

Policy Briefing

Bridge the gap!

How social and religious norms and cultural beliefs can prevent young girls and women from making informed decisions about their sexual and reproductive health



The Tasks Ahead

Numerous obstacles directly affect the lives of women and girls; preventing them from fulfilling their full potential in society today. Gender inequality, resulting from unequal power relations between the sexes, disproportionately affects women and girls by exposing them to all types of violence, including sexual violence, and limiting their reproductive health choices.

In September 2015, 193 governments signed off the new framework on poverty reduction and achieving sustainable development entitled: “Transforming our world: the 2030 Agenda for Sustainable Development”, better known as the Sustainable Development Goals (SDGs). This strategic framework was formulated as a follow-up process to the Millennium Development Goals. Civil-society organisations from around the world, especially those working on sexual and reproductive health, welcomed the inclusion of two specific targets:

3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

These targets are important to address the unmet need of some 225 million women¹ globally, who are unable to exercise their rights over family planning including the spacing of childbearing and/or limiting the number of child births. These women either have neither physical nor financial access to contraception and/or face cultural barriers that prevent them from using protection from unwanted pregnancies.²

A 2014 report from the Guttmacher Institute and the United Nations Population Fund stated: “If all women wanting to avoid pregnancy used a modern contraceptive method, the number of unintended pregnancies would drop by 70%”³. The report also highlights that if women’s contraceptive needs were met, all newborns would receive the basic recommended care and maternal and newborn mortality could be dramatically reduced. It would contribute to:

- Reducing the number of women dying from pregnancy-related causes by two-thirds, from 290,000 to 96,000
- Reducing the number of newborn deaths by more than three-quarters; from 2.9 million to 660,000⁴

Case study 1: Laurelle Mbaradza, Programmes Officer, Diocese of Mutare Community Care Program, Zimbabwe

It is expected, as a matter of priority, that women should get pregnant immediately after they get married. Even if she doesn’t feel the pressure straightaway, she will already be stressed just by thinking about the upcoming pressure.

Moreover, many women see themselves as “valuable” only after they get married and have children. That’s how these values are determined and that’s what society expects of them – we grow up knowing what is expected from us. Ironically, it is actually women that keep those values alive. There has been some small progress towards change but these are only baby steps.

No one should be left behind: how data collection can support women

In light of the new commitment of world leaders to increase access to family planning, a discussion needs to be held on how we can achieve these goals. This requires a joint reflection on potential flaws in the different methodologies. But, most importantly, how can access to family planning be accelerated and realised?

Data collection on family planning remains a challenge in some parts of the world. Too often, data is scarce or out of date. In a recent attempt (2013) to compile data on family planning indicators for 194 countries and areas, The Lancet found that 65% of countries had no data for unmet need since 2005, while methodological differences in existing data collection makes comparisons difficult.⁵

Nevertheless, sharpening the focus on data does not mean a lesser emphasis on advocacy and action.⁶ Young women and girls are often unable to use services that would help them to address their unmet family planning needs due to social attitudes and cultural norms.

Laurelle Mbaradza:

Although we have youth-friendly services in health clinics, young people prefer to find out things by themselves, from books or the internet. A female clinician may ask: "Why do you want to know about contraceptives? Aren't you too young to engage in sex?"

Unless it is a young person involved in providing the advice service; these services would seldom be used because, if it is an older person, it is likely that they will be judgmental. We are also afraid that that person could be a friend of our parents.

It also depends on the location and availability; for example: can you sneak in without being seen? Is it on your way? Is it too centrally placed in your community? What are the opening hours? Would you be likely to run into a relative or close family friend?

The elephant in the room

A recent study has contributed to understanding of the reasons behind the unmet needs of family planning. It found that the main reasons for unmet family planning needs in Africa are concerns about side effects or health (28%) and opposition to contraception (24%).

'Opposition' is often used as a general term to include elements such as religious beliefs, cultural norms and social attitudes as well as concerns about health and side effects. It is evident that the data is however insufficient, as most in-depth studies are focused on a specific area and topic, or they sum up different elements in a single term, as exemplified above. That makes it difficult to understand the bigger picture. In general, more research is needed on the interplay between religious arguments and social norms to understand the reasons behind women who do not wish to get pregnant choosing not to use contraceptives.

In most developing countries, especially in post-conflict states or those with weak governance structures, cultural traditions and social norms together with customary law play a major role in people's lives and in defining social and cultural values. Weak government institutions are often replaced with other forms of social organisations and mechanisms including religious structures and customary law.

Statement 1: Grace Kuvengurwa, Programmes Officer, Jekesa Pfungwa, Zimbabwe

Customary law guides how people carry themselves, which traditions to follow and anything related to traditions, culture and customs.

In most African states, customary law has had a great influence in matters of public and private law including marriage, spousal rights and property. Customary law is influenced by a patriarchal worldview that can clash with contemporary values including human rights law and its instruments. The legitimacy of customary law is rooted in the idea that it is ancient and unchanging, having its sources in deep-rooted practices and culture.⁷

While many traditions and norms, including religious beliefs, can give women strength and empowerment; some are restricting women's access to their sexual and reproductive health rights and decision-making power over their own bodies. Women's agency in negotiating protection from pregnancies is often limited. Young women and adolescent girls in particular might feel unable to assert power in sexual relationships to negotiate safe sex for avoiding pregnancies.⁸ This has a major impact on their and their families' life.

Case Study 2: Reverend Innocent Chitanda, Programmes Manager Union for the Development of Apostolic and Zionist Churches in Zimbabwe and Southern Africa

In my opinion, the massive multiplication within our apostolic communities has been due to a misinterpretation of the Bible. The Genesis indeed says: "You shall multiply and be fruitful". That is true. From a theological point perspective, we must however also understand that if you have four children, you should be able to provide for them, which effectively means getting all of them to school and care for them if they need you.

Most of the children in our communities don't go to school because their parents can't afford it as they have so many children. This is especially relevant in polygamous families. For example, we are aware of a family that has 127 children!

Most bodies that are active in development, including governments, acknowledge the existence and importance of cultural norms, social attitudes and religious beliefs in communities around the world. A pervasive problem is that those guiding norms and traditions, as well as customary law, are rarely written down or systematised. Most states have legislation to support gender equality or women's rights, youth and health policies in place, which more often than not are in line with international human rights standards and international agreements.

Nevertheless, even with the best political will, these policies will not work if they are either not enforced or badly costed in the first place. It also takes a long time for policies to change cultural practices and social attitudes, especially in rural areas.

Statement No. 2: Mary Hapadziwi, Programme Officer Jekesa Pfungwa, Goromonzi District, Zimbabwe

There should be policies stating that every individual should be able to choose his/her own partner and also marry at the time they think is right for them. Some of the religious doctrines infringe people's rights, therefore the government should intervene on issues of marriage and have a strong penalty to punish those who force young girls to enter into early marriages.

In Zimbabwe, for example, it is a common practice and a traditional custom that a man's family has to pay a 'bride price', or "lobola", for his fiancée before they can get married. It is a social expectation and implicit in this 'lobola' that women must get pregnant in the first few months of the marriage, which can put pressure on women, and can lead to problems of social acceptance if the woman is unable to give birth shortly after marriage and in terms of family planning.

Case study 3: Grace Kuvengurwa, Programmes Officer at Jekesa Pfungwa, Zimbabwe

When someone gets married, there is an expectation that the woman will get pregnant immediately. If there is no child in the marriage the groom's family often say things like: "But we paid so much for you", as if they bought your womb to bear their family children.

The main impact of lobola on the women is that she has no decision-making power about the number of children, negotiating safe sex, or sexual activity.

Conclusions and Recommendations

Joint working of different actors and working methods

National governments and Civil Society Organisations (CSOs), with the support of international donors, should both through their individual but complementary ways of working to support the advancement of access to sexual and reproductive health and rights.

CSOs contribute their expertise of working on the ground including identifying social and other barriers to sexual and reproductive health and rights. They can also represent the voices of the people from communities.

The involvement of national governments gives high-level approval to the project and leads to government commitment on delivering on specific objectives. The commitment of governments can lead to structural policy changes in the given country. For example, in September 2015 the government of Somalia committed to strengthening reproductive health commodity security by developing and implementing a strategy and action plan.⁹

The commitment of governments can also push other partners towards a specific focus, for example the UK government pledges to "support partners including governments, civil society and faith-based organizations to tackle the social and cultural barriers to using contraception through education, counselling, information campaigns, and working with partners and communities, and to ensure safeguards against coercion and discrimination".¹⁰ A collaboration between governments and CSOs is needed in order to bring policy development and delivery together with programmatic expertise and implementation.

Due to limited financial means, governments and CSOs often need financial support from international donors. Some very successful collaborations include initiatives such as the Family Planning 2020 (FP2020).¹¹

Working with local authorities

It is paramount to work with local leaders to debunk myths and identify cultural barriers to access to contraception and family planning. Many discussions amongst activist and people working in the field end with the recommendation that more female religious scholars should be given opportunities to participate actively in reshaping attitudes and behaviours in order to increase the protection of women's rights and to condemn violence and injustice.

Principles

Whilst the utmost should be done to ensure respect for cultural values, diversity and religious beliefs, cultural norms and social attitudes must never be used to harm women and girls and/or used as a get-out clause from complying with basic human rights and other international agreements. Such

clauses are de facto allowing governments to justify the non-implementation of agreements by attributing their inconformity to cultural, ethical and religious values in their country as exemplified in the International Conference on Population and Development.¹²

Recommendations

- (1) A renewal of the commitments made in Article 2(f) of the The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), which states that all governments must “take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women”, would send a strong message to all peoples around the world. Governments should also insist that there is policy coherence across all their ministries in order to drive the implementation of this article.
- (2) At international level, all states should exchange learning and best practices of implementing CEDAW Article 2(f) and related policy agreements to ensure that neither cultural nor religious arguments are used to justify harmful traditions that are violating women’s and girls’ rights - cultural and social practices must not impede and/or obstruct the flow of progress towards achieving sustainable development.
- (3) National and international development policies should address structural problems of accessing sexual and reproductive health. Governments should follow well-researched guidance on addressing structural problems and invest in community-based programming that is gender transformative. This can be achieved by
 - (a) focusing on strengthening governance, including policy implementation, and
 - (b) tackling religious and cultural practices that serve to disempower women
- (4) Governments and donors should invest in a research hub which gathers information on social norms and harmful practices in relation to sexual and reproductive health. Research should be context specific to ensure that targeted recommendations and policies are developed. This will ensure that coherent approaches are adopted, which eliminate discriminatory gender norms and harmful practices that affect women and girls.

The research hub could be jointly developed by governments and donors, as was seen in the FP2020 initiative. The main focus on the research hub should be to:

- Identify how these norms, attitudes and beliefs can be transformed into positive values that help achieve gender justice. This can increase access to care, services and rights including family planning
- Identify, challenge and change the norms, attitudes and beliefs that are fundamentally against internationally recognised human rights instruments, including speaking out against the discrimination against women and girls as per the CEDAW¹³

- (5) National governments and CSOs should support religious leaders in their efforts to improve the lives of women and girls. This should be carried out in line with international agreements such as the Beijing Platform for Action and the SDGs. . Approaches that champion religious and other local leaders and faith-based organisations to challenge discrimination against women and girls are likely to be successful. A Practical Guidance Note on Programming on Violence against Women and Girls prepared by Womankind and the Gender and Development Network states that: “[a]cquiring the support of local leaders (including local

women leaders) is a crucial first step in gaining acceptance of culturally sensitive programmes at the grassroots level and reducing risk of backlash".¹⁴

(6) National governments and Non-Governmental Organisations should support initiatives to build the capacity of civil societies and those working in the judicial system on challenging social norms that are impeding progress on the SDGs. Those initiatives should focus on explaining what the SDGs mean in practice and focus on targets related to women's and girls' rights in particular. Such initiatives can contribute to aligning social norms with the new SDG framework.

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Cover photo: Young people of the Kenilworth Junior Farm Field School is supported by Progressio's partner Bekezela, working alongside the Zimbabwe AIDS Network. *Credit: Macpherson Photography/ Progressio.*

Endnotes

1. Aged 15-49 (which is commonly referred to as the reproductive age) in: Singh, Susheela, Jacqueline E. Darroch and Lori S. Ashford, Guttmacher Institute/UNFPA (2014) "Adding it up: The Costs and benefits of investing in sexual and reproductive health 2014." p.42, New York
2. <http://www.unfpa.org/family-planning>
3. Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014 (December 2014) <http://populationandsustainability.org/225-million-women-developing-countries-unmet-need-modern-contraceptives-new-report-finds/>
4. Ibid.
5. Alkema, Leontine et al., The Lancet (2013) "National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis", Volume 381, Issue 9878, 1642 – 1652, p.1642.
6. The Role of Data in addressing violence against women and girls http://www.unfpa.org/sites/default/files/resource-pdf/finalUNFPA_CSW_Book_20130221_Data.pdf
7. Pg. 94 Ndulo, Muna, (2011) 'African Customary Law, Customs and Women's rights', Cornell Law Faculty Publications Paper 187
8. Jennifer Pearson (2006) 'Personal Control, Self-Efficacy in Sexual Negotiation, and Contraceptive Risk among Adolescents: The Role of Gender' p. 1.
9. <http://www.familyplanning2020.org/commitments>
10. <http://www.familyplanning2020.org/entities/66/commitments>
11. <http://www.familyplanning2020.org/>
12. Pg. 11 The principle section states, "clear recognition is given to the fact that the implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with its national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights" ICPD report http://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf
13. CEDAW: Convention on the Elimination of all forms of Discrimination against Women <http://www.un.org/womenwatch/daw/cedaw/>
14. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264401/VAWG-guidance-chase.pdf

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