

RELIGION AND ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH: THE ROLE OF FAITH LEADERS IN ZAMBIA AND BURUNDI



This research was carried out under the banner of the Solutions for Supporting Healthy Adolescents and Right Protection (SHARP) project, one aspect of which is to map local faith-based approaches to adolescent sexual reproductive health care and highlight best practices and their rationale. This research was a combination of a literature review based on existing research, and interviews with experts on faith leaders in Zambia and Burundi. This policy brief highlights particular aspects of the wider research namely: the importance of religion, the role of faith leaders, best practices, and associated recommendations.

Why religion?

Religion is a strong influencing factor for many people, globally. That is particularly evident in highly religious societies, such as Zambia and Burundi, where specific social norms are widely [influenced by religious beliefs](#) and traditions. These norms, in turn, are crucial for shaping the behaviour and attitudes of adolescents, not least when it comes to their sexual and reproductive health (ASRH). Religion is a factor that can guide the decisions, choices and behaviours of young people. In the case of Zambia and Burundi, the majority of people identify as Christian, and indigenous, traditional religions are also still practiced and hold an important place in

society. The views and beliefs of both the dominant and traditional religions influence contemporary attitudes toward sexual health. When failing to factor-in religion in actions related to ASRH, the context cannot be effectively assessed and approached.

The role of faith leaders

Faith leaders are one of the pathways through which religion influences the daily life in Zambia and Burundi. First, they are perceived as authorities by their community, which means that their messages and opinions have a big impact on their congregations. The specific stance of a faith leader on SRH could influence the behaviour and attitudes of many other individual believers. Faith leaders can exert influence on different areas of societies, ranging from education to the provision of health services, to policy making. Faith leaders often play an influential role in hospitals, other health provision locations, and schools. Their religious views and doctrines can also influence the views and attitudes of important figures in political and policy-making positions. Furthermore, faith leaders can also serve as the voice of the community. They can position themselves as an interlocutor between local communities and sub-national or national authorities in faith institutions or politics.

Because faith leaders have influence on a variety of different areas, including the provision of health services, it is crucial to involve them in interventions of ASRH.

Best Practices

The interventions of SRH involving faith leaders should be two-fold. Firstly, as a priority, faith leaders should be equipped with knowledge and capacity strengthening. The education of faith leaders should incorporate the societal, theological, and medical dimensions to ensure a wide knowledge base. The societal dimensions can be addressed by inviting people from the community to share their ASRH experiences and stories. These 'real-life' experiences can help to convince faith leaders of the importance of addressing SRH in their communities and congregation. The theological and medical dimensions can be discussed with the help of experts from these fields. Theologians with authority on Scripture and medical experts on SRH services can provide faith leaders with the necessary in-depth knowledge to give them the capacity to adequately address the issues in their communities.

Secondly, faith leaders should spread the message in their professional environment, through sermons and educative groups, and also through example setting, whether themselves or through involvement in the appointment of SRH 'Champions'. The approval of faith leaders, particularly in countries like Zambia and Burundi, can have a major influence on adolescents in the community. Therefore, it is important that information on SRH is distributed in a positive manner. An open environment to discuss SRH could make the faith institution a safe space for adolescents. This could provide them with a connection to an institution and a place to voice their questions and concerns, which could in-turn leave them significantly less vulnerable to negative SRH related consequences.

When working with faith leaders on interventions it is important to keep in mind that religion is not an isolated phenomenon. As is clear from the [sphere of influence of religious leaders](#), religion is interwoven within societies. Factors including gender, local religious traditions, and the views of family members need to be considered when talking about religion and ASRH. For example, specific ideals about marriage and the role of women, as conveyed by faith institutions and doctrines, influence the views on gender and SRH. Furthermore, religion is practiced differently in different areas.

Mapping the exact practices, beliefs and views is necessary to make sure that interventions connect to the local community. Authority figures in the lives of adolescents, for example, parents or caregivers, are also influenced by these local religious beliefs and ideals. They influence the information adolescents receive, determine the topics that can be part of a conversation, and the general view that adolescents will have of SRH.

Recommendations

- Take into account the 'religion factor' when designing interventions on ASRH.
- Take time to get to know the specific local religious tradition of the target area. There is a difference between doctrine and practice, and it is important to know your starting point.
- Do not approach faith institutions, faith leaders or religion as separate from other areas of society. They are interwoven with, among other things, culture, language, gender, politics.
- Focus on the capacity of faith leaders first, before moving on to interventions featuring them spreading the messages on ASRH.
- Be mindful with partnerships. Faith leaders have their own view of their faith, which they will incorporate in their work. Invest in co-creation of messages so that both your aim and faith leaders' aims and interests are respected.

[For more information](#)

Email: info@haiweb.org

Tel: +31 (0) 20 412 4523



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