



Faith, Gender & Sexuality: A toolkit

Resources for faith practitioners

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Sexual & reproductive health & rights: Overview

This module aims to support faith leaders and communities to understand and promote sexual and reproductive health and rights (SRHR). It offers information as well as faith-based case studies and practical tools to promote SRHR.

- Lack of access to sexual and reproductive health care is a significant global health concern for men, women, trans people and intersex people around the world. In Africa, **less than one-third of the population has access to sexual and reproductive health services**.
- In sub-Saharan Africa, where a large numbers of people live in poverty, **women's** sexual and reproductive health is undermined by gender inequality and other factors that imping on women's freedom to make decisions about sex and reproduction.
- In understanding SRHR it is also important to consider those that are **marginalised and/or vulnerable**. This could be because of their age (both young and old), ability, gender identity, sexual orientation or they are living with HIV. Most SRH policies fail to take into account the needs of individuals who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI).
- Faith leaders, as influential members of community, have an **important role to play** in addressing these and other SRHR related challenges.

Why SRHR matters

Sexual and reproductive health rights include the right to dignity, autonomy, privacy, information and health.

Improving SRHR matters for promoting gender equality, and because investment in SRH has personal, social and economic benefits, including: saving and improving people's lives; slowing the spread of HIV; encouraging greater equality across genders; providing essential support to LGBTI people who have, historically, been excluded from accessing sexual and reproductive health services in most parts of the world. Improved access to SRHR can also stabilise population growth and reduce poverty.

Definitions

This section offers a set of definitions and links to more information about:

- [Sexual and health rights](#) [1]

- [Reproductive health](#) [2]
- [Reproductive rights](#) [3]

Sexual health and rights

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

[Read more: Sexual health](#) [4]

'The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws.

Sexual rights critical to the realization of sexual health include:

- Rights critical to the realization of sexual health include:
- The rights to equality and non-discrimination
- The right to be free from torture or to cruel, inhumane or degrading treatment or punishment
- The right to privacy
- The rights to the highest attainable standard of health (including sexual health) and social security
- The right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- The right to decide the number and spacing of one's children
- The rights to information, as well as education
- The rights to freedom of opinion and expression, and
- The right to an effective remedy for violations of fundamental rights.

The responsible exercise of human rights requires that all persons respect the rights of others.

The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.' (WHO, 2006a, updated 2010)

[Read more: Defining sexual health](#) [5]

Reproductive health

Reproductive health is a state of complete physical, mental, and social wellbeing – and not merely the absence of disease or infirmity – in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if and when and how often to do.

[Read more: Reproductive health](#) [6]

Reproductive health in Islam: A redefinition

Taking note of the socio-cultural dimensions of reproductive health, the international definitions of reproductive health can be adapted to make them acceptable to, and adoptable by, Islamic countries.

The proposed adaptations are as follows:

- Within the framework of Islamic teachings, reproductive health implies the ability of women and men to live from birth to death with reproductive choice, dignity and to be reasonably free of reproductive health diseases and risks.
- In addition, the ability of a married couple to enjoy marital sex without fear of infection, unwanted pregnancy, or coercion; to regulate fertility without risk of unpleasant or dangerous side effects; to go safely through pregnancy and childbirth; and to bear and to raise healthy children.

[Read more: Muslim Perspectives on Reproductive Sexual Health Issues \[7\]](#)

Reproductive rights

Attaining the goals of sustainable, equitable development requires that individuals are able to exercise control over their sexual and reproductive lives.

This includes the rights to:

- Reproductive health as a component of overall health, throughout the life cycle, for both men and women.
- Reproductive decision-making, including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children and the right to have access to the information and means needed to exercise voluntary choice.
- Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender.
- Sexual and reproductive security, including freedom from sexual violence and coercion, and the right to privacy.

[Read more: Supporting the Constellation of Reproductive Rights \[8\]](#)

Challenges

This section offers examples of and information on some of the challenges in the promotion of sexual and reproductive health and rights (SRHR):

- [Inadequate policies \[9\]](#)
- [Sexual and other forms of gender-based violence in crises \[10\]](#)
- [Working with men and boys as partners rather than perpetrators \[11\]](#)

Inadequate policies

While many countries lack progressive SRHR laws and policies, even when they are in place, many still fail to address the

needs of marginalised groups. In some countries, national policies mandate the provision of SRH care through the public sector when SRH is considered to fall under the category of 'family planning'. Therefore, any individual who is not engaging in heterosexual relations may be subject to additional fees or even denied care on the grounds that they are not in need of family planning/pregnancy preventive services. People living with HIV/AIDS may also have specific SRH health care needs that are not adequately addressed by mainstream SRH policies.

Want to learn about the sexual and reproductive health challenges experienced by HIV-positive women in South Africa?

[Read more: Sexual and Reproductive Health Rights of Women Living with HIV in South Africa, by Alexandra Muller and Hayley MacGregor \[12\]](#)

[Read more: Teaching lesbian, gay, bisexual and transgender health in a South African health sciences faculty: addressing the gap \[13\]](#)

Effective implementation of sexual and reproductive health policies can be hampered by general weaknesses in the public health system that stems from lack of financial and human resources. The legacy of inequalities in health also continues to negatively impact access to healthcare. In addition, some social and economic factors and practices as well as certain detrimental cultural traditions impede progress in SRHR around the world. Civil society and its organisations have played a significant role in bringing about progress internationally and in some countries in our region.

Sexual and other forms of gender-based violence in crises

Sexual and gender-based violence (SGBV) are increasingly reported in situations of complex emergencies (e.g. involving political instability and armed conflict). The term 'sexual and other forms of gender-based violence' comprises not only rape and attempted rape, but also sexual abuse, sexual exploitation, forced early marriage, domestic violence, marital rape, trafficking and female genital mutilation.

These acts of violence can lead to serious consequences to physical and psychological health and social well-being. WHO is working to strengthen the health sector's response to SGBV as part of a comprehensive approach to prevention of and response to this health and human rights concern.

[Read more: Supporting the Constellation of Reproductive Rights \[14\]](#)

Working with men and boys as partners rather than perpetrators

For a long time gender equality has been seen as the sole domain, and sexual and reproductive health as the sole responsibility, of women. There is now increasing recognition, as reflected in international agreements, that engaging men and boys in sexual and reproductive health is central to building more equitable societies.

It is also essential to engage men and boys in order to promote sexual and reproductive health and rights (SRHR), and to prevent HIV and AIDS, unsafe abortion and gender-based violence. By leaving men and boys out of the gender equation we may fail to effectively challenge the systems and processes that often control and limit women's SRH behaviour and restrict their access to services.

Moreover, engaging men and boys is essential to improving their own health, as well as the health outcomes of women

and children. IPPF is has been undertaking pioneering work on engaging men and boys for many years, reflecting the organisation's commitment to identifying and addressing men's and boys' own SRH needs and ensuring that men and boys fully understand and promote gender equity and the SRHR of men, women and young people.

This commitment applies to males of all sexual orientations, including those who have sex with other men (homosexual, bisexual and transgender) and regardless of HIV status, age, disability, race or religion.

[Read more: Men and boys in sexual and reproductive health rights \[15\]](#)

Opportunities

This section offers examples of and information on some of the opportunities in the promotion of sexual and reproductive health and rights (SRHR):

- [Youth \[16\]](#)
- [Religious leaders and faith communities \[17\]](#)

Youth & sexual and reproductive health and rights

Programs for adolescents have proven most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programs that responds to those needs. (ICPD PoA, Paragraph 7.43)

Sexual and Reproductive Health and Rights encompass physical, emotional, psychological and social wellbeing with regards to sexuality and reproduction. To guarantee sexual and reproductive health, young people's human rights need to be recognized, and perhaps even more importantly, exercised. This includes young peoples' right to have access to the information and services required to make informed decisions about their health and sexuality, free from coercion and violence. Moreover, it also means that every individual has the right to experience their sexuality and sexual relations in a positive and pleasurable way and to be free from illness, pressure, discrimination, force and violence. Mutual consent, equality, respect and pleasure form the basis of these universal human rights. These rights apply to everyone, regardless of age, gender, marital status, ability, HIV status, sexual orientation, economic, cultural, social or religious status, geographic location or other status.

[Read more: Youth-led Organizations & SRHR: A step by step guide to creating sustainable youth-led organizations working on Sexual and Reproductive Health and Rights \[18\]](#)

Religious leaders and faith communities

Faith-based organisations are a crucial building block to the achievement of sexual and reproductive health and rights worldwide. There is however, wide diversity among religious leaders and faith communities regarding their attitudes around the issues of sexual and reproductive health and rights.

UN Delegation of Religious Leaders Call for Action on SRHR

On 19 September 2014, religious leaders from around the world gathered at the United Nations to issue a powerful call for action on SRHR. This statement was issued in advance of the 69th session of the UN General Assembly, which featured a Special Session on the International Conference on Population and Development (ICPD) Beyond 2014.

'We acknowledge our responsibility to safeguard the dignity and human rights of all people with our actions, our words and through our respective platforms,' said the statement. '...We affirm that sexual and reproductive health are part of human rights, and as such, must be guaranteed by governments.'

The statement notes that access to SRHR; preventing gender-based discrimination, violence and harmful practices; upholding gender justice; ensuring every pregnancy is wanted and every birth is safe; providing age-appropriate sexuality education; promoting the health, education and participation of youth and adolescents; preventing, treating and caring for people with HIV/AIDS; supporting family planning; and respecting the human body are all necessary and central to the sustainability of the development agenda. In particular, the statement called upon the UN system and member states to ensure that sexual and reproductive health and rights are prioritized within the post-2015 development framework.

Activities

These activities are designed for groups and they can be conducted in multi-faith settings. They cover controversial topics through group discussion and organised debate and give participants a chance to understand multiple sides of critical SRHR debates, including access to contraception and abortion.

Activity 1: The role of religious leaders in promoting SRHR (90 minutes)

This activity allows participants to explore the role of religious leaders in promoting sexual and reproductive health and rights (SRHR). Working in groups they will focus on the role of religious leaders in promoting SRHR and consider how they can engage their communities around issues of choice, equality.

[Download the pdf of this exercise](#) [19]

Activity 2: Debating SRHR (60 minutes)

This activity introduces two 'hot topics': the promotion of contraceptives access in schools and the right for women to access abortion without consent. The aim is twofold: first, to encourage introspection and second, to provide an opportunity to consider 'the other side'. The participants will work in for groups. Two will take one topic and two the other. Each group will take a different side of the argument and prepare for the debate at the end.

[Download the pdf of this exercise](#) [20]

Case studies

These case studies are taken from Pathfinder International's 'Advancing Reproductive Health through Religious Leaders and Faith-Based Organizations'. Pathfinder International partners with local governments, communities, and health systems in developing countries to remove barriers to critical sexual and reproductive health services. The case studies cover the education of and outreach to Christian and Muslim religious leaders in Egypt and Ethiopia.

[Read more: Advancing Reproductive Health and Family Planning through Religious Leaders and Faith-Based Organizations \[21\]](#)

Egypt

Upper Egypt (the land on both sides of the Nile valley) is a rural area with strong religious beliefs. It is home to Coptic Christians as well as Muslims. As part of the TAHSEEN (from the Arabic phrase tahseen sihitna bi tanzeem usritna – ‘improving our health by planning our families’) project, Pathfinder has helped educate 254 male and 24 female Christian and Muslim religious leaders (including the wives of some clergy), about family planning methods, birth spacing, the risks associated with early marriage, early childbearing, and female genital cutting, the benefits of breastfeeding, antenatal, postnatal, and post abortion care, and the prevention of sexually transmitted infections.

Pathfinder research showed that untrained religious leaders either misunderstood birth spacing, or considered it unacceptable in their religion. They believed that their role in promoting birth spacing should be limited, and some felt that men should make all family planning decisions because women are not capable of learning about it on their own. After a series of seven Pathfinder seminars, most clergy came to support birth spacing and can now cite passages of scripture in support of it. They are likely to support men’s positive involvement in family planning, but recognize that women are capable of learning about reproductive health and making decisions about family planning in conjunction with their partners. Leaders have come to accept that they can and should play a role in educating their congregations about healthy practices.

As part of their training, these leaders learned how to best communicate with youth, men, and newly married couples. They spread the message through counselling, sermons, and public meetings, bolstering their lessons with verses from scripture, including a verse in the Koran that advises women to breastfeed for two years. The religious leaders’ support has been invaluable in assuring rural communities that Pathfinder’s approach to family planning and reproductive health is consistent with their religious beliefs.

Through focus group discussions Pathfinder found that both men and women in Egypt believe that it is a man’s right to control his wife. Some men even quoted the Koran to support the view. Pathfinder worked with Muslim and Christian leaders, and an expert on Shari’a Law from Al Azhar University to develop *Women and Religion*, a booklet outlining women’s rights, ways to reduce gender-based violence, and promote healthy communication between spouses.

Ethiopia

Ethiopia’s population is divided between followers of Islam and the traditional Coptic Christian Church. While the use of modern contraception among women in Egypt has reached an impressive 56.5 per cent, only 13.9 per cent of Ethiopian women of reproductive age use a modern method of birth control and on average have 3.1 children

Pathfinder felt the Ethiopian partners could benefit from a study tour to see how Egyptian religious leaders have been involved in family planning and reproductive health programs. In 2003, the TAHSEEN project in Egypt organised a visit from an eight-person Ethiopian delegation representing the Ethiopian parliament, the Muslim Development group, the Ethiopian Islamic Affairs Supreme Council, the Orthodox Christian Development group, and Pathfinder International/Ethiopia.

Delegates realized that the Egyptian government’s commitment to family planning projects and their willingness to collaborate with religious leaders and NGOs was a fundamental factor in their success. The language used surrounding family planning issues was also found to be important. The Egyptians have found that terms such as ‘family welfare’ or ‘family health’ are more amenable to their constituents than ‘family planning.’ Egypt had more success presenting family planning as a solution to health issues, rather than an issue concerning population size.

Upon returning from Egypt, the Ethiopian delegation participated in the filming of a documentary that Pathfinder has used to promote family planning. The delegation also made a series of presentations about what they learned to the federal parliament, two local government assemblies, and two groups of religious leaders. The advocacy meetings with over 250 religious leaders in both the Tigray and Amhara regions of Ethiopia.

Presentations covered how family size affects household economy and family health, the impact of population size on development and the environment, and the effects of harmful traditional practices such as female genital cutting and early marriage and childbirth.

At the end of each two-day session the religious leaders developed a position statement declaring their views on the topics discussed. After much discussion and debate, the leaders agreed that:

- With the approval of the religious hierarchy, husbands and wives should limit the number of children they have, both for the economic benefit of the family, and the environment.
- Harmful traditional practices such as female genital cutting, marriage by abduction, early marriage, rape, and unsafe abortion are not required by the Bible or Koran, and therefore should be condemned.

One of the reasons the religious leaders were open to making these declarations was their observation that family planning and reproductive health services fit into the Egyptian culture, a culture religiously similar to their own, and that these services benefited both the health and economic situation of the country.

The Ethiopian government's Plan for Accelerated and Sustained Development to End Poverty reflects a significant shift in acknowledging the clear relationship between family size and poverty. Some regional governments have already allocated funds for distribution of contraceptives.

Further reading

There are many useful resources on this topic. We've selected a few and include a brief description of each resource under the link, so that you can see if it's something you'd like to read more about. If you have additional resources you would like to share through this toolkit, please send them to us by email at spl@ids.ac.uk

Source URL: <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-reproductive-health-rights-overview>

Links

- [1] <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-and-reproductive-health-and-rights/definitions>
- [2] <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-and-reproductive-health-and-rights/definitions/reproductive-health>
- [3] <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-and-reproductive-health-and-rights/definitions/reproductive-rights>
- [4] http://www.who.int/topics/sexual_health/en/
- [5] http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
- [6] http://www.who.int/topics/reproductive_health/en/
- [7] <http://www.arsrc.org/features/muslims-perspectives-on-reproductive-sexual-health-issues.html>
- [8] <http://www.unfpa.org/resources/supporting-constellation-reproductive-rights>
- [9] <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-reproductive-health-rights/challenges/inadequate-policies>
- [10] <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-and-reproductive-health-and-rights/challenges/violence-crises>
- [11] <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-and-reproductive-health-and-rights/challenges/working-men-and-boys>

[12]

http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/2633/Final.pdf?sequence=1&utm_source=idswebsite&utm_medium=pdf

[13] <http://bmcmmededuc.biomedcentral.com/articles/10.1186/1472-6920-13-174>

[14] <http://www.who.int/hac/techguidance/pht/SGBV/en/>

[15] <http://www.ippf.org/our-work/what-we-do/sexual-rights/engaging-men-and-boys-srhr-and-hiv-aids>

[16] <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-reproductive-health-rights/opportunities/youth-sexual-and-reproductive>

[17] <http://spl.ids.ac.uk/sexuality-gender-faith/sexual-and-reproductive-health-and-rights/allies-promoting-sexual-and-reproductive>

[18] <http://www.youthcoalition.org/news/youth-led-organizations-srhr-step-step-guide-creating-sustainable-youth-led-organizations-working-sexual-reproductive-health-rights/>

[19] http://spl.ids.ac.uk/sites/spl.ids.ac.uk/files/module_2_activity_1.pdf#overlay-context=sexuality-gender-faith/sexuality-and-gender-diversity/activities

[20] http://spl.ids.ac.uk/sites/spl.ids.ac.uk/files/module_2_activity_2.pdf#overlay-context=sexuality-gender-faith/sexuality-and-gender-diversity/activities

[21] <http://www.pathfinder.org/publications-tools/pdfs/Advancing-Reproductive-Health-and-Family-Planning-through-Faith-Based-Organizations.pdf>