading role in a faith community, incl. e.g. youth leaders
- Tension between body and spirit (teaching about sexual health versus spiritual teachings).
- There is often wishful talking/answers.
- Be aware of judgmental language. (the 'us' and 'them')
- Tension between theology and practice.

Feedback workshop 2

Lessons learnt:

- Time and long term planning needed (Because of complexity of issues, of working on trust, working through dialogue in itself takes time)
- - Connect people to their strengths when discussing sensitive issues. This gives people a basis to look at other aspects which might be more difficult (such as gender)
- It is often easier to start working in the community than to start working with religious leaders, religious leaders have a certain status within their community, how open can they be about their private lives, experiences etc. Power (taken and given) might play a role in this as well
- Be aware of power relations/issues.
- Working from the Bible is often perceived as contra-productive, static, while experiences show that working with the Bible, making connections to the actual context, with an open and respectful facilitation can be very supportive/empowering for people. This is often ignored due to our predisposition.

Challenges:

- How do we create *sustainable* involvement of religious leaders and communities?
- How do we deal with sexual health issues among communities (holistic or ...)?
- Many subjects are being put on the agenda of communities, their religious leaders, they are feeling overwhelmed by the demand.

- Connecting different levels, community to district, district to national, or religious leader to health centre, school etc.
- Underestimation of importance of power-relations/issues.
- Long-term commitment needed.

Feedback workshop 3

Lessons learnt:

- Work bottom-up. Also in curriculum development, with students and teachers.
- Put it in local context. E.g. discuss intercourse only within marriage setting, the listeners will be able to filter out what they need for themselves.
- Start at the rights perspective. What rights do they have?

Challenges:

- Conservative groups, hard, especially for LGBT.
- Take small steps.
- Realise yourself that the view of the organisation needs to be adapted. Identity needs to be reviewed, reflected upon.
- Value based approach sometimes conflicting with Rights based approach. Not easy to find commonality.

Panel discussion: What are the essentials we have to focus on?

Cordaid panel member:

- Know the partner
- Know the context,
- Know yourself.

Hindu priest panel member:

- Know your body
- The body is an instrument to grow spiritually, sexuality is part of life, religion also allows you to enjoy your sexuality.

Key Note Speaker:

- Practice in coordination of stakeholders, to address the gap between ideal and reality.
- There are many nuances in reality. Share experiences. Both secular and religious leaders need each other.

Co referent:

- To have such a workshop in Africa, to bring FBOs, indigenous leaders etc together to discuss this gap. Do not compete negatively, but support each other. Tensions are real and need to be discussed also in the African continent; Africans need to be viewed as leading agency.

Responses from the audience:

- More FBOs should be brought in the discussion.
- Combine work in community with the work in the FBOs.
- How can we connect the migrant orgs, the migration history influences how they perceive religion. Suriname was more advanced in their way of thinking. Surinamese in the NL are stuck in their way of life. Combine these both forces: migrants here and their home countries.
- Allow people to meet together in a safe place. Without condemnation.
- Many issues are shared all over the world.

Looking back at the seminar, many participants voiced the usefulness of meeting together:

- There are many resources available.
- Many similarities.
- Awareness raising.
- Sustainability issues should be addressed.
- Same challenges.
- Methods could be shared.

Attachments to the report

Lecture Mrs Brenda Bartelink (Keynote speaker)

Response of Dr Nyambura Njoroge (EHAIA), World Council Churches

Presentations of workshops (except presentations of World Vision and SANI which can be requested separately through info@prismaweb.org)

Annex 1 Short information about presenters

Brenda Bartelink

Brenda Bartelink is a Senior Project Officer for the Knowledge Center on Religion and Development. As such she is a 'knowledge broker' between Dutch development organisations and the the Academic Study of Religion and International Development. She is organizing events and setting-up projects within this wide thematic field, benefitting from her specialist knowledge on the relation between religion, gender, sexuality and HIV/AIDS.

Within the theme of religion and development, she has a specific interest in how relations between western (Dutch) faith based organisations and their partners in East Africa are shaped in the current post colonial context. The dissertation she is working on focuses on how projects around the prevention of HIV/AIDS and sex education are influenced by secular and religious views on modernity, progress and development.

Nyambura Njoroge

Nyambura Njoroge is a Presbyterian minister and a leading theologian and ecumenist from Kenya. She is the Programme Executive of the Ecumenical HIV and AIDS Initiative in Africa (EHAIA) of the World Council of Churches in Geneva, Switzerland. She has published on theology of lament, gender and theology, the HIV pandemic and ecumenical theological education. She is a founding member of the Circle of Concerned African Women Theologians and a member of INERELA+ (International Network of Religious Leaders living with or personally affected by HIV and AIDS).

Christo Greyling

The Rev. Christo Greyling is World Vision's Director on Faith Partnerships in Development. In his former position as global advisor on HIV and AIDS, Greyling worked to mobilize equip faith communities throughout the world to participate in the fight against HIV/AIDS. Greyling was instrumental in developing the *Channels of Hope* methodology which achieves to break stigma and equip faith leaders and local congregations to respond effectively to the HIV/AIDS needs in their area. Greyling tested HIV positive in 1987. He publicly disclosed his status in 1992, while serving as a reverend in the Dutch Reformed Congregation of Windhoek-West in Namibia. Since then he has been involved in several projects to combat stigma, and to enable and equip individuals, communities and churches to respond with compassion and effective programming. Greyling serves on the board of INERELA+ (the International Network of Religious leaders infected or personally affected by HIV/AIDS).

Juan Walter

Juan Walter is Public Health Promotor at the Municipal Health Service Amsterdam (GGD), working specifically with migrant communities in Amsterdam. Communities and churches are being supported by the planning and implementation of STI and HIV prevention. This has resulted in a growing commitment of these organizations on sexual health of the different target groups. Together with religious leaders he has facilitated the development of a Training of Trainers manual. He has been nominated for the Connecting Differences Award.

Marcia Albrecht

Marcia Albrecht is an interim programme manager of the ethnic minority programme of SOA AIDS Netherlands and as such working on addressing HIV and STIs among ethnic minority groups in the Netherlands. The programme collaborates with different communities within ethnic minority groups and with health workers.

She is also owner of Marcia Albrecht Consultancy (MAC). MAC is a network organization with opportunities through cooperation with skilled professionals in training, project development, implementation of policy and governance in the field of welfare, health, youth, safety and (domestic) violence.

Jo Reinders

Jo Reinders is a (NVVS) sexologist, technical advisor 'Youth and Sexual Health' of Rutgers WPF and expert in Comprehensive Sexuality Education (CSE). His main expertise is to help local partners developing and implementing in local ownership evidenced-based, contextualized CSE programs, including Rutgers WPF's computer-based program 'the World Starts With Me' (WSWM; see www.theworldstarts.org for the Ugandan version). WSWM is currently addressed in 4 African (Uganda, Kenya, Ethiopia and starting in Ghana) and 4 Asian countries (Indonesia incl. Papua,

Thailand, Vietnam and Pakistan) in different settings such as primary and secondary schools, teacher colleges, institutions for deaf and blind youth and youth prisons.

Yuri Ohlrichs

Yuri Ohlrichs is since 1995 experienced as teacher, trainer, coach and consultant on sexual health education and communication about sexuality. His main activities are implementing and evaluating of educational materials, training manuals, workshops, training, class sessions and curricula. Target groups are children, young people and professionals in primary, secondary and higher education, mental and physical healthcare, refugee camps and prisons.

Since 2006 he acquired international experience in consulting and training of peer educators, youth counselors and trainers in communication on sexual health in Africa (Mali, Malawi, Rwanda, Somaliland, Uganda) and Asia (Bangladesh, China).

Geertje van Mensvoort

Geertje van Mensvoort is policy officer women's health for the Catholic Organization Relief and Development Aid (Cordaid) in the Netherlands. She is among others working on the issue of SRHR and Faith Based Organizations and has coordinated a study over Informed Decision Making among on Sexual Reproductive Health among Catholic Partner organizations in DRC, Malawi en South Africa.

Annex 2 List of Participants

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