



Many Faiths Different Contexts

Experiences with Faith-Based Organisations
in the Asia and Pacific Region

UNFPA

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every childbirth is safe and
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potential is fulfilled

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Foreword

“At a time where basic needs are becoming increasingly harder to provide for more than half of the world’s population, we can no longer avoid acknowledging the parallel faith-based development universe which reaches so many and provides so much”. The United Nations Population Fund, UNFPA

This publication is an effort to capture some of the aspects of the work of UNFPA's partnerships with inter-faith groups and religious leaders.

The extent to which religion often serves as a critical broker of human and even government existence is one of the many changes in the development landscape which is becoming increasingly difficult to ignore, especially for secular development organisations. Faith-based organisations (FBOs), religious leaders and religious institutions often function as gatekeepers to the communities they serve, seen as a community’s custodians of culture.

Partnering with FBOs and religious leaders can encourage communities to explore how human rights and gender issues contribute to the well-being of women, men, young people and families. Given the sensitivity surrounding some of the universally recognised rights in the International Conference on Population and Development (ICPD) Programme, a culturally sensitive approach around these rights is imperative to help reduce infant, child and maternal mortality, and to increase access to reproductive health services, including family planning. The language around maternal health can often be contentious to religious leaders, and efforts need to be undertaken so that it is understood in terms of birth spacing and planning rather than as a form of restriction.

Greater male involvement in family planning is hindered by the fact that most family planning methods are female-centred. Married young women, such as child brides, are considered to be under the care of their husband, yet there is a greater likelihood of gender-based violence and a lack of access to family planning and maternal health care in this context. Unmarried young people are generally considered not to be sexually active, but in fact they are vulnerable to early pregnancy, particularly due to gender-based violence and other risks, and must be taught how to protect themselves.

Given that most faith-based organisations tend to be male dominated (especially at the leadership level), it is imperative to engage men in gender-equality related initiatives. Issues of equal rights and reproductive rights in particular, are not usually issues which generate consensus in the faith-based world, especially not publicly. UNFPA believes that partnerships with FBOs are vital for the implementation of ICPD Beyond 2014 and the transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs).

There are more young people than ever in the world today and the demographic importance of this cannot be overlooked. Investment in education, skills building, the creation of job opportunities and access to sexual and reproductive health is critical to enable them to delay childbearing and acquire the training and skillsets needed for long, productive lives. Just as important is the need to invest in women’s health, otherwise there is a real risk that this window of opportunity to spur economic growth and development will be lost and the demographic dividend could quite easily become an enormous burden.

* Faith-based organisations are religious groups and/or faith-inspired groups which operate as registered or unregistered non-profit institutions.

AFGHANISTAN

Islam and birth spacing: The role of religious leaders

“Muslim religious leaders can be a positive influence in their communities to advance family planning and birth spacing practices when they have sound information and assistance in overcoming common misconceptions and misunderstandings. The promotion of family planning is one of many initiatives undertaken by the Afghan Government to reduce maternal and newborn deaths”.

Dr. Abdul Malik Faize, UNFPA Programme Officer, Afghanistan.



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Country context

Afghanistan is one of the countries with a rapidly growing population, and high fertility, maternal and child mortality rates. Efforts by the Ministry of Public Health to increase the utilisation of voluntary family planning have been fraught with challenges. The Afghanistan Mortality Survey in 2010 indicated that 92 per cent of women of reproductive age (15-49 years) knew about family planning but only 20 per cent were using a family planning method.

Girls marry at a young age; 50 per cent of them before reaching 18 years, and resultant adolescent pregnancies pose threats to their health. Maternal mortality is high; about four women for every 1000 births die due to complications of pregnancy and delivery. Maternal mortality and morbidity tends to be higher in young women who have started their pregnancies at an earlier age.



Many women of reproductive age live a long distance from health centres. The percentage of deliveries attended by a skilled birth attendant (SBA) is only 39 per cent, thus a large proportion of deliveries occur without access to safe delivery services.

One of the challenges in increasing access to family planning for women, men and young people is its inter-relationship with Islamic sharia law and the belief that using contraceptives is forbidden.

Recognising the need for innovative advocacy among religious leaders, UNFPA and the Ministry of Haj and Religious Affairs provided technical assistance to the Ministry of Public Health to hold a National Conference on Islam and Family Planning in December 2012, where 122 religious leaders from around the country discussed family planning from an Islamic perspective. Participants included the Deputy Minister of Public Health, representatives of Parliament, the Department of Masjids of the Ministry of Haj and Religious Affairs (the key ministry for addressing

religious affairs in Afghanistan), the Afghanistan Religious High Councils, and the Afghanistan Academy of Science.

The Deputy Minister of Public Health, in her opening speech, emphasised that the Ministry of Public Health was committed to implementing a comprehensive Reproductive Health programme to reduce maternal and infant mortality, address gender inequalities and gender-based violence, end child marriage and support the right of every couple to decide, freely, and for themselves, whether, when, and how many children they wished to have.

This was not a standalone conference but part of a larger strategy to ensure the active involvement of religious leaders in promoting family planning. Following the National Conference, UNFPA conducted the same event in four further regions of the country, which were attended by influential religious leaders and community gate-keepers.

The role of religious leaders

Religious leaders are perceived in society as “representatives of change” and have considerable reach and influence among their communities. Access to family planning can be improved through addressing the concerns that exist around birth spacing and a perceived conflict with Sharia Law. Religious leaders play an important role in shaping the religious beliefs and values of their communities as well as reinforcing traditional practices.

“

There are certain precepts in Islam that don't have to be followed in specific cases. For instance, during Ramadan women are allowed to stop fasting if they are pregnant or breastfeeding. This is in order not to risk the mother's and baby's health and wellbeing. This is how family planning is; it is not just advisable but a must when the well-being of the mother and the child is in question,”

Mohammad Anwar, Religious Scholar from Kunar Province, Afghanistan.

The consensus building process

During all five conferences religious scholars shared their findings and the results of their research, discussed Quranic verses and the Hadith of Prophet Mohammad (The Words of The *Prophet Muhammad*) on safe motherhood, family planning/birth spacing and child marriage. Medical practitioners provided information on family planning methods and safe motherhood. At the end of these discussions, all religious scholars signed a declaration to support family planning programmes and committed to include this information in their speeches and during religious events.

The signed National Conference Declaration was distributed to all health facilities to address their misperceptions about family planning from an Islamic point of view. It is envisaged that this declaration and

advocacy will provide an enabling environment for women and young people to seek contraceptives. This dialogue will continue in other regions in the future to garner the support of more religious leaders.

Next steps from the conferences were agreed and included:

- National dialogue with religious leaders, including organising fora for different groups of religious and tribal leaders involving all provinces;
- Follow-up workshops on selected issues with the involvement of provincial religious leaders and officers at the regional level. For example, on topics such as advocacy for increased investment in family planning and a strategy for Reproductive Health Commodity Security;
- Improving data collection for evidence-based decision making for family planning programmes;
- Implementing a Family Planning Comprehensive Need Assessment and Family Planning Behavioural study to inform decision makers how best to tailor rights-based family planning programmes and how to improve the quality of services;
- Establishing a coordination mechanism with development partners, including INGOs, NGOs, the private sector and media;
- Providing leadership training for provincial officers so that they have the skills and knowledge to promote family planning effectively;
- Providing training on rights-based, voluntary family planning for all health service providers;
- Engaging men in family planning interventions;
- Conducting family planning orientation sessions for youth, Women Civil Society representatives and high school teachers.

Achievements

- More than 560 religious leaders were trained across 5 regions. In 2015, 800 more religious leaders are to be trained at the provincial level;
- UNFPA assisted the Ministry of Public Health (MoPH) to develop stock control mechanisms, training 22 provincial reproductive health officers and 47 pharmacists and stock officers from 20 provinces on software applications to manage family planning commodities;
- UNFPA adapted a set of evidence-based family planning guidelines and developed a Learning Resource Package at the request of the MoPH. These covered male involvement in family planning, counselling and selected practice recommendations for a variety of contraceptives;
- More than 350 health facilities received training to strengthen the quality of their services and to ensure the correct management of family planning supplies;
- UNFPA translated and distributed the Contraceptives Medical Eligibility Wheel and expanded the method mix by including implants;
- Considering the role of media and women civil society entities in Afghanistan, UNFPA in coordination with the Ministry of Public Health and Ministry of Women Affairs trained 360 Women Civil Societies leaders and 45 journalists on family planning and birth spacing.



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Said Mohammad Anwar, a member of Afghanistan's General Council of Religious Scholars, said: "Family planning is not about stopping Muslim generations, it is about saving the lives of mothers and their babies. In Kunar, if you don't hear every day that a mother or a baby has died during pregnancy or delivery, you hear it at least once a week."

Lessons learned

The conferences generated specific, detailed lessons for successful implementation of initiatives on family planning for the future, including:

- Data and information are vital to ensure that health services are providing effective reproductive health services;
- To expand the method mix, health workers must be trained to insert intrauterine contraceptive devices and implants;
- More skilled birth attendants are required in rural and marginalised communities where maternal mortality is high;
- There is an urgency to recognise and respond to the unique needs of young couples for quality family planning and reproductive health information and services, especially for delaying the onset of childbearing and for promoting child spacing;
- Awareness of birth spacing must be supported by a reliable supply of contraceptives, trained service providers, and an enabling environment in which there is a strong demand for family planning services;
- There must be a focus on involving male health providers in family planning.

The way forward

- The impact of this approach has not been fully evaluated as the attribution of the initiative will be difficult to determine. However on-going monitoring of the commitment of religious leaders to advocate for family planning will be assessed and the Contraceptive Prevalence Rate will be measured in the next Demographic Health Survey;
- A comprehensive strategy for working with religious leaders is being developed and this intervention will be scaled up across the country and religious leaders in all districts in all 34 provinces will be invited to discuss the relationship between Islam and family planning;
- A training package for religious leaders and community gate keepers is being developed to conduct training of trainers at the provincial level. The training will include topics on Reproductive Health and family planning from an Islamic perspective, as well as harmful practices including gender-based violence and child marriage. There will also be sessions on the role of religious leaders in promoting family planning and safe motherhood and how to enhance their advocacy skills within their communities;
- A strong partnership with the Ministry of Religious and Haj Affairs has been fostered and could be influential in sustaining this strategy.

BANGLADESH

Ending Harmful Practices: Working with religious leaders in communities



Country context

Bangladesh, despite being classified as a Least Developed Country (LDC), has made significant progress towards attaining most of the Millennium Development Goals (MDGs) and is well poised to pursue the Sustainable Development Goals (SDGs) from 2015 through 2030. In terms of Sexual and Reproductive Health (SRH) indicators, Bangladesh's achievements are impressive: total fertility rate as of this writing is at 2.3, contraceptive prevalence rate is 62 per cent and maternal mortality is at 170 per 100,000 live births. Despite these remarkable indicators, the country has high rates of child marriage, adolescent fertility stands at 113 per 1,000 live births and knowledge of Sexual and Reproductive Health and Rights (SRHR) amongst adolescents and youth remains low. The prevalence of Gender-Based Violence (GBV) is

very high; the national Violence against Women survey in 2011 indicated that as many as 87 per cent of currently married women had experienced any type of violence by their current husband, and 77 per cent reported any type of violence during the 12 months prior to the survey.

Cultural and religious barriers prevent the provision of SRH information and services to adolescents, especially those who are unmarried. In such a context, it is paramount to work with community leaders and religious figures, to promote the provision of SRHR information and services to adolescents and youth, and prevent child marriage and GBV, while providing support to the survivors.



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Providing information on Adolescent Sexual and Reproductive Health and Rights (ASRHR) and Gender-Based Violence (GBV) to adolescents

The Generation Breakthrough (GB) Project targeting adolescents, engages religious leaders in project activities at the community level through their membership in 'Community Support Groups'. These groups are local level advocacy groups which were established by the project to facilitate the implementation of Sexual and Reproductive Health and Rights' (SRHR) interventions for school-going adolescents.

The GB project implementing partners carried out extensive community consultations with religious leaders on the importance of the prevention of gender-based violence and providing sexual and reproductive health education to adolescents prior to the establishment of the Community Support Groups, as it was essential that they were on board. After these consultations religious leaders were invited to attend the groups. The involvement of religious leaders in these groups and their active support to the GB project is critical as it conveys to the community that it is acceptable to provide SRHR information to adolescents and it is not contrary to Sharia Law.

In addition to the involvement of religious leaders in 'Community Support Groups', the GB project is also implemented in 50 madrashas (educational institutions), where the madrasa teachers have been sensitised on the GB project and its objectives. These teachers will be trained to implement the Gender Equity Movement in Schools (GEMS) module and educate their students about sexual and reproductive health and rights. The GEMS module is in the process of being approved by the Ministry of Education and, importantly, madrasa teachers have been involved in the process of adapting and approving the module from the beginning of the GB project. Madrasa students will be the future religious leaders of Bangladesh and the information they learn through the GB project will ensure that they are enlightened about the importance of providing sexual and reproductive health and gender equality information to young people.

Addressing harmful practices

UNFPA's Advancement and Promoting Women's Rights (APWR) project, in collaboration with the Ministry of Women and Children Affairs, is working with religious leaders on GBV and the practice of child marriage with religious leaders in four districts; Jamalpur, Patuakhali, Sylhet and Cox's Bazar. There are 35 upazilas (sub districts) in these districts. Despite a range of policies and laws, the prevalence of child marriage is very high. Under the Muslim Marriage Registration Act, a birth certificate has to be shown prior to marriage. In reality a significant number of births are not registered, despite the fact it is an online process, therefore it is impossible to verify the age of potential brides. In addition some religious leaders put pressure on marriage registrars to perform a marriage ceremony without a birth certificate, so in reality some Muslim leaders are supporting child marriage.

The Advancement and Promoting Women's Rights (APWR) project has conducted one national level workshop at the Department of Women's Affairs, and four district level workshops on child marriage and GBV with religious leaders and marriage registrars. UNFPA is also collaborating with the Islamic Foundation and the Department of Language Institute of Dhaka University, who are invited to participate and speak at these workshops.

To date, approximately 1,000 religious leaders have been sensitised on child marriage, its causes and harmful consequences. In the workshops, religious leaders develop a six monthly action plan with a follow up strategy to prevent child marriage and GBV in their respective areas. Religious leaders are now increasing awareness on the prevention of child marriage and GBV through interpersonal communication and delivering speeches on these issues before and after prayers. At the community level, the results of these workshops are already visible as religious leaders have started speaking out about ending child marriage and violence against women and girls. Registrars have also started to check documents to verify dates of birth more attentively than before.

The prevention of child marriage has now become a common agenda of the Marriage Registrars Association in Sylhet District. Furthermore, a young educated marriage registrar from Fenchuganj Upazila in Sylhet District has started a campaign to increase awareness about child marriage on his own initiative after participating in one of the workshops. District and Upazila Administration, Sylhet, have declared that they will be child marriage free very soon.

Achievements

Adolescent Sexual and Reproductive Health (ASRHR)

- Madrasa teachers have been sensitised and have the capacity to convey information on gender and ASRHR issues to their students;
- Community members are open to the provision of ASRHR information to unmarried adolescents.

Gender-Based Violence (GBV)

- As a result of project activities, Balaganj Sadar successfully declared that there were no more child marriages conducted in that sub-district;
- Religious leaders are now more actively involved in preventing child marriage by delivering speeches on its prevention before and after prayers, and also speaking about ending child marriage and GBV against women and girls at the community level;
- Marriage registrars' involvement in the prevention of child marriage by verifying dates of birth of potential brides has increased;
- Balaganj Sadar has started to be actively involved in the prevention of child marriage. Islampur Upazilla Parishad of Jamalpur plans to use the union parishad budget for an anti-child marriage campaign, as an outcome of sensitisation training.





Lessons learned

Adolescent Sexual and Reproductive Health (ASRHR)

- Approaching religious leaders, who are open-minded, at the very outset of programme implementation and engaging them to advocate for the provision of Sexual and Reproductive Health information and services to unmarried adolescents is essential;
- Involvement of the executives of religious organisations encourages the successful participation of religious leaders;
- Giving clear and comprehensive messages to all stakeholders is important;
- Giving the same comprehensive messages to all stakeholders (Department of Women's Affairs Officers, imams, marriage registrars, Islamic foundation members and community leaders) resulted in their more active involvement.

Challenges

Adolescent Sexual and Reproductive Health (ASRHR)

- The provision of SRH services, especially clinical services, to unmarried adolescents, is still not permissible according to Government regulations;
- There is a lack of implementation of policies and strategies that could contribute to increasing awareness about SRHR and GBV issues amongst adolescents.

Gender-Based Violence (GBV)

- There have been negative perceptions in some communities to activities that promote an end to child marriage.



The way forward

Adolescent Sexual and Reproductive Health (ASRHR)

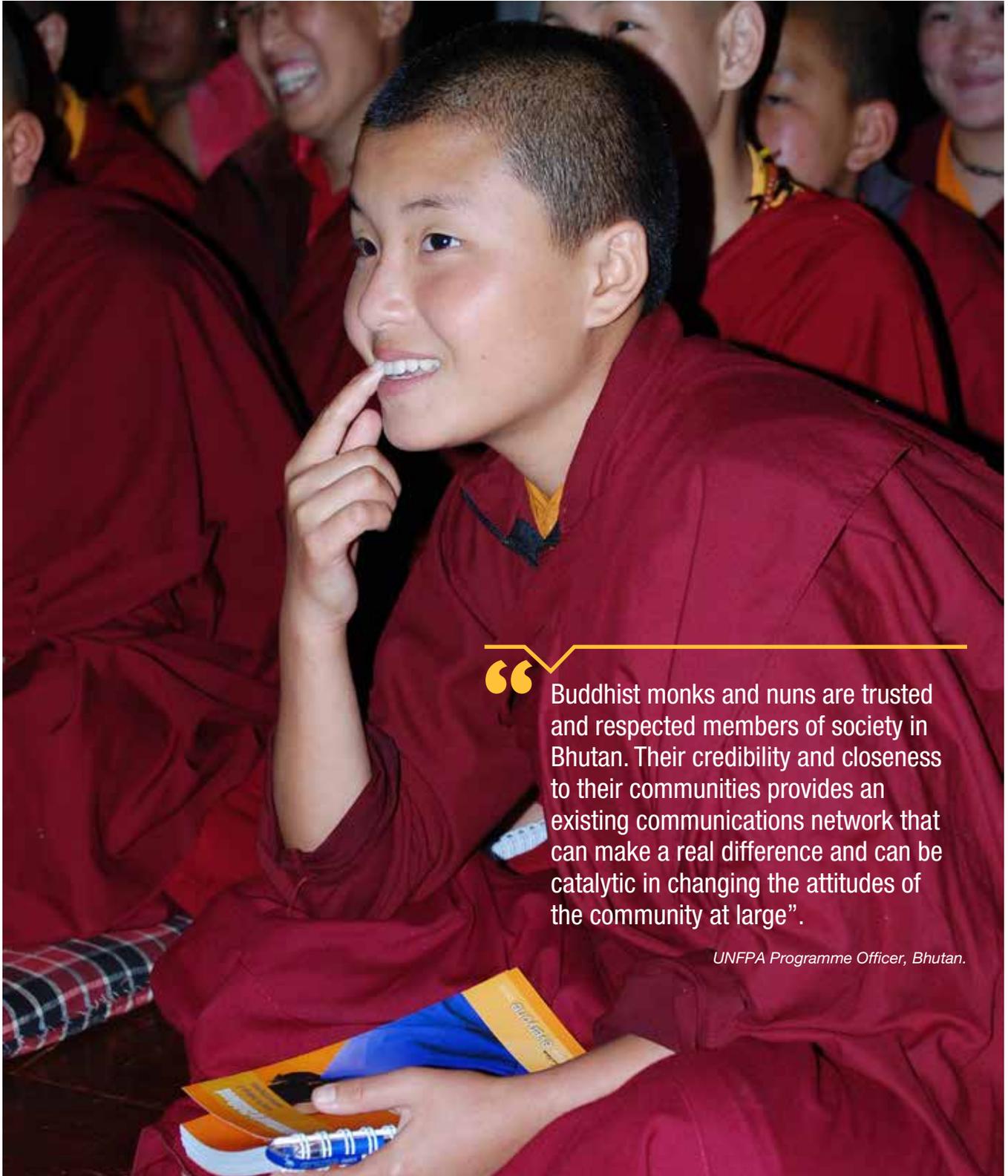
- Links will continue to be built with faith-based organisations and religious leaders;
- Religious leaders will be exposed to different ways of thinking and adapting to changing socio-economic contexts by using best practices from other Muslim majority countries.
- Religious groups, that have been involved in the prevention of child marriage, will lobby policy makers;
- The project will target educational institutions, with an increased focus on university students to change the perception of child marriage;
- In order to increase awareness at the community level, a mass media campaign will be conducted.

Gender-Based Violence (GBV)

- The involvement of more stakeholders, especially strong religious groups, such as Islamic Foundation, will be a next step for the project;
- Advocacy for MPs of respective upazilas and policy makers will be conducted, so that they are more involved in the prevention of child marriage, encouraging them to include it in their election manifestos;

BHUTAN

Buddhist monks and nuns address women's and adolescents' health



“

Buddhist monks and nuns are trusted and respected members of society in Bhutan. Their credibility and closeness to their communities provides an existing communications network that can make a real difference and can be catalytic in changing the attitudes of the community at large”.

UNFPA Programme Officer, Bhutan.



Country context

Bhutan has a young population; as of this writing, adolescents, persons aged 10 to 19 years, number 131,507, accounting for 17 per cent of the population, while young people, those aged 10 to 24 years, number 207,706 and account for 27 per cent of the population. Early marriage, teenage pregnancy, substance abuse, low use of contraception, and sexually transmitted infections are common among adolescents and young people. Although existing reproductive health services are primarily targeted at married couples, services are also available for unmarried young people. However, only 17 per cent of the population have comprehensive knowledge about HIV and AIDS; 90 per cent of people living with HIV contracted the infection through sexual transmission.

A Knowledge Attitude and Practices study on Maternal and Child Health in 2010 showed that 51 per cent of respondents believed evil spirits could affect their baby and subsequently visited a religious person before they went to a health centre. Thirteen per cent of respondents believed that traditional healers and monks could treat pregnancy-related illnesses better than health workers.

Gender equity is also of concern in Bhutan. Although there is no overt discrimination against women, gender gaps exist, especially in access to economic opportunities and in decision-making. Only 26 per cent of civil servants are women. Gender disparities in education enrolment rates have largely disappeared at the primary level, but persist at lower and middle secondary levels, and are markedly higher at secondary and tertiary levels. Girls from both modern and monastic education systems have limited access to higher Buddhist learning institutes in the country. Many of the nunneries do not receive state support and their role in promoting girls' education, literacy and socio-economic development has been overlooked. This impacts on girls' access to higher learning opportunities, economic employment opportunities and participation in socio-economic development. In addition, there is increasing evidence of violence against women. While efforts have started to build the capacity of health and law enforcement officials to effectively respond to gender-based violence, further efforts are needed, particularly in the health sector.

“With the systematic implementation of Life Skills Based Education on health promotion in monasteries and nunneries, we hope for a day when every monk and nun engages in open dialogue and contributes as an agent for change to create a conducive socio-cultural environment which will ultimately promote and mobilise communities towards achieving the goals of the International Conference on Population and Development”.

UNFPA Bhutan Assistant Representative.

There are more than 200 monastic institutes in the country which provide education to over 20,000 students. With a strong presence in local communities, especially in rural areas, monks and nuns are an existing resource that can act as agents for change and, with the proper support, provide community counselling to raise awareness on a range of issues, as well as act as local service providers.

The role of religious leaders

In 2011, UNFPA entered in to a partnership with the Bhutan Nuns Foundation (BNF) to address women’s and adolescent’s reproductive health issues and gender-based violence. BNF provided an alternative opportunity to reach out of school youths, both young nuns and youths in the community, with Life Skills Based Education (LSBE). Many of the nunneries were headed by males, which had the knock-on effect of monastic institutions increasingly becoming involved in similar initiatives and thereby engaging men. Many nunneries were based in remote locations, enabling them to engage with hard to reach populations.

The consensus building process

In 2011, the first conference was held for nuns to raise awareness of the critical role they could play in addressing gender-based violence and reproductive health. Sixty five nuns attended the conference. Based on recommendations from the conference, all nunneries



were sensitised on the importance of LSBE on health promotion.

Recognising the value of such a sustainable intervention, UNFPA organised a consultation workshop with 42 monks from monasteries in 12 districts in 2014. The aim was to orientate them on the importance of LSBE on health promotion, and to encourage them to foster open dialogue on sexual and reproductive health issues, including teenage pregnancies, sexually transmitted infections, HIV and AIDS, and gender-based violence.

My friend who is attending school told me that she had sex with her boyfriend and was so worried that she might be pregnant. I advised her to go to the health centre. I remember that I learned about the morning after pill from the training of trainers on Life Skills Based Education on reproductive health. Because of this knowledge I was able to help my friend.

Nun from western region.

Achievements

- The standard operation guidelines for the implementation of LSBE in the nunneries will standardise its institutionalisation. These guidelines were developed with the support of UNFPA in 2015;
- With the support of UNFPA, the first Bhutan Nuns Foundation Strategic Plan (2012-2020) has been developed to provide a systematic guide for interventions in the nunneries, which can be adapted according to the changing needs of the women, girls and children;
- The Strategic Plan will provide direction and help foster better institutional linkages, networking and resource mobilisation, as well as enable BNF to align itself with national and international policies;
- An annual work plan was developed which will be reviewed annually. In addition, a quarterly monitoring and biannual evaluation will be conducted to ensure implementation of planned activities;
- BNF expanded the reach of LSBE to out of school youths in nunneries as well as youths in the communities;
- Local nunneries provided additional capacity for community based support services to address gender-based violence and also provide shelter services;
- UNFPA collaborated with the National Monastic Institute to institutionalise standard monastic curricula into nunneries, and facilitated linkages with other UN agencies, especially UNICEF, to support literacy and numeracy curriculums for nunneries, as well as raise awareness about child rights;
- A teacher's guide on LSBE is now being used in nunneries and the strategic plan of action aims to integrate LSBE into all nunneries by 2015;
- UNFPA, as gender co-chair, has ensured the inclusion of nuns in any gender related policy and development programmes and linked them with other local NGOs working for women's empowerment;
- Library centres were established in some nunneries providing facilities for higher studies;



- In the event of a natural disaster, dignity kits were provided for nuns. These kits are to protect the integrity and dignity of women and girls and reduce their vulnerability to gender-based violence in times of crises. Items in the kit include underwear, sanitary napkins, and other hygiene related items;
- The use of sexual and reproductive health services by nuns, especially screening for cervical cancer and breast cancer has improved;
- Through a joint UN work plan, UNFPA has supported the development of standard operating procedures (SOPs) to institutionalise LSBE on sexual and reproductive health and rights in nunneries. These SOPs will be finalised by the end of August 2015 and integrated into those 5 nunneries that already have existing curriculums. Those nunneries who do not have this infrastructure and have not yet developed a curriculum will still receive LSBE from BNF.

Lessons learned

- An effective partnership with BNF increased support for LSBE, promoting sexual and reproductive health and rights and addressing gender-based violence;
- Experiences with BNF will be invaluable for exploring further opportunities to work with monastic institutes in Bhutan;
- The development of a long term strategy has been beneficial for BNF's resource mobilisation both internally and externally;
- BNF's collaboration with UNFPA has resulted in them establishing partnerships with other UN agencies and enhanced BNF's visibility.

Challenges

- BNF initially lacked resources, both in terms of office infrastructure and personnel, which necessitated investment in institutional development. This impacted on the timely delivery of activities;
- Monitoring visits to nunneries were limited due to their location and the traveling time required;
- Training materials had to be translated into the national language and then in to local dialects which was resource intensive.

The way forward

- UNFPA Bhutan will continue to sensitise and orientate religious leaders from remaining districts

and systematically implement LSBE on reproductive health in monasteries and nunneries to strengthen institutional capacity and ensure that the collaboration is sustainable;

- UNFPA will facilitate the establishment of a common platform for various actors, such as civil society organisations, monastic institutes, parliamentarians, policy makers and in the private sector to strengthen collaboration in advocating for the prevention of gender-based violence and other social issues that hinder development;
- UNFPA and BNF's ultimate goal is that nuns will reach their communities and raise awareness among women and girls on their sexual and reproductive health and rights, gender-based violence and other social issues such as teenage pregnancy and substance abuse.

Training of trainers on LSBE on sexual and reproductive health and rights for women was conducted for 28 nuns at Kuenga Raptan Nunnery in Trongsar. There are 150 nuns in this nunnery.

“From the confidence that my nuns have gained, I can see that they will benefit from this training. While the nuns were sharing information on LSBE on sexual and reproductive health and rights with other nuns, I could see that each of them were eager to speak. Even in the presence of male teachers, they spoke about menstruation very openly... they did not feel shy at all. I am so impressed how our nuns can share the knowledge they have gained from the training.

Ani Yeshey Choden, Head of Nunnery, Kuenga Raptan, Trongsar.

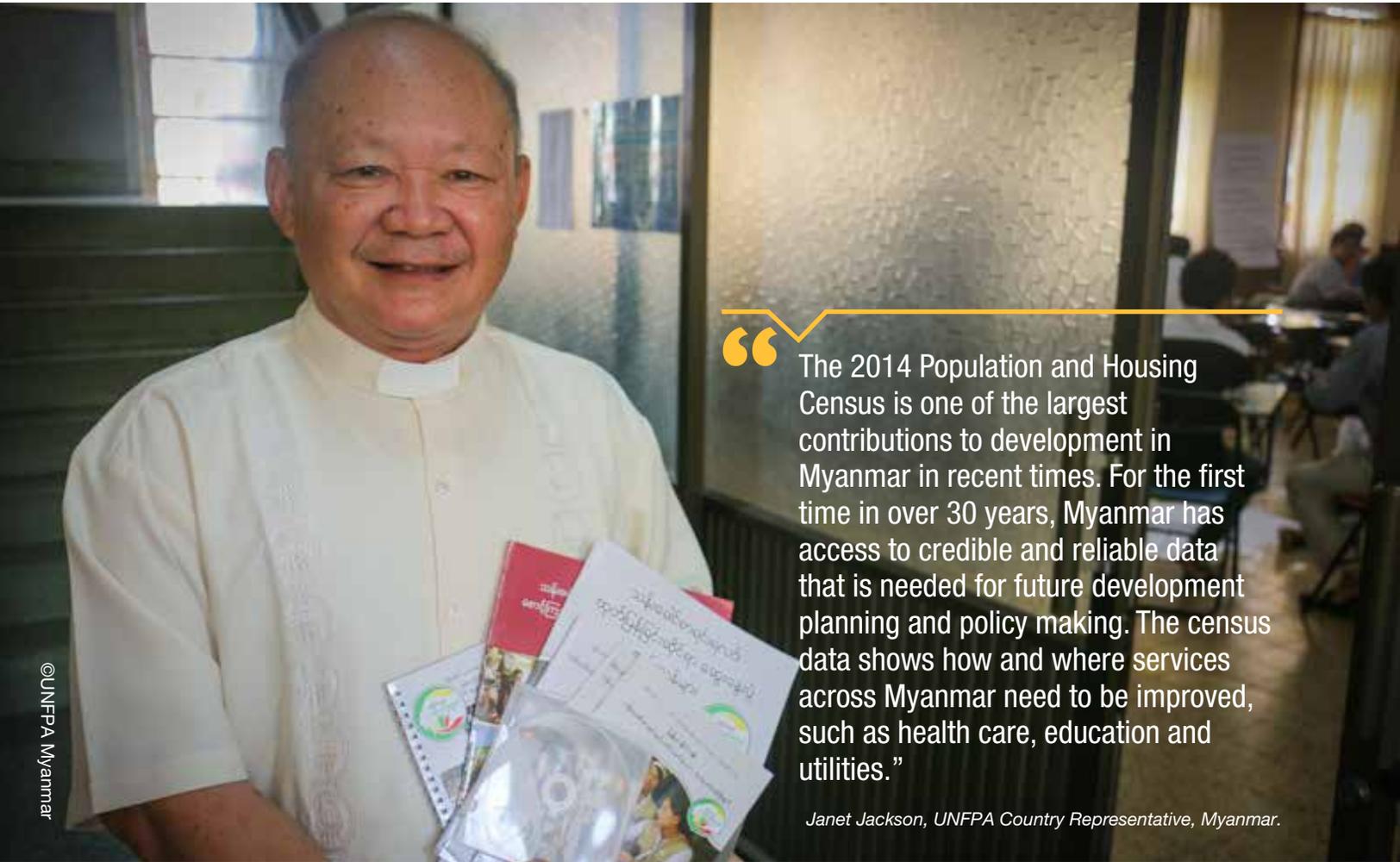
After my training in 2013, I came back and trained other nuns in my nunnery. Seeing the benefits of the training, I decided to integrate the messages I had learned from the LSBE training, especially on women's sexual and reproductive health and rights, gender-based violence, teenage pregnancy and substance abuse into the Buddhist teachings offered to community members once a month.

Within a few months of including this information into the Buddhist teachings in the community, women who came to seek refuge in our nunnery said that their husband's behaviour had changed after they received repeated lessons on the importance of respecting women and girls. The LSBE on sexual and reproductive health and women's empowerment has really helped to transform our community. We are very grateful to UNFPA and BNF.

Ani Osel Wangmo, head teacher, Tsholingkhar Nunnery, Samdrup Jongkhar.

MYANMAR

UNFPA engages in inter-faith dialogue around the 2014 census



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“The 2014 Population and Housing Census is one of the largest contributions to development in Myanmar in recent times. For the first time in over 30 years, Myanmar has access to credible and reliable data that is needed for future development planning and policy making. The census data shows how and where services across Myanmar need to be improved, such as health care, education and utilities.”

Janet Jackson, UNFPA Country Representative, Myanmar.

Country context

In 2014, Myanmar conducted a Population and Housing Census for the first time in more than 30 years. The census was part of a much larger process of government initiatives around peace building, socio-economic and political reform, and democratic transition, as well as preparing for national elections scheduled for November 2015. Data from the census will be a significant component of any government's agenda around transformation and change in the country in the coming years, as well as integral to identifying and planning development priorities.

Suspicion and mistrust of the Government still run deep after almost 60 years of military rule. Moreover, the 1973

and 1983 censuses are generally viewed with scepticism. After the census enumeration, it became evident from various consultations that there was speculation around how the information collected would be processed, analysed and used by the Government. On this basis, and in preparation for the release of the main results in May 2015, a team of international and national conflict advisors was formed to conduct consultations in all States and Regions across the country, to gauge perceptions, concerns and expectations about the census from a wide range of stakeholders.

Inter-faith dialogue countrywide

Capacity building, participatory engagement and education of civil society and faith-based communities were identified as valuable advocacy tools to build trust and understanding around the census. This view was highlighted by findings from community consultations which indicated inter-faith organisations were perceived as a strong network to build social cohesion and tolerance around the census at the community level. In discussions with these organisations, inter-faith groups felt that by raising awareness and building understanding about the census, they could pre-empt tension or violence within communities which might arise due to the manipulation or politicisation of certain census related issues. Inter-faith groups in Mandalay and Mawlamyine expressed a wish to collaborate in census data dissemination on the basis of mutual trust and “good intention”. The conflict sensitivity team recommended that UNFPA use this broad network at the grassroots level as a resource to build credibility, transparency and awareness about potential uses of census data for development, as well as to contribute to a comprehensive and conducive environment for the release of the census data in May 2015.

The conflict sensitivity advisory team held consultations with over 1,000 representatives from a diverse range of organisations including inter-faith groups and civil society organisations in Ayeyarwady, Bago, Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Mon, Shan, Tanintharyi, and Yangon States and Regions from May 2014 until May 2015. Due to the unique situation in Rakhine State, the conflict advisors team held separate consultations with Muslim and Rakhine populations in Yangon in May 2014 and February 2015 respectively. In addition, UNFPA had inclusive dialogues separately with the Muslim Internally Displaced Population, NGOs & Women’s Networks in Rakhine State in May 2015. Through these consultations an on-going lack of awareness about the census was identified, specifically in terms of confusion regarding enumeration, analysis of data and the intended use of data. There were reoccurring issues in several States/Regions but wider consultations revealed different perceptions about the census in certain States/Regions and from specific groups of stakeholders. These intense consultations helped in developing information, education and communication materials in 13 different ethnic languages in a way that best addressed the common misconceptions, confusions, and frequently asked questions posed by communities across the country.

Attention was paid to a reoccurring concern among religious leaders that the census would undercount their population; often ethnic minorities. Religious leaders anticipated that this would be revealed once the census data was compared with the records they maintained on births and deaths within their communities. While the team provided responses to this issue, it was evident that consultations to address mistrust and suspicion around the census needed to continue. In addition to religious data, it was clear that data about ethnicity needed to be included in further consultations.

Building trust in census data

UNFPA developed a Training of Trainers programme targeted at civil society organisations, including inter-faith organisations, to raise awareness about the census, its purpose and the benefits of using the census main results. Altogether sixty organisations representing different groups from across the country received training and support from UNFPA. They received a census toolkit, containing eight publications including a training manual on how to facilitate dialogue and discussions with their target audience and a frequently asked questions and answers booklet that had been developed based on questions and concerns from other communities.

After receiving the training, these organisations prepared activity plans to conduct multiplier sessions in their own communities to relevant beneficiaries, bringing together inter-faith, ethnic, women and youth groups, political parties and government officials. It was estimated that they would reach approximately 53,000 beneficiaries through their planned activities. The intention behind this initiative was that the success of a census is measured by how broadly and effectively the results are used for planning and programming with a variety of stakeholders, not only the government. The trainings also acted as a basis to build relationships with ethnic faith-based groups, and to explain in detail the process of ethnicity coding and data processing, in preparation for forthcoming consultations on the drawing up of a revised ethnic list.

Individual consultations were held with various organisations, one of which was the Rakhine Women’s Union. As with other groups of the population, there was little understanding about the census in general. After the participants had gained a better awareness of the census process and the data that would be released, they agreed that everyone in Rakhine should learn more about the census.

The conflict sensitivity team also recommended that ethnic and religious representatives, amongst others, should visit the Census Office in the capital Nay Pyi Taw to see first-hand how the questionnaires were stored and analysed. This increased transparency, and ethnic and religious representatives were able to clarify questions or concerns they had with Department of Population staff. The visits also exposed them to the strict quality assurance measures that were in place at every stage to ensure accuracy of the census data.

The Myanmar Council of Churches

UNFPA partnered with the Myanmar Council of Churches (MCC) which was committed to preparing its communities for the release of the census data. The MCC translated the census toolkit into eight ethnic languages and these toolkits were distributed to those areas where Myanmar was not widely understood. A three-day training workshop about the census is to be organised for MCC members by UNFPA in September 2015.

Orientation training for Myanmar's Catholic Diocese

After a positive response to the awareness raising workshops at the community level, UNFPA tailored a workshop for the representatives of the Catholic Diocese. During consultations between UNFPA and the Catholic Diocese in Yangon, it was clear that the community, from leaders to the township level, still had little understanding of the data collection and data analysis processes. Around 60 bishops, priests, nuns and other faith-based representatives from communities within the Roman Catholic Church in Myanmar attended a four day training organised by UNFPA.

Over the course of the four day training, participants received a detailed overview of the census process. Some representatives expected to learn data collection methodologies to repeat a comparative count in their own community. However, this misconception was clarified once participants understood the purpose of the census beyond it being just a population count. UNFPA staff were present at the training and able to provide information, clarify any misunderstandings as well as to keep a record of questions raised to support future training programmes.

“

In the exercises we talked about what kind of national policies we need to develop for our communities, as well as how we can increase job opportunities and deal with issues relating to the generation gap and ageing”.

A Priest, Kachin State.



“After this training I now understand that the census is not only about ethnicity and religion, but that it includes so much more data that we can use for the development of our communities. For example, we can see there are big family sizes in certain areas which call for good reproductive health programmes to be established. We can share what we have learned about the census with our youth and women groups who come together at weekly meetings”.

Catholic nun, Yangon.

Achievements

- Some ethnic groups thought that the census was related to the elections and national registration. These fears and concerns were allayed as they understood more about the purpose of the census;
 - At the beginning of trainings most participants thought that the census was simply a population head count which would provide the total number of the population;
 - By the end of trainings, participants had a better understanding of the variety of data that would be released as part of the main results in May 2015, as well as why the data was being released in stages;
 - Participants conducted information sharing and multiplier training in their own communities;
 - Participants understood why ethnicity was recorded by codes and how “other” ethnicities were recorded;
 - Participants learned that consultations would be held at the State/Region level before discussions at the National level take place to draw up a revised ethnic list;
 - Participants understood that a census is not only a government exercise but that the data can be used by all stakeholders;
 - Various groups of the population of Myanmar saw first-hand at the Census Office the standards and quality measures that were in place to ensure accuracy of the census data at every stage.
- Consultations were an integral part of identifying specific concerns and misperceptions among faith-based communities and tailoring training programmes for them;
 - Representatives of the Catholic Diocese meet and consult with their communities on a daily basis, and organise different community groups where they can easily disseminate census information to participants. These representatives are respected community leaders whose opinion matters;
 - Dialogue with inter-faith groups helped build ownership and understanding around the census data. These groups are influential in their communities and perceived as a credible source of information;
 - Consultations were critical in establishing a network of focal persons at the community level who provided input for strategies and activities for the release of the data and its dissemination;
 - Consultations with stakeholders provided recommendations for more effective information sharing and awareness raising, such as the use of civil society organisations networks in building local capacities on census data and information, including using technology, such as apps, to ensure broad dissemination of the census data down to the community level.

Lessons learned

- Census information, education and communication (IEC) materials were developed based on common misunderstandings coming out of stakeholder consultations, and disseminated around the country;



Challenges

- There was widespread distrust among different groups of the Myanmar population about the reliability of the data and how the data collected would be used;
- Mistrust of the government remains and the census alone will not eradicate this;
- Government participation in the trainings would have given the message to participants that they were on board with all activities. The Government will play a major role in the forthcoming State/Region/District dissemination workshops;
- UNFPA did not provide funding for the Diocese to cascade training as it was not the intention that the training would lead to training of trainer's sessions, but that the Diocese would share the information they had learned with their communities. However, due to a high interest from participants, possibilities for funding are being discussed.

The way forward

- UNFPA will follow up with leaders of the Catholic Diocese in Yangon and will explore opportunities to provide multiplier training sessions;
- Participants of the Catholic Diocese workshop developed "action plans" for information sharing. These vary from 1-2 sessions raising awareness about the census to 2-day modules. UNFPA will follow up on these activities with the Church's office in Yangon;
- Further workshops to build understanding on the use of census data will be organised with other faith-based communities such as the Myanmar Council of Churches and Myanmar Baptist Convention in August 2015;
- Religious leaders will be included in census dissemination workshops (State/Region/District) conducted by the Department of Population and UNFPA;

- The conflict sensitivity team will strengthen relations and maintain the consultative process, particularly with champions of inter-faith groups, including in Rakhine State

“ I will tell all my young friends how we as young people can use this information for our country, since the youth of today are the leaders of tomorrow”.

Youth leader of inter-faith group, participant at training in Mon State.

“During the census count, I just answered the questions asked by enumerators to be polite without really knowing anything about the census. Now I feel positive that this information will help the government identify areas where they need to increase their efforts, particularly in health, education and developing public infrastructure”.

Participant at training in Mon State.

NEPAL

Inter-religious networks come together to end harmful practices



“Religious leaders are key actors that can influence attitudes, traditional practices and behaviours and have been identified in UNFPA Nepal’s country programme as a group to help engage men and boys and communities in ending child marriage and harmful practices and in improving access of the most marginalised to sexual and reproductive health services.”

UNFPA Nepal.

Country context

Nepal is going through a process of social, economic and political change after a decade long civil war. The devastating April 2015 earthquake and its massive aftershock in May have caused huge devastation in a country where the existing infrastructure was already very weak. Nepal is a multi-ethnic and multi-lingual society; 125 caste/ethnic groups and 123 languages were identified in the Population and Housing Census of 2011. There are more than eight different religions, although the vast majority (81 per cent) of the population is Hindu. Nepal has a diverse landscape with remote areas where there is limited or no access to basic infrastructures or services.



Harmful traditional practices and norms are prevalent in the country, including child marriage, gender-based violence, practices of seclusion and isolation of women and girls during menstruation and child birth, and son preference (manifesting in various forms of discrimination against the girl child, including sex selective abortion). According to the 2011 Population and Housing Census, 1,101,885 girls got married between the ages of 10 to 14 years. More alarmingly, 115,150 girls were below the age of 10 years when they married. In Nepal, more than 26 per cent of girls get married between the ages of 15 and 19 and more than 5 per cent get married before they turn 14. Child marriage still persists as shown by the 2011 census data that one fourth of adolescent girls in the age group 15-19 are married.¹ Child marriage and early pregnancy have a serious negative influence on a girl's ability to realise their rights to education and health. According to the 2011 Nepal Demographic and Health Survey, almost one-quarter of Nepalese women (23 per

cent) have given birth before reaching the age of 18, while about half (48 per cent) have given birth by the age of 20.

A further analysis of the Nepal Demographic Health Survey, 2011, reveals challenges in terms of the health seeking behaviour of the Muslim community and overall health service utilisation. The report indicates that the unmet need for contraception among Muslim women is 39.3 per cent. The Antenatal Care (ANC) fourth visit among Muslim women is low (34.7 per cent). Likewise, institutional delivery is also low among Muslim women (33 per cent).

An inter-faith approach to end child marriage and gender-based violence

One of UNFPA's key faith-based organisation partners in Nepal is the National Inter-Religious Network (NIRN-

¹ 2014, Population Monograph of Nepal Volume I (Population Dynamics), Government of Nepal, National Planning Commission, Central Bureau of Statistics.

Nepal); members of different religions include Baha'i, Buddhist, Christian, Hindu and Muslim. NIRN-Nepal was formed to provide a platform for religious communities to promote gender equality and end harmful traditional practices, including child marriage and gender-based violence.

In September 2013, NIRN-Nepal organised a round table discussion between religious leaders and adolescents on child marriage, with the support of UNFPA and UNICEF. More than 200 stakeholders from different religious faiths, civil society, child clubs, diplomatic institutions and the media attended. Adolescents posed the question to religious leaders: "As religious leaders, what do you do to prevent child marriage?" One of the key achievements of this discussion was that all religious leaders firmly showed their dissent against child marriage with responses such as: "Every religion believes that marriages should only take place when the boy and girl are capable enough to shoulder the responsibility of raising a family."

A public service announcement followed the discussion with the strong message that the practice of child marriage should end. Leaders of different faiths spoke out. Iman Nazrul Hasan Falahi said: "Islam recognises that marriage is something that should only take place when someone is mature." Echoing these sentiments, Bhikchhu – Dharma Murti said: "Marriage is a social union, something that should only take place when both individuals have matured physically and mentally. So let's end child marriage". Dr. Chintamani Yogi was extremely vocal saying: "Someone who does not send their children to school and prevents them from gaining an education is not a parent but an enemy". Likewise Mr Ram Chandra Bhandari, an executive member of NIRN, expressed that: "In Veda (the oldest form of Sanskrit literature and the oldest scriptures of Hinduism) the appropriate age for marriage is 25 years and child marriage is not sanctioned by religion".

NIRN-Nepal, again with the support of UNFPA and UNICEF, is implementing the project: "Partnerships with religious networks and structures to end child marriage and other harmful social practices, including gender-based violence". The project is implemented in remote hill districts where child marriage is high. The objectives of the project are to accelerate the involvement of religious leaders to reduce violence against children and adolescents by addressing harmful social norms and practices, especially child marriage.

Maya Sunar, 13, from Simikot Humla, was about to get married after completing grade 6 of her study. Ram Raj Hamal, a pastor of New Vision Church in Rodikot, learned about the marriage and used his networks to stop the marriage. Hamal was trained by NIRN on the role of religious leaders in ending child marriage, as well as the legal age of marriage. Being an active member of the Inter-Faith Committee, he discussed the issue with them, and coordinated with the District Administration Officer, civil society organisations and teachers to stop Maya's marriage. Hamal also arranged for a school uniform and stationery from the church for Maya to continue her schooling. "Thank you to NIRN who have educated us about the role we can play to end child marriage."

Training religious leaders as community advocates

UNFPA supported NIRN to build their advocacy skills in promoting reproductive health through international training and observation study tours. In December 2013, UNFPA supported the Department of Health Services, Ministry of Health and Population, religious leaders, district/public health officers and the Chair of the Haj Committee to observe family planning programmes in Jakarta, Indonesia. The following year, two representatives participated at the training, "Developing Strategic Partnerships with Muslim Leaders and Faith-Based Organisations in Family Planning" in Indonesia, organised by the National Population and Family Planning Board and UNFPA Indonesia. Continuing advocacy with religious leaders, this year UNFPA is sponsoring the participation of one religious leader from Rautahat district at the same training, along with two UNFPA employees who will support coordination and follow-up at the district level.

In June, 2014, two religious leaders participated in a South-South Consultation: “Building a faith-inspired movement to support the sexual and reproductive health agenda in the Post-2015 Agenda” in Turkey. They observed how religious leaders and representatives from faith-based organisations, academics, and scholars discussed their concerns and perspectives together in a systematic and harmonious way.

The role of civil registration and vital statistics in ending child marriage

At the Ministerial Conference on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific in November 2014, there was a special session on the role of CRVS in preventing child marriage in the Asia-Pacific region.

Involving adolescents

FBOs and religious leaders recommended reaching out to Muslim adolescents in schools through awareness raising activities. UNFPA partnered with the Nepal Muslim Women Welfare Society (NMWWS) to work with religious leaders to roll out the “Social and Financial Skills Package” for Muslim adolescents with the support of religious leaders. The aim was to influence adolescents to access Reproductive Health Services and attend other life based skills education activities.

Achievements

- Inter-Faith Coordination Committees have been formed to guide effective coordination and implementation of planned activities at the district and community level;
- NIRN has established partnerships with seven local FM radio stations to disseminate messages on ending child marriage, and local religious leaders are using these key messages to advocate to end child marriage in their regular radio programmes;
- Religious leaders have shown a willingness to work with religious leaders at the community level to speak out about child marriage and gender-based violence;
- Maulana’s (respected Muslim religious leaders) are supporting the training of adolescents to empower them through a financial and social skills package;
- The coordination of faith leaders has contributed in building religious and cultural harmony and mutual trust among different faiths. More than 300 religious leaders are being mobilised during 2014 and 2015 at the national, district and community levels to fight to end child marriage and harmful practices;

Ms. Saraswati Shrestha, is a youth activist and peer educator and works with girls and adolescents in her community on the reproductive rights of young people in rural Nepal. She attended the Ministerial Conference on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific and shared the discussions she has had in her district. She said: “People give very little importance to birth and marriage registration and very few people know about it. This does not vary by level of education. Nepal is a multi-lingual and multi-ethnic country but all the systems are in Nepali so this is a huge barrier for people who do not speak that language. People see child and marriage registration as a burden. Around 8th grade, schools ask parents to register the births of their children but very few do this, and of course this does not include those children who are out of school.

Many marriages are arranged and families marry off their daughters at an early age, generally when they reach puberty. When girls are married and are under 18 years, when they are still considered a child, parents do not register the marriage because they fear they might be prosecuted. Also if a marriage is registered, a girl is entitled to property, so this is another reason why people chose not to register marriages.”

- A training manual on the role of religious leaders to address child marriage has been developed and 54 religious leaders have attended a master training of trainer's workshop. The training has increased the knowledge among religious leaders about the laws against child marriage, the causes and consequences of child marriage, forms of gender-based violence, and the role religion can play in facilitating dialogue, reflection and action. These trained leaders are in turn reaching out to parents and care givers at various religious forums;
- In partnership with FBOs and religious leaders, a manual published by the Indonesian Family Planning Board is being translated in to Urdu which will be distributed to religious institutions in UNFPA Terai programme districts to address reproductive health and gender inequality issues;
- More than one thousand adolescents in Rautahat, Sarlahi and Kapilvastu districts of Nepal are taking weekly sessions with Maulanas (respected Muslim religious leaders) and peer educators to learn about the information in the "Social and Financial Skills Package".

Lessons learned

- Birth and marriage registration and certification can play an important part in the prevention of child marriage, the protection of girls from child marriage and prosecution of those who perpetrate child marriage;
- There is a need to raise awareness among communities about the potential benefits of CRVS;
- Birth registration empowers girls to their right to identity, education, citizenship, employment, and property rights within marriage;
- Religious leaders can play a key role in promoting universal coverage of birth and marriage registration;
- Training and orientation for key Muslim religious leaders based in Kathmandu facilitated implementation of activities at the district and community levels.



Challenges

- Child marriage is a common practice in many societies, and it is a challenge to bring about socio-cultural change in a short timeframe;
- Engaging religious leaders and stakeholders from different faiths who had little knowledge about human or child rights or the concept of gender was an issue;
- NRIN had limited capacity to implement the programme at the district and community levels.

The way forward

- The project will be expanded through the formation of inter-faith committees to raise the awareness of religious leaders about the laws against child marriage;
- Discussions of the interpretation of the scriptures will take place to gain the active support of religious leaders in addressing harmful traditional practices including child marriage and gender-based violence;
- The project will focus on building the capacity of the NRIN and the Nepal Muslim Women Welfare Society as they are the only organisations working in this field who can plan, lead and manage programme activities, including financial management.

PAPUA NEW GUINEA

Interactive radio show discusses “taboo” issues



“Sexual and Reproductive Health (SRH) is not properly addressed in schools because teachers aren’t sensitised to SRH and therefore aren’t comfortable to talk about it,” says Diane Kambanei, Executive Director of YWCA PNG. “When young women aren’t informed at school or at home they make misinformed choices.”

Country context

A lower middle-income country, Papua New Guinea (PNG) has a population of nearly 7.5 million. It is one of the world’s most ethnically diverse countries, with over 850 indigenous languages. Some 85 per cent of the population live in rural areas, often in areas that are difficult to reach. This represents a complex challenge for health care and social services delivery. Fertility and child mortality rates are high while contraceptive prevalence rates are low, with only 37 per cent of women between the ages of 15 and 49 years accessing contraceptive services. This means that adolescent birth rates are nearly twice the regional



average. In addition, PNG has the highest incidence of HIV in the Pacific region.

Approximately 40 per cent of the population is under the age of fifteen years. The potential for Papua New Guinea to capitalise on this pre demographic dividend will only be recognised if investments are made in health, education, skills building and employment opportunities for young people, otherwise it has the potential to become a significant barrier to economic growth.

Gender equality is a challenge, and recurrent violations of women's rights exist throughout the country. Violence against women and gender-based violence are at an unacceptably high level, with an estimated two out of three women experiencing it at some stage in their lives. Women are vastly underrepresented at all levels of government, limiting their power to influence public policy.

Increasing impact through partnerships with existing faith-based organisations

UNFPA has a long standing partnership with the Young Women's Christian Association (YWCA) in Papua New

Guinea. YWCA is a faith-based organisation founded on Christian principles, but inclusive of many different religions. YWCA is an ideal implementing partner for UNFPA in the country to engage young women in particular, and youths in general, in promoting social and economic transformation.

YWCA PNG, partly funded by UNFPA, is responsible for the famous Tokstret radio programme that is broadcast throughout the country on a regular basis. When YWCA's Tokstret radio programme hit PNG's airwaves in 1997 it was met with harsh criticism and public disapproval. Tokstret, which means 'straight talk' in Tok Pisin (one of PNG's national languages), certainly lived up to its name. Featuring expert panellists and representatives from the social sector, Government, academia, and young people, Tokstret's discussions cover sexual and reproductive health and women's empowerment, as well as youth-related issues, with sessions that include practical, easy-to-understand medical advice in certain programmes.

Although initially criticised for encouraging women to talk about private and taboo subjects on national radio, the programme has contributed to breaking down barriers and harmful attitudes to sexual and reproductive health. It also provided a forum for people to discuss their medical issues and increased women's empowerment by

providing free medical advice directly to their homes. It has now been on air for fifteen years. For many people in PNG, particularly those in rural and remote areas, programmes such as Tokstret are the only way they can access reliable and accurate information on these issues.

As broadcasting continued, more and more people began calling into the programme with questions and comments, or wrote in for more information on the issues discussed. Women began to reject the shame associated with sexuality and reproductive health, and seek medical attention and advice when needed. However, one of the programme's greatest successes has been its impact on men. Reports of men accompanying their wives to doctors' appointments, an uncommon practice in the country, started coming in. Women said their husbands had a greater appreciation of their reproductive health, and men even began calling into the programme seeking advice on behalf of their wives.



Changing with the times

As the youth population now makes up approximately 40 per cent of the country, Tokstret is addressing the rising rates of HIV infection among young people. Inaccessibility to basic information on health and education increases their vulnerability to HIV, sexually transmitted infections and gender-based violence. This is compounded by deeply imbedded cultural and gender perceptions of youths as being inferior to other sectors of the population and hence their needs are overlooked.

The programme targets out-of-school adolescents and young people. It provides these youths with the opportunity to openly discuss the challenges they face and their concerns. The programme shares information about sexual and reproductive health, drug and alcohol abuse, and other factors that can increase the risk of HIV infection, sexually transmitted infections, and unintended pregnancies. The radio programme is on every fortnight on Tuesday, from May to November, for 1 hour with a total of 15 programmes in 2015.

There is a Tokstret radio schedule for 2015 with different key topics for discussion. Panellists cover the selected topics and different groups of young people join the show as observers and are sometimes given the opportunity to speak on air. Many of the youths are now listening to the radio talk show with their parents. Telephone calls are received from listeners across the country with questions and answers all broadcast live.

“Partnerships are key to YWCA Papua New Guinea. “We celebrated the 10th Anniversary of the Tokstret Radio Project, supported by UNFPA. We presented media awards to our stakeholders and individuals for their valuable contributions to our radio programmes”, said Janet Russell, General Secretary, YWCA Papua New Guinea. The YWCA of Papua New Guinea is well known nationally for their Tokstret Radio Programme that features programmes on HIV and AIDS, sexual and reproductive health, literacy and a range of women’s issues. The radio show is not only popular among women, even men tune in. “Having faith in God as our core value has had the power to change lives and communities in collaboration with men, youth and the elder.”

Some questions from the shows broadcast so far in 2015 include:

Topic: Gender-Sensitive Advocacy and Gender-Based Violence

- What are forms of violence? (Male listener)
- How can we make men respect women at home? (Female listener)

Topic: Respectful boy/girl relationships

The panel included young people who were part of the audience in the studio. Two young people called in and one parent called who wanted to add to the discussion with a statement.

- What is the right time/age for young people to be in a relationship? (Caller 1)
- Is it ok for our parents to know that we are in a relationship? (Caller 2)
- “Yes, parents are guardians and have the right to know if their child is in a relationship”.
(Parent statement)

Achievements

- Through a partnership with the National Broadcasting Corporation of PNG, Tokstret can be heard nationwide and in the most remote parts of the country;
- Tokstret has developed a reputation for providing solid, reliable and easy-to-understand information;
- The National Department of Health’s (NDOH) assistance in coordinating doctors and medical staff from general hospitals to participate on the Tokstret Radio Programme has been invaluable in ensuring the quality of information provided to listeners;
- Women, girls and young people have received basic quality health education via radio;
- Many couples have sought help and advice, particularly in relation to family planning, pregnancies, and sexually transmitted infections.

Lessons learned

- UNFPA has used an existing network that has already established connections with a large network of youths, many of them marginalised. It would have been very time-consuming for UNFPA to establish such a network on its own;
- Radio communication is very effective in PNG in raising awareness about various issues. PNG has an oral tradition of teaching and passing on knowledge. Illiteracy rates are relatively high and there is limited access to television, particularly in rural areas where 85 per cent of the population live;
- Involving youths as panellists on the Tokstret radio programme has resulted in an increase of youths listening and seeking advice as they are able to communicate with other youth about their common issues in a manner that is easily understandable to them.



Challenges

- Initially YWCA was criticised for encouraging women to talk about private and culturally taboo subjects on national radio;
- YWCA has limited funding capacity which means continuous support from external sources is needed, including UNFPA;
- Progressive dissemination of reproductive health information for over a decade poses a challenge for Tokstret Radio Programme to create new and innovative strategies to avoid information becoming monotonous.

The way forward

- UNFPA will continue supporting the programme, financially and technically, until the end of the current cooperation cycle in December 2017;
- It is planned that Tokstret will be mainstreamed into the National Broadcasting Corporation (NBC) of Papua New Guinea's regular radio grid, which will allow for direct funding of the programme by the NBC.

THE PHILIPPINES

Community mobilisation for promoting sexual and reproductive health



“The Reproductive Health (RH) bill enjoys multi-sectoral support from academia, employer’s groups, labour groups, youth organisations, the scientific community, the NGO community and faith-based groups, including the Interfaith Partnership for the Promotion of Responsible Parenthood. Support for the RH bill is not confined to the Halls of Congress. Public support for the RH bill is overwhelming.”

Congressman Edcel Lagman (2009).²

Country context

The population of the Philippines, predominantly Catholic, was estimated at 101,562,300 as of July 1, 2015, which is equivalent to 1.38 per cent of the total world population. The population has almost tripled from 36 million in 1965. The United States of America stopped providing contraceptive pills to the Philippines in 2007 and, because of the lack of political will brought about by the absence of a national population management policy the government was not able to fill the gap, in spite of the presence of a Contraceptive Self-Reliance policy which declared that the main responsibility for family planning lay with Local Government Units (Department of Health Administrative Order 158, 2004). Instead the “natural” method was promoted, favoured by the Catholic Church.

² Goals and Challenges in Legislating an RH Law. (Speech delivered by REP. EDCEL C. LAGMAN at ICPD 15 National Conference Workshop at the Summit Hall, PICC, Pasay City on 26 August 2009).

A lack of access to family planning resulted in a high population growth rate which, in turn, led to increased poverty. Results of the 2013 National Demographic and Health Survey showed that nearly three in ten births were either unintended (11 per cent) or mistimed (17 per cent).

In 1986, the Philippine Congress decided to address the lack of access to Reproductive Health services by introducing the Reproductive Health Bill. This was vehemently opposed by the Catholic Church; Catholic bishops aggressively campaigned against the proposed law and priests were mobilised to use the pulpit during Sunday masses to preach to their congregations about the evils of the Reproductive Health Bill, linking family planning to abortion and population control.

A public movement forms to effect change

As opponents from the Catholic Church got into full swing in their opposition to the Reproductive Health Bill, a public movement was mobilised with the goal of removing social misconceptions associated with family planning, and to raise awareness among the population that there were no contradictions in being a Catholic and having access to family planning. Individuals from organisations such as Leadership Development for Mobilising Reproductive Health (LDM), The Forum for Family Planning and Development, Leadership for Empowerment, Advocacy and Development Network (LEADNet), and Health Action Information Network (HAIN) formed an organisation that came to be known as Catholics for Reproductive Health (C4RH).

C4RH not only provided a human face for Catholics who were supportive of reproductive health and reproductive rights during the congressional deliberations and public hearings on the RH bill, but they were instrumental in gathering "progressive Catholic priests" from other countries including Spain, East Timor and the Philippines. They also brought together nationally recognised technical experts on population and development and reproductive health experts, cabinet officials and academics who provided substantive inputs to the defenders of Reproductive Health during the congressional and public debates, (the latter hosted on prime time television), especially on the contentious issue of where does life begin.



At the same time UNFPA partnered with the Inter-faith Partnership for the Promotion of Responsible Parenthood (IPPRP), the largest non-Catholic religious movement composed of major Protestant, Evangelical and other churches in the country, including representatives from Muslim indigenous communities and individual lay and clergy from the Catholic Church.

IPPRP, together with other public movements, supported a massive public information campaign on reproductive health and women's rights in the mainstream media, as well as highlighting the popularity of the cause on social media. This mobilised the majority of Filipinos to rally behind the Reproductive Health Bill. With the combined efforts of advocates on all fronts, survey after survey showed popular support for family planning and the Reproductive Health Bill.

The outcome

In December 2012, after approximately fourteen years of advocacy efforts and highly-divisive debates both inside Congress and in the public arena, Congress passed the RH Bill. On December 21, 2012, President Benigno Aquino III signed the Republic Act 10354, also known as the Responsible Parenthood and Reproductive Health Act of 2012, a law that guarantees universal access to modern methods of contraception, birth spacing, adolescent sexual education, and maternal and child health care.

Let the law lead to action

Effective implementation of the Reproductive Health Law requires multi-sectoral support and the presence of the Inter-faith Partnership for the Promotion of Responsible Parenthood (IPPRP), especially at the community level, provided this. They are successfully piloting a youth volunteer programme called Youth Ventures, which trains peer educators to form a strong support system for young people, especially the poor and marginalised, to enable them to develop life skills to address issues that young people commonly face.

In partnership with the Commission on Population, the IPPRP serves as a resource during Family Development Sessions (FDS) in selected provinces of the country. The FDS is a weekly learning session that beneficiaries (families in the lowest two wealth quintiles) of the government's conditional cash transfer programme, also known as the Pantawid Pamilyang Pilipino Programme (4Ps), have to attend. It provides conditional cash grants to the poorest of the poor, to improve the health, nutrition, and education of children aged 0-18. IPPRP has been an excellent resource because of their own knowledge and experience, which has been supplemented by the learning and exposure they have had as a result of UNFPA sponsoring them to participate in meetings and conferences of FBOs at the global and regional level. UNFPA is currently working with the Department of Social Welfare and Development to conduct a study this year carrying through to next year, to determine if there have been changes in knowledge, attitudes and practices on reproductive health, including family planning, arising from participation of the poor at Family Development Sessions.

Working with the Catholic Church during humanitarian crises

UNFPA partnered with the archdiocese of Cagayan de Oro in 2011 as part of an emergency response to help in the distribution of dignity and hygiene kits to pregnant and nursing women affected by natural disasters. Partnerships with FBOs is an integral part of the integrated humanitarian response of UNFPA with the support of various stakeholders (government - national and local, civil society including FBOs, private sector, marginalised groups, such as women's groups, the poor, young people through youth volunteers, and differently abled and indigenous peoples). The UNFPA Executive Director in 2012 described it as a "good practice" in emergency response.

Achievements

- At the "Building a Faith-Inspired Movement to Support the SRH Agenda in the Post-2015 Development Agenda" consultation in Turkey in 2014, Reverend Compas of the IPPRP shared the success of the passage of the Reproductive Health Law in 2012 and the many challenges that reproductive health advocates had faced in the process;
- In March 2013, when the Supreme Court issued a Status Quo Ante order halting implementation of the Reproductive Health Law on account of petitions questioning its constitutionality by Catholic-aligned organisations, IPPRP stood before the Supreme Court during deliberations as one of six interveners to quash the petitions. On April 8, 2014, the Supreme Court declared that the law was not unconstitutional and issued an order to proceed with its implementation;
- UNFPA Philippines funded the preparation of a manual for churches to work with adolescents and youth, dealing with personality development, adolescent and reproductive sexual health, education, addictions and relationships. This is currently in print;
- UNFPA has built bridges with FBOs to bridge the gap in the delivery of information and social services. Since 2002, UNFPA has integrated culturally sensitive approaches into its programming efforts, and this has led to engagement with local agents of change, including religious organisations and their leaders. UNFPA has been working with Muslim religious leaders to promote family planning, reproductive health and gender equality, and this partnership resulted in the issuance of a fatwa (ruling





on a point of law by a recognised authority) in 2003 on Reproductive Health and Family Planning by the Assembly of the Darul-Ifta of the Philippines. This is highly pertinent as it signals to Muslim communities that the Koran is not against family planning and RH;

- UNFPA sponsored workshops organised jointly by the Philippine Centre for Population and Development, another local NGO and IPPRP that produced a compilation of faith-based organisation's work on issues such as reproductive health, maternal health, STIs, HIV and AIDS and gender-based violence, as well as challenges faced. This has helped faith-based organisations understand each other's work in these selected areas as well as find synergies for possible future collaboration.

Lessons learned

- UNFPA has built bridges with FBOs to bridge the gap in the delivery of information on maternal health, family planning and prevention of gender-based violence and related social services;
- In situations of need, particularly during humanitarian crises, FBOs have a role to play as critical avenues for outreach, resource, and service delivery.

Challenges

- Continued opposition by the Catholic Church to the RH Law remains the biggest stumbling block, not only for IPPRP, but more in the overall implementation of the law itself. In July 2015, the Supreme Court issued a new Temporary Restraining Order stopping government distribution of selected contraceptives due to petitions of them inducing miscarriages. At the time of writing, deliberations are on-going.

The way forward

- UNFPA sees partnerships with faith-based groups such as the IPPRP and Muslim religious leaders as strong allies in the fight for social justice and upholding human rights;
- Inclusion of South to South cooperation among countries with predominant religious groups (e.g., Muslims and Catholics) in their population should be supported by UNFPA Country Offices as part of their country programme to facilitate the exchange of good practices, tools, knowledge, experiences and networking in both regular development work and humanitarian responses;
- Partnership indicators should be developed in the areas of policy advocacy, capacity building and service delivery to evaluate UNFPA's work with FBOs.

“UNFPA is God's gift to the Inter-Faith partnership for the Promotion of Responsible Parenthood. When the IPPRP was established in 2003, our mission as a gathering of faith-based groups and partners committed to promote and advocate for responsible parenthood including family planning, reproductive health and population and development was clear, but it was principally UNFPA that provided us with the inspiration and tools to enable us to translate this mission into action. In 2012, UNFPA helped us to revitalise as an organisation. Since then, we have seen that the work of IPPRP has had excellent results. People listen to us. We have now become an influential voice in the arena of public discussion.”

Bishop Rodrigo Tano, Chairman Emeritus, IPPRP.

TIMOR-LESTE

Pragmatism trumps dogma: UNFPA and the Catholic Church



Country context

In 2014, Timor-Leste had an estimated population of 1.2 million and an annual population growth rate of 2.7 per cent. Ninety-seven per cent of the population identify themselves as Catholic. While the total fertility rate continues to decline, it stands at 5.7 – the highest in the region. The total fertility rate is considerably higher in rural (6.0) than in urban (4.2) areas. Fertility remains very high among the poorest Timorese at 7.3 in contrast to 4.2 among the wealthiest. The country is experiencing a youth bulge, with 32 per cent of its population between the ages of 10 and 24. The majority of the population (70 per cent) lives in rural areas and experiences disparities in access to public facilities and other available infrastructure.

Contraceptive prevalence among married women aged 15 to 49 doubled between 2003 and 2009-2010, rising to 22 per cent. The overall demand for family planning is estimated at 53 per cent with nearly one in three women aged 15 to 49 (30.8 per cent) having an unmet need for family planning, with women aged 20 to 24 having the highest unmet need.

Estimates of the maternal mortality ratio range from 270 to 570 deaths per 100,000 live births. Among young women aged 15 to 19, the maternal mortality ratio is 1,037 per 100,000 live births. Skilled health personnel assist only 30 per cent of current deliveries, and facility delivery is low at 20 per cent. The infant mortality rate is 48 deaths per 1,000 live births.

Working with the Catholic Church on reproductive health

While great strides were made in the first years of Timor-Leste's independence to improve maternal and child health, the 2009 -10 Demographic Health Survey revealed that significant needs remain. The Catholic Church is seen to play a significant role in reproductive health and rights decision-making at all levels of Timorese society, from policy-making to the reproductive decisions made by individual Timorese women and men. The Ministry of Health (MoH) and UNFPA have taken a pragmatic approach to working with the Church to promote reproductive health and rights. In 2010 the MoH and UNFPA approached the Catholic diocese to elicit their support on the national family planning programme, recognising that religious leaders offer guidance on health-related matters which can encourage healthy behaviours among their followers.

Although the Catholic Church is typically seen as stringently opposed to *artificial methods* of contraception, the Church in Timor-Leste has taken a more nuanced approach. Church representatives perceived that they should not simply condemn artificial methods but provide appropriate information to improve reproductive health overall. The Church advocated natural methods of family planning in line with Church teaching, but while making it clear it does not approve of *artificial methods* it also emphasised that family planning is a choice that couples must make for themselves, freely and responsibly. The Church acknowledges that it is the responsibility of the Ministry of Health to provide this information and services.

In July 2010 the Bishop of Dili spoke at the National Conference on Reproductive Health, Family Planning and Sex Education. His emphasis on the Church's deep desire to improve the welfare of women, children and families was



Our experience has been for partnerships to be most effective there must be a common understanding of the problem to be addressed, trust, and effective communication.

UNFPA Staff member.

seen as a solid ground on which to build collaboration. The relationship between optimal timing and spacing of pregnancies and improved health of mothers and children is well documented, clearly understood, and easily linked to both religious doctrine and secular mandates.

Birth spacing as a key component of responsible parenthood

The Ministry of Health recognised that introducing fertility awareness-based methods³ such as the Billings Method and Standard Days Method® (SDM) in Timor-Leste could meet an existing demand for modern yet *natural methods*. In 2011 and 2012 representatives of Societas Verbi Divini (SVD), religious and diocesan priests, nuns and MOH staff participated in study tours on family planning to the Philippines and Indonesia to observe sessions on pre-marriage counselling in the parishes and government institutions. Subsequently, training modules on pre- and post-marriage counselling and youth counselling were adapted to the Timor-Leste context. Information on family planning is now routinely provided in pre-marriage counselling conducted by Church authorities. In 2015, with UNFPA support, the MoH and the Church have held a number of public events highlighting the *Year of the Family*, emphasising birth spacing as a key component of responsible parenthood.

Achievements

- In the Dili diocese when young couples receive pre-marital counselling the Church requests the MOH to send along a midwife to explain all methods of contraception to the soon-to-be married couples, illustrating the cooperation between the Catholic Church and the national Family Planning Programme;
- Staff from four Caritas (Latin for Love and Compassion) clinics run by Catholic nuns have been trained in counselling on all family planning methods;
- A Diocesan priest featured in a video discussing all family planning methods, including *natural* family planning. The priest's appearance in support of *natural* methods, reinforcing the Church's position, nevertheless allowed viewers to engage with the range of options available, with the tacit approval of the Church.

³ To prevent pregnancy, women can keep track of their menstrual cycles and abstain from unprotected vaginal intercourse during their peak fertile times.



We hope to contribute in training nurses to educate families about family planning. This is something we are already doing with a team that goes from parish to parish to teach couples how to approach family planning, including women in rural areas. We will continue to work with the Government and other Catholic agencies to provide family planning assistance to families.

Bishop of Dili.

Lesson learned

- Agreement on a common ground made everybody feel more comfortable;
- Facilitating factors that improved partnerships included recognition of mutual goals, clarification of partner roles and responsibilities from the outset, and a respect for partner's philosophical differences;
- Crafting information on reproductive health within the larger message of health is an important hook. It's important for people to understand there are supportive teachings in Catholicism that enable reproductive health messages;
- Issues of respect, dignity, and decency are pervasive and can be built upon.



The key message is that when you space children, you give them a better opportunity to grow up healthy. You give them a better opportunity to access education-spacing has a direct impact on the health of the children and the health of the mother.

MoH Staff member.

Challenges

- The MoH was keen to maintain good relations with the Church, to the point of adapting policy and practice in order to accommodate the Church. Sensitive policies were routinely run by the office of the Bishop of Dili diocese in order to receive the Church's input and to make adaptations accordingly. For example, references to abortion have been removed from specific documents following the Church's complaints;
- The Church is particularly sensitive about condoms and has cautioned the Ministry to be careful about promoting condoms for family planning and HIV prevention. A number of priests link the promotion of condoms to promiscuity and describe them as threatening to health.

The way forward

- The Catholic Church continues to play a significant role in reproductive health and rights decision-making at all levels of Timorese society. UNFPA working with the Ministry of Health and other partners will continue to advocate with Church leadership for their support of reproductive health;
- The model of MoH staff participating in pre-marriage counselling will be rolled out to additional municipalities (districts);
- Church support will be sought for a new initiative promoting acceptance of family planning in the extended postpartum period (1 year). And although condoms are a sensitive issue, UNFPA will continue to look for opportunities to work with the Church on raising awareness of condoms as a critical component in a sustainable approach for the prevention of sexually transmitted infections (STIs).

VIET NAM

Addressing Sex-Ratio at Birth Imbalance

“The current social beliefs are not in favour of women. The preconceived thinking of ‘must have a son’ to continue the blood line is one of the causes of the problem.”

Male, Head of Commune, Thai Binh.



©UNFPA/William Ryan

Country context

A sex ratio imbalance at birth has affected several countries in the Asia and Pacific Region, including China, India and the Republic of Korea. Viet Nam has recently experienced an unusually rapid rise in the sex ratio at birth (SRB). In 2000, the SRB was estimated to be 106.2 male births per 100 female births; an acceptable level. By the 2009 census it had increased to 110.6 and by 2014 it was 112.2, according to the Inter-censal Population Survey (IPS) of that year. If the sex ratio imbalance continues to increase at its current rate, it is projected that over the next two decades Viet Nam will face serious

demographic, socio-economic and political problems. These include insufficient females to marry their male counterparts, increased pressure for women to marry at a younger age, a rising demand for sex workers and an expansion of trafficking networks; all of these factors will increase the risk of gender-based violence. Sex selection practices have an adverse impact on women’s sexual and reproductive health, mental health and rights. The imbalance of sex ratio at birth reflects and reinforces gender inequality in society.



Research in the region has shown that three main factors have played a role in the recent rise of SRB: son preference; the ability to access and afford sex selection technology; and the effect of a decline in fertility, which means that families have to fulfil their wish for a son in a smaller family. Research conducted by UNFPA Viet Nam in 2011 showed that the strong son preference in Viet Nam is rooted in a largely patrilineal (where an individual's family membership derives from, and is traced through his or her father's lineage) and patri-local system (where a married couple resides with or near the husband's parents). The two-child family norm seems to have become internalised by people in Viet Nam: today, most people want to have no more than two children, and of these at least one must be a son. Sons, people believe, are essential to their parents because they carry on family lines and names; perform ancestor worship; and take care of their parents in their old age. The research revealed an important finding that family and community pressures are strong in maintaining male dominance in general and son preference in particular. People prefer sons to daughters not only because of the 'intrinsic' value of male children, but also because having a son improves a woman's status in the family and confirms a man's reputation in the community.

Religion and beliefs

In many parts of the world religion and beliefs play an important part in cultural and spiritual life. This is typically true of Viet Nam where more than 80 per cent of the population are followers of different beliefs and religion. Buddhism is a major religion in the country, followed by Catholicism. Buddhist and Catholic dignitaries have a strong influence on the different spectrums of the population following their religions. Awareness raising activities, communications and promotion for behavioural change are highly effective if the dignitaries themselves are the ones taking the messages to their followers.

UNFPA partners with the Viet Nam Fatherland Front (VFF)

VFF is an umbrella political and social organisation formed by mass organisations, political and religious organisations, and Vietnamese expatriates. VFF coordinates the social activities of its members in general and religious organisations in particular. In 2008, with assistance from UNFPA Viet Nam, VFF conducted a situational analysis of sex ratio at birth which led to the design of a one-



“As Buddhist monks, some thought it was not appropriate to take part in these activities and that our job should be limited to praying and blessing mankind. But I said the pagoda is exactly the place for communications on the equality of men and women, and ethical issues on prenatal sex selection, and they finally agreed.”

Buddhist dignitary, Nom temple, Van Lam, Hung Yen.

year pilot model and guided the selection of provinces for rolling out the model. Hung Yen and Thai Binh in the Red River Delta area, which have a high sex ratio at birth, and where there are a large number of Buddhist and Catholic followers respectively, were selected for the pilot model engaging with faith-based organisations. Activities started in 2009 with three main objectives; to mobilise the support and commitment of local religious dignitaries to address sex ratio at birth imbalance; to build the capacity of local religious dignitaries to educate their followers to abolish gender-biased sex selection; and to raise public awareness that prenatal gender-biased sex-selection is unethical and sons and daughters both have an equal role to play in the family and society. By engaging with FBOs, UNFPA expected to achieve change in public perceptions toward respecting the role and value of girls and women in the family, and ending the practice of prenatal gender-biased sex-selection.

The pilot intervention

Activities in Hung Yen Province

Buddhist dignitaries held six lectures for their followers, who were between 18 and 60 years of age, on the equal roles men and women have in the family and community, the value of the girl child, and unethical practices of sex-selective abortion. The lectures were organised on full moon days, the first days of the lunar month and the Buddha's birthday. The messages used in the lectures were in line with Buddhist tenets. To ease the public pressure

on families who have only daughters or sons, Buddhist monks cited examples of families with single-sex children who have been well-educated, and are successful in life. A male Buddhist dignitary said in Dai Dong Commune, Van Lam District, Hung Yen Province: “If we keep using good examples in our communications that are to the point, acceptable to our audience, and consistent, we will see a change in attitude. For example, the Party Committee's Chairman of Dai Dong commune has two daughters who have been well educated and are now married to good men. This is a good example to communicate.”

Activities in Thai Binh Province

Catholic priests integrated messages on sex ratio at birth in to their sermons, which were heard by approximately 1,650 people. Catholic principles require that young men and women attend a course on marital ethics prior to getting married and they have to pass exams, assessments and receive a pass certificate to be able to get married. Marital ethics courses are delivered on a regular basis with a priest preparing materials and providing information updates during the course. Lectures were delivered in Dong Thanh and Dong Tien Parishes. As many as 300 participants turned out to a wedding of a young couple at Dong Thanh Church in June 2010 where Reverend Dinh Van Hung said: “*Humans, whether men or women, are creations of God and have equal value and marital positions. As such, they are equal and without discrimination in treatment. A Catholic knows only of sin and innocence and not of gender discrimination.*”

Achievements

- The level of support of the dignitaries changed dramatically during the pilot intervention. In the beginning, religious dignitaries were hesitant to participate in education and activities, giving the excuse that Buddhist monks and nuns have little to do with population issues and that they would feel awkward addressing these topics. By the end they were extremely positive about the influence they could have;
- Both Buddhist and Catholic dignitaries have comprehensive information and evidence on the current situation of the sex-ratio at birth (SRB) in Viet Nam, as well as the causes and consequences of SRB imbalances and measures to address this issue in the areas where they live. The improvement in dignitaries' knowledge on the SRB issue helped strengthen their awareness raising efforts and create positive changes in the beliefs and behaviours of their religious followers;
- The community became more interested in discussing SRB related issues and began to change their perceptions about the roles of women and the value of girls. These changes are reflected among the



youth, middle-aged and the elderly. An evaluation in 2011 of the pilot intervention indicated that only 28.3 per cent of the 18-49 age group respondents and 8.55 per cent of those over 50 years of age were insistent on having a son;

- As a result of the pilot intervention, the perception of the subordinate role and status of women and daughters in families and society has been undermined.

Lessons learned

- It was important to have support from local authorities for the pilot intervention. The implementation on the ground received extensive support and leadership from the Party, Government, Fatherland Front Committees at various levels, and the cooperation of religious dignitaries;
- Integrating the relevance of the SRB imbalance messages as an inherent part of Buddhist and Catholic principles was a decisive factor in the success of their impact on behaviour change.

Challenges

- More participation of family patriarchs (for the Buddhist community), and Catholic family chiefs (for the Catholic community) in programme activities is needed;
- More male participation is necessary. This was particularly highlighted when trying to reach Buddhists with programme activities. Most Pagoda goers are women and the elderly, but education about SRB needs to reach a wider audience, including men. This was a barrier to communication in the project.

The way forward

- The Viet Nam Fatherland Front gradually began to take ownership of the pilot intervention. By the time the intervention concluded, UNFPA Viet Nam had built their capacity to coordinate religious organisations and mobilise public support to address SRB imbalances according to the country's legislation;



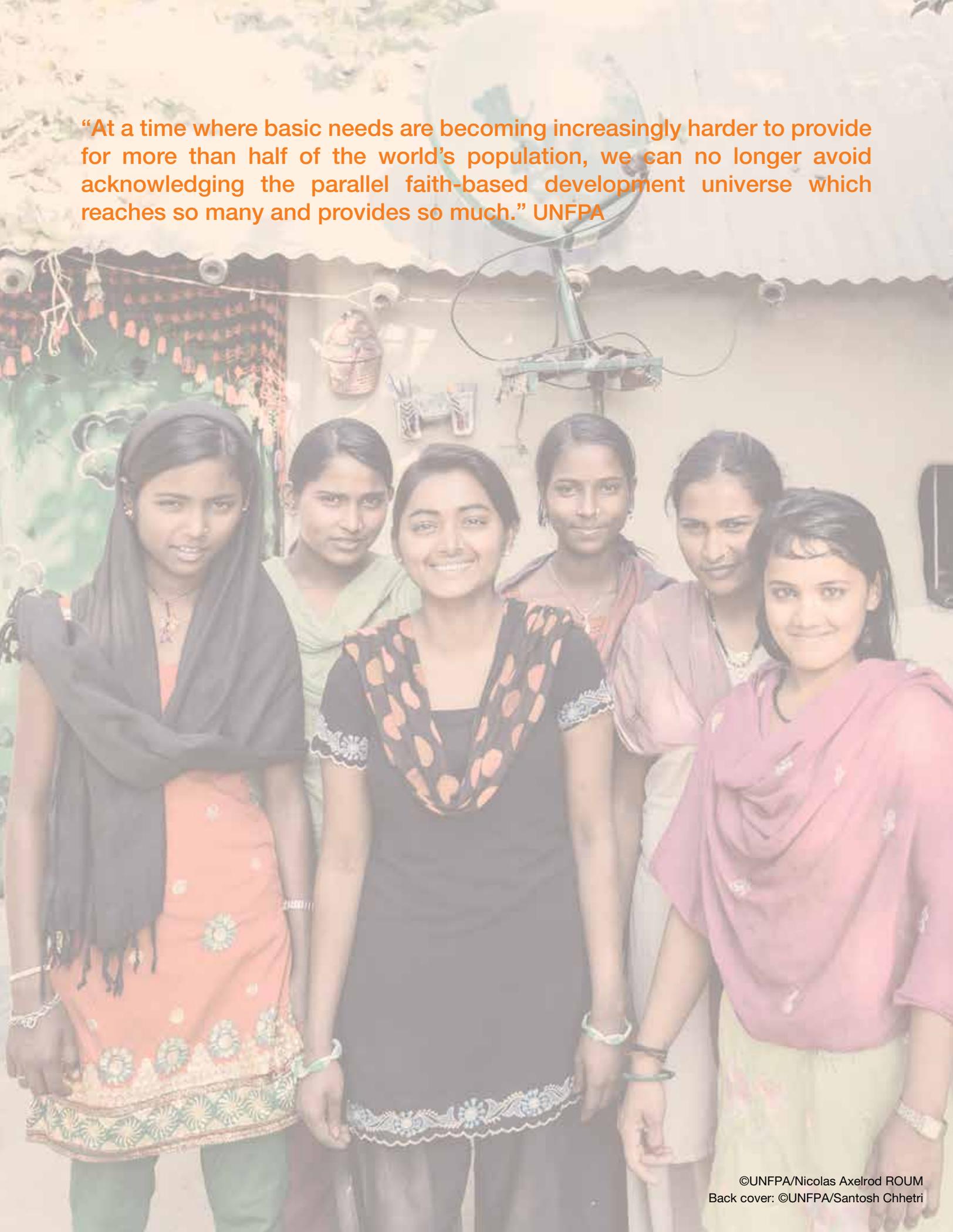
“ I myself do not have any difficulty in preaching about these issues during weddings. Parishioners account for about 20 per cent of the community here. It is appropriate with God’s will. It is not right to have a prenatal check-up to get rid of a girl and keep a boy.”

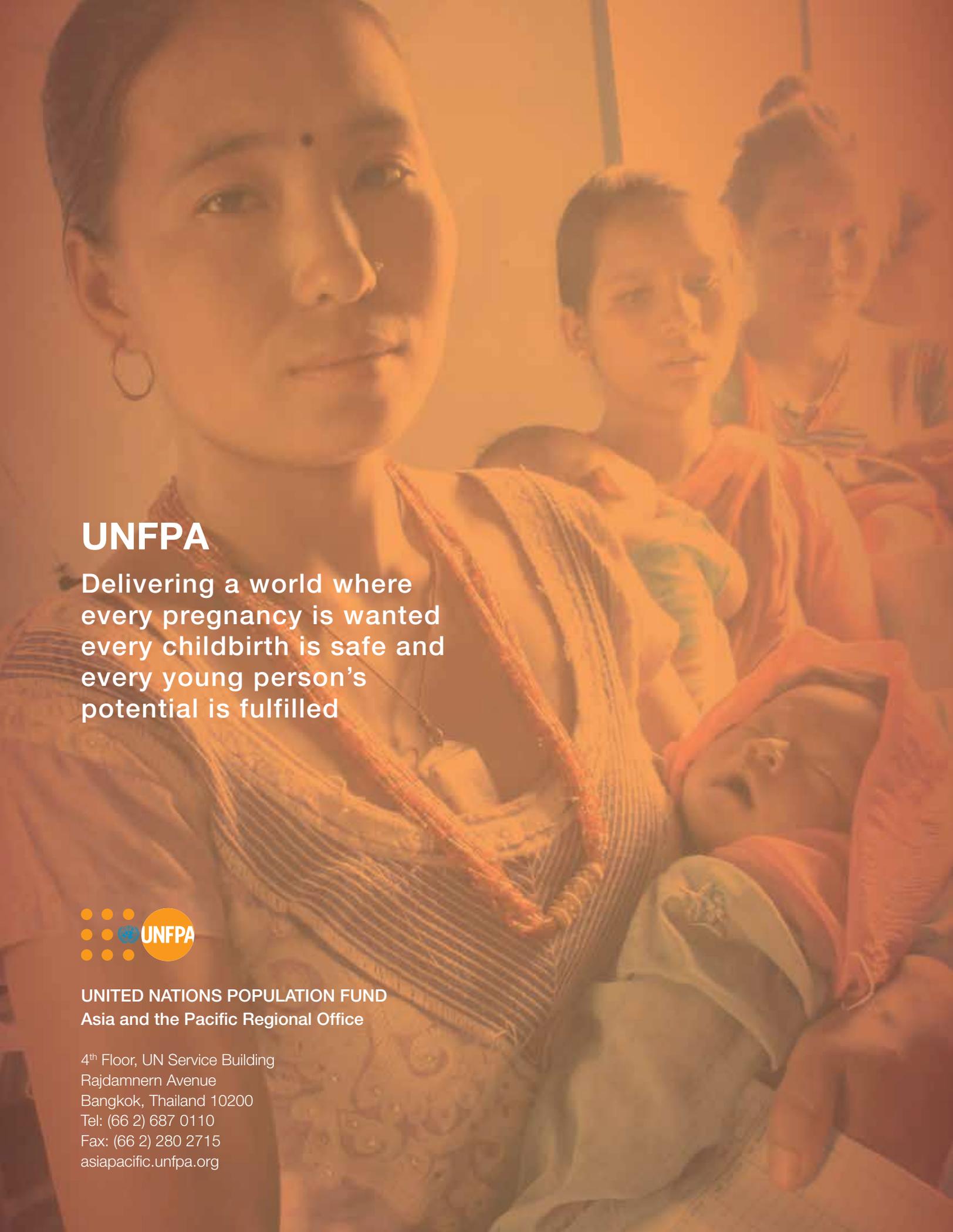
Male priest, Thai Binh.

of women and girls in families and the community, and has the slogan: “Say no to gender-biased sex selection”. After two years of implementation, a rapid assessment of the model in Hai Duong has shown a significant improvement in the knowledge and attitude of the community in respect to the role of women and girls. Eighty-three per cent of interviewees agreed that women and girls can do the same as men and boys in regards to taking care of their ancestor’s life. Seventy-five per cent of interviewees said that their attitude towards the value of girls has changed positively after being educated by the monks;

- Since 2011, VFF has continued the pilot model in other provinces across the country; Hai Duong, Nam Dinh and Hue City, with state budget funding. UNFPA Viet Nam has provided technical advice and updated research;
- Since 2012, UNFPA Viet Nam has been providing technical assistance to the model, engaging with the Buddhism Association in Hai Duong province, which is one of the provinces with the highest sex ratio at birth imbalance. The communications by Buddhist monks aims to promote gender equality, the value
- UNFPA Viet Nam is partnering with VFF, among other national partners, to conduct policy advocacy events, and provide policy advice to the Government using evidence and lessons learned from the pilot interventions that illustrate how religious leaders have a critical role to play in tackling SRB imbalance issues.

“At a time where basic needs are becoming increasingly harder to provide for more than half of the world’s population, we can no longer avoid acknowledging the parallel faith-based development universe which reaches so many and provides so much.” UNFPA





UNFPA

Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled



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