Approaches to effective engagement of religious leaders on Sexual and reproductive health for youth

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Africa is deeply religious. In Malawi, where 86% of the population is Christian and 12.5% Muslim, religion has a rich history of engagement with adolescents and youth. Religious leaders and faith-based organizations are actively involved, together with parents and the state, for nurturing children, by equipping them with values and skills required to grow into adulthood. The obligation to protect young people, and to consider their own experiences and perspectives, are fundamental principles contained within most religions. Ironically, youth are offered inadequate platform to voice within their religions and traditions. However, youth remain a significant and lasting fixture in all faith communities, who continue to challenge and refresh all faith traditions.

Due to the all-inclusive nature of much work carried out by faith-based organizations, they often provide multiple entry points, for engaging with adolescents and youth. Most FBOs have some form of youth group, youth worship, youth formation or youth leadership scheme. In addition religious organisations run schools, health centres and vocational training schemes. These services are opportunities, rich in social capital, for engagement, which should be adequately utilised by development partners. Local FBOs and religious leaders have enduring presence in local communities and frequently have far-reaching networks beyond that of development partners or the state.

ACT Alliance in Malawi implemented a four-year project entitled Strengthening Public and Private Partnerships in Sexual and Reproductive Health and Rights with funding from the German Government through KfW. ACT Alliance leveraged the strength of its faith-based partners to address significant religious and cultural barriers to facilitate greater access of youth to SRHR services. These included Catholic, Muslim and Protestant Christian organisations. Their role in the consortium was to promote advocacy and support demand creation for SRHR services including Family Planning (FP) among faith communities and others. These interventions promoted open discussions on SRHR including FP in churches and mosques. This element was commonly referred as ‘breaking barriers in churches and mosques on SRHR issues including modern family planning methods’.

FBOs addressed religious, social and cultural issues that hinder women and youth from realising their sexual and reproductive health and rights by working with religious and community leaders. They facilitated access to services by youth through community facilitators that provide basic FP services to youth. Counselling services were provided to youth by door-to-door counsellors and community or church based initiators.

Community awareness and strengthening of rights violations reporting mechanisms led to an increase and redress in reported cases. Traditional leaders were effectively engaged to actively develop and enforce community by laws aimed at curbing GBV and other rights violations.

Various SRHR capacity building interventions for faith institutions led to more innovative implementation of the project and institutionalisation of SRHR for sustainability beyond the project’s life span. Partners targeted and integrated youth from often-secluded traditional initiates and groups. Girl-specific SRHR issues were addressed through girl clubs. Partner institutions developed institutional SRHR policies that guide their approaches to SRHR among youth. ACT Alliance developed Muslim and Christian SRHR teaching guides for youth that help in reaching youth with appropriate faith based SRHR messages.

Considering the long held faith values and beliefs, my objective is to demonstrate how development partners can design and implement SRHR programmes for youth that actively engage conservative faith organizations.

Biography
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Beatrice Gumboh, Quality in Primary Care 2017