JOINT LEARNING INITIATIVE on
FAITH & LOCAL COMMUNITIES

Faith Actor Partnerships in Adolescent Sexual and Reproductive Health

A Scoping Study

A joint work of the Joint Learning Initiative on
Faith & Local Communities in collaboration with:

Islamic Relief Worldwide

FAITH TO ACTION NETWORK

World Vision

under the umbrella of:

PaRD
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Introduction

The International Partnership on Religion and Sustainable Development (PaRD) convenes governmental, intergovernmental entities, and non-governmental organizations, including those that are faith-based, to "engage the social capital and capacities vested in diverse faith communities for sustainable development and humanitarian assistance in the spirit of the 2030 Agenda for Sustainable Development. PaRD aims at greater and institutionalized communication and coordination between secular and non-secular actors, while fostering new synergies through cooperation and collaboration of its members."[1] PaRD's knowledge partner is the Joint Learning Initiative on Faith and Local Communities (JLI). The JLI is an international collaboration focused on building and communicating the evidence base on the roles of religions in sustainable development.

One of PaRD's focus areas is Sustainable Development Goal (SDG) 3 on good health and wellbeing.[2] Within its mandate of enhancing partnerships at the nexus of religion and development, PaRD's SDG 3 work-stream commissioned this study to examine work with faith actors in the area of Adolescent Sexual and Reproductive Health (ASRH) services and information.

According to the World Health Organization (WHO), adolescents are those aged between 10-19 and youth are those aged between 15-24. "Young people" is the term used to describe the entirety of this group aged between 10-24.[3] However, as the WHO "guidance on ethical considerations in planning and reviewing research studies on sexual and reproductive health in adolescents" highlights,[4] in some contexts and jurisdictions, the same age group may be variably defined as "young people," "youth," (including young people up to age 30), or even "children." This report includes sources even if they do not focus primarily on "adolescents," but address the same or similar age groups using other terms. We use the broad term "faith actors" to encompass a variety of actors. These actors may be centralized or decentralized, global or local, grassroots or high-level, and operate formally or informally at different levels, often across institutional and territorial boundaries, and in practical and/or theoretical domains. This allows for reflection on the diversity of faith groups and engagements. In some cases, there is a specific need to delineate between international faith-based organizations (iFBOs) and local and national faith actors (LNFAs).

For the purpose of this study, we understand Adolescent Sexual and Reproductive Health (ASRH) as a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction. To that effect, the objective of ASRH work is not simply achieving an absence of disease, dysfunction, or infirmity among adolescents. All adolescents have the right to make decisions governing their bodies and to access services supportive of that right. ASRH services and information encompass direct services, mobilization and outreach efforts, and advocacy campaigns on different themes including but not limited to comprehensive sexuality education (CSE), HIV/AIDS and other Sexually Transmitted

1 International Partnership on Religion and Sustainable Development (PaRD), http://www.partner-religion-development.org/about/vision-and-structure/.
2 United Nations, Sustainable Development Goal 16, "Progress of Goal 16 in 2019," https://sustainabledevelopment.un.org/sdg16.
3 World Health Organization, "Adolescent Health and Development," http://www.searo.who.int/child_adolescent/topics/adolescent_health/en/.
4 World Health Organization, "WHO | Guidance on Ethical Considerations in Planning and Reviewing Research Studies on Sexual and Reproductive Health in Adolescents," http://www.who.int/reproductivehealth/publications/adolescence/ethical-considerations-srh-research-in-adolescents/en/.

Infections (STIs) prevention and treatment, and family planning. We acknowledge definitions of ASRH and its components are the object of different interpretations due to the sensitivity of the issues involved, especially for faith actors. These issues are discussed further in this study. Recent studies have reviewed the state of evidence on some interrelated topics. For this reason, child marriage,[5] Female Genital Mutilation (FGM) and Gender Based Violence (GBV) generally,[6] or ending violence against children (EVAC)[7] are not included, but links to these reports are included as endnotes.

Adolescent pregnancy and childbirth are prevalent worldwide and contribute significantly to maternal and child mortality with "approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years giv[ing] birth each year in developing regions" and "complications during pregnancy and childbirth… leading cause[s] of death for 15 to 19 year-old girls globally."[8] ASRH services and information need to be prioritized amongst faith-based, governmental, and intergovernmental actors.[9] Countries that restrict people's access to sexual and reproductive health information and services are those where the influence of religious faith is particularly strong. This demonstrates both the negative effects religions can have by limiting ASRH information and services, but also the potential for faith-based actors to advance access and information dissemination in this area.

Many faith-based, governmental, and intergovernmental actors provide adolescents with sexual and reproductive health services and information. Partnerships between these 3 actors exist at many levels and through non-governmental organizations (NGOs) acting as brokers. Their areas of engagement range from promoting access to health services and developing legal frameworks to shaping supportive social institutions, traditions, norms, and promoting knowledge, awareness, and empowerment.

The overarching objectives of this study is to examine faith actor roles in ASRH and partnerships between faith-based, governmental, and intergovernmental actors that promote access to ASRH services and information. An analysis of the opportunities, challenges, and lessons that enhance partnership effectiveness in also included.

Research questions:

- What types of partnerships exist between faith actors, governmental and inter-governmental institutions in ASRH service provision and information dissemination?
- What are the challenges and opportunities in implementing such partnerships?
- What lessons can be drawn from existing practice, and what recommendations can be made for future partnerships in order to enhance effectiveness?

5 Elisabeth le Roux and Selina Palm, "What Lies beneath? Tackling the Roots of Religious Resistance to Ending Child Marriage," Girls Not Brides, Stellenbosch University, 2018, https://www.girlsnotbrides.org/resource-centre/what-lies-beneath-tackling-the-roots-of-religious-resistance-to-ending-child-marriage-2/.

6 Elisabet Le Roux and Brenda Bartelink, "No More 'Harmful Traditional Practices': Working Effectively with Faith Leaders," Washington D.C.: Joint Learning Initiative on Faith and Local Communities; Tearfund; UK AID, 2017, https://jliflc.com/resources/no-harmful-traditional-practices-working-effectively-faith-leaders/.

7 Carola Eyber and Selina Palm, "A Mixed Blessing: Roles of Faith Communities in Ending Violence against Children" Washington D.C.: Joint Learning Initiative on Faith and Local Communities, 2019, https://jliflc.com/resources/a-mixed-blessing-roles-of-faith-communities-in-ending-violence-against-children/.

8 WHO, "Adolescent Pregnancy: Key Facts," February 23, 2018, https://www.who.int/en/news-room/fact-sheets/detail/adolescent-pregnancy.

9 Ganchimeg T, et al. "Pregnancy and Childbirth Outcomes Among Adolescent Mothers: A World Health Organization Multi-country study," (blog), 2014 (S Suppl 1), 40-48.

Methodology

This scoping study follows the same format as other JLI scoping studies.[1] This includes a brief background review of existing literature and follow-up interviews with key informants to fill gaps in the literature (such as geographical, organizational, and religious representation gaps). We also conducted a survey to produce an overview of partnerships between faith- and non-faith based actors on ASRH.

Background review

We considered 144 articles with systematic searches conducted in English, Arabic, French, Spanish, German, and Italian on different websites (Google Scholar, ALNAP, ReliefWeb and Microsoft Academics). PaRD work-stream members were also requested to submit relevant reports. This was a limited review of the literature given time constraints, but thanks to the support of several key academics and practitioners we were able to pinpoint some of the main resources quickly. While this is not a comprehensive literature review, it serves to demonstrate what is currently known and as background for the findings from the survey and interviews. The material reviewed included academic and grey literature (faith- and non-faith-based organizations' reports and programs).

From these searches, we found there was more literature on ASRH and religion regarding Christianity, family planning, HIV/AIDS, sub-Saharan Africa, the United States, and comprehensive sexuality education (CSE). We found more limited information on Islam, sexually transmitted infections (STIs), Asian countries, and Latin American countries. Sparse resources exist on work with other religious traditions.

Survey

The JLI research team designed the draft survey and circulated it to the PaRD SDG 3 work-stream for comments and suggestions. In total, there were 44 participants, producing 39 usable entries.[2] The survey was completed between March and April 2019 and administered using an online survey tool named Survey Monkey.

The survey used a non-probability sampling approach that is not representative of a whole population. The convenience sample generated represents those known to the PaRD SDG 3 work-stream and those willing and able to complete the survey. Participation in the survey was anonymized. To protect the personal and organizational identity of participants, participants were not required to include any identifying information while submitting potentially sensitive information. However, there was an opportunity for people to make interview recommendations at the end of the survey, which were not included in the survey analysis.

Interviews

We conducted key informant interviews with 12 participants. These key informants were

1 JLI, "Ending Violence Against Children Scoping Study – Literature Review," Joint Learning Initiative, June 2019, https://jliflc.com/resource_types/scoping-study/.

2 Some were only partially complete. Their answers were included where possible and we made note of questions where there were fewer responses.

selected using snowball sampling. Snowball sampling is an appropriate methodology for scoping studies in which a more purposive sampling strategy is taken to highlight key informants who are experts in a certain area. Participants represented bilateral and multilateral organizations, international and local NGOs (both faith-based and secular), and academic institutions. 4 of them represented Muslim organizations, 4 secular, 2 interfaith, and 2 Christian organizations, which are active in Africa (7), Asia (1), and globally (4). To protect their identities, their names, organizations, and more detailed identifiers have been kept confidential. The interviews took place in April and May 2019. All interviews were conducted virtually. The interview data was analyzed using the qualitative data analysis software, NVivo. To analyze the interview data, a predetermined coding frame was used, which had been established from the key areas identified in the background review. We also allowed for new codes to arise from the data.

Limitations

The scope of this study was limited by time and resources. It was conducted over a short time period from February – May 2019. The data collected largely emerged from sub-Saharan Africa and the Global North as well as from Muslim and Christian contexts. This limitation reflects the current gap around geographical diversity and an underrepresentation of other faiths. All responses from the survey and interviews were anonymized. Due to the sensitive nature of the subject matter, complete anonymity was observed. Only minimal descriptors of interviewees are included in this report. These include *local and national faith actor*, *secular international actor*, and *intergovernmental actor*. Consequently, we were unable to fully highlight some of the work of specific actors who were nervous to provide detailed information about their activities and partnerships, even with assurances of anonymity. We are unable to connect documents to specific interviewees as doing so may reveal their identity, even though this would be helpful in building the evidence base around the work organizations undertake around the world. The sensitivity around this issue underlines the worthwhile nature of the research – as it is only through better understandings of each other can we break down misconceptions and enter dialogue. However, this report has encountered several barriers to openness and, as such, only represents an initial foray into this area.

Background

This review of the literature provides a non-exhaustive overview of faith-based engagements with ASRH. This background highlights some information regarding partnerships between local and national faith actors and international actors, both secular and faith-based. Partnership mechanisms, including challenges and opportunities, are not often the focus of reports and evidence dissemination. Reports typically focus on descriptions of projects and their results rather than the nuances of the partnerships needed to achieve those results. We must also recognize it is not attractive or appropriate for organizations to report on the difficulties of partnerships, especially with donors as they aim to maintain these partnerships and donor relationships. For this reason, it was challenging to find already published information on faith and ASRH partnerships. As such, we sought a balance between local, national, and international partnerships, acknowledging evidence is rarer at local level as well as for some geographical areas and some religions/faith communities.[1]

Providing ASRH services and information

In many countries, faith actors are direct providers of ASRH services through their own healthcare facilities or through the activities of formal or less formal organizations. The contexts in which these services are provided differ from refugee camps in Chad to the suburbs of US cities. Faith-based ASRH activities can offer a specific set of advantages and are often best placed to create an environment that allows for increased access to sexual and reproductive health (SRH) services for adolescents. Challenges in partnering in ASRH service provision are frequently related to sensitivities and opposing worldviews connected to religious, cultural, and social norms about how to inform and provide services on SRH, and what packages to offer to adolescents. Nevertheless, there is also evidence of successful partnerships between faith actors, NGOs, and governmental/inter-governmental organizations in preventing HIV/AIDS and other STIs, family planning, and CSE.

HIV/AIDS and other STIs

Adolescents are more at risk of contracting HIV/AIDS and other STIs. Recent data shows that "in sub-Saharan Africa, three in five new HIV infections among 15–19-year-olds are among girls."[2] Although the magnitude and roles of faith-inspired health care provision in the realm of HIV/AIDS and other STIs are far from surveyed adequately, there is evidence of their substantial contribution. A relatively large amount of information is available on their roles in HIV/AIDS prevention and treatment.[3]

Faith actors play a particular and often influential role in HIV/AIDS prevention, as in other development-related areas, because of the relationship of trust they enjoy within their communities.[4] In addition, the Global Partners Forum highlighted the importance and

1 UNFPA and NORAD, "Religion, Women's Health and Rights: Points of Contention and Paths of Opportunities," 2016, https://www.unfpa.org/sites/default/files/pub-pdf/Religion_Womens_Health_and_Rights.pdf.

2 UNAIDS, "Women and HIV — A Spotlight on Adolescent Girls and Young Women," UNAIDS, March 2019, https://www.unaids.org/en/resources/documents/2019/women-and-hiv.

3 Jill Olivier et al., "Understanding the Roles of Faith-Based Health-Care Providers in Africa: Review of the Evidence with a Focus on Magnitude, Reach, Cost, and Satisfaction," *The Lancet* 386, no. 10005 (31 October 2015), 1765–75, https://doi.org/10.1016/S0140-6736(15)60251-3.Cost, and Satisfaction\\uc0\\u8217{}, {\\i{}The Lancet} 386, no. 10005 (31 October 2015

4 John Blevins et al., "The Percentage of HIV Treatment and Prevention Services in Kenya Provided by Faith-Based Health Pro-

the effectiveness of a holistic approach when addressing issues like HIV/AIDS,[5] which is particularly relevant for religious actors that consider the emotional and spiritual aspects of the person in conjunction with the material. In fact, the Faith to Action Network 2014 report, "Advancing sexual and reproductive health and rights through faith-based approaches: A mapping study,"[6] involved 95 FBOs operating in sub-Saharan Africa, North America, Asia, and Europe, and revealed that a great majority of the respondents found faith-based services to be more effective thanks to their comprehensive understanding of well-being as not only physical, but also social and spiritual. Moreover, faith actors can use pre-existing networks and structures in the community where they operate, thus amplifying their reach. This is particularly relevant in hard-to-reach regions and communities. In the case of STI screening among at-risk African American youth in San Francisco, the local Department of Public Health (SFDPH)'s program, Youth United Through Health Education (YUTHE), managed to reach a significant number of youth through street medicine screenings and several awareness-raising events thanks to their partnership with the Providence Foundation of Providence Baptist Church and its well-established local network.[7]

Faith actors and governmental agencies have existing partnerships to address HIV/AIDS that target adolescents. In 2015, the US President's Emergency Plan for AIDS Relief (PEPFAR), in collaboration with St. Paul's University and Emory University's Interfaith Health Program, conducted a consultation with more than 50 religious leaders from Kenya, Rwanda, Uganda, and Tanzania on "Strengthening Partnerships between Faith-Based Organizations and PEPFAR to Build Capacities for Sustained Responses to HIV/AIDS." This consultation stressed the importance of targeting adolescents and, particularly girls.[8] The initiative fosters collaboration between FBOs, USAID, and PEPFAR through activities in different areas, including capacity building, leadership and advocacy training, evidence production and dissemination, and monitoring and evaluation.[9] A significant example of a program sustained by such a partnership is the Lea Toto Adolescent Program at Children of God Relief Institute in Kenya. Lea Toto targets adolescents living with HIV/AIDS and not only offers treatment but also mentorship and support in fighting stigma and developing life

viders," *Development in Practice* 27, no. 5 (July 2017), 646–57, https://doi.org/10.1080/09614524.2017.1327027.

5 UNAIDS, "Global Partners Forum: A Holistic Approach Needed to Keep Children and Young People Safe from HIV," https://www.unaids.org/en/resources/presscentre/featurestories/2014/july/20140720children.accessed 18 September 2019, https://www.unaids.org/en/resources/presscentre/featurestories/2014/july/20140720children.","plainCitation":"UNAIDS, 'Global Partners Forum: A Holistic Approach Needed to Keep Children and Young People Safe from HIV', accessed 18 September 2019, https://www.unaids.org/en/resources/presscentre/featurestories/2014/july/20140720children.","noteIndex":15},"citationItems":[{"id":9821,"uris":["http://zotero.org/groups/2180733/items/W5R33TPW"],"uri":["http://zotero.org/groups/2180733/items/W5R33TPW"],"itemData":{"id":9821,"type":"webpage","title":"Global Partners Forum: a holistic approach needed to keep children and young people safe from HIV","abstract":"To realize the vision of an AIDS-free generation, the global community must not only ensure the efficacy of HIV-specific interventions but also tackle the broader development and socioeconomic factors that drive the epidemic, such as inequality, social exclusion and exposure to violence. This was the key message of the Global Partners Forum on Children and HIV and AIDS, which took place on the first day of the 20th International AIDS Conference in Melbourne, Australia.","URL":"https://www.unaids.org/en/resources/presscentre/featurestories/2014/july/20140720children","title-short":"Global Partners Forum","language":"en","author":[{"literal":"UNAIDS"}],"accessed":{"date-parts":[["2019",9,18]]}}}],"schema":"https://github.com/citation-style-language/schema/raw/master/csl-citation.json"}

6 Faith to Action Network Secretariat, "Advancing Sexual Reproductive Health and Rights through Faith-Based Approaches: A Mapping Study," https://www.faithtoactionetwork.org/resource/advancing-sexual-reproductive-health-and-rights-through-faith-based-approaches-a-mapping-study/.

7 Nicholas J. Moss et al., "'Street Medicine': Collaborating With a Faith-Based Organization to Screen At-Risk Youths for Sexually Transmitted Diseases," *American Journal of Public Health* 94, no. 7 (July 2004), 1081–84, https://doi.org/10.2105/AJPH.94.7.1081.

8 PEPFAR, "Building on Firm Foundations: The 2015 Consultation on Strengthening Partnerships Between Faith-Based Organizations and PEPFAR to Build Capacity for Sustained Responses to HIV/AIDS," Joint Learning Initiative, https://jliflc.com/resources/building-firm-foundations-2015-consultation-strengthening-partnerships-faith-based-organizations-pepfar-build-capacity-sustained-responses-hivaids/.

9 PEPFAR, "The United States President's Emergency Plan for AIDS Relief," US Department of State, https://www.pepfar.gov/press/265876.htm.

skills through training, peer groups, and social events.[10] In the framework of Roman Catholic teachings, the program encourages faithfulness to the partner and abstinence. The use of contraceptives and condoms, as well as HIV disclosure to sexual partners, is not part of the program and remains a challenge for adolescents and staff according to an evaluation of the work.[11]

Nuanced analyses have underlined the multifaceted roles of faith actors.[12] In the case of Kenya, faith actors are the most trusted service providers to HIV-positive adolescents living in Nairobi, but they also "struggle to provide comprehensive sexual health and HIV prevention services."[13] These actors could be supported in developing more efficient responses while respecting their beliefs and those of the people they assist.[14] In some cases, faith actors recognize "that some faith-based organizations have held attitudes that contributed to the marginalization of people living with and affected by HIV and that, at times, our silence could be linked to the worsening situation of HIV infection,"[15] and acknowledged the need to "shape positive attitudes that counteract fear and tendencies toward stigma and discrimination."[16]

To reach these objectives, faith actors can also use peer education and youth empowerment approaches. World Vision collaborates with a youth leader who, in the Dominican Republic, has educated almost 200 people from his age group on HIV/AIDS.[17] In South Africa, Chabahiva Trust and the Field Band Foundation developed a youth program financially supported by local businesses and by the Waldensian Church to train peer educators among the young Daveyton and Kwa-Thema band members.[18] From 2016 to 2018, the project developed and expanded to other bands, while evaluation and feedback processes took place, revealing an increase in knowledge about prevention and living with HIV/AIDS.[19] In the US, the Muslim Youth Project grants enable different organizations to address HIV/AIDS, other STIs, and teen pregnancy prevention through training peer educators and advocates to challenge stigma and taboos in the community.[20]

Partnerships between faith-based and non-faith-based humanitarian actors on access to ASRH

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10 PEPFAR, "Building on Firm Foundations," US Department of State, https://www.state.gov/wp-content/uploads/2019/08/Building-on-Firm-Foundations-The-2015-Consultation-on-Strengthening-Partnerships-Between-Faith-based-.pdf.

11 Satoya Beckles, "ETD | An Assessment of the Lea Toto Adolescent Sexual and Reproductive Health Education Program in Nairobi, Kenya," Emory University, 2018, https://etd.library.emory.edu/concern/etds/cf95jb48w?locale=pt-BR.

12 Christian Aid, "Religion and the Adolescent Girl: A Formative Study in Kaduna State," Christian Aid, 2017, https://jliflc.com/resources/religion-adolescent-girl-formative-study-kaduna-state/.

13 John Blevins, "Are Faith-Based Organizations Assets or Hindrances for Adolescents Living with HIV? They Are Both," *Brown Journal of World Affairs* 22, no. 2 (2016), 37, https://www.academia.edu/26380628/Are_Faith-Based_Organizations_Assets_or_Hindrances_for_Adolescents_Living_with_HIV_They_Are_Both.

14 Blevins, *Are Faith-Based Organizations Assets or Hindrances,* 37.

15 CARITAS, "Caritas, UNAIDS and PEPFAR Launch Campaign for Diagnosis and Treatment of Childhood HIV/AIDS in the Democratic Republic of Congo," *Caritas* (blog), 19 September 2018, 4, https://www.caritas.org/2018/09/caritas-unaids-and-pepfar-launch-campaign-for-diagnosis-and-treatment-of-childhood-hiv-aids-in-the-democratic-republic-of-congo/.

16 CARITAS, *Caritas, UNAIDS and PEPFAR Launch Campaign* 6.

17 World Vision International, "Joven lidera a más de 190 niños, niñas, adolescentes y adultos en temas de VIH/SIDA," World Vision International, September 25, 2013, https://www.wvi.org/es/dominican-republic/article/joven-lidera-m%C3%A1s-de-190-ni%C3%B1os-ni%C3%B1as-adolescentes-y-adultos-en-temas-de.provincia Bahoruco.- Elvis Ezequiel Díaz, de 13 años de edad, orienta y educa a más de 190 niños, niñas, adolescentes y adultos en temas de VIH/SIDA, en su comunidad Villa Jaragua, provincia Bahoruco. Díaz es un enlace entre las coordinadoras de Salud y Patrocinio de Visión Mundial en la localidad, y los habitantes de su comunidad, incluyendo los adultos que viven con el VIH/SIDA."Hacemos las 'tardes alegres', se llevan a los niños y niñas a un lugar y se les enseña sobre diversos temas como el del VIH"; señala.","URL":"https://www.wvi.org/es/dominican-republic/article/joven-lidera-m%C3%A1s-de-190-ni%C3%B1os-ni%C3%B1as-adolescentes-y-adultos-en-temas-de","language":"es","issued":{"date-parts":[["2013",9,25]]},"accessed":{"date-parts":[["2019",2,1]]}}],"schema":"https://github.com/citation-style-language/schema/raw/master/csl-citation.json"}

18 Chabahiva Trust, "HIV Peer Educators Projects," *CHABAHIVA* (blog), http://www.chabahiva.org/hiv-youth-peer-educators-project/.

19 Chabahiva Trust, *HIV Peer Educators Projects*.

20 Advocates for Youth: Young. Powerful. Taking Over, https://advocatesforyouth.org/program-2/.

services, and STIs in particular, can be crucial in situations of (protracted) emergencies.[21] A study found that in the Dar el Salaam refugee camp in Chad the engagement of religious and traditional leaders and the use of activities such as singing in the adolescent's first language were key to the delivery of information regarding HIV/AIDS.[22] Several best practice examples included in the 2012 report "Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings" highlight the importance of reaching out to religious and community leaders to overcome resistance in the community. One such case is the Gulu Youth Center program run by the Straight Talk Foundation (STF) in Uganda, a national non-governmental organization providing integrated ASRH services.[23]

Family planning, healthy timing and spacing of pregnancies

As for other areas of ASRH, little data exists specifically on adolescents and family planning. However, the Family Planning 2020 partnership is addressing this gap using a series of core indicators and focusing on over 60 countries across Asia, Africa, Oceania, Latin America, and the Caribbean.[24] The term "family planning" is potentially controversial for faith actors. For some, it can "be viewed as synonymous with the use of condoms especially amongst unmarried couples which some faith-based organizations are reluctant to discuss."[25] Different faith groups can have different attitudes toward the use of contraceptive methods,[26] as well as on birth spacing versus birth limitation, and on the conditions in which one or the other is supported, as well as making a link to abortion.[27] Concurrently, faith-inspired institutions and organizations are engaged in various ways in initiatives aimed at promoting family planning in different parts of the world.[28] For instance, Islamic Relief's work in Bangladesh includes peer education activities such as counseling and training conducted by nurses for young women on family planning and other issues related to their wellbeing (such as poor nutrition and lack of access to education and healthcare). The work was developed in partnership with intergovernmental (UNDP), governmental (UK Department for International Development), and other faith-based (Christian Aid) organizations.[29]

Religious leaders are also described as particularly well placed to engage young men. This is viewed as a key strategy to improve ASRH in general and family planning in particular, as

21 UNFPA, "Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings," 2012, /resources/adolescent-sexual-and-reproductive-health-programs-humanitarian-settings; Fiona Samuels, Rena Geibel, and Fiona Perry, "Collaboration between Faith-Based Communities and Humanitarian Actors When Responding to HIV in Emergencies," Project Briefing, ODI Project Briefings (London: Overseas Development Institute, May 2010), http://www.odi.org.uk/publications/4821-hiv-aids-religious-groups-emergencies.

22 Hassan Abaker Mohammed, "Challenges Hindering Youth from Acquiring Knowledge about HIV/AIDS in the Internally Displaced Camps: A Case Study of Dar El Salaam Camp in Omdurman-Sudan," *Ahfad Journal; Omdurman* 32, no. 1 (2015), 30–42, https://search.proquest.com/docview/1690000084/abstract/59F24A8D52B4930PQ/1.

23 Women's Refugee Commission, Save the Children, UNHCR, UNFPA, "Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings," https://www.unfpa.org/resources/adolescent-sexual-and-reproductive-health-programs-humanitarian-settings.

24 FP2020, "Measuring Progress," http://progress.familyplanning2020.org/content/measurement.

25 Faith to Action Network Secretariat, "Advancing Sexual Reproductive Health and Rights through Faith-Based Approaches," https://www.faithtoactionetwork.org/resource/advancing-sexual-reproductive-health-and-rights-through-faith-based-approaches-a-mapping-study/.

26 S. Barot, "A Common Cause: Faith-Based Organizations and Promoting Access to Family Planning in the Developing ... | POPLINE.Org," *Guttmacher Policy Review* 16, no. 4 (2013),18–23, https://www.guttmacher.org/sites/default/files/pdfs/pubs/gpr/16/4/gpr160418.pdf.

27 WFDD, "On the Ground in Senegal: The Influences of Religion on the Practice of Family Planning," https://berkleycenter.georgetown.edu/publications/on-the-ground-in-senegal-the-influences-of-religion-on-the-practice-of-family-planning.

28 Berkley Center for Religion, Peace and World Affairs at Georgetown, "Faith and International Family Planning," https://berkleycenter.georgetown.edu/projects/faith-and-international-family-planning; WFDD, "Religious Engagement in Family Planning Policies," https://berkleycenter.georgetown.edu/publications/religious-engagement-in-family-planning-policies.

29 WFDD, *Religious Engagement in Family Planning Policies*.

suggested by several tools and guides published by UNFPA, Promundo, and the MenEngage Alliance.[30] The USAID-funded Family Advancement for Life and Health (FALAH) project, implemented by the Population Council of Pakistan in 20 districts between 2008 and 2012, successfully worked with Ulemas (Muslim scholars) and religious leaders "to mitigate the perception that religion is opposed to family planning" [31] by holding male group meetings and individual counseling on the issue. In Kenya and Ghana, World Vision's Channels of Hope (CoH) program has engaged faith leaders in workshops aimed at motivating them and their congregations to address delicate issues such as birth spacing in relation to religious teachings and social stigma. As a result, faith leaders (male and female and of different religious traditions) contributed to an increase in birth spacing and in contraceptive prevalence rates (CPR) by referring young married women in their congregations to family planning services and by educating their communities.[32]

There is evidence of partnerships between faith actors and governmental/ intergovernmental actors that can encompass a plurality of positions on family planning and, often through the mediation of religious leaders, work towards a coordinated and common effort to improve ASRH services. The Ouagadougou Partnership, established in 2011 to achieve progress in family planning in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo has been supporting the Cadre des Religieux pour la Santé et le Développement (CRSD) since 2014. This Senegalese interfaith association working on family planning in accordance with religious teachings has developed strategies to tailor interventions based on the different faith communities' needs,33 to support respectful dialogue with governmental health institutions and among different faith groups around best practices and behavior from a religious perspective.34 There are still differences between religious leaders and youth advocates connected to the partnership that represent continuing sensitivities that should not be ignored. Components of ASRH remain particularly sensitive topics that could endanger discussions.

Abortion remains the most contested area. Abortion is cited as a conflictual area for the implementation of right-based approaches in development.[35] Other reviews of the literature argue religious groups have conflated the topics of abortion and contraception, tying abortion to the imposition of foreign values,[36] but that there is more variability concerning fetal abnormalities within some religions and denominations.[37] Evidence from Malawi points

30 UNFPA and Promundo, "Adolescent Boys and Young Men," UNFPA, March 2016, /publications/adolescent-boys-and-young-men; UNFPA, Promundo, and MenEngage Alliance, "Strengthening Civil Society Organizations and Government Partnerships to Scale Up Approaches to Engaging Men and Boys for Gender Equality and Sexual and Reproductive Health and Rights," UNFPA, December 2016, /publications/strengthening-civil-society-organizations-and-government-partnerships-scale-approaches; UNFPA and IPPF, "Global Sexual and Reproductive Health Package for Men and Adolescent Boys," 2017, /publications/global-sexual-and-reproductive-health-package-men-and-adolescent-boys.December 2016

31 Population Council - Evidence Project, "Engaging the Missing Link: Evidence from FALAH for Involving Men in Family Planning in Pakistan | The Evidence Project," http://evidenceproject.popcouncil.org/wp-content/uploads/2015/07/7.27.2015_Engaging-the-Missing-Link-Meeting-Report_FINAL.pdf.

32 Le Roux and Bartelink, *No More Harmful Traditional Practices.*

33 Berkley Center for Religion, Peace and World Affairs at Georgetown, "Developing New Approaches to Respond to the Needs of Faith Communities," https://berkleycenter.georgetown.edu/publications/developing-new-approaches-to-respond-to-the-needs-of-faith-communities.

34 WFDD, "Event Summary: Exchange Visit to Niger by Senegalese Faith Leaders," https://berkleycenter.georgetown.edu/publications/event-summary-exchange-visit-to-niger-by-senegalese-faith-leaders.

35 Hannah Miller, "Rejecting 'Rights-Based Approaches' to Development: Alternative Engagements with Human Rights," *Journal of Human Rights* 16, no. 1 (January 2017), 13, https://doi.org/10.1080/14754835.2015.1103161.{\\i{}Journal of Human Rights} 16, no. 1 (2 January 2017

36 Jon O'Brien, "Can Faith and Freedom Co-Exist? When Faith-Based Health Providers and Women's Needs Clash," *Gender & Development* 25, no. 1 (January 2017), 37–51, https://doi.org/10.1080/13552074.2017.1286808.

37 Andrew Tomkins et al., "Controversies in Faith and Health Care," *The Lancet* 386, no. 10005 (October 2015), 1776–85, https://doi.org/10.1016/S0140-6736(15)60252-5.

toward a pro-choice voice from some faith actors for a new bill on safe abortion. Opposition from Catholic, Evangelical, and some Muslim leaders exists, which has recently grown following the introduction of the bill. International anti-choice organizations have reinforced opposition to the bill through meetings and workshops with religious and traditional leaders and outreach on religious radio.[38] The bill has not yet been presented to parliament, in part due to hesitation following the extension of the Mexico City policy. In other research from Kenya among adolescents, researchers found participants "framed their opposition [to abortion] in religious language. Parenthood was described explicitly as a manifestation of responsibility or a physical penance for sin." [39] In the same study, 10% of the adolescents involved said they would not make a decision in the case of an unintended pregnancy, but put their trust in God ("I'd pray very hard for a miracle," "I would leave it all to God…").[40] These two pieces of research on Malawi and Kenya provide some insights, but there remains a shortage of information about the intersections of faith, abortion, and ASRH. Although there are more studies on either one or the other (i.e., abortion and adolescents, or faith and abortion), we have not considered these in detail if they do not address the specific intersection of abortion, adolescents, *and* faith. Indeed, it is the intersection of these three areas that is particularly sensitive and remains difficult to research and report, hence the sparsity of information.

Comprehensive Sexuality Education (CSE)

As UNESCO highlights, "across the world there are many different names for, and approaches to, CSE. The objective of CSE is to ensure that young people are receiving comprehensive, life skills-based sexuality education to gain the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality."[41] In this particularly sensitive area, partnerships between faith and secular actors can be hindered by the fact that religion is often associated with real or perceived barriers to the provision and expansion of ASRH services and information.[42]

A 2017 study by the Asian-Pacific Resource & Research Centre for Women (ARROW) describes the roles of religion as an obstacle to CSE and its implementation, with evidence from Hindu and Muslim schools in India and Bangladesh.[43] In both cases, the introduction of CSE in schools faced opposition from some religious groups and some contents was removed. References to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) were removed from textbooks used in madrasahs in Bangladesh.[44] However, there is also evidence of partnerships for the provision of CSE to adolescents in different geographical areas and religious traditions. The Kenya Muslim Youth Development Organization (KMYDO), a member of the Faith to Action Network, has developed an age-appropriate CSE project and introduced its education toolkit based on Muslim values in

38 Judith Daire, Maren O. Kloster, and Katerini T. Storeng, "Political Priority for Abortion Law Reform in Malawi," *Health and Human Rights* 20, no. 1 (June 2018), 225–36, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039725/.

39 Ellen M. H. Mitchell et al., "Social Scripts and Stark Realities: Kenyan Adolescents' Abortion Discourse," *Culture, Health & Sexuality* 8, no. 6 (2006), 520, http://www.jstor.org/stable/4005562.

40 Mitchell et al., S*ocial Scripts and Stark Realities*, 521.

41 UNESCO, "Comprehensive Sexuality Education: A Global Review," 2015, https://unesdoc.unesco.org/ark:/48223/pf0000235707.

42 Lara Cousins, "ICPD+25 Shadow Report: Amplifying and Accelerating Action on Young People's SRHR," Rutgers, 2018, https://www.rutgers.international/sites/rutgersorg/files/PDF/web-Rutgers_ICPD%2B25%20report%2024.3.19.pdf.

43 ARROW, "Coming of Age in the Classroom: Religious and Cultural Barriers to Comprehensive Sexuality Education | UNESCO HIV and Health Education Clearinghouse," 2017, https://hivhealthclearinghouse.unesco.org/library/documents/coming-age-classroom-religious-and-cultural-barriers-comprehensive-sexuality.

44 ARROW, *Coming of Age*.

the curriculum of 35 madrasahs.[45] This program is part of KMYDO's activities to improve the sexual and reproductive health of the Muslim community, which also include advocacy efforts on family planning, developed through engagement with district decision makers, and benefitting from capacity building in advocacy and other skills by the Faith to Action Network.[46] FLEP,[47] founded by the Church of Uganda Busoga Diocese, has integrated SRHR outreach and services into family planning activities. They have established partnerships with other recognized SRH organizations, such as Reproductive Health Uganda and Straight Talk Foundation, as well as youth led organizations working with youth peer educators to reach young people who are out of school.[48]

In order to overcome the issue of religion, as a real or perceived barrier to ASRH, there are ongoing efforts to bridge the distance between secular and faith-based approaches. Such efforts include providing CSE tools and modules that can be used both by faith-based and non-faith-based actors. In the US, the Unitarian Universalist Association has developed a CSE program called "Our Whole Lives"[49] that can be implemented by youth groups in both secular and religious environments, in which case "Our Whole Lives" is supplemented by specific tools and information on the intersection between faith and sexuality.[50] The International Planned Parenthood Federation (IPPF) has issued a guide that can be used by different organizations to facilitate dialogue on sex, relationships, and religion for young people called "Voices of Hope."[51] A relevant study on sexual education approaches in North Africa and the Middle East has explored the possibilities of combining CSE with a focus on abstinence from an Islamic perspective, especially with the aim of preventing the spread of HIV/AIDS.[52]

As in other areas, partnerships and the role of religious leaders have been described as possible key elements to the success of CSE programs. A report from Save the Children, in collaboration with the International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+) and supported by the Swedish International Development Cooperation Agency (SIDA),[53] shows different approaches towards CSE in religious contexts in east and southern Africa. The study highlights the importance of religious leaders' roles and, particularly with regards to their awareness of the socio-economic and gender-related challenges children and youth face, including violence against children and gender-based violence.[54] As a member of Caritas Internationalis and of the Faith to Action Network, CORDAID has implemented a program encompassing CSE for 10-14 year-olds, youth empowerment, and youth-friendly health services provision and activities aimed at enabling an environment for ASRH in Congo, Central African Republic, Cameroon, and Benin.[55] The support of religious leaders has resulted in an ongoing and largely successful

45 Kenya Muslim Youth Development Organization, "Age Appropriate Sexuality Education from a Muslim Kenyan Perspective | Faith to Action Network," https://www.faithtoactionetwork.org/kmydo-kenya/.
46 Kenya Muslim Youth Development Organization, *Age Appropriate Sexuality Education*.
47 Family Life Education Program (FLEP), "About Us," https://www.flepuganda.org/.
48 Family Life Education Program (FLEP), "Services," https://www.flepuganda.org/Services.html.
49 Unitarian Universalist Association, "Our Whole Lives: Lifespan Sexuality Education," https://www.uua.org/re/owl
50 Unitarian Universalist Association, "What is Sexuality and Our Faith," https://www.uua.org/re/owl/faq/sexualityfaith/154514.shtml.
51 International Planned Parenthood Federation, "Voices of Hope," https://www.ippf.org/resource/voices-hope
52 Ahmed Ragaa Abdel-Hameed Ragab, "Sexuality Education Approaches: What Would Be Applicable to North of Africa and Middle East?," UNESCO HIV and Health Education Clearinghouse, 2009, https://hivhealthclearinghouse.unesco.org/library/documents/sexuality-education-approaches-what-would-be-applicable-north-africa-and-middle.
53 INERELA+, "Religion & Sexuality: A Report on Faith-Based Responses to Children's Comprehensive Sexuality Education and Information," Resource Centre, April 11, 2016, https://resourcecentre.savethechildren.net/library/religion-sexuality-report-faith-based-responses-childrens-comprehensive-sexuality-education.with many children maturing earlier and being exposed to competing sources of information, the need for Comprehensive Sexuality Education and Information (CSE & I
54 INERELA+, *Religion & Sexuality.*with many children maturing earlier and being exposed to competing sources of information, the need for Comprehensive Sexuality Education and Information (CSE & I
55 CORDAID and Faith to Action Network, "Preventing Unwanted Teenage Pregnancies in DRC, Central African Republic, Cam-

dialogue to include CSE in faith-based schools and the dissemination of over 20,000 CSE booklets.[56]

Abstinence is part of CSE, but abstinence-only education and comprehensive sexuality education are often perceived as opposites. Abstinence and faithfulness programs have been a key component of work to reduce the risk of HIV transmission. Abstinence is a widespread tactic, with scholars of religion and AIDS noting "both secular and religious groups have embraced abstinence as a cornerstone of combating the AIDS epidemic – particularly where it's most feasible – among young, unmarried adolescents."[57] Secular abstinence campaigns fall into two categories: goal setting (focusing on education and not being distracted by sex) and being "cool" (images of people who adolescents look up to are displayed in media campaigns as practicing abstinence). The commonality between these two approaches is there is no ideological drive. Trinitapoli and Weinreb conclude that religious messages are more effective than the previous two instrumental messages, which are not relevant to many adolescents who do not attend secondary school or higher education or are far removed from the "cool" person depictions. Religious messages, however, make universal, moral claims "focusing on the essential moral value of abstinence, rather than on its instrumental value."[58] While adolescents do not practice abstinence because of a religious justification alone, the alignment of abstinence messages with other religious messages creates a powerful effect. As Trinitapoli and Weinreb found in their research, "…although adolescents rarely attributed their motivation for remaining abstinent to religion, the methods or strategies they described as helping them remain abstinent are thoroughly consistent with messages they hear from religious leaders: stay busy, dress and behave modestly, and stay away from alcohol. These strategies are thoroughly consistent with the social control mechanisms many religious groups institute…" [59]

A 2016 study found an abstinence approach was not associated with population-level reductions in HIV transmission[60] and other reviews have found "abstinence as a single option for unmarried adolescents…[has] little demonstrated efficacy."[61] However, the complexity (mixed messages, indecision leading to no programming, and so on) of these programs means other scholars have pointed out how difficult it is to assess the impacts at all.[62] History has shown attempts to push faith actors away from abstinence education in the 1990s resulted in backlashes.[63] The argument made was faith actors should be supported in areas where they are already working. Overall, understanding adolescents as diverse and living in different contexts, there is a need for more engagement with faith actors to explore the possibilities of engagement within CSE and areas of existing overlap, not the barriers to CSE. This includes capacity strengthening through trainings, dialogues, and value clarification processes. Such

eroon and Benin," https://www.faithtoactionetwork.org/preventingunwantedpregnancies-cordaid/.

56 CORDAID and Faith to Action Network, *Preventing Unwanted Teenage Pregnancies*.

57 Jenny Trinitapoli and Alexander Weinreb, *Religion and AIDS in Africa*, 1 edition (Oxford; New York: Oxford University Press, 2012), 87.

58 Ibid., 92.

59 Ibid., 93.

60 Nathan C. Lo, Anita Lowe, and Eran Bendavid, "Abstinence Funding Was Not Associated With Reductions In HIV Risk Behavior In Sub-Saharan Africa," *Health Affairs* 35, no. 5 (1 May 2016), 856–63, https://doi.org/10.1377/hlthaff.2015.0828.

61 John S. Santelli et al., "Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact," *Journal of Adolescent Health* 61, no. 3 (1 September 2017), 273–80, https://doi.org/10.1016/j.jadohealth.2017.05.031.{\\i{} Journal of Adolescent Health} 61, no. 3 (1 September 2017

62 Jill Olivier and Sally Smith, "Innovative Faith-Community Responses to HIV and AIDS: Summative Lessons from Over Two Decades of Work," *The Review of Faith & International Affairs* 14, no. 3 (July 2016), 5–21, https://doi.org/10.1080/15570274.2016.1215839.

63 Marisa Casale, Stephanie Nixon, Sarah Flicker, Clara Rubincam & Angelique Jenney, "Dilemmas and T Facing a Faith-based Organisation Promoting HIV Prevention Among Young People in South Africa," *African Journal of AIDS Research* 9, no. 2 (2010), 135-145, http://dx.doi.org/10.2989/16085906.2010.517480.

options are discussed in the finding's section.

Advocacy related to ASRH

Advocacy efforts by faith actors have great potential to influence positions on ASRH both within faith-inspired organizations and in wider society. They are often jointly conducted by leaders of different faiths and/or in partnership with secular organizations, and take place at different levels, from within the community to national and international platforms and fora. However, issues of politicization and instrumentalization have been mentioned as possible barriers to partnerships in ASRH advocacy and implementation. "The differences [between UN and FBOs] have been exacerbated by the increasing politicization of sexual and reproductive rights in global standard setting fora."[64] Studies[65] by the Norwegian Agency for Development and Cooperation (NORAD) have analyzed religious NGOs' lobbying and strategies to advocate against SRHR (sexual and reproductive health and rights) at UN level, with an additional focus on specific geographical areas and actors in 2013 and 2019 respectively. On this topic, politicization[66] and polarization on issues of religion and sexuality could be detrimental to existing efforts that have brought faith and development partners together. The international community must guard against this.[67] On the other hand, when engaging in ASRH activities, faith actors might not be sufficiently attuned to the perspectives of young people. They may adopt a judgmental approach towards them,[68] see them as victims and symbols of their power to "save" young people, or as a guaranteed future for their congregations.[69]

In general, partnerships in ASRH advocacy can benefit from the use of media and, particularly social media. Building on the aforementioned Ouagadougou Partnership, IntraHealth International led a program in Benin, Mali, and Senegal aimed at engaging civil society coalitions with representatives from youth groups, faith leaders, health experts, human rights advocates, and journalists. To do so, they used social media and video production to promote family planning and the use of modern methods.[70] Faith to Action Network recently partnered

64 UNFPA, "Enhancing Sexual and Reproductive Health and Well-Being of Young People | UNFPA - United Nations Population Fund," https://www.unfpa.org/publications/enhancing-sexual-and-reproductive-health-and-well-being-young-people.

65 Ingrid Vik, Anne Stensvold, and Christian Moe, "Lobbying for Faith and Family: A Study of Religious NGOs at the United Nations" (Oslo: NORAD, 2013), https://norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/ved-legg-til-publikasjoner/lobbying-for-faith-and-family.pdf.

66 Helen Stawski, "Enhancing Sexual and Reproductive Health and Well-being of Young People: Building Common Ground Between the United Nations and Faith-Based Development Partners," UNFPA, 2012, 6; see also Azza Karam, "Positions on Sexual and Reproductive Right in Muslim-majority Countries and Institutions: A Telling Indication of Things to Come?," *Development in Practice* 27, no. 5 (July 2017), 698-707, https://doi.org/10.1080/09614524.2017.1327025

67 Brenda Bartelink and Erik Meinema, "A Mapping on Sexuality, Human Rights and the Role of Religious Leaders: Exploring the Potential for Dialogue," HIVOS, October 7, 2016, https://knowledge.hivos.org/mapping-sexuality-human-rights-and-role-religious-leaders-exploring-potential-dialogue.

68 Erica Li et al., "Exploring The Role of Faith Based Organizations in Addressing Adolescent Relationship Abuse," *Violence against Women* 22, no. 5 (April 2016), 609–24, https://doi.org/10.1177/1077801215608702.parents, and youth. Findings highlight that church leaders, parents and youth all expect that faith based organizations can play a role in educating teens about healthy relationships. Divergent perspectives about how faith based organizations should address adolescent sexuality and privacy need to be addressed.","URL":"https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4785032/","DOI":"10.1177/1077801215608702","ISSN":"1077-8012","note":"PMID: 26466975\nPMCID: PMC4785032","journalAbbreviation":"Violence Against Women","author":[{"family":"Li","given":"Erica"},{"family":"Garcia","given":"Erik Fernandez","dropping-particle":"y"},{"family":"Freedman","given":"Lori"},{"family":"Miller","given":"Elizabeth"}],"issued":{"date-parts":[["2016",4]]},"accessed":{"date-parts":[["2019",1,27]]}}],"schema":"https://github.com/citation-style-language/schema/raw/master/csl-citation.json"}

69 Miguel Muñoz-Laboy et al., "Divine Targets: Youth at the Centre of Catholic and Pentecostal Responses to HIV and AIDS in Brazil," *Culture, Health & Sexuality* 13, no. 6 (June 2011), 657–68, https://doi.org/10.1080/13691058.2011.565519.

70 IntraHealth, "Can New Voices of Social Media Influence Attitudes about Contraception in West Africa," August 10, 2012, https://www.intrahealth.org/news/can-new-voices-on-social-media-influence-attitudes-about-contraception-in-west-africa.

with the Population Reference Bureau (PRB) and other non-faith stakeholders regarding the East African Community (EAC) SRHR Bill currently before the East Africa Legislative Assembly (EALA) and required advocacy and buy-in from countries and faith actors.[71] Through a policy brief and several videos, the initiative calls on decision-makers to engage with religious leaders who have first-hand knowledge of SRH issues affecting youth including adolescent pregnancies and to improve access to services and information.[72] In Uganda, the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau partnered with the government on a national strategy for family planning that included religious leaders participating in training sessions and in awareness-raising activities both in their communities and through radio messages.[73]

Awareness raising/sensitization with communities

Religious leaders can be effective advocates for family planning in their communities.[74] One particularly interesting strategy is that of the Caravan Initiative, which consists of traveling seminars conducted by a group of experts in health, demography, social sciences, and theology to sensitize and mobilize religious leaders on different issues concerning family planning and adolescent health, including birth spacing, teenage pregnancies, and the importance of education and working opportunities for young people.[75] Al-Azhar University, the oldest and most respected Muslim university developed the initiative. Thanks to the reputation of the academic institution, governmental actors and officials, and many faith actors, including the Faith to Action Network and the Supreme Council of Kenyan Muslims, have supported it. Implemented first in Indonesia, and later expanded to Egypt, Morocco, Yemen, Somalia, Senegal, Gambia, Nigeria, Kenya, Tajikistan and Azerbaijan, Thailand, and the Philippines.[76] The advantages of engaging religious leaders include their ability to be attuned to cultural and social norms that might determine that, in some communities, the use of terms like "birth spacing" or "child spacing" are preferable and more effective than "family planning."[77] In providing ASRH services, faith actors often have the advantage of "employing language and approaches that resonate with cultures and beliefs of the communities they serve."[78]

Although religious leaders are not always "sufficiently attuned to the reality of children living with HIV, including adolescents who were becoming sexually active,"[79] there is considerable evidence of faith leaders engaged in lifting the stigma surrounding HIV/AIDS, encouraging testing, and early treatment in their congregations.[80] With recognition of the challenges faced by adolescents and youth,[81] a number of key roles are performed by religious leaders, including

71 Faith to Action Network, "Faith Leaders Say Access to Information and Education Will Empower East African Youth | Faith to Action Network," https://www.faithtoactionetwork.org/youth_srh/.
72 Faith to Action Network, *Faith Leaders Say*.
73 IRH, "Brief: Strengthening Family Planning with Faith-Based Organizations in Uganda', Institute for Reproductive Health," http://irh.org/resource-library/brief-strengthening-fp-with-fbos-in-uganda/.
74 CCIH, "Training Religious Leaders As Family Planning Advocates," 2017, 2, https://jliflc.com/wp/wp-content/uploads/2017/12/Success-Story-APC.pdf.
75 IPPF African Region, "The State of African Women Report," IPPF Africa Region, 4 September 2018, 267–68, https://www.ippfar.org/resource/state-african-women-report.
76 IPPF African Region, *The State of African Women Report*.
77 Ibid.
78 Faith to Action Network Secretariat, "Advancing Sexual Reproductive Health and Rights through Faith-Based Approaches."
79 INERELA+, *Religion & Sexuality*, 23.with many children maturing earlier and being exposed to competing sources of information, the need for Comprehensive Sexuality Education and Information (CSE & I
80 Kathryn Pitkin Derose et al., «The Role of Urban Congregations in Addressing HIV,» Product Page, 2017, https://www.rand.org/pubs/research_briefs/RB9941.html.
81 UNICEF, «Fiji's Inter-Faith Strategy on HIV and AIDS, 2013-2017 | UNESCO HIV and Health Education Clearinghouse,» https://hivhealthclearinghouse.unesco.org/library/documents/fijis-inter-faith-strategy-hiv-and-aids-2013-2017, 5.

the addition of messages on HIV during prayers and sermons, provision of counseling, HIV testing during gatherings, and "leading by example" practices (i.e., faith leaders get tested to mobilize the congregation).[82] Canon Gideon Byamugisha, an Anglican priest in Uganda, was the first religious leader in Africa to announce his HIV positive status,[83] which led to the founding of INERELA+, a renowned "inter-faith network of religious leaders living with or affected by HIV."[84] Another example is the World Council of Churches' interfaith initiative "Leading by Example: Religious Leaders and HIV Testing,"[85] which shows the importance of role modeling and personal engagement. The Fiji Inter-Faith Strategy on HIV & AIDS, which was implemented from 2013 to 2017 is a clear example of a coordinated effort (including UN agencies and the Fiji Ministry of Health, as well as Catholic, Protestant, Muslim and Hindu organizations, and youth groups) to develop common strategies and key actions to be taken by FBOs in their communities, such as training faith leaders on HIV/AIDS and organizing HIV testing at religious gatherings.[86]

National and regional advocacy

In several Latin American countries, studies have highlighted how religious activism has strongly opposed the advancement of some issues within SRH through campaigns and national/international mobilization, especially as it regards highly sensitive issues such as LGBTI rights and abortion.[87] However, there is also evidence of faith groups from the region engaging to promote CSE and SRH for youth through peer education, including on the use of condoms.[88] Furthermore, the Latin American Council of Churches (CLAI) signed the Consensus of Havana at the Continental Consultation on "The Churches and Sexual and Reproductive Rights" in 2013.[89] This consensus urged governments to uphold SRH and commit to the provision of training and education to member churches.

Partnerships in advocacy can have a strong influence at national legislative level. Since the 1960s, the main Indonesian Muslim organizations, NU, Muhammadiyah, and the Indonesian Council of Ulamas, as well as Muslim women organizations, have played key roles in advocacy and in the work of the National Family Planning Coordinating Board (BKKBN) through material involvement and the issuing of fatwas.[90] Although over the course of the years there were different stances on family planning within the FBOs as well as between them and the government, public interventions by faith actors have proven crucial in influencing approaches to family well-being. A recent study found some faith actors opposed a law that could have raised the minimum age for marriage from 16 to 18 years for women in 2015.[91]

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82 Ibid., 6–7.

83 Berkley Center for Religion, Peace and World Affairs, "A Discussion with Rev. Canon Gideon Byamugisha, Founder, African Network of Religious Leaders Living with or Personally Affected by HIV/AIDS," May 3, 2009, https://berkleycenter.georgetown.edu/interviews/a-discussion-with-rev-canon-gideon-byamugisha-founder-african-network-of-religious-leaders-living-with-or-personally-affected-by-hiv-aids.

84 INERELA+, "What We Are," http://inerela.org/what-we-do/what-we-are/

85 World Council of Churches, "Leading by Example: Religious Leaders and HIV Testing," World Council of Churches, 2016, https://jliflc.com/resources/leading-example-religious-leaders-hiv-testing/.

86 UNICEF, *Fiji's Inter-Faith Strategy*.

87 José Manuel Morán Faúndes and José Manuel Morán Faúndes, "Religión, Secularidad y Activismo Héteropatriarcal: ¿qué Sabemos Del Activismo Opositor a Los Derechos Sexuales y Reproductivos En Latinoamérica?," *La Ventana. Revista de Estudios de Género* 5, no. 47 (June 2018), 97–138, http://www.scielo.org.mx/scielo.php?script=sci_abstract&pid=S1405-94362018000100097&lng=es&nrm=iso&tlng=es.

88 For example, Iglesia Luterana, "Iglesia Luterana Costarricense - 'Jóvenes Migrantes frente a la discriminación por su nacionalidad y su orientación sexual'," http://www.ilco.cr/index.php/programas/migrantes/898-migrantes99.html.

89 UNFPA and NORAD, *Religion, Women's Health and Rights*, 94.

90 WFDD, *Religious Engagement in Family Planning Policies*, 14–20.

91 Faith to Action Network, "Mapping Faith-Based Responses to Sexual and Reproductive Health and Rights in India | Family

Yet there are other faith actors actively working on issues of relevance for girls and young people and this audience is the main target for ten FBOs of different faiths (Muslim, Christian, Buddhist and Confucian) in their engagements with SRH, including policy influencing and advocacy activities. In Uganda, the African Youth Alliance's partnership with Christian and Muslim actors led to the issuing of religious leaders' public declarations on enhancement of ASRH, including His Eminence Mufti of Uganda's support for the use of condoms within marriage against HIV/STIs.[92]

International level advocacy

There are numerous examples of interfaith or ecumenical advocacy on different ASRH issues at international level. For instance, the World Council of Churches' Ecumenical Advocacy Alliance has campaigned for the eradication of HIV/AIDS, with a particular focus on testing and treatment for children and adolescents.[93] In the Caribbean, the intergovernmental organization, PANCAP (Pan Caribbean Partnership Against HIV and AIDS), has established a process of dialogue with faith actors that culminated in the 2017 consultation held in Trinidad and Tobago on the roles of religious organizations in reaching the 2030 SDGs and ending the AIDS epidemic by 2030.[94] Religious leaders who took part in the consultation - 55 from 14 Caribbean countries, of Christian, Muslim, Hindu, Baha'i and Voodoo traditions[95] - issued a series of recommendations and commitments including the establishment of an international network of religious leaders and the inclusion of FBOs who were not there.[96] In particular, Rev. Phumzile Mabizela, Executive Director of INERELA+, urged fellow faith leaders to engage in advocacy efforts to change national legislation when they interfere with combatting HIV/AIDS, and to address Stigma, Shame, Denial, Discrimination, Inaction and Mis-action (SSDDIM) in their communities.[97]

Representatives of different religious traditions have made several statements to advocate for the expansion of SRH and rights in relation to the development agenda. In 2014, UNFPA and UNAIDS convened a meeting of 31 faith leaders who issued "A Call to Action Faith for Sexual and Reproductive Health and Reproductive Rights Post 2015 Development Agenda,"[98] urging the UN and national governments to facilitate dialogue and implementation, including on education and participation of youth and adolescents, from a faith-based perspective. Faith leaders and theologians have also partnered under the UNFPA coordination to uphold the SDGs. The 2017 "Keeping the Faith in Sexual and Reproductive Health" document, compiled by religious leaders, theologians, and secular actors, provides "Faithful Affirmations" on SRH and family planning as covered by SDG 3 and 5 in relation to the Hindu, Buddhist,

Planning 2020," 14, http://www.familyplanning2020.org/resources/mapping-faith-based-responses-sexual-and-reproductive-health-and-rights-india.

92 UNFPA, "Community Pathways to Improved Adolescent Sexual and Reproductive Health: A Conceptual Framework and Suggested Outcome Indicators," n.d., 6.

93 World Council of Churches, "Children, Adolescents and HIV," https://www.oikoumene.org/en/what-we-do/children-adolescents-and-hiv.

94 PANCAP, "What We Do," https://pancap.org/what-we-do/faith-leaders/.

95 PANCAP, "Religious Leaders Consultation on Ending the AIDS Epidemic in the Caribbean Religious Leaders' Contribution to the End of AIDS by 2030," https://www.crnplus.com/news/religious-leaders-consultation-on-ending-the-aids-epidemic-in-the-caribbean-religious-leaders-contribution-to-the-end-of-aids-by-2030/.

96 PANCAP, "Religious Leaders Consultation on Ending the AIDS Epidemic in the Caribbean Religious Leaders' Contribution to the End of AIDS By 2030 – Caribbean Regional Network+,' https://www.crnplus.com/news/religious-leaders-consultation-on-ending-the-aids-epidemic-in-the-caribbean-religious-leaders-contribution-to-the-end-of-aids-by-2030/.

97 PANCAP, *Religious Leaders Consultation*, 2.

98 UNAIDS and UNFPA, "A Call to Action: Faith for Sexual and Reproductive Health and Reproductive Rights Post 2015 Development Agenda," https://www.unfpa.org/sites/default/files/resource-pdf/Faith%20leaders%27%20call%20to%20action.pdf.

Christian, Muslim, and Jewish religious traditions and their sacred texts.[99] In it, several references are made to religious values deeply connected to the well-being of girls. At the 2018 International Conference on Family Planning (ICFP) held in Kigali (Rwanda), the faith community committed to advocating and partnering with religious leaders, governmental actors, and other stakeholders.[100][92] Along with the ICFP, several international conferences, such as Women Deliver, now have discussions on faith-based approaches and SRH, with a focus on ASRH at times.

Lessons from background review

Partnerships can be hindered by inadequate understandings of perceptions between groups. Where faith actors are often perceived as a barrier to ASRH because of their (real or perceived) conservative stance and/or lack of compliance with humanitarian and development standards, faith actors are suspicious and perceive other actors as barriers to morality and faith. Structural challenges for faith actors are mainly connected to access to funding, capacity, knowledge and skills on integration or ASRH, and monitoring and evaluation processes.[101] This brief literature review shows these challenges need to be addressed to facilitate and build more effective partnerships. Some evidence on how this can be achieved is already available.

While faith actors have often been successful in accessing funding for HIV/AIDS-related programs, funding for HIV/AIDS often focuses exclusively on medical services without the inclusion of spiritual/emotional support.[102] Faith actors have also reported having less access to funding for maternal and child health, reproductive health, and especially for family planning activities.[103] However, as highlighted during the 2018 International Conference on Family Planning by the Director of Muslim Family Counseling Services, many faith actors have a long tradition of administering funds meaningfully in this area of intervention.[104]

It is widely acknowledged there is urgent need for accurate and comprehensive evidence on ASRH partnerships involving faith actors. Information and mapping at local level is limited,[105] and further research, including on other religious traditions and through changes in the Demographic Health Surveys, is essential to the development of better policies and to build more effective partnerships. However, there are some examples of evaluation studies on the impact of faith actors' engagements.[106] Partnerships can be crucial, as illustrated by the aforementioned Ouagadougou Partnership. They enhance coordination between donors and facilitate partnerships through information exchange, technical assistance, and tracking

99 UNFPA, "Keeping the Faith in Sexual and Reproductive Health: Family Planning," UNFPA, March 2017, https://jliflc.com/resources/keeping-faith-sexual-reproductive-health-family-planning/.

100 Faith to Action Network, "Faith Leaders' Commitments on Family Planning at ICFP 2018 Closing Ceremony," https://www.faithtoactionetwork.org/icfp2018-faith-committments/.

101 Faith to Action Network Secretariat, *Advancing Sexual Reproductive Health and Rights*, 15–17.

102 CARITAS, "Caritas, UNAIDS and PEPFAR Launch Campaign for Diagnosis and Treatment of Childhood HIV/AIDS in the Democratic Republic of Congo," October 19, 2018, https://reliefweb.int/report/democratic-republic-congo/caritas-un-aids-and-pepfar-launch-campaign-diagnosis-and-treatment.

103 Faith to Action Network Secretariat, *Advancing Sexual Reproductive Health and Rights*, 16.

104 Faith to Action Network, "Straight Talk on Family Planning and Religion at ICFP 2018," https://www.faithtoactionetwork.org/straight-talk-on-family-planning-and-religion-at-icfp-2018/.

105 Helen Stawski, "Enhancing Sexual and Reproductive Health and Well-Being of Young People," *United Nations Population Fund*, 2012.

106 For example, Sunday A. Adedini et al., "Role of Religious Leaders in Promoting Contraceptive Use in Nigeria: Evidence From the Nigerian Urban Reproductive Health Initiative," *Global Health: Science and Practice* 6, no. 3 (October 2018), 500–514, https://doi.org/10.9745/GHSP-D-18-00135.

progress through data and evidence gathering.[107]

This is also true regarding capacity strengthening and strategic planning in advocacy and programming. There is evidence of initiatives that are specifically aimed at strengthening faith actors' capacity and skills by providing FBOs in sub-Saharan Africa, Afghanistan, and the Philippines with support to identify advocacy platforms and develop strategies that increase the effectiveness of their efforts to support family planning.[108]

It is important to think through risks around politicization and instrumentalization of both faith- and non-faith-based actors when considering engagements and partnerships on highly sensitive topics such as ASRH. It is equally important to note efforts are being made by several faith- and non-faith-based actors to find common ground by engaging programming and developing tools for implementation that consider specific cultural and religious norms without a judgmental approach. Furthermore, some evidence shows divisions within and across faith communities on ASRH issues – that can sometimes be disruptive and hinder the expansion of ASRH services -can be addressed in time through dialogue and cooperation that is respectful of different religious beliefs and sensitivities. This includes the use of language that is attuned to the relevant cultural and social context. However, these dynamics are not always openly discussed by the actors involved due to the sensitivity of the issues and the risks of losing trust or respect within one's own community.

This study's objective is to contribute to a better understanding of how barriers in partnership between faith actors, NGOs, and governmental/inter-governmental organizations can be addressed. The next sections lay out primary research findings on knowledge around partnerships with faith actors on ASRH.

107 Planification Familiale: Le Partenariat de Ouagadougou, "Coordination Unit," https://partenariatouaga.org/en/about-us/coordination-unit/.

108 PAI Winter Newsletter 2017, https://pai.org/wp-content/uploads/2017/12/Donor-Newsletter-Winter-2017.pdf.

Findings

Survey results

The survey results highlight the opinions of a key group of people on the subject of faith and ASRH work according to their experience either as academics, field experts, program staff, advocates, or religious leaders. Of the organizations surveyed, 79.5% were religious/ faith-based actors, 10.3% were non-faith-based non-governmental organizations (NGOs), 5.1% were inter-governmental organizations and 5.1% were other. Of the faith-based actors, 48.4% were international religious/ faith-based organizations and 51.6% were national or local religious/ faith-based actors. Most of the respondents were Christian (73.5%) with 11.8% Muslim, 11.8% secular, and 2.9% Hindu. Respondents were not asked to designate their political leanings. Organizations worked in all regions globally with more than half of the organizations surveyed working in Africa. Most organizations serve persons aged from 12 years old and up, with the highest proportion (64.1%) serving ages 18-25. Most organizations served both genders (78.9%), with 15.8% specifically targeting girls and 5.3% targeting boys. Organizations also worked at many and varying levels, more than 53.9% sub-nationally, 66.7% nationally, 20.5% regionally, and 28.2% internationally. To reflect the complexity and plurality of the organizations' engagements in ASRH with adolescents, the survey allowed for survey respondents to select multiple options in response to each survey question. The survey also included two sets of questions. The first set of questions were identical for both secular and faith-based actors. The second set of questions contained actor-specific questions for secular and faith-based actors respectively.

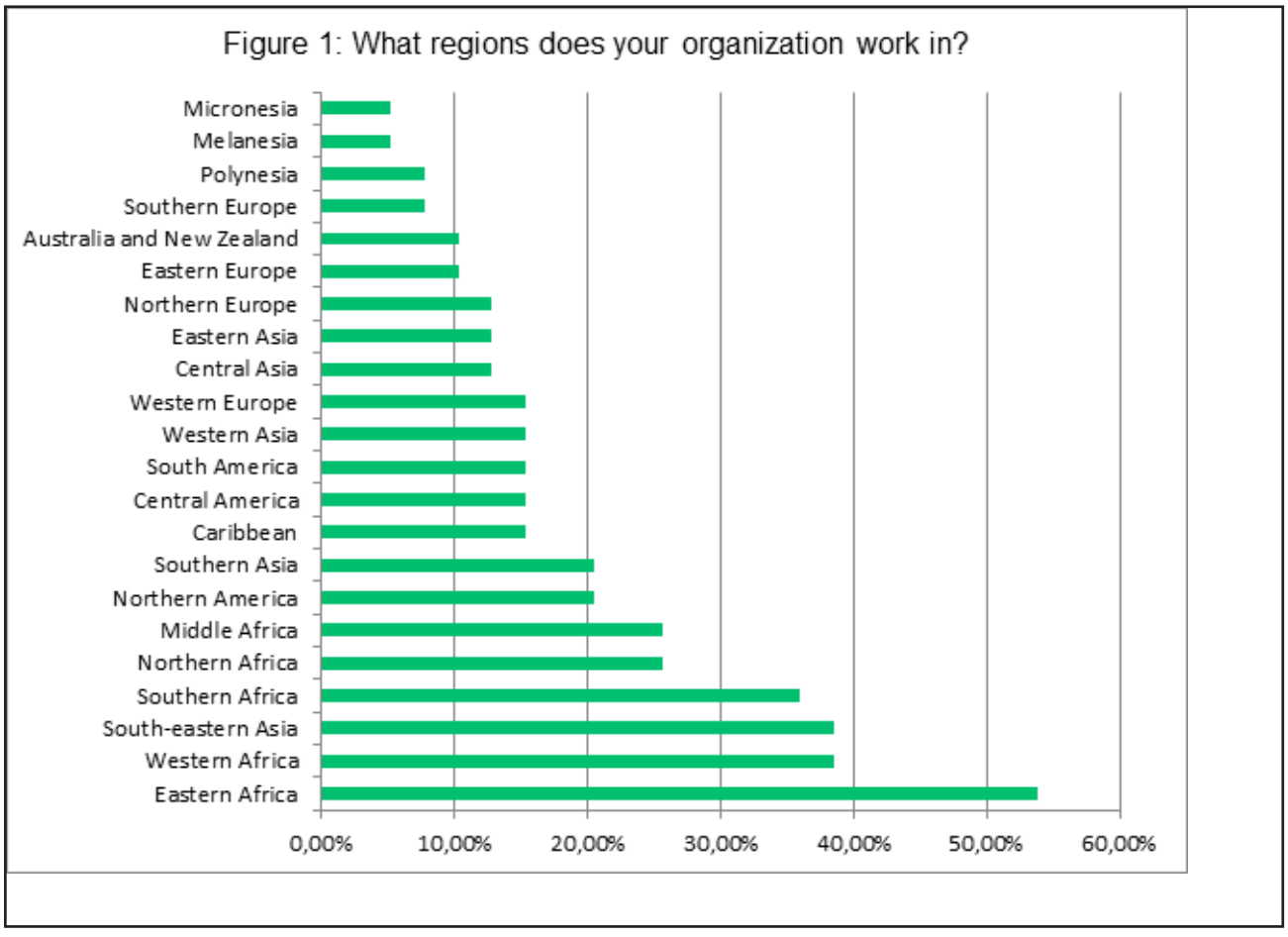
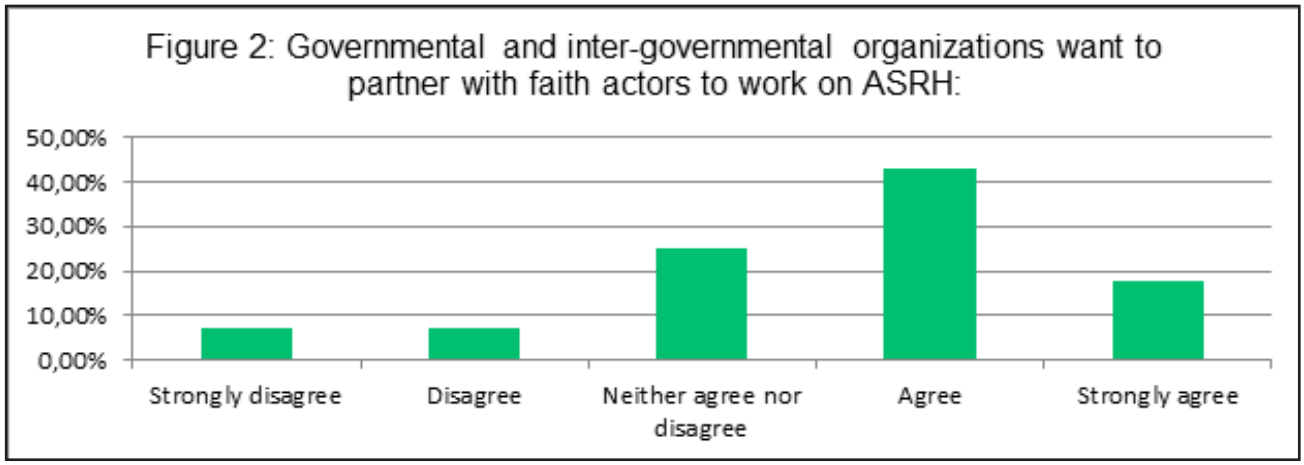
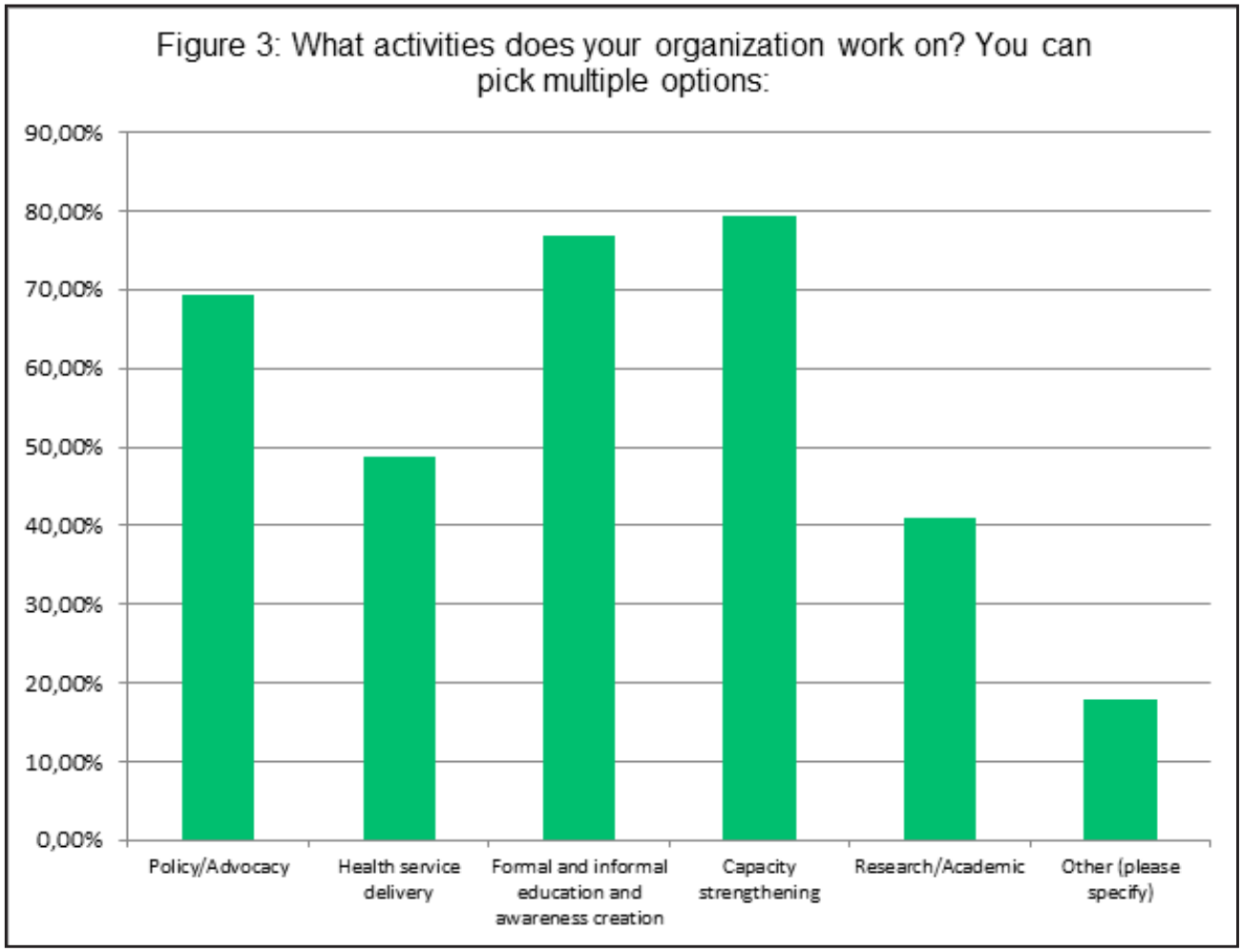


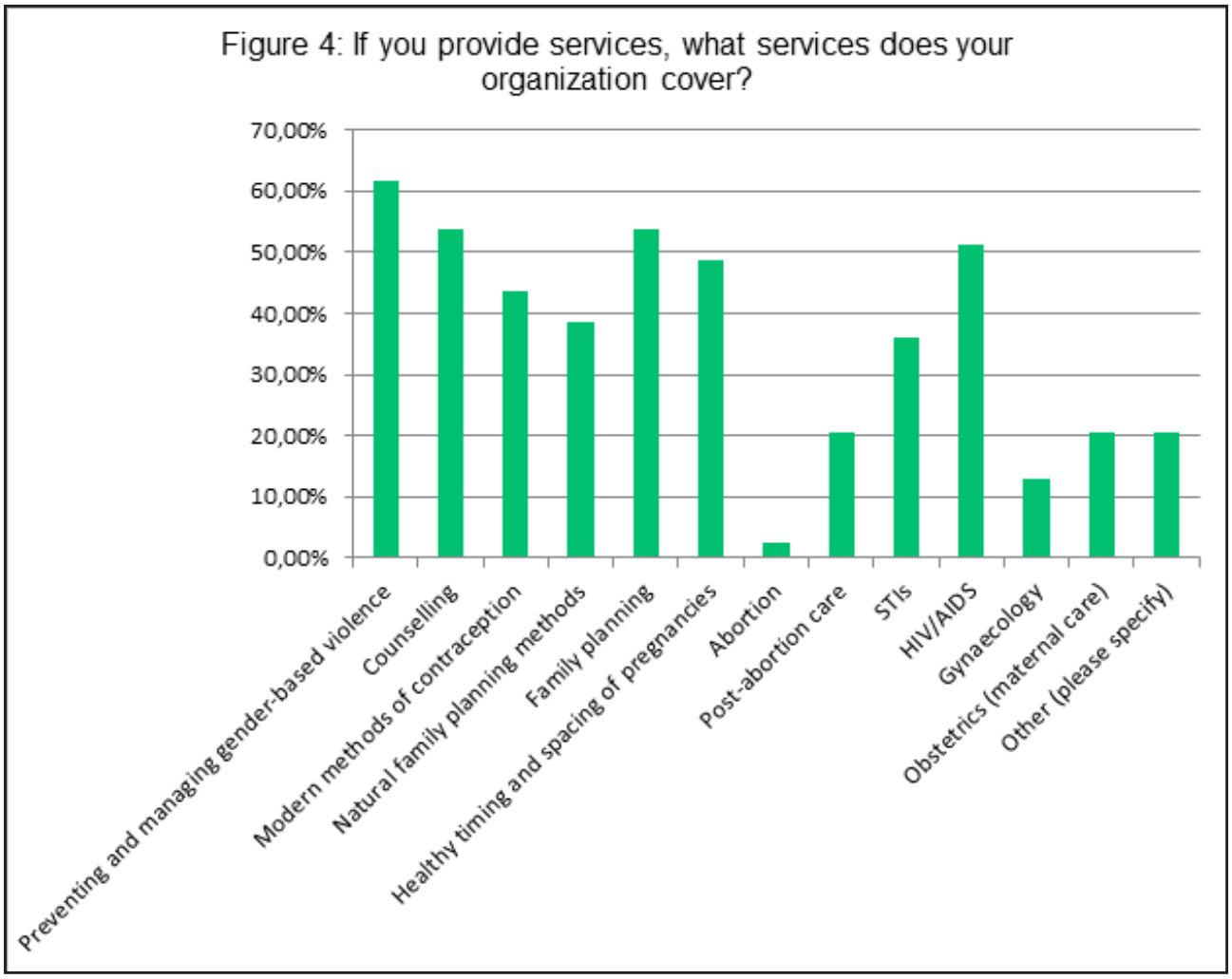
Figure 1 provides a breakdown of where survey organizations work regionally showing a spread across all regions of the world, but a predominance of respondents from Africa.



60.7% of respondents agreed or strongly agreed governmental and intergovernmental organizations want to partner with faith actors in ASRH work.

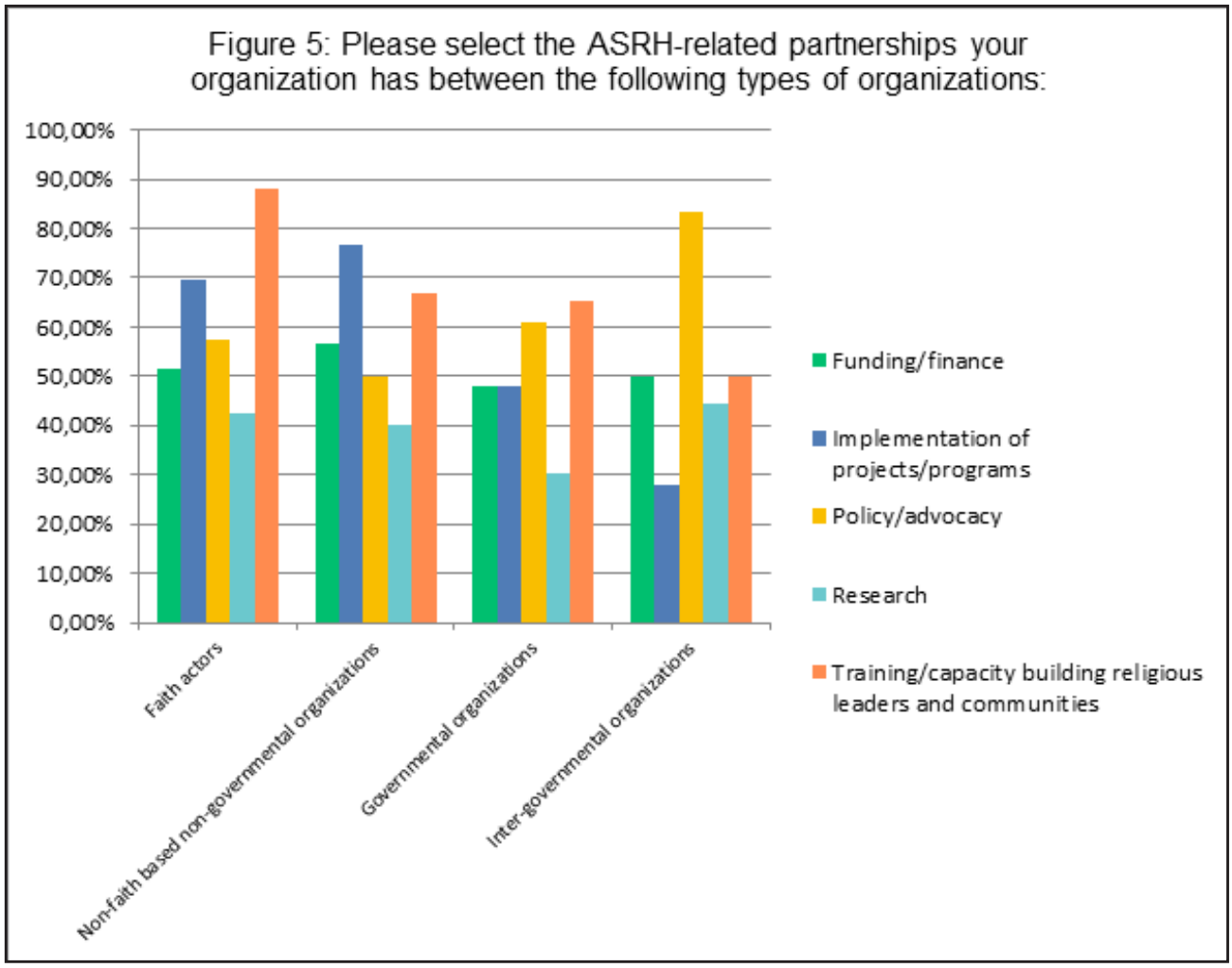


Most organizations participate in policy or advocacy (69.2%), education and awareness creation (76.9%), and capacity strengthening (79.5%). Half of the organizations provide health services and 41% of the organizations have research activities. Other activities included peacebuilding, micro finance, and communications.



National and local faith-based organizations mostly provide services preventing and managing gender-based violence (GBV), counselling, and HIV/AIDS prevention and treatment, while international faith-based organizations provide services for modern methods of contraception, family planning, and healthy timing and spacing of pregnancies (HTSP). Contraceptive methods are included, even though they overlap with family planning to understand their use. Modern methods are represented among faith-based providers, but at a similar level to natural family planning levels. There is not enough data to represent a significant difference between modern and natural methods.

In terms of partnerships, respondents indicated similar service delivery through their partners. International, national, and local faith-based organizations partnered the most in preventing and managing GBV. International faith-based organizations had partnerships in modern contraception, family planning, HTSP, and HIV/AIDS. National and local faith actors also partnered in HIV/AIDS, counselling, modern and natural methods, family planning, HTSP, and STIs. Non-faith-based actors partnered the most in counseling followed by preventing GBV. Intergovernmental actors partnered the most in counseling, family planning, and HIV/AIDS.

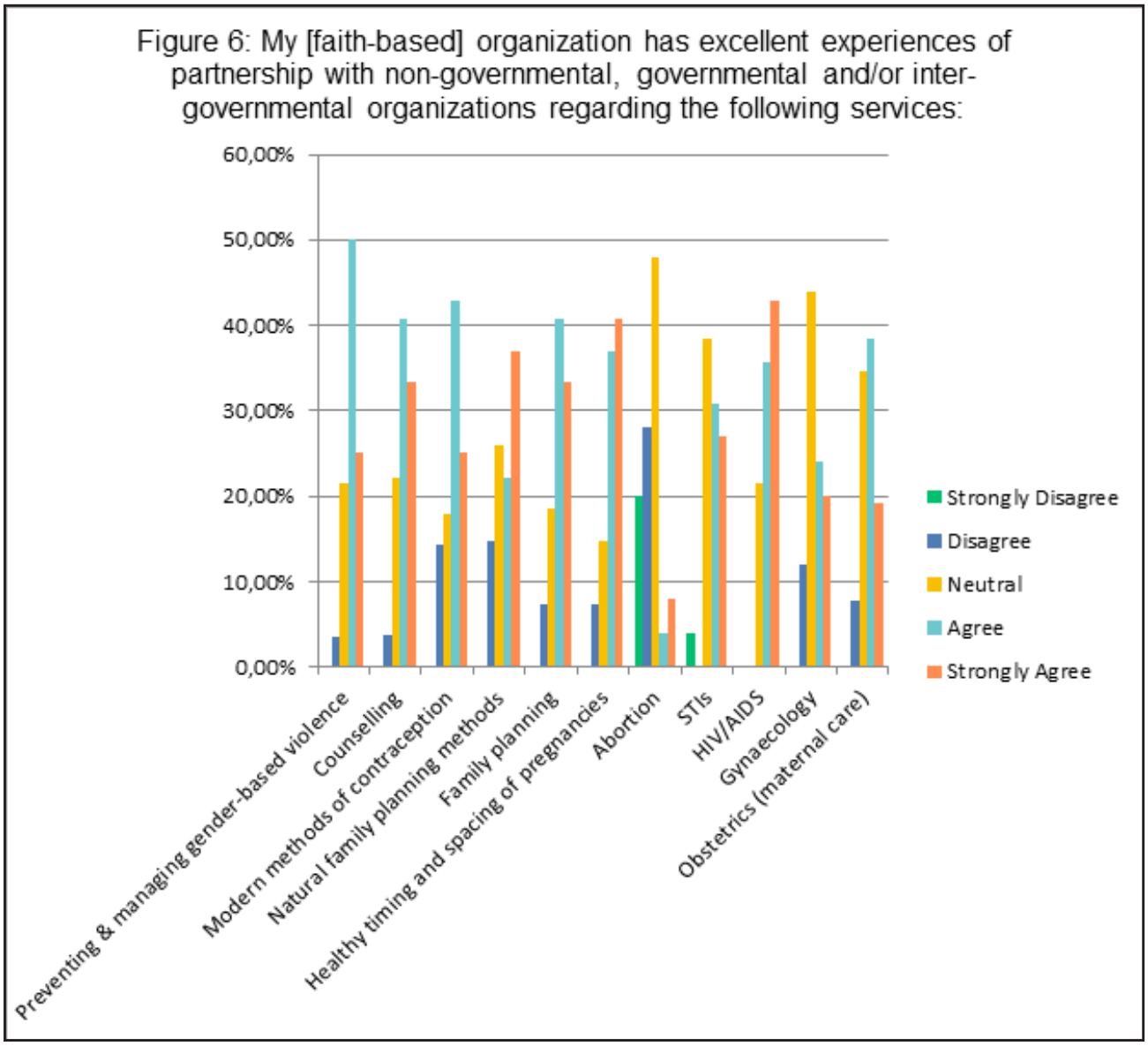


We see organizations commonly defining their relationships with faith actors based on training and capacity building with religious leaders and communities. They are also implementers in their partnerships. Non-faith-based NGOs are also seen as implementers followed by training and capacity building. Intergovernmental organizations are seen as partners for policy and advocacy.

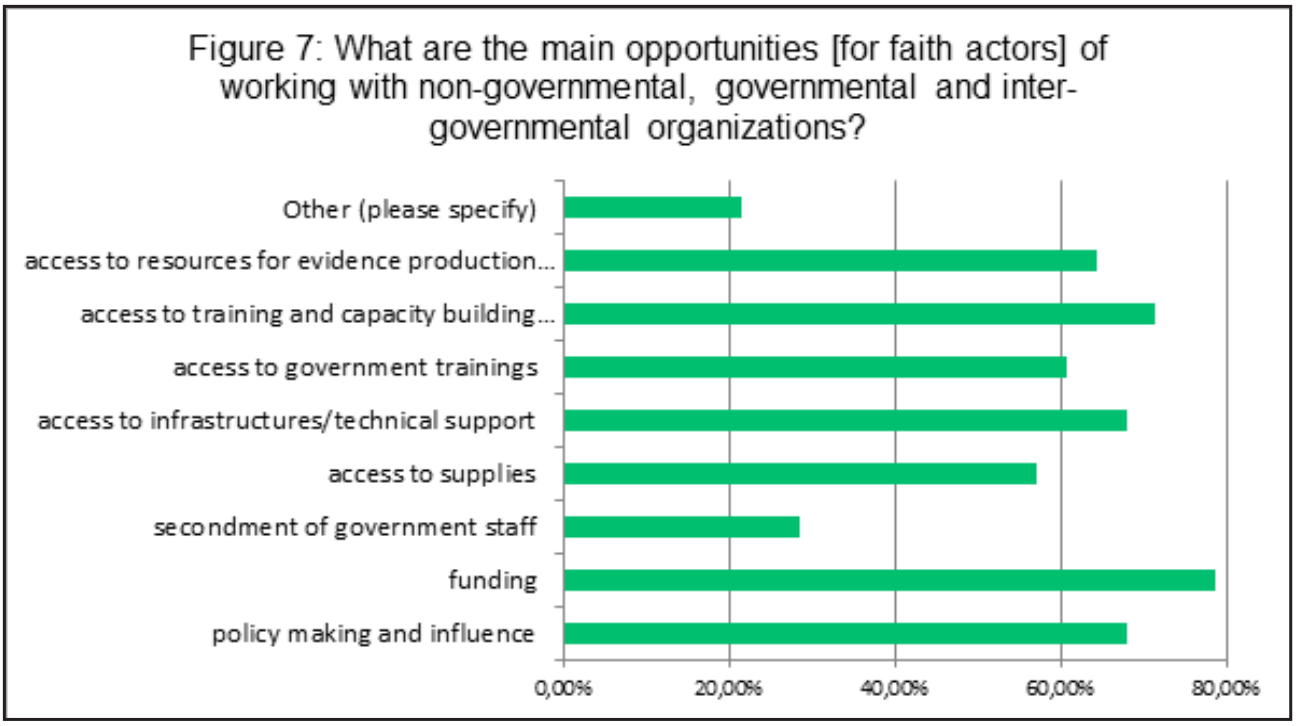
When comparing faith organization responses by level, international faith-based organizations see governmental organizations as partners for training, policy and advocacy, and implementation. National and local faith actors seek partnership for policy and advocacy, and training. National and local faith actors have additional intergovernmental partnerships for training and capacity building, while international faith-based organizations find partners for funding.

At this point, the survey split depending on whether the respondent was from a faith-based organization or not. The first three charts represent the opinions of faith actors. The second two charts represent the opinions of non-faith-based NGOs, governmental, and intergovernmental organizations.

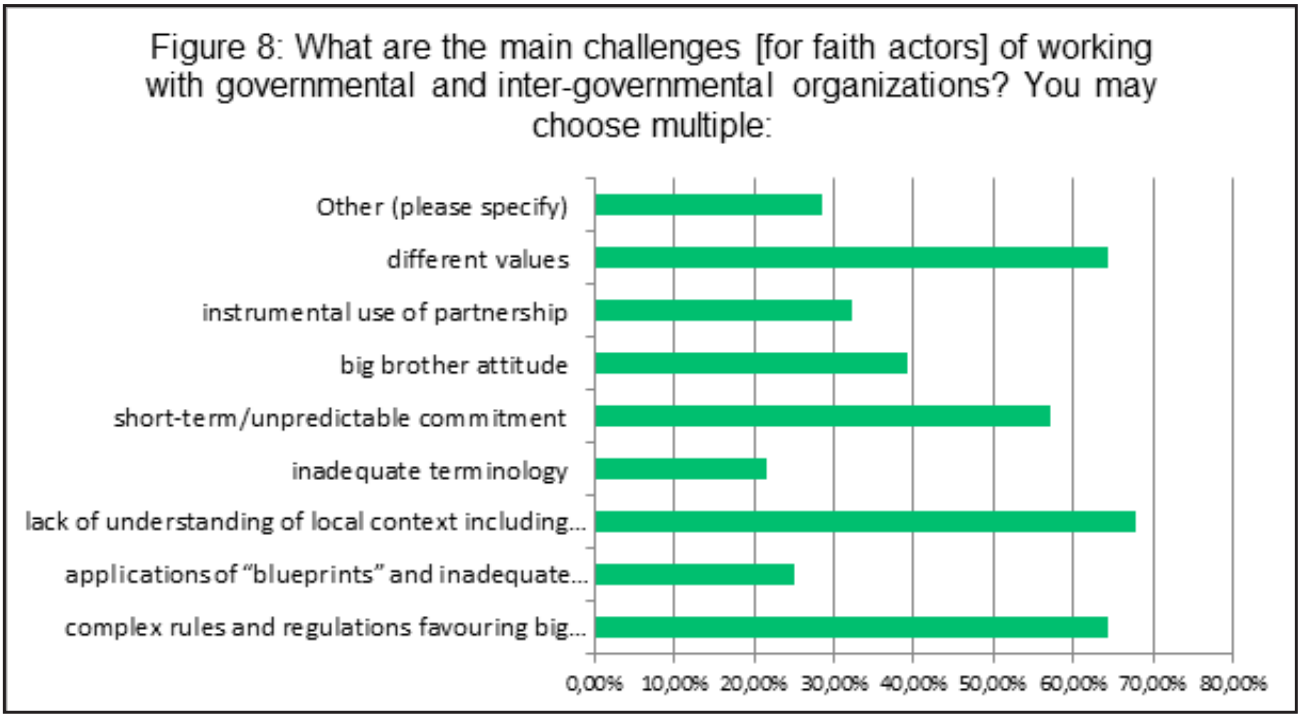
Responses from faith actors



Most respondents have chosen to agree or strongly agree across all areas (ranging from 59.3%-75%), except in the area of abortion, where they indicated neutrality (48%) or disagreement (48%). Respondents reported strong partnerships for work on gender-based violence (75%). IFBOs were strongly neutral regarding partnerships around STIs (72.7%) and split on partnerships in HIV/AIDS (53.9% agree and 46.2 neutral) and gynaecology (25% agree, 50% neutral, 25% disagree). Whereas LNFAs reported good partnerships around STIs (80%). Most notably, LNFAs have excellent partnerships in HIV/AIDS (100%), as well as HTSP (80%).



Faith actors generally see a wide range of possibilities for working with partners. International faith-based organizations see funding followed by policymaking as the main opportunities for partnership. While national and local faith actors prioritize access to infrastructure/technical support, government trainings, training, and capacity building, followed by access to resources for evidence production, and supplies and funding, for partnership opportunities. LNFAs spoke specifically of the advantages of capacity building in partnerships.

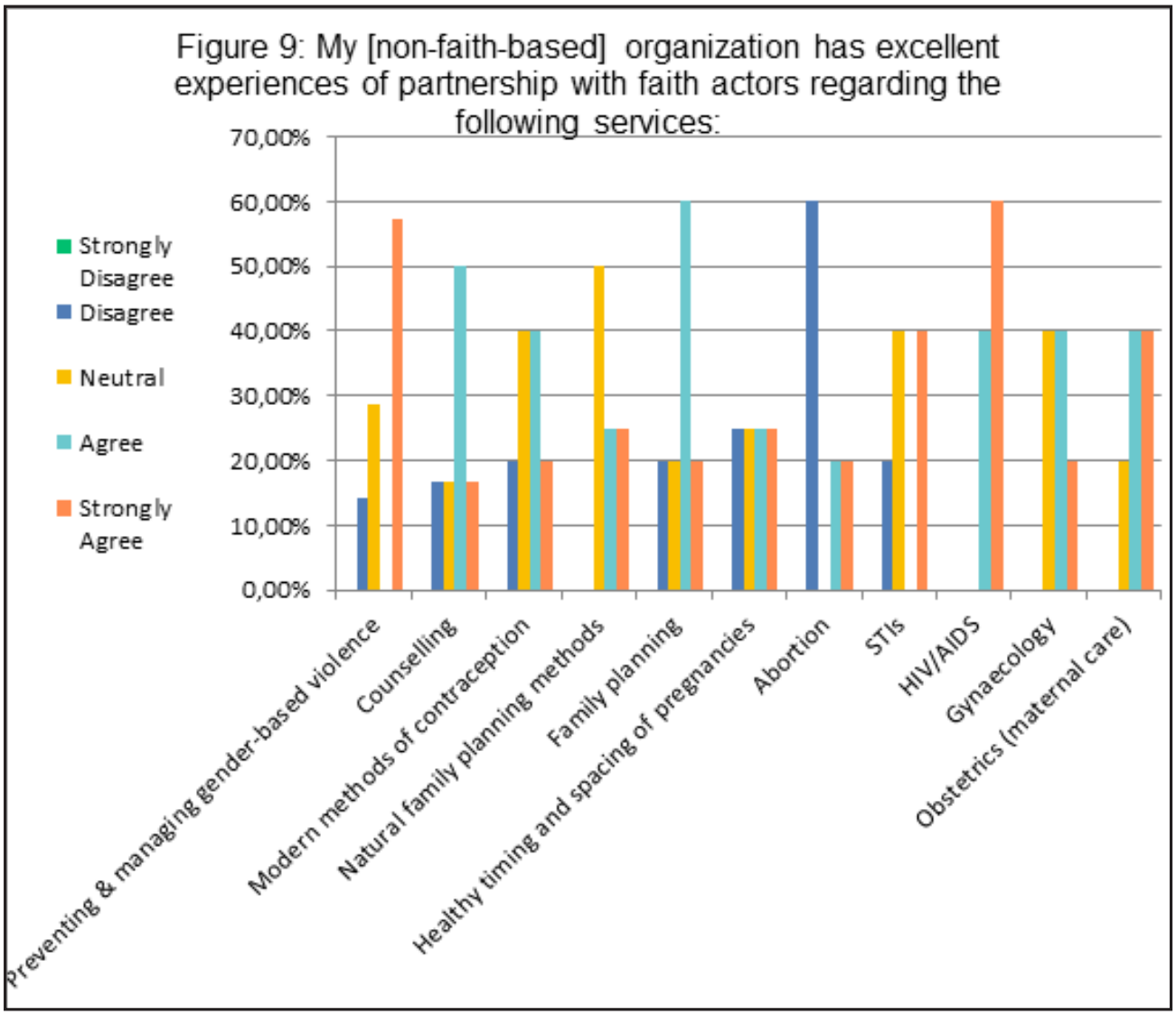


The major challenges noted when working with governmental and intergovernmental partners were a lack of understanding of local context, including cultural and religious traditions, complex rules and regulations favoring big firms or INGOs, different values, and short-term/ unpredictable commitments. When asked to add further thoughts, respondents indicated

that differing values and beliefs, along both conservative and liberal lines from different entities were a barrier to partnership and **they felt a lack of understanding about how faith actors work**. Some expressed feeling stuck in the middle or completely separate, stating they did not necessarily agree with "northern" debates along conservative and liberal lines. These were top-down discussions, rather than always in tune with debates happening in countries where there are many people who want to find an appropriate "southern" lens for working with the issues adolescents face. There was a feeling of myths and misinformation circulating among potential partners, where "religion is confused with culture," as one respondent put it. Otherwise, issues around funding, particularly a lack of funding for capacity building activities, was identified by respondents as an area of concern.

Responses from non-faith (governmental, non-governmental, and intergovernmental) actors

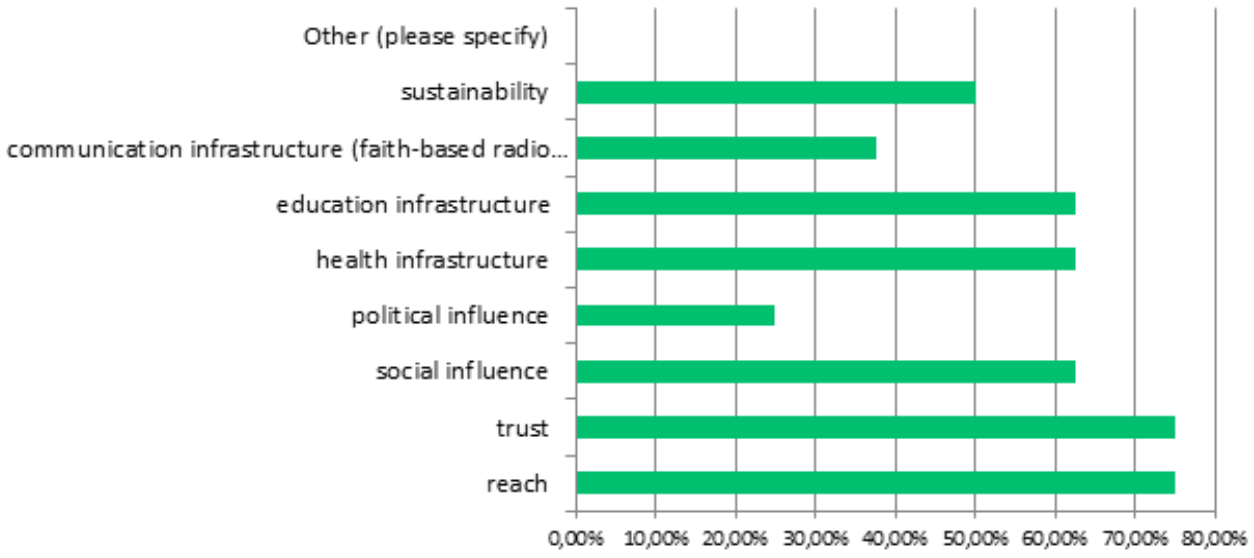
The next three graphs demonstrate the responses from non-faith-based actors.



Again, abortion stands out as the most contested area of partnership (60% felt they did not have a good partnership experience in this area, although many indicated they either agreed or strongly agreed they had good partnerships). On the other hand, HIV/AIDS (60% strongly agree, 40% agree) and work on gender-based violence (57.1% strongly agree) are clear

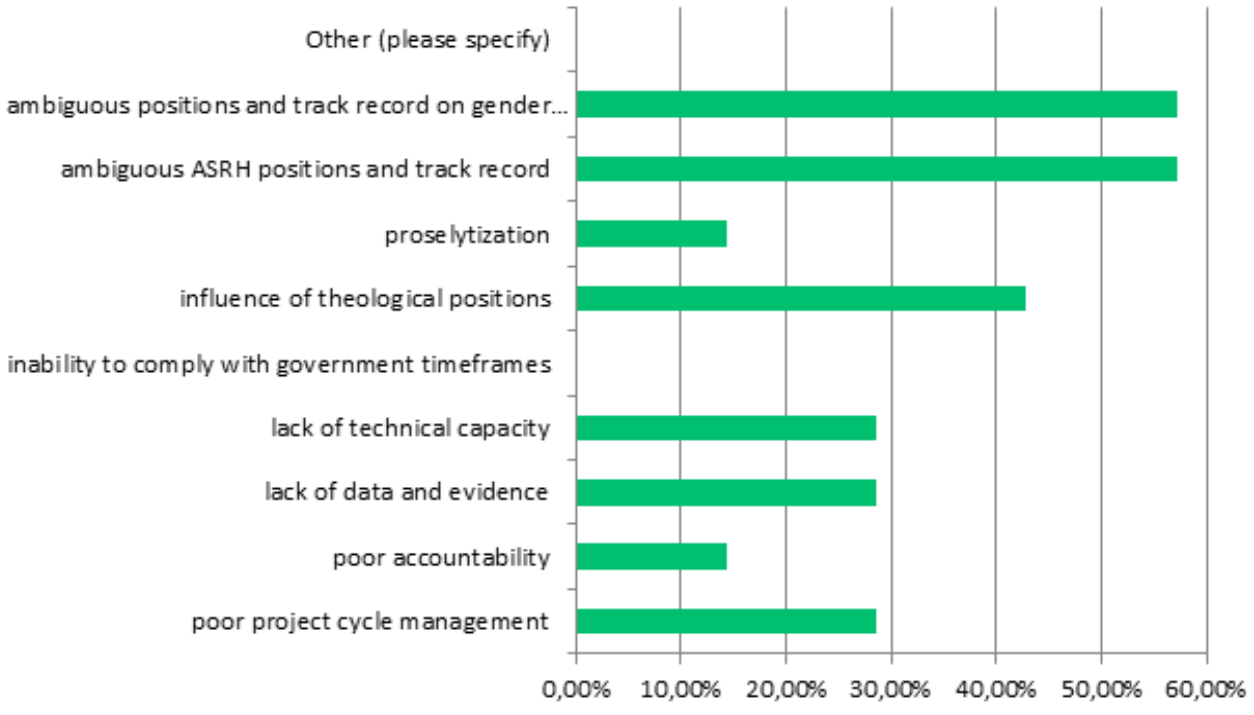
areas in which faith actor partnership is particularly strong. Family planning (20% strongly agree, 60% agree), obstetrics and maternal care (40% strongly agree, 40% agree), and counselling (16.7% strongly agree, 50% agree) are also preferred areas of faith partnership.

Figure 10: What are the main opportunities [for non-faith actors] of working with faith actors? You may choose multiple:



Among the non-faith actors, the main opportunities for working with faith actors are trust and reach at 75%, with 62.5% mentioning social influence, education, and heath infrastructure. Political influence, communication infrastructure, and sustainability were less well regarded as opportunities by non-faith actors.

Figure 11: What are the main challenges [for non-faith actors] of working with faith actors? You may choose multiple:



Ambiguous positions on gender, human rights, and inclusiveness, as well as ambiguous ASRH positions and track records of faith actors were the main challenges respondents from non-faith actors cited. This insight can also be used to reflect the response of faith actors regarding a lack of understanding of non-faith actors. **Diverse, and therefore ambiguous positions, on ASRH were off-putting to international non-faith-based actors.**

Using open-ended questions, respondents were asked to describe the ways in which religion plays a role in their organization's ASRH work, their lessons learned, and recommendations for others on faith actor partnership around ASRH. Most respondents highlighted the advantages of engaging religious leaders in ASRH work, particularly in terms of reach ("entry point"), influence to change behavior, use of resources (including religious buildings), and holistic approaches. Several stressed the effectiveness of using references to religious texts: e.g., "people easily change when you give Bible reference on ASRH and get convinced." In general, faith and religious values were mentioned by several respondents as a strong motivation/support for their ASRH work. Dialogue involving religious beliefs was found by many to be key in engaging communities and young women.

One faith-based NGO described itself as "a bridge between the public health/SRH and faith communities." On the other hand, another respondent stated collaboration with faith actors on ASRH issues was impossible due to diverging "missions." This was not the case, however, in the area of HIV and (generic) FBO capacity building. Another respondent signaled the difference between being motivated by faith and addressing faith explicitly in their activities: "we are motivated by our faith and respect all young people's faith choices, but do not specifically address faith issues. We do work with important faith values, e.g., love, respect, care, etc." For others, religious beliefs shaped ASRH interventions directly: e.g., "we mainly follow the church teaching for building chastity with religious leaders."

The lessons learned raised by survey respondents concerned the key role terminology plays in ASRH, the importance of effectively engaging religious leaders and youth, the value of religious literacy and of scientific research-based information, and the need for capacity strengthening and for long-term, sustainable commitment. One respondent highlighted the "need to be open to discussions and using terms that are not donor terms, but terms the community understands, agrees with, and can promote within their community. Without that, advocating for and acting on issues for adolescents from a faith perspective will continue to be fractured and contentious." The use of some ways to frame ASRH issues rather than others that were described as "threatening" was indicated as key to engaging religious leaders. Youth engagement was suggested to be best achieved through peer education, youth clubs, and through their involvement in decision-making and program-design processes.

Non-judgmental approaches and open discussions respectful of religious sensitivities, but based on scientific evidence were suggested by several respondents as the most effective ways to intervene in ASRH. Some respondents highlighted the need for increasing religious literacy for secular actors and capacity building for faith actors, as well as a "communication strategy tailored to each local context." More research is needed to build evidence around the impact of ASRH interventions, especially in terms of quantitative results that can inform investors, policy makers, and implementers. There is also a need for more funding for comprehensive programs that not only address clinical services, since currently "behavior change-focused projects represent just a small fraction of overall donor funding for international health programming."

While one respondent recommended partnering with like-minded actors, many emphasized dialogue, openness, and flexibility as key to bridging space between stakeholders with different perspectives on ASRH. One respondent advocated for the need to "see the engagement as

a journey," while they regarded involving the media as a potential hindrance to dialogue on ASRH. Several responses described a combination of in-depth knowledge about the broader and the local context, combined with activities at grassroots level and partnerships with local health delivery and governance structures as effective. Tracking rumors and addressing misinformation were also deemed important. Other respondents underlined the value of transparency with partners, including multilateral and bilateral organizations, and of a clear Memorandum of Understanding between partners.

Respondents highlighted the importance of integrated approaches to ASRH, especially when they connect SRH with economic, gender-related, and "values formation" issues, in that they ensure sustainability and can have a stronger impact on behavior change. They also stressed the value of grounding ASRH interventions on research-based information and on resources non-biased by "cultural or religious preferences." The need for better data on under-researched areas and populations, as well as the use of new information and communications technologies were also indicated as key to achieving better results.

Interviews

The interviews were analyzed to highlight key areas of interest, without identifying specific organizations or programs. To meet the objective of demonstrating some of the aspects to partnership on ASRH, we focus on the opportunities and challenges of partnering between local, national, and international actors around faith and ASRH.

Key Issue Areas

Commonly mentioned issues included HIV/AIDS, CSE, and child marriage. **Child marriage** was an area in which respondents saw topics intersect.

> *"Early marriage is an interesting nexus of adolescent work and SRH and health work that we do. It is quite interesting that it is very multi-sectoral coming into that area…. we have a lot of more customized programs on the ground, for example on early marriage, where we implicate faith leaders as well and educate them about the implications of early marriage, that are largely SRH-focused in nature." (International faith-based organization)*

Local faith actors commonly mentioned child marriage as a key area, noting

> *"we are also working on early marriage in particular because there are existing taboos. There is high level of practice whereby they force a girl into marriage through rituals even if the mother does not agree." (Local and national faith actor)*

> *"[girls] are calling us and telling us that the early marriage is going to happen. They tell us "can you stop them? Can you save the life of our friend?" So, then we get involved with the local administration and the local police. Because the girls are thinking that they want the opportunity for education, but the parents are the ones who are thinking they have to get married because of Islamic beliefs or because they are poor. So, the parents have these misconceptions, but the girls don't." (Local and national faith actor)*

Child marriage was cited as a pressing and obvious issue of concern in connection to ASRH. Otherwise, family planning needs, and needs for healthy timing and spacing of pregnancies interventions were cited, with most of the LNFAs providing family planning services. In terms of the mix between natural and modern methods of contraception, we have already seen from the survey results that some faith actors do use modern methods, in contrast to stereotypes that faith actors only promote natural methods.

Many of the actors also worked in the fields of **HIV/AIDS prevention and care**. Some started their ASRH work in response to the HIV/AIDS crisis, citing many decades of life skills interventions for adolescents linked to broader HIV work. Many councils of churches and LNFAs have their own HIV-specific work and departments, which can be useful partners for international actors. These partnerships have had considerable impact over the years.

> *"We started a long time ago in Central Africa a partnership with an FBO on the spiritual*

element of HIV treatment and very quickly we found out that it brings a lot of positive effects on adherence,[1] which is one of the main problems for HIV treatment." (Intergovernmental Actor)

The period over which this work has taken place is substantial and growing, with several interviewees citing work with adolescents on SRH related to HIV happening since the beginning of their organizations which have now been going on over several decades. Though not the focus of this study, questions remain around how HIV/AIDS programs will evolve as new health and environmental challenges arise.

Comprehensive sexuality education (CSE) was frequently raised. Unlike discussions around HIV, CSE is a newer area in which interviewees expressed more hesitation, noting the differing levels of use and acceptance of the concept. As discussed in the forthcoming section on language, CSE is often changed to other terms, such as "life skills" or "sex education" (where the term "comprehensive" is what worries people in terms of a great range of topics that could be included). The problem, as expressed by one interviewee, is as follows:

"The problem with CSE is that it is one of the most effective interventions to make sure that people know how [to] prevent STI and pregnancies and so on and it is kind of seen as 'magic bullet', but there are a lot of misconceptions in CSE especially by cultural and religious leaders but also governments. It's understood as something that promotes sexual activity among youth and LGBTI. So, it is for many conservative governments a problem and then also for many churches." (Governmental actor)

Interviewees were quick to explain these misconceptions were largely unfounded and a wholesale refusal of CSE is unhelpful. One interviewee described a possible approach that, while supporting CSE in general, does not ignore different positions taken on sensitive themes such as abortion.

"…[the] sticking point for us is advocacy for abortion and promotion of abortion. And at a policy level within our SRH policy we simply do not promote abortion or practices that are abortion efficient. Now that does not preclude us from endorsing bodies of work, curricula or conventions that may include that, but we just make it clear that we are endorsing the body of the work with the exception of that point. In general, if we look at a CSE curriculum, we support 99% of it, it doesn't make sense for us to say we can't engage that curriculum because we disagree with a single inclusion of advocacy of abortion access, for example. So, we prefer to move forward and be supportive with the majority of the agenda just stipulating that we take an exception in our engagement on the abortion point." (International faith-based organization)

The complexity of negotiating a common understanding of CSE, and consequently adherence to CSE, remains a challenge. Most interviewees came from a more progressive perspective, arguing for the need for CSE in some form, even if that form comes with certain parameters. Taking into account that child marriage, HIV/AIDS, and family planning are some of the key issues at hand for faith actors (with interest in CSE), we now turn to an analysis of the ways in which faith actors and their partners engage with adolescents to work on these topics.

1 Adherence in the context of HIV/AIDS context refers to adherence to antiretroviral therapy. See AidsInfo, "HIV Treatment Adherence," US Department of Health and Human Services, February 18, 2019, https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/21/54/hiv-treatment-adherence).

Adolescent Engagement

Adolescent engagement was deemed to be a particularly pressing but difficult area in which to work. As one interviewee noted,

> *"…when we talk about SRH challenges for women globally, which are already significant, [it] is even more challenging for adolescents than the greater population, in every instance and health issue. Adolescents have now been identified very clearly to be a marginalized and excluded group that does not participate fully in decision-making processes, and in health mobilization and outreach they are a hidden population. So, there are statistical reflections of that: e.g. I was told today that in relation to access to modern contraceptives, 26% of women globally don't have full access but only 9% of adolescent girls do, so a big gap there." (International faith-based organization)*

Given adolescent engagement can be particularly challenging, three key strategies emerged from the interviews as common methods used by faith actors:

1. *Involvement in educational spaces, particularly using peer education,*
2. *Work with senior women, such as women's and grandmothers' groups, and*
3. *Training religious leaders.*

Education, including peer education

Faith actors are involved in both high school and higher education settings. Although the statistics vary, one interviewee noted faith actors own up to 60% of schools in countries such as Uganda. One local faith actor recounted their work, which recognizes the reach of education facilities, but also the need to reach those who are out of school. As such, the need for peer education exists.

> *"We are working with private and public schools. Those schools which are in the communities where we are working, no matter whether they are affiliated to the church or not. We just work with them and we create some clubs in schools in order to engage the students in the schools." (Local and National Faith Actor)*

> *"For those who are out of school, we reach them by training peer educators and send them to train others. The peer educators we train have the capacity, so they transfer the message to the others… the peer educators for out of school are some young who have finished their studies but who are unemployed. They just have a level of education; they understand the message and they can transmit that." (Local and National Faith Actor)*

International actors also echoed the effectiveness of working with adolescent peer education groups around the world. Other faith actors had groups in universities that also function as educational and peer education activities, with workshops on Islamic interpretations of SRH cited as one example. Follow-up activities for girls following a leadership training project included invitations to join a network of feminist Muslim women. This was described by the interviewee as "a girl scout kind of community." In some of the university groups, theatrical performances and role plays proved to be particularly memorable to participants.

There was also evidence of work in religious educational environments, such as madrassas.

The example given by the interviewee in this case was the establishment of two committees, one student committee and one social protection committee. In the student committee, students are trained on SRH and life skills and both adolescent boys and girls are involved. In the social protection groups, teachers, guardians, and other community members, including religious leaders, are involved. Monthly meetings include sessions on counseling, groups sessions with other leading community members (particularly those that have been identified as gatekeepers of change for ASRH), and educational and knowledge building activities. Overall, interviewees placed an emphasis on participatory approaches that build the capacities of adolescents in a holistic way, as noted by one international faith-based organization, who "seeks to work with [adolescents] to help them prioritize issues they want to address, but ultimately leads to their development as more mature citizens. It is an empowerment approach for them, onto which we then build some of these more specific sectoral interests based on the prioritizations."

Engaging girls/women (particularly senior women)

This section presents two perspectives, separated by age. On one hand, interviewees spoke of several programs that specifically engage young women, such as a leadership program for underprivileged young women (18-25). This program includes a 4-day camp to educate on human rights and Islamic perspectives on SRH. The interviewee, an international faith-based organization working in partnership with a local faith actor, noted that "they will leave the camp knowing their rights from a secular as well as from an Islamic perspective." This experience also acts as a "firewall" against more extremist perspectives discouraging young women from education and seeking their own livelihoods. Other organizations have trained and built the capacity of young women to become "champions" on issues related to SRH from a faith perspective. The young women champions have then been able to represent their ideas and points of view at various national and international events.

The engagement of older women on the topic of ASRH is also key. Older women are often highly respected and act as gatekeepers in terms of some of the cultural and religious practices affecting adolescent girls. Recognizing the role older women play in encouraging early marriage, one local faith actor works with queen mothers as community educators. Elsewhere, another LNFA realized young women do not feel comfortable approaching male religious leaders on topics connected to ASRH, so they seek the advice of the wives of religious leaders. As a result, they have now designed a training program and trained several hundred wives and female religious leaders. Another LNFA provides technical support for grandmothers' associations and found senior leaders' wives are particularly crucial actors. They acted to formalize their work with wives.

> *"…we made a platform for senior leaders' wives and they are our main ambassadors in SRHR, and we have two sub counties where we piloted the platform and they act as champions and provide counselling to these grandmothers and the church itself are champions. So, we have them on board to provide ongoing SRHR information with our guided tools so that it can reach a wide audience." (Local and national faith actor)*

Working with aunts, as well as grandmothers, was also a relevant practice in some areas where it is the aunts who are involved in early marriages. In addition to mobilizing male religious leaders, the role of religious women was also underscored by one LNFA respondent. In reference to nuns, this respondent highlighted that "SRHR matters to them so much… "Across different ages, familial positions, and jobs, women of faith can be key in support of

ASRH.

Training religious leaders

Training religious leaders is a well-known tactic for reaching large portions of society made up of faith communities.[2] There were some specific instances and approaches that stood out. One example was the use of youth trucks. An LNFA had found it difficult to gather adolescents in a room to discuss ASRH, but the use of a truck, coupled with the voice and involvement of a community leader, changed this engagement: "we find them under the mango tree with an influential leader and we say we are here to talk to you about this, then the youth come to the truck and we give them a direct message." Training community leaders, including religious leaders, can therefore be part of this unconventional outreach process.

Work with religious leaders also took place in connection with media-based outreach. This included weekly radio shows including one on feminism in Islam in which an imam addresses girls and women's issues, with guests from women's rights organizations and other community leaders. The radio show has received positive feedback from parents and young women. However, the use of media has also been employed to counter ASRH. One secular actor recounted the use of billboards in Kenya insinuating children were being taught to have sex as part of CSE and the influence of information found on the internet. The presence of Social media has increased exponentially around the world, and misleading news can counter years of work. There were surprisingly no other examples of media engagement and this is an area where further research could be of interest.

Quite frequently, a training of trainers or cascade approach has been taken, with religious leaders being trained to spread messages to other leaders and the rest of their communities. While this method is expeditious in potentially reaching many people, that reach is not guaranteed and engagement with adolescents is not particularly targeted.

In order to train religious leaders, material development is a key area of activity. This usually comprises a consultation between theological scholars/religious leaders and health practitioners to find common ground and approach the material development from both a scriptural and public health standpoint, as has been advised elsewhere[3]. An interviewee with a faith and academic background had included not only theological and public health perspectives, but also social scientists and demographers to bring in an additional social and cultural angle. From a multilateral perspective, one interviewee advised it was best to work with faith actor partners to develop materials rather than insert international policy and practices in a top-down manner. A LNFA partner related how they had adapted materials from the Health and Youth Ministries in their country to be applicable in their faith environment. Others cited the use of materials from well-known academic institutions, such as John Hopkins, or networks, such as Faith to Action.

2 For a few examples among many, see Adedini et al., "Role of Religious Leaders in Promoting Contraceptive Use in Nigeria: Evidence From the Nigerian Urban Reproductive Health Initiative, Global Health: Science and Practice 6, no. 3 (2018), 500-514, https://doi.org/10.9745/GHSP-D-18-00135; Christian Connection for International Health et al, "Family Planning Advocacy Through Religious Leaders,' January 2017, http://www.ccih.org/wp-content/uploads/2017/09/FP-Advocacy-Guide-EN.pdf; CORDAID, "Facilitation Handbook for Working with Religious Leaders on Sexual and Reproductive Health for Young People,' 2017, https://www.cordaid.org/en/publications/facilitation-handbook-for-working-with-religious-leaders-on-sexual-and-reproductive-health-for-young-people/; INERELA+, "Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights," Resource Centre, 18 January 2019, https://resourcecentre.savethechildren.net/library/religious-leaders-handbook-adolescent-sexual-and-reproductive-health-and-rights.

3 le Roux and Palm, *What Lies beneath*?.

Advocacy

Advocacy is another approach taken by all actors to influence others on their ASRH perspective. Advocacy was demonstrated at three levels in the interviews: international, national/regional, and community.

International Level

As seen in the survey results, policy and advocacy work is significant for international actors, from the faith-based to the multi- and bilateral organizations. International faith-based organizations aim to underline the potential role of faith actors in ASRH work. While recognizing there can be pitfalls, faith engagement is vital as faith actors are involved whether they are engaged or not.

> *"The faith community has played an extremely important role historically in providing health services and promoting public health, but at the same time there have been errors and problems associated with the faith sector in relation to some health outcomes as well, for example, the HIV pandemic and some of the mis-directed steps of the faith sector in relation to it,… in regards to dialogue on immunization and ASRH as well. So, our advocacy is that the way to address this situation positively and constructively is to include faith actors in engagement, in dialogue, and to try to make faith leaders champions of positive health work." (International faith-based organization)*

Groups of interested parties have convened internationally to discuss the role of faith in various topics related to ASRH, such as global conferences like Women Deliver, but also workshops that bring together religious leaders from the Global North and South to discuss related topics with experts, grassroots workers, researchers, and representatives of other faith-based and secular organizations.

National Level

Much of the specific advocacy happens nationally. Examples include work on fatwas in Malaysia and Indonesia, advocacy both for and against new ASRH policies and legislation in-country, and then, most commonly, national level convening. The role of religious and interreligious councils in convening and issuing statements on certain subjects can be significant. A secular actor interviewed noted how influential these can be with governments as high-level religious leaders often have a close relationship with elected officials. This interviewee also explained the need for governments to dialogue with these councils if they aim to pass new policies or legislation. For example, a new policy on sexuality education could be ineffective if religious leaders, who have power over a large percentage of schools in a given context, do not agree with it. To this extent, power dynamics between governments and high-level religious leaders are a key aspect of national advocacy on ASRH. In one example, religious leaders were those advocating for a more inclusive ASRH law to pass. In Ghana, religious leaders were involved in advocating for the successful implementation of family planning under the National Health Insurance Act.

High-level religious leaders work to disseminate messages from national religious institutions and participate in conferences in national capitals, sometimes organized by or with the support of international actors. Two different interviewees (one from an international faith-based organization and one from a multilateral) described times where they had both successfully brought together a wide range of high-level religious leaders to discuss SRH,

but unsuccessfully lost the participation of certain denominations once the inclusion of condoms was mentioned. In one case this led to months of deadlock. In the end, however, a modified consensus document was produced by high-level religious leaders that is now used nationwide. An interviewee advocated for more bridging rather than disassociation.

> *"There is not necessarily a magical meeting point where everyone agrees on 100% of the other's agenda. We don't have to achieve that. We need to agree on some cross-cutting points related to ASRH, women's and girls' empowerment…We all need to recognize that there are red lines for individual stakeholders, we should not focus on converting everybody from red lines but rather focus on building bridges around some cross-cutting issues that we can all agree on and which would be highly constructive for adolescents." (International faith-based organization)*

An LNFA interviewee noted the imperative of having a full and clear understanding of each other's perspectives, but also the need to open the discussion precisely on the lack of discussion – if there is agreement about a need, there must also be dialogue on how and why to work together, even if the parties disagree, otherwise progress is incredibly slow.

Interviewees explained the gap between high-level religious leaders and what was happening in communities.

> *"There is absolutely a gap between what they do in the frontline… and what their hierarchy sitting in their council of churches or even in individual religious headquarters know about what is really happening. This is true also for a central government or for UN headquarters… So we definitely see that with our FBO partners while country- and community-level implementation is going quite well, their hierarchy – and we witness [this] from time to time when we are invited to their visit from a bishop from a capital to a province – there is something of a surprised reaction when they see the sex education component in some programs. The local people will say "yes we will correct it", but they already know (the local church people) the value and advantage of continuing with it. So, after the visit everything stays as it was." (Intergovernmental actor)*

The ability of religious leaders to engage with secular actors was also critiqued. Finally, some faith actors felt the exceptionalism of others reflected badly on them and meant they were perceived to be as equally as "rigid," as one interviewee put it, even when that was not the case. Work must therefore happen at different levels because if acceptance is not present at one level, no activity can take place at another. While this is contextually specific and some local level religious leaders and communities will not act without permission from their national leadership, we now turn to the role of community level advocacy to demonstrate the impact there.

Community level

A respondent from a secular organization noted local religious leaders are the ones who can identify advocacy needs, in comparison to higher-level religious leaders.

> *"Sometimes, religious leaders, all they've known is their community, if they don't engage in some activity at national level. They have seen pregnant girls, girls being married, high crime rates, HIV infection… They are able to see that in their community and that is where we can then move forward, otherwise it becomes really hard. We need to be more innovative and do a lot of community action rather than being so*

high and then generalizing. Religious leaders know the reality on the ground, and they need to come to the table and then we discuss and find solutions." (Secular international actor)

Community-level engagement takes several forms and its inclusion as "advocacy" may be debated. However, we found the basic idea of dialogue and negotiation is similar to what happens at other levels of advocacy and it is therefore important to bring community-level approaches into conversation with other levels of advocacy.

As one bilateral actor noted, speaking about their faith actor engagement in ASRH around the world, "the essence of these things, (…) is that all religions are being targeted… and it's more about sensitization and dialogue as opposed to creating a system where religious actors refer people to other clinics in SRHR realm." Dialogue and negotiation is present in both the question of community-level advocacy and partnerships between actors in general. A LNFA noted, "partnership at all levels is important, even with the last person in the community." The interviewee continued to say that local partners can help identify the taboos and the need for knowledge and advocacy in communities. A process of community-entering includes, for at least one of the LNFA interviewees, working with a traditional leader to access the other faith and community leaders, before bringing them altogether to form a dialogue about perceptions and needs. Additionally, an international faith-based organization noted it can be sometimes advantageous to come in as a more neutral, third party: "sometimes even adults will say that they want third parties like NGOs… to engage their adolescent children and talk about important health issues because they are not able to do it themselves, because it is not within their cultural means."

At subnational levels, there are districts where faith leaders are influential in advocating for budgetary allocation for family planning. One LNFA reported there is now a 5% budgetary allocation for family planning in the district health facilities' family implementation plans in the region in which they work. This was a milestone accomplishment for them as there was previously no funding for family planning. Other work includes speaking at the end of public events held by church institutions on issues including early marriage to young people in the audience and working with religious leaders and other district stakeholders who are the main decision makers in communities on rules regarding early marriage. District interfaith networks take the lead, organizing social dialogues through which the LNFA can provide technical support or bring in senior religious and community leader champions to speak.

Partnerships

In terms of partnerships, every interviewee mentioned work with religious leaders in some capacity, even if this was through another partner, as with the multilateral and bilateral organizations. This was the singular most common partnership noted across all interviewees. A fundamental concept in religious literacy is the recognition of diversity within religious traditions. With religious leaders, partnership was also diverse, with representation of a full range of liberal and conservative standpoints. LNFAs noted they had not been able to reach more conservative religious leaders, but they felt their outreach, in one case, to Muslim communities would help to change minds in the communities. This was believed to be the starting point from which to influence the minds of the religious leaders in a more bottom-up approach. An Intergovernmental Actor noted the initial stage of a program to involve religious leaders takes the most time.

> *"A lot of ice breaking needs to be done with religious leaders at the front end. There have been cases where faith leaders have been reluctant to engage on the front end and typically it is because of the lack of understanding of the issue that they have, that they are reluctant to engage. When we are able to convince them to come into the discussion and to come into the orientation and the training, by going through the process, it relieves their tensions and their fears and they come to understand why this is important and that's when we have the breakthrough…It is an interesting vicious cycle because it is the issue of their misunderstanding that we want to address, but it is that same misunderstanding that may prevent them from engaging." (Intergovernmental Actor)*

Religious leaders involved in various ASRH work had experienced considerable risks, including death threats and in extreme cases loss of life. These actors are on the frontlines of a fight against extremism and a rise in conservative religious interpretations that have effects on views around adolescents and ASRH. Moreover, religious leaders are directly engaged in poorer, informally settled urban areas, which have much less access to information and services. Having one-on-one or group community discussions and then building relationships and capacities for religious leaders and youth groups in those areas is key. The LNFAs put considerable work into building capacities and then networking among likeminded religious leaders of different faiths to represent the different religious affiliations of young people and organizing them together so they could build a collective voice. The relationships and networks among the religious leaders are therefore some of the most vital partnership constructs in faith and ASRH.

LNFAs have built many constructive partnerships over the years. International faith-based organizations are the funders of the LNFAs for the most part. One multilateral representative expressed how pleased they have been with partnerships.

> *"I should say that when I came to this portfolio I was afraid that this would be something really difficult… but I, with great relief, found out that our FBO partners [and this is a very serious interngovernmental actor] are well-informed, educated, highly committed..." (Intergovernmental Actor)*

Another bilateral representative explained there needs to be a demonstrated level of professionalism from faith partners for them to feel comfortable. While LNFAs were proving international partners wrong, some LNFAs expressed their own hesitancy with entering international partnerships, noting what might be part of a political agenda in one country, "might not work in my country." This interviewee followed up by saying we are living in a global age and need to understand what is happening in other countries, but at the same time there must be a process of consensus building and finding common ground for these partnerships to succeed.

For multi- and bilateral organizations, the willingness to work with faith actors on ASRH was mostly there, although some noted there was also a need for increased religious literacy. Most faith actors were also involved with government partners. Governments see faith actors as partners that can contribute to community health and LNFAs reported they were trusted by their respective governments. A key point here is to maintain transparency with the government, including on funding streams and reports, not least to build and maintain trust, but also to demonstrate the impact of faith actor contributions.

Opportunities

There were many stories of impact communicated by the interviewees. Their own words best describe these experiences.

> *"This [faith partner] organization started working and we realized very quickly that they had facilities and they just needed the additional equipment to offer the full package of service delivery: counselling, testing, treatment, support and including psychosocial support, and all other elements. When they introduced very strong spiritual element, we definitely have evidence today that outpatients are probably one of the best groups, and it is not in hundreds, it is in thousands of patients, from the point of view of adherence. Obviously when we started introducing packages that had more and more elements including prevention complement into it, we requested that SRHR are also a component of it, and we negotiated what could be a way for them to do it so that it is acceptable for both them and us." (Intergovernmental Actor)*

> *"We have conducted formal research now around this process [engaging religious leaders] and we are finding that it is extremely impactful in terms of improved SRH behaviors and demand seeking in practices so we're very keen on that approach." (International faith-based organization)*

Existing hierarchies and structures were seen as a particular advantage of working with faith actors. They also have structures specifically for adolescents such as young women and men's associations. These structures have been in place for many years, meaning they have found ways to overcome issues around sustainability. As several LNFAs noted,

> *"Because there are some NGOs who only wanted to help people for a few months or years but then after they leave. We are there forever, if I do a bad thing in this area, I will be punished because the pastor is there, I am visible."*

> *"…because the funds are not always there we have to integrate in the curriculum for the parishes. For example, with SRH when we teach pastors in order to continue their work. So even if we don't have funds, the pastors are still there in the community and they just continue. Also, with the schools, when we train the trainers they stay there even if there are no funds. The church is still in the community even if there are no funds, no donors, the church is still there."*

> *"…we decided to set up this interfaith network to talk about SRHR issues with faith values and principles. Since 2014 we have been growing steadily in terms of membership and institution but again at the same time our members recognize the need to cooperate on SRH matters within their structures and platforms."*

The fact faith actors are trusted by communities and governments is also a key asset for ASRH, as several LNFAs expressed.

> *"These imams are your local village imams, so they have a relationship of trust with the community. Otherwise there is no way that the girls would be sent [for training]. That proves already that they trust these imams." (International faith-based organization)*

"[Religious leaders] are the people who are respected in the community. When they give a message, this message is really accepted from the receiver. When they give the message in the pulpit in the church, it is really heard."

"Another experience I have, when we go as a church, the beneficiaries believe that the message we are giving it is the truth, that we are not lying."

"We have a very good relationship with the communities. We deliver messages directly to the adolescents, so we are doing a very good job and we are very close to the people."

Challenges

Challenges remain for partnership with faith actors in ASRH. Just as existing religious structures can be an advantage, they can also represent a hindrance. In certain schools run by religious actors, for example, there has been no scope for any SRH activity. Different structures between denominations also require different approaches. In Pentecostal environments, there may be less structure through which to establish consensus. Efforts may have to be renewed individually with each incoming pastor due to varying levels of power and experience in mobilizing young people.

Many issues connected to ASRH are extremely sensitive, taboo, have misleading news or conspiracy theories around them, or are highly politicized. It is these issues that present the primary challenges to open and frank discussion. The main solution is a highly diplomatic, but open approach. There were many negotiated positions interviewees recounted.

"In our country we do not want to talk about certain things (taboos), but we are obliged to inform our teenagers and youth in order to grow with some information. For example, when we talk about HIV, we do not teach the young people about the use of condoms because the church does not want to promote condoms for youth, but we tell them that the condom is one of the ways to prevent HIV not for the pleasure of the youth but for the people who are already couples or married." (Local and national faith actor)

"…we have a lab in our center, because our definition of FP includes both birth spacing and infertility treatment. And this has two purposes: first it counters the conspiracy theory that FP is an attempt to control Muslim fertility, and the second is that FP is a Western plot against Muslim people. So, if you have in the same clinic FP and assisted reproductive techniques for treatment of infertility, this makes FP more acceptable and you deal with these conspiracy theories." (International faith-based organization)

This was sometimes described as a cultural divide. A fundamental part of religious literacy is the understanding that religious belief and practice is irrevocably embedded in its cultural, political, social, and economic surroundings. From such an understanding, it is never enough to isolate religion, as the factor that causes a socially observed phenomenon, such as child marriage or FGM. If it is contextually appropriate, religious belief and practice may be a contributing factor. However, as religious beliefs are often interpreted through a specific cultural lens, this can lead to religious justifications for activities such as child marriage. Interviewees gave many examples that highlighted perceptions of others as particularly

conservative or particularly liberal.

> *"Because one of the other dynamics is that religion is close to culture so if that society still has this, they tend to have a blurred line between what they are arguing as religion and what they are arguing as culture. And that is where if you aren't aware of that line you might miss the point. For example, before being religious leaders they belong to that community and that culture and those values and biases. So, when they come, they put on their moral hat and what the Bible and the Quran is actually teaching them. So, most of the times, if we only look at it from the religious point of view and forget that most of these RLs also have cultural values and sometimes they don't separate them, they tend to clap them together." (Secular international actor)*

> *"In certain communities in Europe you can easily mention sex and sexuality, and no one will say anything. But if you come to Africa you have to find a way to say the same thing so that you protect the culture and the tradition of certain people. You can't just come in front of a traditional ruler and start mentioning sex and sexuality. They have a way of mentioning it and they will still understand that you are mentioning sex. So that is what I mean. These are some of the environmental factors that you need to know when you are building partnerships." Local and national faith actor)*

The cultural context and interpretation of the roles of sex, family, gender, growing up, and other aspects related to ASRH affect the way in which a program can be implemented and the way in which faith actors relate to that program. Other respondents noted they had observed a growing trend for the use of materials from European countries to spread suspicion about the content of CSE when, in fact, these were not materials that would be used in African countries where CSE approaches vary from context to context.

In addition to and connected with cultural divides, the language used is also extremely sensitive as it is ripe for misinterpretation.

> *"We had to accept more general language. Instead of naming what we have done, we decided to just decide that we named in general terms, something around the "prevention measures corresponding to the needs of key populations", something like that. Then the hierarchy of these two churches was fine with that because they say this is sufficient for us if you are not naming concrete forms of prevention." (Intergovernmental Actor)*

> *"…we don't understand each other very well in terms of communication. I come from a background that I am not working with faith actors. So, most of the time the challenge is the mistrust between NGOs and faith actors where it seems like we are divided by what we are communicating or saying. We all want adolescents to be safe and be healthy, so we agree on that… The issue of the language means that … let me give you an example related to CSE. Most of the times in countries they change the title - e.g. instead of calling it CSE people call it "life skills" or "HIV and family guidance" or in Uganda it was called "sexuality education" but now the religious leaders said can we change it and say "life skills" without shouting "sexuality". Sometimes they are not looking at content but just the language. They are not convinced and think that "comprehensive" hides something that they do not want to see. But as a content, sometimes they are actually accepting. So that means that the*

> *issue there is actually language and the packaging. Because for religious leaders, you know, going and putting there "sexual pleasure" is something that will not resonate well with [them]." (Secular international actor)*

> *"It's about language and the context of the program. When you are developing educational material, it is something you need to look into. When you are targeting faith communities, there are acceptable languages that you need to use… From the beginning, from the acceptance of our proposal or concept note, we let them know that we want to work with community and for them "x y z" is acceptable language for sexuality, for example." (Local and national faith actor)*

The changes needed are sometimes subtle, but incredibly significant. As described by a secular organization's staff member, the content of the work is not always the problem. Once the content is carefully explained to religious leaders, they may agree it is acceptable, but the danger lies in a quick and ill-considered framing of the discussion, including the use of certain terms that cause barriers and misunderstandings even if there is mutually acceptable content in the work. A LNFA respondent outlined the need to consider language and make adjustments from the inception of a project, both in communication to communities and to donors. This is essential to understand expectations and establish the common language required for the project to succeed.

Conclusions

- ASRH is an area in which all types of actors, faith, secular, non-governmental, inter-governmental, and governmental, hold values and biases affecting their perspectives and positions. This positionality deeply affects debates in that differences of opinion can become deep divides for which neither side sees a solution, including sex outside marriage, abortion, sexualities and gender identities, and views on women's equality and gender roles. This also creates a competition of ideas, with advocates demanding attention in very different and non-complementary areas. **Faith actors, just like other political and social actors, are incredibly diverse and represent the full gamut of possible opinions**. This is not only a question of diversity across different religions, but diversity within denominations and schools, and diversity in opinions down to individuals in a local faith community. As the research shows, ASRH contains multiple components with considerable challenges, from how to effectively engage adolescents, to how to conduct advocacy at different levels, and how to establish and maintain successful partnerships between differing organizations. While the potential for partnership may be fraught in some areas, this does not mean there are no possible areas of agreement and collaboration. The research suggests **a more nuanced understanding of ASRH from all sides could lead to fruitful cooperation in certain areas, which represent the middle ground among actors who still strongly disagree on other areas.**
- Faith actors' attitudes are strongly determined by interpretations of texts and religious practices, as well as being intertwined with other cultural practices. Some of those attitudes are subject to change and clarification and some are not. A first step for effective partnership is a religiously literate assessment of possible areas of collaboration on ASRH and appropriate approaches to prioritize these areas with faith actors. Proselytizing methods – pressuring any group to convert to either a more liberal or conservative standpoint – will not produce equal and collaborative partnerships. **Confrontation can set back decades of collaboration**. There is also a risk of accentuating and bolstering extremist positions. Recognizing what cannot be changed opens the way to respectful, pragmatic partnerships, over the course of which in-depth and humble discussions can help all partners see how best to support each other in ways that serve adolescents, particularly those out of school or might otherwise be left behind.
- In this context, navigating competing opinions can be difficult for outsiders. The findings have shown **non-faith actors still hold many hesitations about faith actor partnership and faith actors equally have strong reservations**. They feel there is a lack of understanding from non-faith actors about how to work with faith actors and the ways in which faith actors operate. Thanks to careful negotiation and mutually accepted compromise, partnerships have been successful between both likeminded groups and groups of different opinions. Overall**, there was little doubt faith, governmental, and intergovernmental actors need to partner around ASRH – the more pressing questions was how and to what extent.** Some suggestions include a religious literacy approach for non-faith actors nervous about navigating partnerships with faith actors on ASRH. In turn, LNFAs cited the need for greater capacity building, so they can operate within the structures of international partnership. To this extent, there is a need for capacity strengthening, experience and knowledge sharing – for LNFAs and international actors to learn about each other's ways of operating.
- Faith actors can be key agents of social and behavior change, working from a trusted position in communities to open new conversations about previously taboo areas. They

can also be the protectors of taboos, wary of further conversations. To this extent, it is no surprise **much of the work with and by faith actors and with faith communities focuses on sensitization as well as social and behavior change communications**. Regarding service delivery, it was commonly linked and integrated into other thematic areas such as HIV/AIDS and GBV.

- Throughout the literature, survey, and interviews**, HIV/AIDS emerged as a historic and ongoing area of action and collaboration across faith and non-faith-actors that included elements connected to ASRH, even if not explicitly focused on ASRH**. In interviews, **child marriage was also highlighted as a cross-cutting area in which ASRH can be part of the whole picture. CSE emerged as the most challenging area as misunderstanding, miscommunication, and rumors abound**. It was repeatedly highlighted that CSE is a nebulous area that can change depending on cultural needs in a given context. What might be appropriate as CSE in Northern Europe would not be appropriate in another region. Overall, there remains a need for nuanced conversation around CSE for adolescents to demonstrate the possibilities for faith groups in ways that are acceptable and suitable for the needs of young people in their communities.
- **Some organizations worked directly with adolescents, but it was also common to work through religious leaders and senior female faith community leaders to indirectly reach adolescents**. The relevance of working with senior women demonstrates there are ways to reach adolescents outside male-dominated hierarchies through culturally and religiously respected female leaders. When working with religious leaders, organizations have created and adapted many different materials that use both technical/scientific information and interpretations of sacred texts. Working with these materials, a common methodology includes training of trainers, but there was no evidence on the impact of these cascade approaches or the level of use of these materials. The different levels of religious leaders are also of note. The structure of some religions means it may be necessary to reach other high-level religious leaders and area- or community-based leadership figures. Findings suggest several levels of outreach are needed because there can be a gap between what community-level leaders need and what higher-level leaders agree to. In working with religious leaders, respondents frequently cited the need for slow and dialogue-heavy engagement, in which language and terminology must be a key concern and agreeing on a common language can be critically necessary, but a difficult, first step from which more actions flow.
- Fruitful areas for further research include more localized and in-depth research on specific countries to uncover the nuances of each context, and bridging the gap between geographic areas often the focus of research and others that are not, and the underrepresentation of non-Christian faiths.