

# WORKING FROM WITHIN



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Culturally Sensitive Approaches in UNFPA Programming  
In UNFPA Programming

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## Foreword

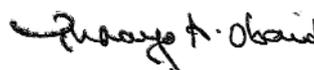
**D**ay in and day out, UNFPA focuses on improving the health and well-being of women, men and adolescents, with a special focus on reproductive health and rights. Since these issues are of an intimate and sensitive nature, finding ways to engage individuals and communities, and increase opportunities and choices is not always easy. It can be especially difficult when their lives are bound by centuries-old traditions and complex cultural constructs that may be difficult for outsiders to understand.

Social and cultural realities present challenges, and also opportunities, for advancing development goals and human rights. This is particularly true when dealing with the issues of gender equality and equity, HIV/AIDS, female genital cutting, gender-based violence, and maternal health and family planning. To make greater progress in these and other areas, UNFPA launched a plan in 2002 to systematically mainstream cultural factors into our programming efforts. On the ground, this has meant a greater emphasis on working with communities and local leaders—engaging in dialogue, listening to each other, sharing knowledge and insights, jointly planning the way forward, and moving ahead.

**Social and cultural realities present challenges, and also opportunities, for advancing development goals and human rights.**

The case studies presented here are drawn from a longer UNFPA report entitled, “Culture Matters: Working with Communities and Faith-based Organizations”. This brochure is an attempt to share, in a readily accessible form, some initial thoughts about what has, and has not, worked for UNFPA in carrying out programming in culturally sensitive contexts.

It is the start of what I hope will be even greater success in building awareness and support and empowering women around the world to obtain the rights and choices they deserve. It is one more step forward in bringing to life the goals adopted at the 1994 International Conference on Population and Development, which still remain out of reach for millions of people.



Thoraya A. Obaid  
Executive Director, UNFPA

# Introduction

**A**t the International Conference on Population and Development (ICPD) in 1994, universal goals such as education for all, the empowerment of women, reducing maternal mortality, preventing HIV/AIDS and establishing a strong partnership for poverty alleviation and development were recognized as global priorities in the Programme of Action adopted by 179 countries. At the Millennium Summit six years later, the urgency of these issues was underscored, and the international community is charged with making substantial progress in these areas by 2015.

However, changing attitudes, behaviours and laws—especially those dealing with gender relations and reproductive health and rights—has proved to be a complex and often painstaking undertaking, demanding a great deal of sensitivity to social dynamics. It is a process that requires patience, a willingness to listen carefully and respect for cultural diversity.

The case studies presented here are drawn from nine countries in which the United Nations Population Fund (UNFPA) has engaged with communities using culturally sensitive approaches. The studies describe working from within complex cultural systems to achieve widely shared goals related to the well-being of communities and the rights of individuals.

For instance, in Uganda, an association of elders concerned about the future of the country's young people was persuaded to put an end to female genital cutting, although the elders had previously been staunch supporters of the practice. In another part of the country, heads of traditional kingdoms and tribal leaders have become leading advocates for eradicating other harmful practices, once culturally sanctioned, that carry the risk of spreading HIV/AIDS.

In Guatemala, a strategy for coalition-building has led to the enactment of a groundbreaking law on social development that includes reproductive health, which will go a long way to protect the well-being and rights of women and their families.

In India, an advocacy campaign to address discrimination against girls has given “teeth” to a bill to end the widespread practice of sex-selective abortion.

These changes did not come about quickly. From the outset they required the building of trust and an environment conducive to collaboration among the different stakeholders. They also required partnerships with communities and their traditional leadership, who are often perceived by communities as the “custodians of culture”.

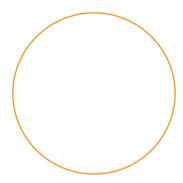
In fact, in a growing number of countries, alliances with cultural and religious leaders and faith-based organizations enabled UNFPA to extend its reach to rural communities, where the pull of tradition is far stronger than in urban areas. Such partnerships have also facilitated “ownership” of programmes by communities themselves, who are key in making them sustainable. Lasting changes are likely to occur only when communities adopt them as their own.

As these case studies demonstrate, sometimes a slow but pragmatic approach is the fastest way to achieve certain goals. Changing attitudes or behaviours that have long been part of a society's traditions is not likely to occur overnight. But working to bring to the surface values that are universally shared can help to build bridges between local cultures and international standards of human rights.

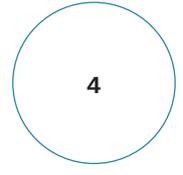
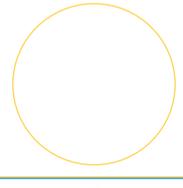
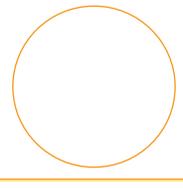
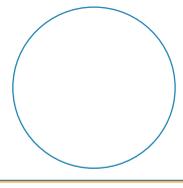
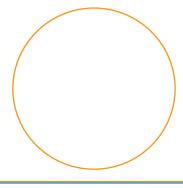
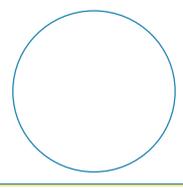
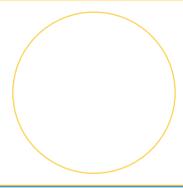
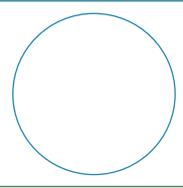
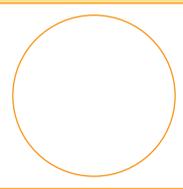
## PRINCIPLES FOR WORKING FROM WITHIN

The following are common themes found in many of the case studies that follow.

- Using culturally sensitive approaches can lead to smooth programme implementation and create windows of opportunity for the ICPD Programme of Action. These approaches include: cultivating an understanding of the cultural context in which programmes are being implemented, creating a positive negotiating environment with partners and stakeholders, acknowledging that patience and transparency are necessary when programming for behaviour change, respecting people's culture and its expressions, honouring commitments to agreements, and promoting universally recognized human rights in ways and means that enable communities to own these rights.
- Encouraging communities to explore the importance of the ICPD principles of human rights and gender equity and equality and facilitating an environment in which they can establish these principles can contribute to the well-being of men, women, children and families. In this way, they begin to appreciate and internalize these universally recognized rights and incorporate them into their own reality.
- Promoting behaviour change often begins by identifying local actors who have the capacity and legitimacy to motivate and mobilize communities to become active partners in development. Partnering with local change actors has become an invaluable strategy in creating the conditions necessary for acceptance and ownership of programmes at local and national levels.
- UNFPA is often most effective when it assumes the role of facilitator. This implies developing a strong in-house capacity to understand the interests of diverse stakeholders and to build upon common goals. These groups range from political leaders to civil society organizations, cultural leaders and the private sector.
- Gaining the support of cultural or religious leaders is often necessary before engaging effectively with communities. One way to accomplish this is by presenting evidence-based data on issues of concern to the community, such as the health of mothers and children, the impact of violence against women, and the prevalence of HIV/AIDS, as an entry point for discussions. Such information can help defuse potential tensions by focusing on the shared goal of people's well-being. Once stakeholders understand the potential value of proposed programmes, discussions can be expanded to more sensitive issues.
- Avoiding value-laden language in programming discussions can help create neutral ground in which understanding and support for programme objectives become possible.
- Programme objectives that may be sensitive benefit from carefully developed advocacy campaigns. Such campaigns should be closely tailored to the cultural context in which they are launched. They should also reflect a clear understanding of the views of both allies and potential adversaries. Furthermore, campaigns should draw from sources that are popular within a given culture. In Uganda, for example, the use of African music, poetry and drama has proven to be an effective way to reach a wide audience. In Muslim contexts, using Islamic references in advocacy campaigns has helped to dispel suspicions and promote local ownership.



"Patience, perseverance and the willingness to start a dialogue are 'tools' for behaviour change in sensitive environments."



## Guatemala • Finding Common Ground—and Building on It

1  
Guatemala

The passage of a groundbreaking new law in Guatemala that promotes better health for women and their families was the product of a year and a half of negotiations and consensus-building among a wide range of stakeholders, facilitated by UNFPA.

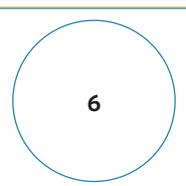
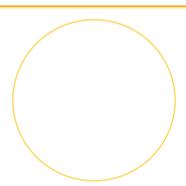
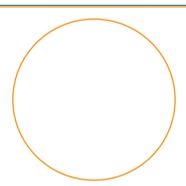
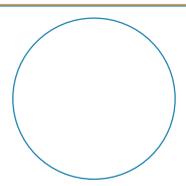
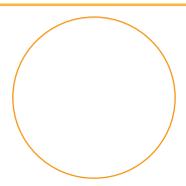
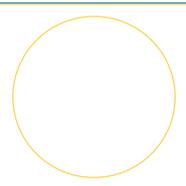
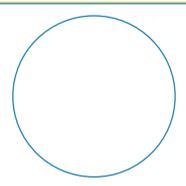
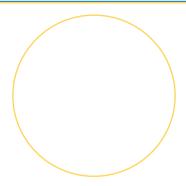
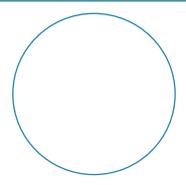
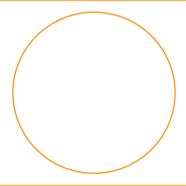
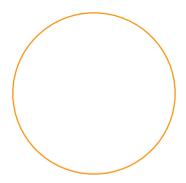
**A**lthough Guatemala has one of the highest maternal mortality ratios in Latin America—270 deaths per 100,000 live births—the country lacked broad political support for reproductive health programmes. That all changed in 2001, when the Social Development Law was enacted, promoting specific policies in the areas of population, reproductive health, family planning and sexual education.

Ten years earlier, Congress had passed a similar law, but it was vetoed by the Guatemalan President following intense lobbying from groups opposing the law. This time around, however, the Government and a number of stakeholders developed an elaborate advocacy strategy well in advance for ratification of the law. The strategy involved not only traditional allies, but also groups such as the Catholic and Evangelical churches and business leaders. Potential allies within these groups were identified and advocacy efforts carefully steered in their direction. Throughout the process, UNFPA maintained a facilitating role, supporting government institutions and civil society organizations, which assumed authorship and accountability for the new law.

Identifying points of common interest with the Catholic Church helped neutralize longstanding areas of disagreement and was an important starting point for negotiations. For instance, there was broad consensus on the need to reduce maternal and infant mortality, which became the centrepiece of the new law.

Within the Government and civil society, strategic partnerships were forged with allies who helped reduce the influence of groups opposed to the law. Media and communication groups, for instance, ran articles on population and reproductive health in newspapers and magazines and debates on these issues were aired on television and radio.

Though the entire process was laborious, it proved successful in the end. In the words of the UNFPA representative in Guatemala: “Patience, perseverance and the willingness to start a dialogue are ‘tools’ for behaviour change in sensitive environments. It took us nearly 15 months of hard work and negotiation to dispel suspicions, build consensus, and create the capacity necessary to prepare the ground for enactment of the law.”



## WHAT WORKS



- **Knowing the opposition and understanding its views can be key to successful negotiations. Analyse the rationale on which it bases its arguments and develop a logical response.**
- **Developing a different advocacy strategy for each stakeholder is often the most effective way to achieve consensus.**
- **Mistrust can often be dispelled through a transparent process of consultation and negotiation in which all parties have full access to information.**
- **Confidence can be promoted by following through on every commitment.**
- **In culturally complex environments, evidence-based data on issues of common concern can help to bring stakeholders together. Follow up with advocacy on these issues.**
- **Ownership of programme objectives can be achieved by involving as many actors as possible in the process.**

Establishing mutual trust was a painstaking process, which UNFPA addressed by consistently demonstrating transparency.

2  
The Islamic  
Republic of Iran



# The Islamic Republic of Iran •

## Strengthening Trust and Understanding, One Step at a Time

2  
The Islamic Republic of Iran

Enormous gains in reproductive health and rights have been achieved in the Islamic Republic of Iran over the last decade, due in part to patience and persistence in dealing with culturally sensitive issues.

**F**or several years after the Islamic Revolution in 1979, having large families was encouraged in the Islamic Republic of Iran. It was not long, however, before the Government realized that high population growth (3.9 per cent) was thwarting its efforts to reduce poverty and provide jobs and adequate housing for its citizens.

In the last decade, tremendous strides have been made. Fertility rates in the Islamic Republic of Iran have dropped by more than half, spurred by government support, concerted advocacy efforts and the establishment of one of the best primary health care systems in the region. The country has far exceeded the targets laid out at the 1994 International Conference on Population and Development in Cairo.

In the Third Country Programme (2000-2004), UNFPA is assisting the Government in its goals of empowering women and youth and decreasing the illnesses and deaths of mothers and children. It is working in disadvantaged, hard-to-reach areas, where health indicators are lower than the national average. These areas are also home to two important ethnic communities, the Baluchis and the Kurds, for whom issues related to family planning are extremely sensitive.

In response to enormous needs in both communities, a programme in reproductive health has been carefully designed using a combination of research, training, and information materials to promote the use of family planning services by men, women and adolescents. The programme is carried out at the community level by doctors at local health centres and *Behvarzes* (community health workers), who

come from the same village as the families they visit. According to a partner in the programme, the least sensitive issues, which emphasize women's health, were addressed initially. Only gradually, and after infant mortality began to decline, did "people trust us and realize that our services are vital," he says.

"The next step was bringing religious and community leaders together in meetings and seminars where reproductive health and family planning experts discussed the programme and asked for the leaders' help," he adds. The dissemination of newly issued *fatwas* (edicts) by important religious leaders was also instrumental. "People realized that reproductive health and family planning were not against their religion."

Another initiative, implemented by the Literacy Movement Organization and its network of 50,000 instructors, is spreading messages on population and reproductive health through basic literacy classes and continuing education for adults. Instructors who are native to an area and aware of local sensitivities have been ideal messengers for information on reproductive health.

Since it first began in 1992, the project has provided orientation and training for more than 17,000 instructors and achieved its goal of integrating reproductive health messages into the national literacy programme. More than 30 booklets have been produced on issues ranging from childcare and pregnancy to the preference for sons, and are being shared with neighbouring Islamic countries. On a pilot basis, HIV/AIDS education is now being introduced.

A third initiative, known as the “Women’s Project”, is mobilizing support from religious leaders and other decision makers for quality reproductive health services and the promotion of women’s rights. These goals are being pursued through research, public-awareness campaigns, capacity-building among institutions and organizations working in the social sector, and activities to empower women, including income-generating schemes.

Of all the projects supported by UNFPA in the Islamic Republic of Iran, the Women’s Project is the most sensitive. After several years of effort with little progress, protective legislation and other measures are now being discussed, prompted by a more open environment. More than 35 statements have been issued by parliamentarians, policy makers and key religious and community leaders in favour of reproductive health issues, including gender equity and women’s rights, as a result of persuasive advocacy efforts.

“Any step towards the project’s goals has proved to be very time-consuming and, at times, tiresome,” says the national project director. “But my experience has shown what when you deal with culturally sensitive issues, you have no choice but to be as careful and patient as possible. Every

concern should be addressed properly. Otherwise, greater problems emerge at later times, when nothing can be done.”

In fact, in none of these projects was progress achieved overnight. After the Islamic Revolution, both the Government and most Iranians were suspicious of foreigners, including foreign organizations. Establishing mutual trust was a painstaking process, which UNFPA addressed by consistently demonstrating transparency.

“The most important lesson,” says a professor at Tehran University, “is that through patience and cultural sensitivity an organization working within a culturally complex context, at a time when foreigners were regarded with suspicion, has been able to address sensitive issues among the most disadvantaged groups in the country and to implement projects now regarded as success stories. UNFPA is regarded as a trustworthy partner by both conservative and liberal partners in Iran.”

2  
The Islamic Republic of Iran

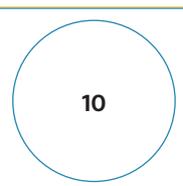
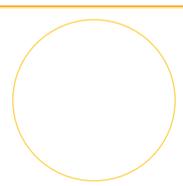
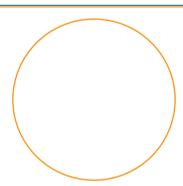
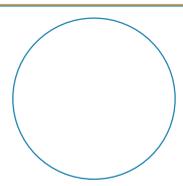
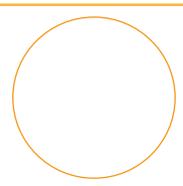
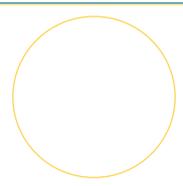
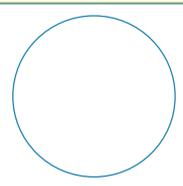
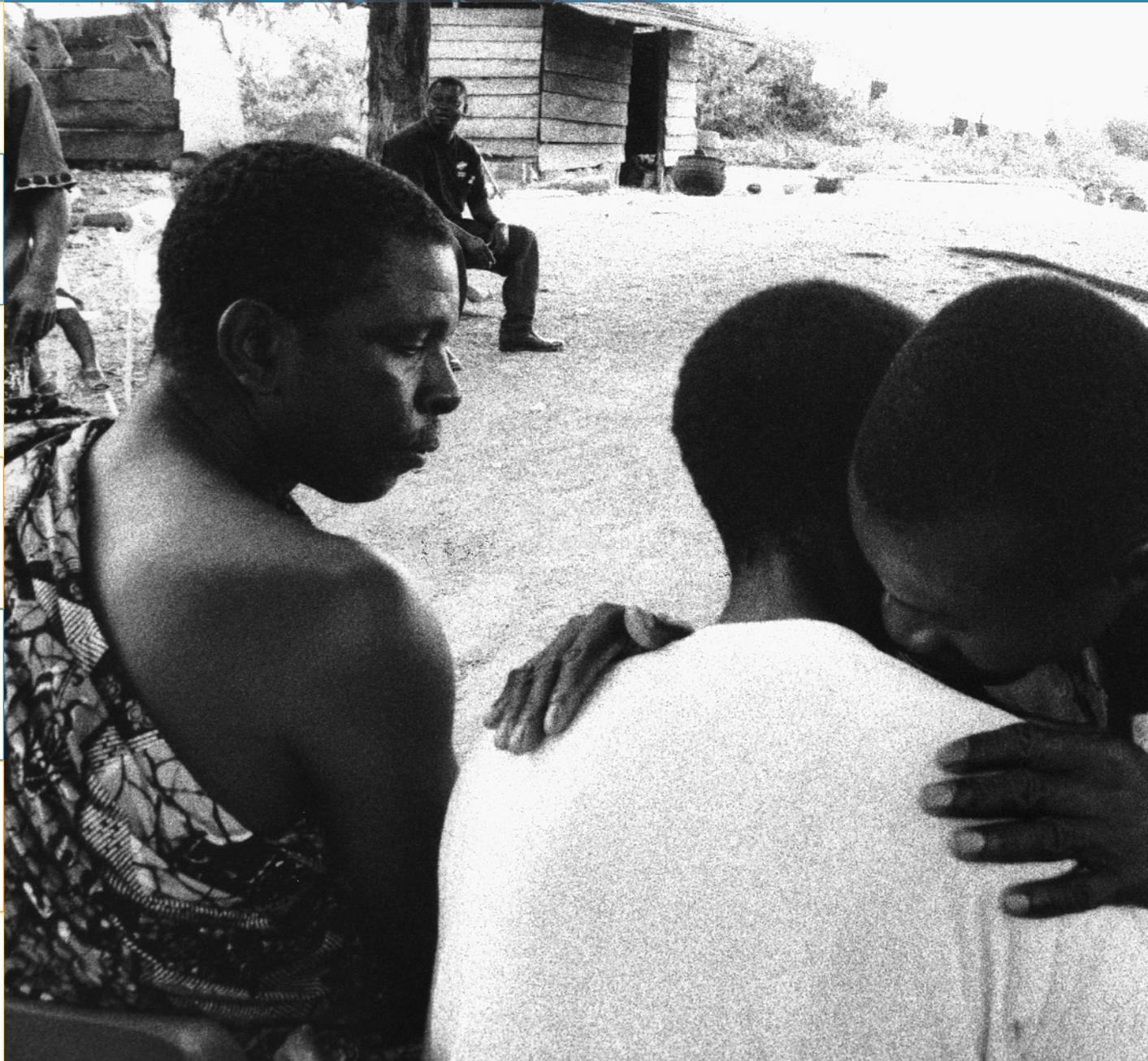
## WHAT WORKS



- In an environment characterized by ethnic and religious diversity, it is important to assume the role of facilitator. This sends a clear message of neutrality.
- Culturally sensitive issues are best addressed in the context of health: a technical or scientific perspective can make discussion of and acceptance of such issues easier.
- At the beginning of a project, invest as much time as necessary to clarify issues and address any doubts that may arise. If doubts and questions remain, they will surface later and negatively affect project implementation.
- Sensitization campaigns that emphasize the positive economic and social benefits of small families can be persuasive. Comparing the situations of families with similar backgrounds, social class and income, differing only in the number of children they have, brings home the value of family planning in a way people can relate to and understand.
- Field-based evidence can be effectively used to convince religious leaders, policy makers and the public about the importance of reproductive health for individuals and communities as well as for the nation as a whole.
- When attempting to reach grass-roots communities, engage a partner that has a thorough understanding of local sensitivities and can address them appropriately.
- Letting your partners manage projects themselves instils a sense of ownership. Nevertheless, it is important to provide continuous support through technical backstopping, capacity-building and information.
- Creating opportunities for women can help them to demonstrate their capabilities. In this way, false, culture-based beliefs are diminished.



At all times, the project staff took care to show respect for the elders and their concerns so that the project's goals were not misinterpreted as a value judgement on the society or its culture.



## Uganda • Winning Support from the Custodians of Culture

Elders, kings, bishops and *imams* (Muslim clergy) are opinion leaders in Uganda's complex cultural environment. UNFPA has successfully reached out to partner with them in promoting healthier behaviours and the elimination of harmful traditional practices. UNFPA's work in this country, which has successfully grappled with its HIV/AIDS epidemic, is a model for working within existing cultural constructs.

### ● PRESERVING CULTURAL VALUES WHILE ELIMINATING HARMFUL PRACTICES

Though some of Uganda's elders had been strong supporters of female genital cutting, they eventually became advocates for the elimination of this harmful traditional practice. The transformation came about through a UNFPA-supported project known as "REACH" (the Reproductive, Educative and Community Health Project), carried out in partnership with the Sabinu Elders Association, starting in 1996. The association comprises the heads of 161 Sabinu clans, whose mission is to promote the welfare of the Sabinu people and preserve their language and culture.

Previous efforts at discouraging female genital cutting in Uganda met with considerable resistance. The difference with the REACH project is that it worked to eliminate the practice while reinforcing the cultural dignity of the community.

To accomplish this task, the importance of involving local people was recognized from the start. Early on, a conference for nearly 300 elders was held, followed by a series of workshops and seminars for women and young people. At first, the broader topic of improving reproductive health was addressed. Only gradually was the subject of the female genital cutting introduced and community involvement solicited in an analysis of both its harmful effects and the positive values it helps to promote. District officials drafted the project document, backed up by technical support from Uganda's Population Secretariat and UNFPA.

Other stakeholders were also identified and brought into the process. An "ally group" of peer educators was established to support girls' education and to disseminate messages about reproductive health. Traditional birth attendants,

### WHAT WORKS



- When addressing harmful traditional practices, it is important to emphasize that both harmful and positive practices are found in all cultures.
- Soliciting the advice of the local community in the design of a project ensures that the strategies and advocacy messages developed will be culturally acceptable.
- Publicizing successes can create a sense of pride and reinforce community involvement.
- Relying on local project managers helps to ensure acceptance of a programme in the community.
- Using a non-prescriptive approach that involves people who have experienced the practice (either directly or indirectly) instils a sense of ownership.
- Providing hard evidence of the impact of harmful traditional practices helps the community internalize the need for change and make informed choices.

midwives and nurses were also trained and sensitized on issues surrounding harmful practices.

At all times, the project staff took care to show respect for the elders and their concerns so that the project's goals were not misinterpreted as a value judgement on the society or its culture. The idea of celebrating an annual "culture day" in one district was promoted as a way of positively reinforcing local customs and traditions. Moreover, attention was paid to providing alternative cultural roles and sources of income to those who were performing female genital cutting. As a result, their values and prestige were not compromised or undermined when the practice was discarded.

In fact, by the project's end, male youths and even many former practitioners spontaneously formed pressure groups to oppose it. And female genital cutting in the district had decreased dramatically. An evaluation conducted 15 months after the project was launched concluded that cutting had been reduced by 36 per cent. In 2002, out of 12,000 potential candidates, just over 5 per cent were subjected to cutting in a district that had, at one time, a by-law making genital cutting compulsory for all women.

#### ● ENGAGING UGANDA'S KINGS AND CHIEFS

Prior to 1967, Uganda was composed of five kingdoms that functioned like present-day federal states. Kings had full control of resources and revenue within their regions, and their chiefs were in charge of day-to-day governance. In 1995, upon repeated requests from kingdom constituencies, the Government of Uganda agreed to re-establish the kingdoms on the condition that kings and tribal

chiefs would only serve as cultural leaders and agents for development. They were not to engage in political activities.

Under the current arrangements, the Government is working in close collaboration with kingdom representatives, particularly in the social sectors, on issues such as immunization campaigns and the prevention of HIV/AIDS. As revered cultural institutions, with a strong interest in the well-being of their constituents, the kingdoms were natural partners for programmes in reproductive health and rights. The most recent UNFPA-supported projects, involving the Bunyoro and Tooro kingdoms, address early marriage and cultural practices that expose adolescents to the risk of HIV and other sexually transmitted diseases. The projects entail a variety of research and advocacy activities, including seminars for kingdom and youth leaders on topics ranging from early marriage and related cultural practices, to parenting, drug abuse and sexuality. Other activities include radio programmes and the establishment of youth groups to foster discussion.

As with other projects that address culturally sensitive issues, local decision makers were presented with hard data on the population situation of the kingdom. In Tooro Kingdom, for example, evidence was provided on the links between educating girls and reducing the rates of early marriage. This helped to create consensus on the priority issues to be addressed.

An important achievement of the project has been the institution of a new by-law in Tooro Kingdom that stipulates 18 as the earliest age for marriage. Three other kingdoms quickly followed its lead. The

## WHAT WORKS



- **Patience and perseverance eventually pay off. A great deal of dialogue and sensitization may be required to break new ground on issues that are deeply rooted.**
- **To bring cultural leaders on board, provide evidence during preparatory phases of the potential value of a project.**
- **It is essential to understand the thinking of both your allies and adversaries. Be ready to engage in an ongoing and constructive dialogue with those who oppose your views.**
- **Demonstrating sensitivity in the choice of language and topics for discussion, especially in the early stages of project formulation, helps to get a joint initiative off to a good start. The concept of family planning, for instance, may have negative associations. Instead, frame the issues in the larger—and more positive—context of reproductive health and healthier families.**
- **Identifying an effective "agent of change" within a partner institution who can serve as a compass and guide on sensitive matters can ease project implementation.**



Sexuality and reproductive health continue to be sensitive topics, but they are no longer taboo subjects for public discussion. This is due, in part, to the unwavering support of the Mufti, who not only attended workshops but also encouraged other religious leaders to do so. The involvement of top religious leaders, in fact, was key to growing local acceptance of project objectives. The most tangible achievement is the provision of health services to those most in need, with noticeable improvements in the health status of the community.

### ● USING THE OUTREACH OF THE CHURCH

Problems of young people in Uganda abound—among them, sexually transmitted infections, teenage pregnancies, school leaving and early marriage. Nevertheless, there is a low level of awareness about these issues and little support for reproductive health programmes targeted to youths. Doing something about that was the impetus behind a five-year project funded by UNFPA and the Kinkizi Diocese of the Church of Uganda.

The project was conceived over a four-month period and involved intensive consensus-building among all diocese heads. As a result, the project is guided by values held close to the community: conformity with religious teachings, volunteerism and wide participation among Church members.

The focus of activity was the dissemination of advocacy messages through the administrative and service structure of the Kinkizi Diocese, including confirmation classes, youth clubs, boys' brigade, the mothers' and fathers' union, schools and health units. Among the most successful vehicles for sharing information were music and drama troupes, which have been used extensively by the diocese to spread the word about sexual and reproductive

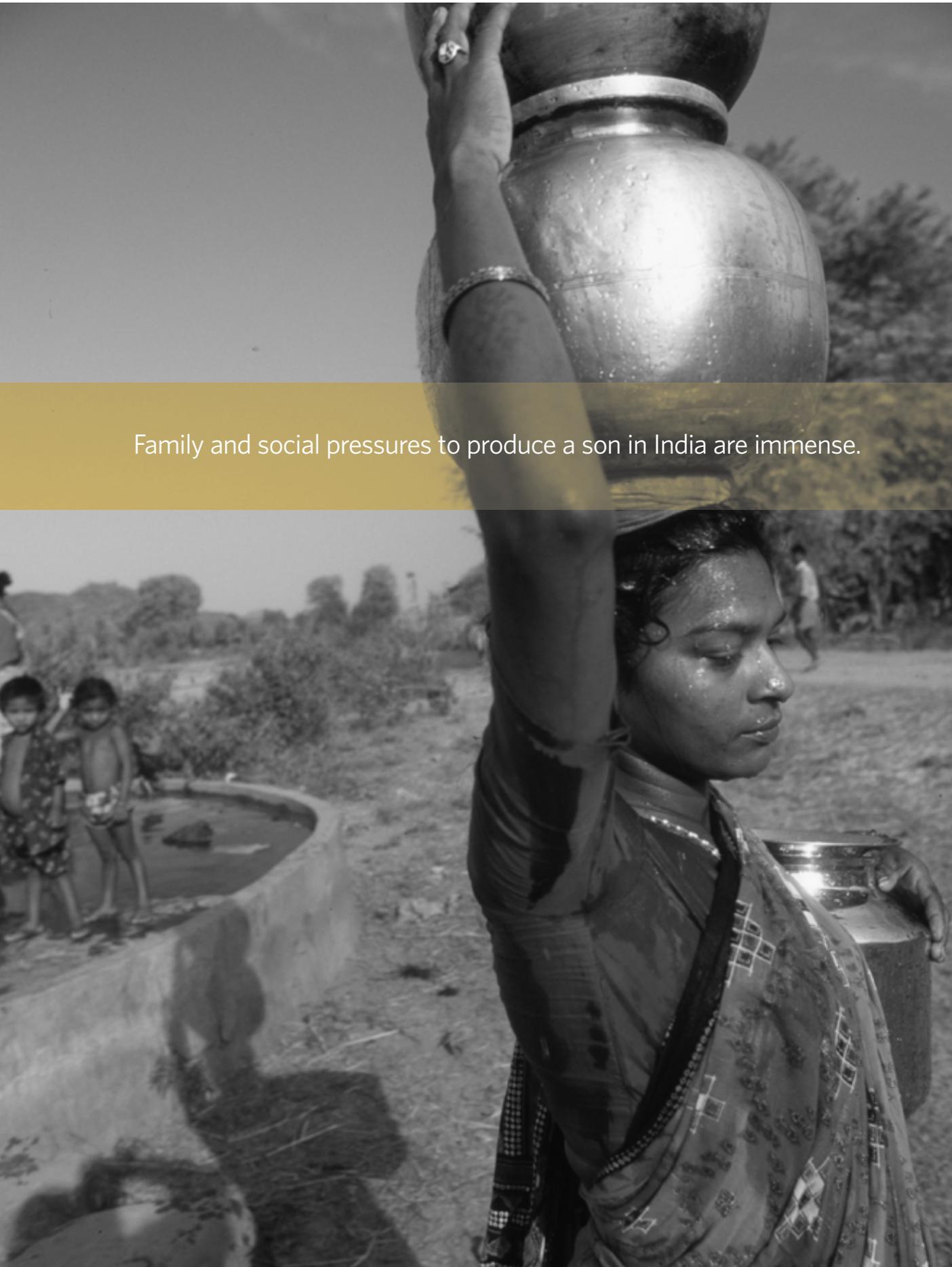
health, including HIV/AIDS, to all socio-economic and age groups. Music and theatre pieces have been recorded and are broadcast on the radio, creating an even wider audience and attracting other artistic groups into the process.

One clear factor in the project's success has been the credibility of the Church within the community. In the words of one bishop and project manager: "As the Church, we do not need to explain why we are calling people for an activity. They just come."

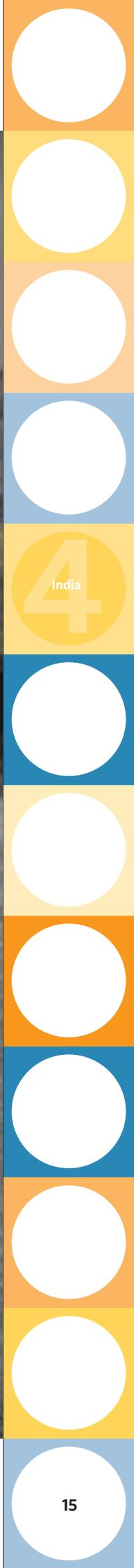
As a result of the project, there is a marked increase in awareness, both in the Church network and the community at large, about sexual and reproductive health. A new by-law of the Church, requiring couples to be 18 years of age or older before they can be married in the Church, is being enforced in the project area among Church of Uganda followers. Girls are staying in school longer, and those who do drop out are now offered a way to continue their education. In addition, young people themselves are demanding voluntary and confidential testing for HIV.

## WHAT WORKS

- **Using established networks and structures to deliver advocacy messages within the community can maximize the outreach of a project at minimal cost.**
- **Reaching out through popular culture, including music and drama groups, can have particular appeal to youths. Be sure to involve young people in the creative process.**
- **Soliciting the support of custodians of culture can help overcome obstacles. In this case, the strong involvement of top religious leaders led to noticeable changes in community attitudes, especially regarding the right of girls to remain in school and refuse early marriage.**
- **Convincing faith-based partners to make a financial contribution to the project, even if it is only symbolic, can enhance their sense of ownership and increase the chances that a project will be sustainable.**



Family and social pressures to produce a son in India are immense.



## India • Restoring the Sex-ratio Balance

Laws have been passed in India to prohibit sex-selective abortion. But a broader campaign is needed to address this and other harmful practices that are rooted in a cultural preference for sons and influenced by social and economic factors.

**T**he ratio of women to men is a powerful indicator of the social health of any society. In socially and economically advanced societies, sex ratios are favourable to females. In India and other South and South-East Asian countries, however, the ratios have been reversed. In 1901, for example, there were 972 women in India for every 1,000 men. By 2001, the ratio had dropped to 933 women for every 1,000 men—a strong indication of sex-selective abortions and other harmful practices.

In India, family and social pressures to produce a son are immense. In most regions, sons are desired for reasons related to kinship, inheritance, marriage, identity, status, economic security and lineage. A preference for boys cuts across caste and class lines and results in discrimination against girls even before they are born.

Though some regions of India have a history of female infanticide, declining sex ratios are now also attributed to the use of new technologies for sex selection. There are no firm statistics at either

the state or national levels on sex-selective abortion. However, a study by UNFPA concluded that sex-selective abortions from 1996 to 1998 in the northern states of Haryana and Punjab accounted for an estimated 81 per cent and 26 per cent of total abortions, respectively.

Following a campaign by health and human rights activists, legal measures to ban the use of prenatal diagnostic techniques for sex selection were first passed in the Indian state of Maharashtra in 1986. Similar efforts at the national level resulted in the enactment, in 1994, of the Prenatal Diagnostics Techniques (Regulation and Prevention of Misuse) Act. Though the law became operational in 1996, it proved difficult to enforce.

A breakthrough occurred in 2000 when concerned health activists filed public interest litigation in the Supreme Court on non-enforcement of the act. As the legal issues were being sorted out, advocacy on the issue continued to grow. Among the advocates were United Nations organizations, including UNFPA, UNICEF and WHO, who were working

alongside international NGOs and India's Ministry of Health and Family Welfare. Together and in support of national partners, the UN agencies mobilized resources to build media interest and concern, create networks, sensitize the health system, train partners, conduct research, support civil society groups, and develop literacy and training materials. These efforts were bolstered by the provisional reports of the 2001 census that highlighted the increasing differential between the sexes. That, along with the earlier UNFPA study, helped generate a climate of concern among policy makers, the media, religious leaders and women's groups.

Many joined hands for speedy passage of amendments to the new act, which would give "teeth" to the bill. The amendments were passed in 2002, and the new law now prohibits determination and disclosure of the sex of the foetus, outlaws advertisements related to preconception and prenatal determination of sex, and prescribes punishments for violators.

UNFPA jointly with national partners has been an active advocate for the bill, training parliamentarians on population and related issues and sponsoring numerous public-awareness campaigns through the media. It also supported regional workshops for the

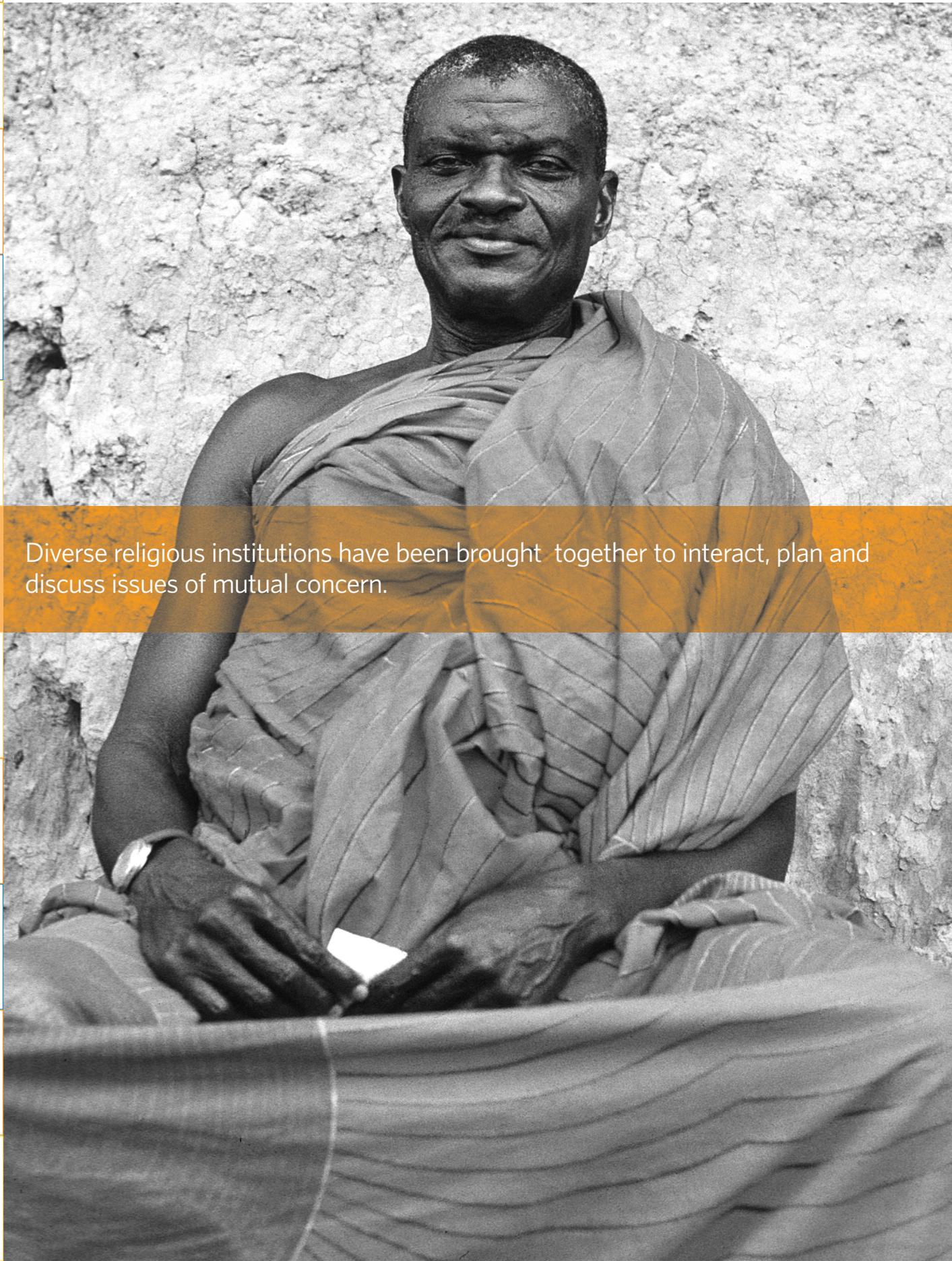
sensitization of medical officers designated to implement the act at state and local levels. One of UNFPA's most important roles was participating in a broad-based coalition formed in 2001 to combat sex-selective abortion. In addition, UNFPA headed a core group of nine partners that formulated a national advocacy strategy on the issue. The strategy, which seeks to address the structural issues underlying gender discrimination, was accepted by the Government of India and is expected to be adopted and operationalized by state governments. Though it is widely acknowledged that eliminating the practice will require a concerted, long-term effort, a positive start has been made.

## WHAT WORKS



- **Legal action by itself is not enough to eliminate harmful traditional practices. To be effective, legislation should be part of a broad and integrated campaign that involves opinion makers and custodians of culture. In the case of sex-selective abortion, the campaign should also address structural issues underlying gender discrimination, in particular a widespread preference for sons.**
- **The effective dissemination of research findings can bring controversial issues to national attention. In India, research informed an understanding of sex-selective abortion not only as a cultural issue, but one with social and economic dimensions.**
- **Confronting harmful practices that are national in scope can best be addressed through a broad coalition of actors, each of whom can bring their own expertise in creating awareness and moving the issue forward.**

India



Diverse religious institutions have been brought together to interact, plan and discuss issues of mutual concern.

## Ghana • Joining Forces to Minister to Youth

Though they may follow different traditions, and worship very differently, religious organizations can agree on many things, including the importance of family life and maternal health. A network of diverse faith-based organizations, started a decade ago with support from UNFPA, has teamed up to bring reproductive health education and services to local communities and to address the needs of young people.

**R**eligious and faith-based institutions have a great deal of influence among their followers in Ghana. The combined network of these institutions is large and well structured, with churches, mosques and missions in every part of the country, along with affiliated schools, hospitals and community centres. Most Ghanaians consider themselves religious: a recent survey by the Planned Parenthood Association of Ghana showed that 78 per cent of Ghanaians attend a religious activity at least once a week.

In 1994, Ghana initiated a programme to help religious institutions address the challenging topic of reproductive health, particularly modern methods of family planning. The programme was financed by UNFPA and implemented by the Planned Parenthood Association of Ghana. Although there was no organized religious opposition to family planning in Ghana at the time, a number of misconceptions created pockets of resistance. Moreover, few religious leaders fully understood the links between population, health and development.

At the beginning, four of the leading religious institutions in the country were approached to become part of the network. As time went on, other faith-based organizations, including the Muslim Relief Association and the Inspirational Youth Choir, asked to join. The overall goals were to improve the reproductive health of adolescents through targeted interventions, increase the contraceptive prevalence rate to 50 per cent, and to achieve a population growth rate of

1.5 per cent by 2020 (estimated at 2.2 for the period 2000-2005).

The programme, which is still ongoing, supports each participating religious organization in reaching out to three nearby communities, regardless of their religious orientation. Initially, emphasis was placed on advocacy and capacity-building in the community. Later, trained focal points and peer educators began providing information as well as services, outreach, research and communications materials, and training in livelihood skills.

Although various strategies are employed, the particular methods used in any one community are up to the religious institutions themselves. If their doctrines allow, some organizations are providing condoms, undertaking counselling, and referring clients to health centres. Others are assisting in income-generating activities.

If problems arise that are specifically related to another religious tradition, the project coordinator or focal point consults with or refers them to another organization in the network. Each organization is a source of guidance and support for the others on culturally sensitive issues ranging from family life to the prevention of HIV/AIDS and teenage pregnancy. In this way, diverse religious institutions have been brought together to interact, plan and discuss issues of mutual concern.

From an initial group of four organizations, the network has tripled in size. Nearly 4,000 leaders and





staff of religious institutions representing almost all parts of the country have been sensitized on reproductive health issues, including harmful traditional practices such as early marriage and female genital cutting. Moreover, discussion of such issues will soon be part of the training curricula for new leaders in both Christian and Muslim communities.

A strong indicator of the success of the programme is the fact that a number of religious organizations have developed project budgeting and management skills and have secured funding from a variety of sources for this work and related activities.

## WHAT WORKS



- **Providing accurate information and relevant data, prior to designing grass-roots advocacy work, is important to dispel any fears or misconceptions and to get the full support of communities.**
- **Dialogue, sensitization and joint programming with faith-based organizations should be a long-term endeavour, carried out beyond a single programming cycle. This allows the partnership to mature and trust to fully develop, multiplying the chances for positive results.**
- **Mainstreaming some project activities into the regular programme of a partner organization helps ensure sustainability.**
- **Presentation of hard data is one of the best advocacy tools available for clarifying misconceptions and obtaining support.**
- **Building up the project management skills of partner organizations will help them to attract financing from a variety of sources and become self-reliant.**



Changing mindsets about reproductive health and rights and family planning is as important as providing services to deal with these issues.



Yemen

## Yemen • Opening Minds to Reproductive Health

Ongoing engagement with the influential Ministry of Awqaf and Religious Guidance is contributing to broader perspectives on reproductive health and the status of women in this complex Islamic society.

Half of Yemen's children are undernourished, and maternal mortality, at 488 deaths per 100,000 live births, is one of the highest in the world. Yet efforts to improve the health status of the Yemeni people are constrained by economic factors and rapid population growth. With an average of 7 children per woman, Yemen has the highest fertility rate in Western Asia. According to the World Bank, most Yemenis lack access to health facilities. But changing mindsets about the often-misunderstood topics of reproductive health and rights and family planning is as important as providing services to deal with these issues.

UNFPA is working on both fronts, in support of the national population programme and in close cooperation with the country's Ministry of Awqaf and Religious Guidance.

A major accomplishment for the country, in 1992, was the establishment of a National Population Council, which developed a Population Strategy and Plan of Action. The involvement of the Council

along with Muslim clergy and other religious leaders lent a great deal of legitimacy to the population programme, and it gained the support of the highest levels of government.

Helping to build the capacity of national institutions has been the focus of UNFPA assistance for many years. This has resulted in a close partnership with the Ministry of Awqaf and Religious Guidance and has included efforts to build the skills of its staff, along with religious leaders, in implementing the Plan of Action. This was carried out through advocacy materials, training of religious leaders and health service providers, and specially produced television and radio programmes. Support was also provided for study tours for ministry staff and parliamentarians, some of whom are tribal and religious leaders, to Egypt and the Islamic Republic of Iran. The aim was to increase their exposure to successful family planning efforts in other Islamic countries and to foster exchange among Muslim leaders and scholars.

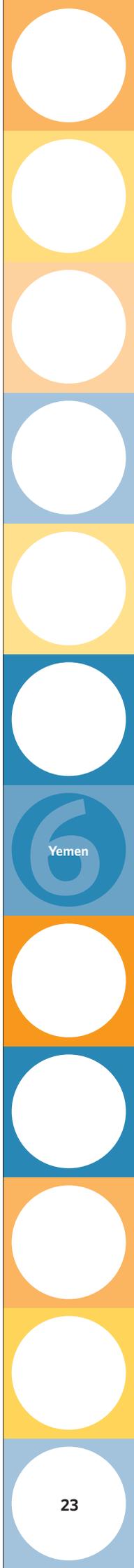
### WHAT WORKS

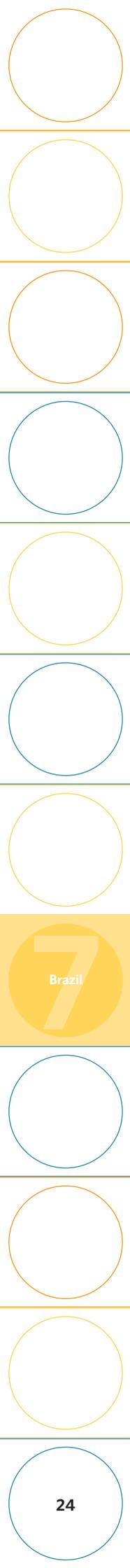
- **Dialogue with influential religious leaders should be carried out on an ongoing basis, rather than as a one-time pre-programming activity. This helps to build commitment and ensure common understanding of issues including reproductive health, family planning, adolescent reproductive health and HIV/AIDS.**
- **Supporting individuals in civil society and academia who are knowledgeable about Islamic positions relating to population, poverty and reproductive health can be an effective way to reach policy makers.**
- **Identifying those power structures that perpetuate the status quo and those that support change can be used to strategic advantage. Support for change can be built up through sociocultural research, including gender analysis.**
- **Behaviour change can be slow in some societies. Incremental changes are possible, however, and may be more enduring in the long run.**

The Ministry of Awqaf and Religious Guidance, with technical support from UNFPA, is currently helping to raise public awareness of reproductive health, including family planning, and the harmful effects of certain traditional practices such as forced early marriage and female genital cutting. The ministry has been influential in moving this agenda forward and, for the first time, has officially recommended that marriage be delayed until the age of 20.

A *Source Book on Reproductive Health*, produced jointly by the Ministry of Health and the Ministry of Awqaf and Religious Guidance, guides muftis, imams and other religious leaders on handling sensitive topics among their followers. The *Source Book* relates family planning and reproductive health to the Koran and stresses the Prophet's teachings on the equality of women and men.

Other recent efforts include work on HIV/AIDS. The Yemeni Cabinet has endorsed a National Strategic Framework for the Control and Prevention of HIV/AIDS. The strategy was drawn up with the participation of the Ministry of Awqaf and Religious Guidance, which is now reaching out to parliamentarians, imams and other religious leaders to enlist their support. The strategy stresses the vulnerability of women and youth to HIV infection and promotes the consistent use of male and female condoms in the context of Islamic laws and teachings.





The research stirred a good deal of interest among Pastoral's members and many wanted to expand their efforts in the area of reproductive health and rights.



## Brazil • Building Bridges with Faith-based Organizations

UNFPA has adopted a strategy of “selective collaboration” with the Catholic Church in Brazil: identifying and working together in those areas where objectives coincide, while respecting the boundaries inherent in each partner’s mandate.

**B**razil is the largest Catholic country in the world. Nearly three quarters of its 179 million people follow that faith. Despite the Church’s stance on family planning, contraceptive use in Brazil is high, as are the levels of teenage pregnancy and abortion. A study by the UNFPA office in Brazil found that, between 1993 and 1998, deliveries among girls aged 10 to 14 in government hospitals and clinics had increased by nearly a third. According to the International Planned Parenthood Federation, 12 per cent of all maternal deaths in the country are the result of unsafe abortions. They are also the cause of an estimated one in five deaths among young Brazilian women.

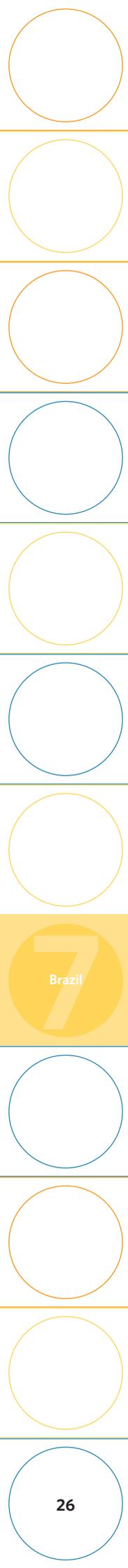
It was within this context that collaboration began, in the early 1990s, between Pastoral da Criança, a Catholic NGO whose mission was to increase child survival by promoting maternal and infant health, and UNFPA. Pastoral’s network of more than 150,000 volunteers (mostly mothers) reached more than a million families across the country with information on how to care for young children. The volunteers also provided guidance on spacing pregnancies through natural methods condoned by the Catholic Church. For both UNFPA and Pastoral, an interest in spacing pregnancies was sufficient ground for the two organizations to work together.

At first, UNFPA, together with UNICEF, provided funding for a radio programme sponsored by Pastoral da Criança. The faith-based organization agreed that the broadcast could include talks on reproductive health and family planning as well

as maternal and child health. For the next 18 months, radio shows, audiovisual and printed materials dealing with various aspects of family planning were produced. Although the emphasis was on birth spacing through natural methods, modern methods of contraception were also introduced. Pastoral da Criança provided all of this information to their volunteers, who, in turn, conveyed it to their clients during home visits.

An evaluation of the project pointed out the need to expand interventions in family planning, and a subsequent assessment revealed needs that were broader still. These included action on issues related to the prevention of abortion, sexually transmitted infections, single motherhood, teenage pregnancies, abandonment of children and gender violence. The research stirred a good deal of interest among Pastoral’s members and many wanted to expand their efforts in the area of reproductive health. At the same time, Pastoral da Criança realized that their broadcasts on sexuality were not being listened to by youths. Clearly they needed to change their approach in order to communicate to this important audience.

The timing seemed right for further collaboration between the two organizations: UNFPA could provide assistance in developing approaches and targeting messages that spoke to the community, particularly young people. And Pastoral da Criança had a network of volunteers and staff throughout the country with which to carry out the programme. For UNFPA, working with Pastoral lent a certain legitimacy to its efforts and facilitated its



involvement with grass-roots communities. For Pastoral da Criança, working with UNFPA exposed its members to new concepts and widened their perspectives on reproductive health.

As the project was about to be expanded, in 1999, UNFPA experienced a major financial crisis that forced it to re-budget some of its activities. At the same time, and following a visit by the Pope to Brazil, Pastoral decided to review its partnership with UNFPA. Although both parties agreed that the collaboration had been fruitful, Pastoral decided to tap other sources of funding, including Brazil's Ministry of Health.

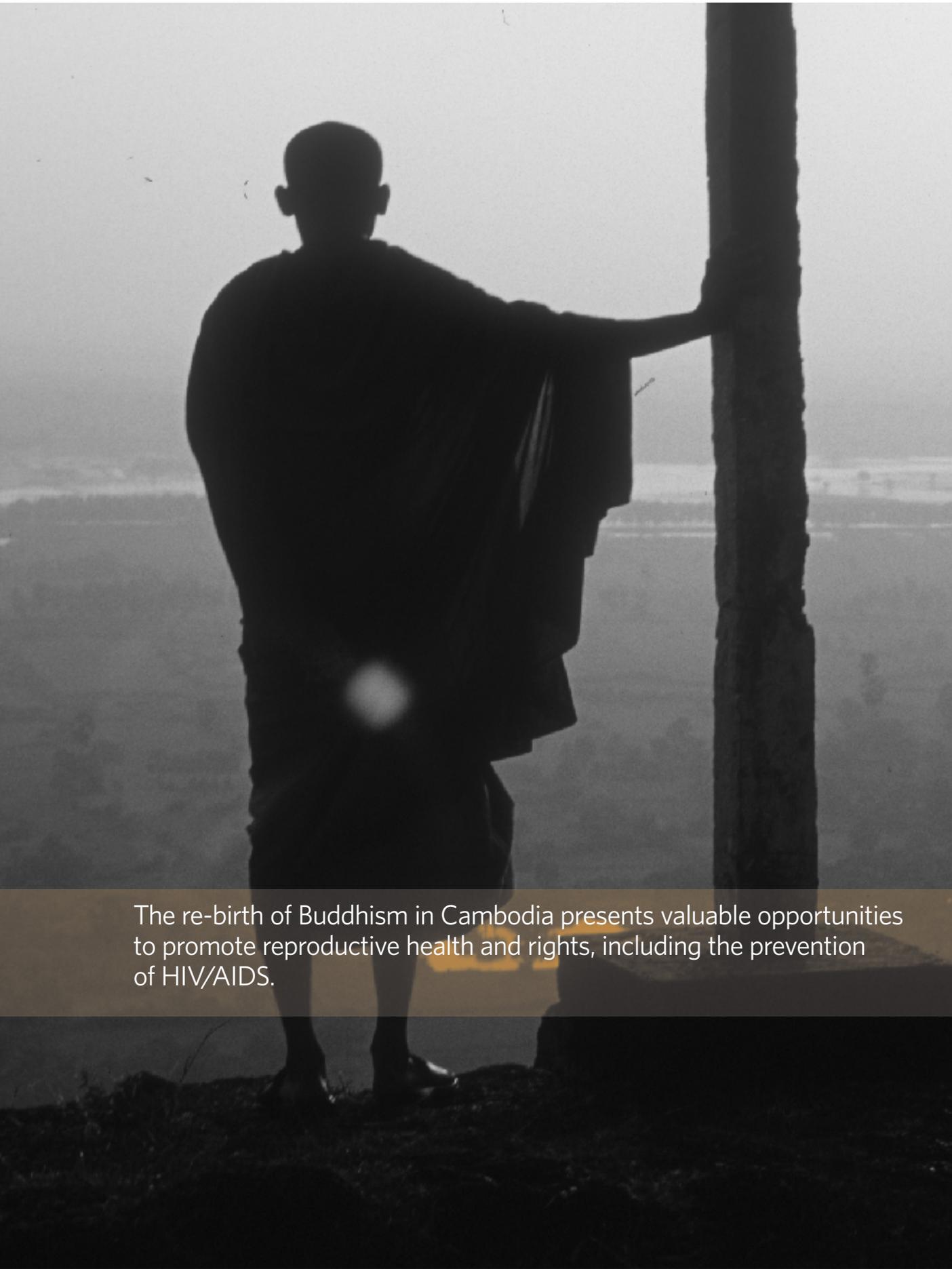
Despite the ending of the partnership, it yielded important lessons for UNFPA. Among them was the understanding that even the most powerful religious institutions are not monolithic. Within the Catholic Church, certain progressive branches exist, including the Comunidades Eclesiais de Base, whose Catholic clergy understand the harsh realities of the country's poor and are ardent advocates on their behalf. Finding areas in which the interests and goals of the Catholic Church and UNFPA coincide, and building from this base, is a way to bridge the differences between the two institutions.

Brazil

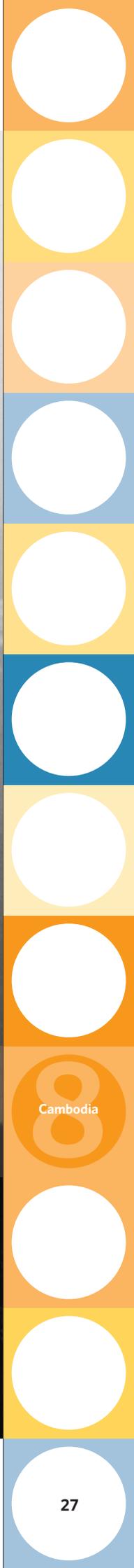
## WHAT WORKS



- **Even within seemingly monolithic institutions, there are different schools of thought. Recognizing this can provide openings for work with nontraditional partners.**
- **Adopting a strategy of selective collaboration becomes possible when all partners agree to respect each other's mandates and beliefs, while demonstrating the openness and willingness to work with each other within the boundaries set by each institution.**
- **Supporting grass-roots organizations whose networks and coverage are extensive, especially among women, can be a way of broadening UNFPA's reach.**



The re-birth of Buddhism in Cambodia presents valuable opportunities to promote reproductive health and rights, including the prevention of HIV/AIDS.



## Cambodia • Giving Reproductive Health a Place in the *Dharma*

The revitalization of Buddhism in Cambodia provides multiple opportunities to support reproductive health and rights, including HIV prevention, in impoverished communities still struggling with the traumas of the recent past. This case study, along with that of Malawi, explores potential areas of action that could be undertaken by UNFPA and its partners through work with religious and traditional leaders.

**A**fter decades of war, Cambodia today is in the process of healing and spiritual renewal. Part of this involves the re-birth of Buddhism, which still constitutes an important aspect of daily life for the vast majority of the population.

This social transformation presents valuable opportunities to promote reproductive health and rights, including the prevention of HIV/AIDS. The epidemic has already assumed alarming proportions in the country. Buddhist nuns and monks, who are an integral part of Cambodian society, are contributing to efforts to defeat it. And they have the potential to become even more powerful allies, especially in reaching young women, who are too often the victims of sexual violence and trafficking.

Buddhist culture thrives in all of Cambodia's provinces. Traditionally, each village had a spiritual center—a *wat*, or temple—where as few as five and as many as 70 monks reside. Around the country today are more than 4,000 *wats*, some spreading over many hectares, with temples, living quarters and dozens of stupas, or conical memorials that hold the cremated ashes of generations. Almost 54,000 monks live in the *wats*, practising Buddhist teachings. About 80 per cent of them join the monkhood temporarily, for the shelter, protection and education—both Buddhist and vocational—that the *wats* provide.

The government-supported Buddhist training and education system is, in fact, an important entry

point for UNFPA and its partners. Incorporating issues such as population and development, gender equity and equality, reproductive health and rights and HIV prevention in a new curricula could go a long way in ensuring that these messages reach the general population—especially the four out of five people who live in rural areas.

Monks and nuns occupy a high moral ground in Cambodia and their influence is pervasive. They have also taken an active part in the construction of medical centres and other social services in the community. The Supreme Patriarchs of the two Buddhist monastic orders have highlighted the importance of HIV/AIDS prevention in their sermons since the early 1990s and have exhorted their followers to lend assistance to communities fighting the epidemic.

A number of UN-supported efforts are bolstering the community response to HIV/AIDS and giving positive direction to other Buddhist countries in the region. For example, in collaboration with the European Union, UNFPA is coordinating an initiative that is targeting adolescents in Cambodia and HIV/AIDS, along with other issues related to reproductive health.

In the wake of a devastating war, the social structure of Cambodian society crumbled, leaving adolescents impoverished and vulnerable with little social support. There are, for instance, no real youth groups, aside from a few political organizations. Furthermore, the level of awareness

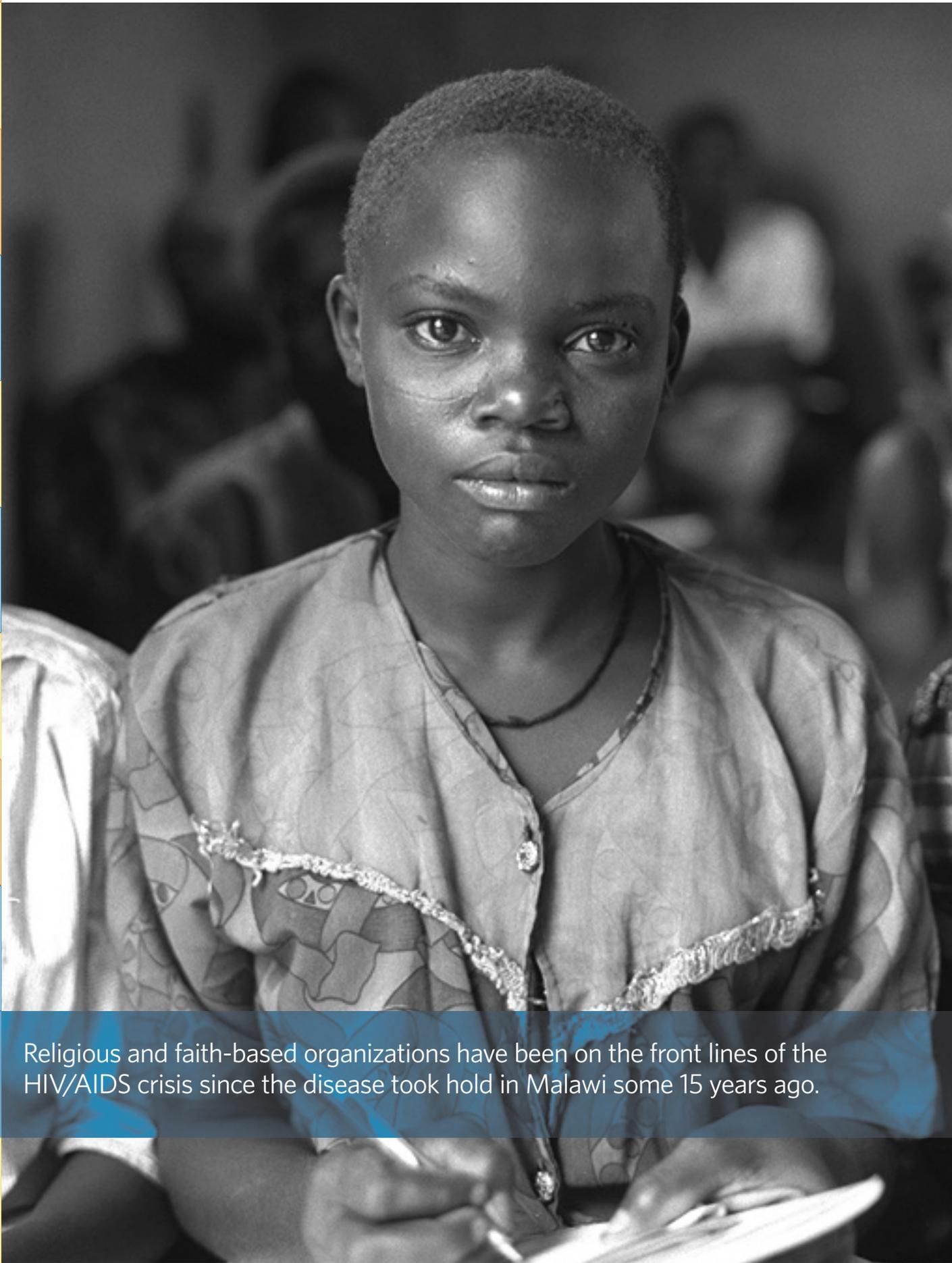
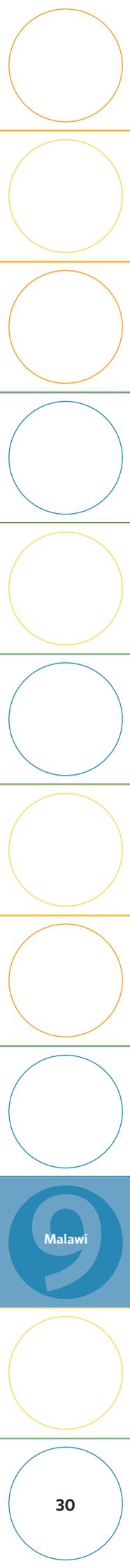
regarding HIV/AIDS portends dire consequences. In a recent survey, 80 per cent of the Cambodian young people who responded believed that they could not contract HIV. The HIV prevalence rate for males and females aged 15-24 is 0.99 per cent and 2.50 per cent, respectively. Yet few of the ongoing programmes in reproductive health focus on the specific needs of adolescents.

The joint programme, funded by the European Commission and UNFPA, works with two international NGOs and their local counterparts to train nuns and monks to deal effectively with young people on the topic of HIV/AIDS; to launch HIV prevention campaigns through education in and outside the monastery; and to provide care and support for people living with HIV or AIDS and to youngsters who have been orphaned by the disease. The initiative is also helping to reduce the stigma associated with HIV/AIDS by emphasizing a compassionate Buddhist response.

## WHAT COULD WORK



- **Providing increased support to Buddhist nuns and monks could enhance the service role they increasingly seek in their communities, especially in the areas of public education and social development.**
- **Gender perspectives could be effectively integrated into Buddhist teachings, such as the Five Precepts (which urge all Cambodian Buddhists to be faithful to their husbands and wives and to refrain from sexual harassment, telling lies and cheating, drugs and alcohol, gambling and stealing). Additionally, by emphasizing the merits earned through non-violence, nuns and monks could play a role in preventing gender-based violence.**
- **Buddhist nuns could be involved in efforts to reach out to adolescent girls and women on issues related to reproductive health, trafficking, the commercial sex trade and HIV/AIDS. The role of nuns in the Buddhist *sangha* (monastic order) could also be strengthened.**



Religious and faith-based organizations have been on the front lines of the HIV/AIDS crisis since the disease took hold in Malawi some 15 years ago.



## Malawi • Mobilizing Religious and Traditional Leaders in the Fight against HIV/AIDS

The faith community and traditional leaders in Malawi represent a vast, largely untapped resource that must be effectively supported through awareness-raising and capacity-building programmes if HIV/AIDS is to be successfully combated at all levels of society.

**A**ccording to the World Health Organization, 60 per cent of Africans seek health advice and treatment outside the public sector, including from faith-based organizations in rural and urban areas. Including such organizations—as well as traditional healers and other cultural leaders—in the fight against HIV/AIDS could substantially increase the likelihood of success.

In Malawi, religious and faith-based organizations have been on the front lines of the HIV/AIDS crisis since the disease took hold some 15 years ago. Four out of five Malawians follow the Christian faith, and the Church is vocal and influential on matters ranging from politics to development and health. Collectively, the Church has an infrastructure that is even more vast than that of the government. It covers every district, town and village in the country and is a major source of educational, health, agricultural and financial information and services. The Church and various Christian organizations provide an estimated 40 per cent of all health services in Malawi.

In addition to the Church, traditional authorities (former chiefs) also wield power in Malawian society as administrators of local government and the perceived custodians of local culture. In some areas governed by these traditional authorities, as many as a quarter of the population are estimated to be living with HIV or AIDS. The repercussions have

been devastating. Communities are overwhelmed and unable to cope with the situation. The number of orphans is rising steadily. The sick are unable to work, and many of those who remain healthy are taking care of others. While traditional authorities are well aware of HIV/AIDS, they lack basic information about how to prevent it. Moreover, in some cases, traditional practices that were part of the culture well before the onslaught of HIV/AIDS are inadvertently spreading the infection.

Since the efforts of government and most NGOs are concentrated in urban areas, where prevalence rates are highest, rural areas have been neglected altogether. With few exceptions, religious organizations have not sought the help of traditional leaders in fighting HIV/AIDS, despite their influence in local communities. But without paying attention to deeply entrenched cultural precepts, many projects are doomed to fail.

A case in point is attempts at using condom distribution to curtail the spread of HIV in Malawi. Over the past several years, governments and NGOs have distributed millions of condoms in that country. But they were frequently passed out without proper instruction, to almost anyone, anywhere. Condoms often ended up in the hands of young children who used them as toys. In rural areas particularly, community leaders have come to believe that condoms are actually increasing the spread of HIV by giving users confidence in their safety that is not real.

These leaders have become adamant in their opposition to condoms and are seeking other solutions, while the rates of HIV infection and prevalence continue to soar.

So far, UNFPA's assistance to Malawi in the area of HIV/AIDS has focused mainly on support to the public sector through the Ministry of Health. However, the Fund recognizes the enormous potential in partnering with religious and cultural leaders on sexual and reproductive health. The comparative advantages are clear: UNFPA could bring its wealth of experience and resources while local leaders could provide the human resources, infrastructure and credibility among their followers that is all important in fostering long-term behaviour change.

## WHAT COULD WORK



- Faith-based organizations should be given attention and support that is proportional to their size and coverage. Many members of the clergy are well educated, well organized, and capable of carrying out tasks to international standards.
- Influential people within the culture should be consulted on how best to prevent the spread of HIV. Culturally sensitive methods of condom distribution should also be devised, in collaboration with traditional authorities and, where possible, religious institutions.
- Religious institutions that are attempting to create a theological approach that is HIV/AIDS sensitive should be supported. For many institutions, such efforts could be critical in creating a new generation of teachers and leaders who are instrumental in defeating HIV/AIDS.
- In the case of numerous indigenous Pentecostal churches, work could be carried out with larger umbrella organizations, which can help to ensure accountability while filtering support to smaller, community-based churches.
- Promoting awareness among traditional leaders about HIV/AIDS and channeling resources to rural communities is essential since these areas are in desperate need of long-term programmes to combat the epidemic.
- Facilitating collaboration among faith-based organizations and traditional leaders could help to promote behaviour change and address harmful traditional practices that contribute to the spread of HIV.



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