



United Nations Population Fund



Religion, Women's Health and Rights:

Points of Contention and Paths of Opportunities



ACKNOWLEDGMENTS

This paper was inspired above all by the meeting of leading thinkers from different religious traditions convened by UNFPA, with NORAD support, in Istanbul and then in New York in the course of 2014. Several participants have served as long-standing advisers for the content of this paper. Special thanks are due to Anissa Ahmed, Mounghia Al-Suaihi, Zainah Anwar, Cecilia Castillo, Julie Clague, Rev. Vernie Compass, Michelle Gyeney, Sister Nontando Hadebe, Rev. Marjorie Lewis, Fulata Moyo, Rev. Julio Murray, Gillian Paterson, Michal Raucher, Anne Skjelmerud, Rev. Sylvie Sun, Rev. Carlos Tamez, and Alissa Wahid. All provided substantive guidance and counsel. This publication was drafted by several consultants, engaged at different moments of preparation. Special gratitude is owed to Azza Basaruddin, Ignacio Barrenacia, and Ingrid Vik. The paper was fully reviewed, edited, and prepared for finalization by Katherine Marshall.

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PUBLISHER: UNFPA

Master Template Design: LS graphic design
Layout and Printing: Phoenix Design Aid A/S
Cover photo: ©UNFPA/Maria Blanco

ISBN: 978-1-61800-015-6
Publishing date: 05-09-2015
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Religion, Women's Health and Rights:

TECHNICAL REPORT

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List of Abbreviations

CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CRC	Convention on the Rights of the Child
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
FBO/FIO	Faith-based (or faith-inspired) organization
FGM	Female genital mutilation
GBV	Gender-based violence
HR	Human rights
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development (1994, Cairo)
MDGs	Millennium Development Goals
NGO	Non-governmental organization
OIC	Organisation of Islamic Cooperation
POA	Programme of Action (outcome of 1994 Cairo Conference)
RLs	Religious leaders
RR	Reproductive rights
SRH	Sexual and reproductive health
SDGs	Sustainable Development Goals
UDHR	Universal Declaration of Human Rights
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
VAW	Violence against Women
WHO	World Health Organization

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Foreword

The Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in September 2015 are fundamental to the United Nations mandate and that of UNFPA. Their foundation is the human dignity that is at the heart of human rights. The goals shine a spotlight on women and girls, reflecting the conviction, bolstered by solid evidence, that progress towards gender equality is central to sustainable development. They affirm the principles of equality embodied in the Universal Declaration of Human Rights signed in 1948. The proposed goal of universal health care and the target for sexual and reproductive health-care services are integral to this vision of equality and thus to the SDGs' ethos and framework.

Remarkable progress has been made towards the vision and on some of the specific targets set forth in the year 2000 in the Millennium Declaration, for example on girls' education and child survival. However, we must acknowledge pending shortcomings, notably in the targets set for better maternal health and in improving the welfare of young women. In the discussions about the post-2015 agenda, this balance sheet led to a sharpened focus on the broad topic of sexual and reproductive health and reproductive rights.

In the lead-up to the September 2015 General Assembly meeting and in related contexts such as the Women's Major Group, we witnessed different views around the translation of principles into action in the area of sexual and reproductive health. While there is a widespread perception that many of those differences are linked to cultural and religious beliefs and practices, the reality is far more complex. Indeed the topic of sexual and reproductive health and reproductive rights involves special sensitivities. Various approaches are sharply contested. However, there is important common ground that affirms human rights and calls us to listen to and respect the different perspectives that are a fundamental gift of diverse human communities.

This paper seeks to inform Member States, civil society organizations, including Faith-based Organizations (FBOs) and the UN, among others, about the context and the nature of debates and different perspectives related to some particularly sensitive issues around sexual and reproductive health and reproductive rights. Its aim is indeed the sustainability of efforts and the achievement of common ground among different actors to move forward gender equality and women's human rights.



¹ The Women's Major Group was created at the Earth Summit in Rio de Janeiro, Brazil in 1992, where Governments recognized women as one of the nine important groups in society to achieve sustainable development. Since 1992, the Women's Major Group has been recognized by the United Nations in the UN processes on Sustainable Development. The Women's Major Group takes responsibility for facilitating women's civil society input into the policy space provided by the United Nations (participation, speaking, submission of proposals, access to documents). The Women's Major Group (WMG) for Sustainable Development (SD) is the focal point for the United Nations Department of Economic and Social Affairs (UN-DESA), the United Nations Economic and Social Council (ECOSOC) and the General Assembly for all UN Sustainable Development policies. Source: <https://sustainabledevelopment.un.org/majorgroups/women> Accessed 18 April 2016.

Sustainable Development Goals

Sustainable Development Goals and Targets highly relevant to the mandate of UNFPA and to the content of this document:



Ensure healthy lives and promote well-being for all at all ages

- Target 3.1:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- Target 3.3:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- Target 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



Achieve gender equality and empower all women and girls

- Target 5.1:** End all forms of discrimination against all women and girls everywhere
- Target 5.2:** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Target 5.3:** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- Target 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.



Purpose and Objectives

In September 2014, UNFPA brought together a group of leaders from the world's major religious traditions at the United Nations to reflect on the complex links between the vital United Nations goal of advancing women's rights, reproductive health and reproductive rights and the religious and cultural beliefs and practices that are so vital to a large majority of the world's people. The outcome was an inspirational Call to Action from religious actors: "Not in our name should any mother die while giving birth. Not in our name should any girl, boy, woman or man be abused, violated or killed. Not in our name should a girl child be deprived of her education, be married, be harmed or abused. Not in our name should anyone be denied access to basic health care, nor should a child or an adolescent be denied knowledge of and care for her/his body. Not in our name should any person be denied their human rights." The call highlighted the hurt that comes when violations of human rights occur in the name of religion, culture, or tradition. It affirmed that "sexual and reproductive health are part of human rights."

The background for this Call to Action and to discussions surrounding the adoption of the Sustainable Development Goals are the continuing debates that centre on sexual and reproductive health and reproductive rights. A large body of evidence underscores that to achieve broad development goals, Governments must guarantee reproductive rights and give priority to the legislation, political leadership, budgetary allocations, and programme designs that translate them into action. United Nations agencies and other development partners can, should, and do provide support to the many partners involved. But to do so with increased effectiveness, more partnerships are needed, built on clearly defined areas of common ground. Indeed, there is a need to seek better understanding and appreciation for both the differences as well as the common ground. That is, therefore, this document's central purpose.

This document takes that Call to Action as its starting point. It affirms the core, shared values that bind both nations and believers: above all the sacred value of each and every human being. The call for universal health care and for access to sexual and reproductive health information, education and services that are central to the Sustainable Development Goals are indeed fundamental elements of human rights. However, to move ahead we must

recognize that the topics of gender roles and sexuality, which are inextricably linked to reproductive issues, touch on widely held and deeply felt traditions. These subjects have long been approached differently in diverse societies and cultural contexts. Many relevant beliefs and institutions are buffeted by social and economic changes that accompany modernization. Scientific advances also have changed options available to women and to couples. These changes have, *inter alia*, called traditional approaches into question and made differences in approach starkly apparent. This calls us to respect differences in approach and views and to be willing to listen to concerns, even as we highlight the vital importance of establishing a deep common connection in a shared belief in core human rights and in the irreducible value of human life.

This document highlights (briefly) the solid basis of evidence that supports reproductive rights and the benefits that reproductive health can bring for all people. It sets these within the framework of international agreements and covenants. It then outlines areas of controversy, exploring the complex ways in which perceptions and practices link these controversies to cultural and religious beliefs, highlights some of the specific approaches that are affirmed by leaders and scholars of several major religious traditions, and notes areas of internal debate and reflection. The final section highlights some noteworthy approaches and programmes led by religious actors that demonstrate what can be achieved through partnership.

The goal is to help advance an informed and thoughtful engagement that is grounded in evidence and in an informed understanding of cultural and religious traditions and approaches. Without partnerships between secular and religious, traditional and modern, taking into account different cultural and religious traditions, the SDGs cannot be achieved.

Why Focus on Culture and Religion?

As the UNFPA Executive Director, Dr. Babatunde Osotimehin, maintains, sound knowledge of the context of development work is critical to the success of any intervention, and sociocultural dynamics can be significant determinants. The human rights imperatives, he insists, compel us to ensure that while social and cultural realities are fully taken into account in programming and implementation, at no point should these be reasons to impede the full realization of every individual's human rights.

A former Executive Director of UNFPA, and currently a Special Adviser to the UN Secretary-General and Special Envoy for HIV/AIDS in Asia and the Pacific, Dr. Nafis Sadik also cautioned thus:

Let me say it once again: no cultural value worth the name permits or promotes the oppression and enslavement of women. No cultural value permits women to go without education or health care, including sexual and reproductive health. No cultural value permits women's behaviour to be the standard of cultural expression, while men behave as they please. No cultural value entitles a man to hide behind his sister's honour, while he attacks other men's sisters. No cultural value holds women up to veneration as mothers while exposing them to death and disability in childbirth. These are not cultural values or human values – these are the means by which one group of people holds and uses power over another.²

“Cultural values” have been cited, often uncritically, to invalidate the equal dignity and worth of women and girls. Similarly, “religious values”, often undefined, can be a phrase used to oppose equality for women. But the past decade has witnessed an impressive increase in the focus of diverse development institutions around the roles of religious ideas, beliefs, and institutions in different facets of development work.³ New forms of partnership are taking shape, and engagement with religious actors is more frequent than during earlier times, when explicit involvement was rarely noted.

The subjects of culture and religion still have special sensitivity, explained in part by the enormous complexity of the topic and sheer numbers involved (an estimated 84 per cent of the world's population is affiliated with a religious tradition or traditions).⁴ The renewed focus on culture and religion is part of a broader effort to move beyond stereotypes implied in their thoughtless employment as a dividing wedge on issues of reproductive health.

² Dr. Nafis Sadik (2013). Sexual and Reproductive Health and Rights: the Next Twenty Years. www.icpdbeyond2014.org/whats-new/view/id/55/sexual-and-reproductive-health-and-rights-the-next-twenty-years%23sthash.yCKdCF8W.dpuf#sthash.Vt73XhLu.N1fJHPZJ.dpuf Accessed 3 September 2015.

³ Azza Karam (2015). Opinion: Religion and the SDGs – The ‘New Normal’ and Calls for Action. 6 July 2015. <http://www.ipsnews.net/2015/07/opinion-religion-and-the-sdgs-the-new-normal-and-calls-for-action/> Accessed 13 July 2015.

⁴ Pew Research Center (2012). The Global Religious Landscape. <http://www.pewforum.org/2012/12/18/global-religious-landscape-exec/> Accessed 10 August 2015.

The roles of culture and religion, specifically in relation to health and to sexual and reproductive health, reflect these complexities. A wide range of actors are involved:⁵ religious institutions, religious leaders (male and female), faith-affiliated and faith-inspired service delivery mechanisms, government-sponsored or supported faith-based service partners, faith-based advocates, international faith-inspired organizations, and informal movements and groupings are all part of a varied and dynamic faith-linked infrastructure that extends from the global level to very local, community levels. In relation to health care, engagement includes directly owned and managed health facilities (hospitals and clinics), personnel and personnel training, public health outreach (for example, home-based care and hospices), and the mobilization of volunteers and financial resources. Cultural and religious leaders and communities shape attitudes and behaviours on many topics, in complex ways that intersect with economic and social forces. The size and share of contributions of cultural and religious actors to overall health care varies widely by country, as do the practical and legal arrangements that govern them. In many situations, they represent a significant share of health care. Everywhere, cultural and religious beliefs affect peoples' attitudes towards, inter alia, gender roles and health.

A noteworthy feature in this regard is the presence of faith-inspired, or religious, women's rights actors. Some openly espouse the term "religious (or faith-based) feminists", while others shy away from any association with the term "feminism". But as diverse as they are, these men and women are united in their concern for supporting the criticality of women's rights and gender justice, and finding the common ground between respective theologies and human rights. Many of these, rooted in different religions, argue for the need to reinterpret religious texts — and injunctions — with a view to girls' and women's welfare. While the calls for interpretation are deeply contentious in a terrain long dominated by patriarchy, religious texts are particularly debated when it comes to the issue of sexual and reproductive health.

⁵ Definitions of religiously linked actors are difficult and contested. A term commonly used in United Nations circles is faith-based organization (FBO), which normally refers to faith-based or faith-inspired non-governmental organizations with legal standing. They should be distinguished from individual religious leaders or local faith communities, which operate in diverse contexts either without legal registration or taking the form of a non-governmental organization (NGO).

Sexual and reproductive health is thus linked in many ways to cultural traditions and to religious beliefs and practices. Relevant factors are firstly the ubiquitous presence of cultural and religious institutions in communities, and also religious and cultural influences on community and individual identity and practice. Where behaviour change is involved, the often high levels of trust in religious leaders and capacity of religious communities to mobilize volunteers have special importance. In sum, taking culture and religion into account in the design and implementation of public health policy and programmes is essential.⁶

UNFPA defines culture as “inherited patterns of shared meanings and common understandings”. Faith, belief, and/or religions are understood as an important facet of culture. Culture has an important influence upon how people manage their lives, and it provides the lens through which people interpret their society. Cultures therefore affect how people think and act, but they do not produce uniformity of thought or behaviour. Thus understanding and appreciating the myriad influences of cultures on human life is essential for sustainable development. Furthermore, cultures must be seen in their wider context: they influence and are influenced by their contexts and change with the overall context. They are not static; people are continuously involved in reshaping them, although some aspects of culture, particularly those that are embedded in religious traditions, influence choices and lifestyles over extensive periods. The variety and dynamism of cultures must be well appreciated and respected. Embracing cultural realities can help point to the most effective ways to challenge harmful cultural practices and strengthen positive ones.

UNFPA has a long history of reflection on and engagement with the roles of cultural beliefs and practices and has always linked this appreciation to the international human rights framework. The 2008 UNFPA State of World Population Report on Reaching Common Ground: Culture, Gender and Human Rights⁷ highlighted that cultural sensitivity is an enabler, and not a barrier, for the processes of realizing human rights. Above all, culturally sensitive approaches call for cultural fluency — familiarity with how cultures work, and how to work with them.

⁶ See The Lancet series on Faith-based Health Care. 7 July 2015. <http://www.thelancet.com/series/faith-based-health-care> Accessed 10 August 2015.

⁷ UNFPA (2008). State of World Population 2008. <http://www.unfpa.org/publications/state-world-population-2008> Accessed 10 August 2015.

Why Give Priority to Sexual and Reproductive Health and Reproductive Rights?

The year 2014 marked the 20-year anniversary for the Programme of Action (POA) adopted at the 1994 International Conference on Population and Development (ICPD) in Cairo. The ICPD is a defining mandate for UNFPA development interventions. UNFPA has thus been very involved in the reviews, evaluation, and both intergovernmental and civil society deliberations that have focused on past experience, progress, and remaining challenges.

The evidence for the importance of reproductive health and priorities for action is well established and is readily available.⁸ Benefits can be seen in many societies (with different cultural and religious heritage), but so too can wide disparities in status and progress. Nevertheless, there is a solid consensus that, for example, spacing of childbearing improves family welfare, while early marriage leads to higher maternal and child mortality. Addressing widespread violence against women (VAW) across all cultures (including domestic violence and violence linked to conflict) would benefit families and societies.

The latest data suggest that there would be large benefits if all women who want to avoid a pregnancy used modern contraceptives and all pregnant women and their newborns received care at the standards recommended by the World Health Organization (WHO). Unintended pregnancies would drop by 70 per cent, from 74 million to 22 million per year; maternal deaths would drop by 67 per cent, from 290,000 to 96,000; newborn deaths would drop by 77 per cent, from 2.9 million to 660,000; the burden of disability related to pregnancy and delivery experienced by women and newborns would drop by two thirds; and transmission of HIV/AIDS from mothers to newborns would be nearly eliminated — achieving a 93 per cent reduction to 9,000 cases annually.⁹

⁸ See for example, Guttmacher Institute (2014). Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health. UNFPA. <http://www.unfpa.org/sites/default/files/pub-pdf/Adding%20It%20Up-Final-11.18.14.pdf>. Accessed 14 July 2015.

⁹ Ibid.

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Objectives

This paper explores religious and cultural dimensions of sexual and reproductive health (SRH) and reproductive rights (RR) issues, framing the language of international development — human rights — in relation to the lived realities of men and women in faith communities. It highlights the components of SRH and RR in relevant human rights language and conventions, then explores religiously and culturally inspired support for and objections to SRH and RR. It is intended for basic informational and training purposes, and to support broader discussions around SRH and RR issues. It should not be read as or be taken as informing theology or related exegesis; it is not written by theologians. And it is far from comprehensive, especially in its focus on a select group of religious traditions and a limited range of issues that fall within the ambit of the POA of the International Conference on Population and Development (ICPD).





Sexual and Reproductive Health (SRH), Reproductive Rights (RR) and Human Rights (HR)

Defining Sexual and Reproductive Health and Reproductive Rights

Sexual and Reproductive Health (SRH) and Reproductive Rights (RR) are vital components of the commitments to human rights enshrined in the Universal Declaration of Human Rights (UDHR) signed in 1948, and in a wide range of other relevant international conventions and declarations (see Annexes 1 and 2 for summary of several key international legal instruments). They are also addressed in national constitutions and legislation, where these rights are applied in practice. Commitments relevant to SRH and RR evolve over time as broad principles are articulated into more specific commitments; as practice and research solidify the evidence base on which policy and operational approaches are based; and as negotiations and executive, legislative, and judicial action result in new and often more specific measures and instruments.

The commitments by Governments and the United Nations system overall to SRH and RR thus follow from the general principles of equality and human dignity set out in the UDHR. They also relate to specific UDHR provisions, for example rights to marry, protection of mothers and children, and free speech and access to information. Many human rights principles are the subject of specific conventions with binding force for Member States: conventions which have been elaborated over the years, and have direct applicability for SRH and RR. A group of specific international processes and approaches with particular applicability for the human rights dimensions for SRH and RR are those that apply to women's rights and to health. Particularly significant for understandings of SRH and RR are the formal outcomes of intergovernmental convenings, notably those centred on family planning as well as maternal mortality and morbidity, countering gender-based violence (GBV), eliminating harmful practices, and, more broadly, the rights of

women. The United Nations commitment to a rights-based approach and, related to it, a right to development, derive from this complex of Member State commitments. Guidelines orient UN agencies and staff in their work and in programme design and implementation. UNFPA has issued and adapts guidelines related to SRH as circumstances suggest.

All people have an equal right to live free from violence, persecution, discrimination and stigma.¹⁰ International human rights law establishes legal obligations on States to ensure that every person, without distinction, can enjoy these rights.¹¹ Furthermore, everyone, without any distinction, has the right to live a healthy, productive and safe life and have access to health care and education. And everyone, without any distinction, has a basic human right to sexual and reproductive health. International human rights law requires that Governments ensure that all people are protected and can exercise their rights, including those related to sexual and reproductive health. More specifically, human rights norms accord to individuals the right to information and education about SRH and RR, to access to care, and to protection against all forms of discrimination. SRH and RR are closely linked to other human rights through the human rights principle of indivisibility.¹² Most notably, these include the rights to education, to be free from discrimination, to privacy, to be free from sexual violence, and to practice one's religion.¹³ These principles are highlighted in the commentary from the Committee on Economic, Social and Cultural Rights (CESCR) which notes that the right to sexual and reproductive health is not only an integral part of the general right to health but also fundamentally linked to the enjoyment of many other human rights, including the rights to education, work and equality, as well as the rights to life, privacy, freedom from torture,

¹⁰ ILO, OHCHR, UNAIDS Secretariat, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP and WHO (2015). Statement: Ending Violence and Discrimination Against Lesbian, Gay, Bisexual, Transgender and Intersex People. <http://www.unfpa.org/press/ending-violence-and-discrimination-against-lesbian-gay-bisexual-transgender-and-intersex#sthash.nYcGAyti.rZwdC45q.dpuf> Accessed 13 April 2016.

¹¹ Ibid

¹² UNFPA, OHCHR and the Danish Institute for Human Rights (2014). Reproductive Rights are Human Rights. A Handbook for National Human Rights Institutions. <http://www.unfpa.org/publications/reproductive-rights-are-human-rights>. Accessed 13 April 2016.

¹³ The legal framework in relation to women's rights is discussed in Dr. Carmel Shalev (1998). Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women. United Nations, March 1998. <http://www.un.org/womenwatch/daw/csw/shalev.htm> Accessed 16 July 2015.

and individual autonomy, according to the Office of the United Nations High Commissioner for Human Rights (OHCHR).¹⁴

Several international commitments have particular relevance for these specific rights, as do their elaborations over time. A prominent example is the contemporary understanding of the right to health, affirmed in the 2006 amended WHO Constitution, which is significantly broader than earlier understandings:

*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States. The achievement of any State in the promotion and protection of health is of value to all.*¹⁵

¹⁴ The Office of the United Nations High Commissioner for Human Rights (OHCHR) (2016). Sexual and reproductive health indivisible from other human rights - UN experts. Press release, 8 March 2016. <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=17168&LangID=E> Accessed 13 April 2016.

¹⁵ World Health Organization. WHO Constitution, 45th edition, supplement. October 2006. http://www.who.int/governance/eb/who_constitution_en.pdf?ua=1, Accessed 14 July 2015.

TABLE 1: DEFINITIONS OF SRH AND RR

<p>Reproductive Health</p>	<p>A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (ICPD, Paragraph 7.2).</p>
<p>Reproductive Health Care</p>	<p>The constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases (ICPD, Paragraph 7.2).</p>
<p>Reproductive Rights</p>	<p>Embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (ICPD, Paragraph 7.3).</p>
<p>Sexual Health</p>	<p>A state of physical, emotional, mental and social well-being related to sexuality: it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2002).</p>

The context for this paper’s discussion is both the core UDHR commitments that apply to SRH and RR and the development of understandings of their significance and priority over time. These are the result of Member State negotiations and of responses to experience and research as well as changing technologies. “Sexual and Reproductive Health and Reproductive Rights” has come to reflect a broad consensus term that links health and other human rights objectives. At the same time, it has become clear that investing in SRH and RR is vital to enable countries to reap the benefits of the demographic dividend. The demographic dividend arises when reductions in child mortality are followed by declining fertility. When a household has fewer children requiring care, and a larger number of people who have decent jobs, the household can save and invest more money. When this happens on a large scale, economies can benefit from a boost in economic growth. The key to harnessing the potential of the demographic dividend is to invest in the human capital of the population through empowerment, education and employment — for young people in particular. Ensuring reproductive rights and access to sexual and reproductive health services, including voluntary family planning services, education and information, is of vital importance to the individual in every society, but especially to girls and women. In addition, it is a smart socioeconomic policy that can help countries unlock the economic potential of the demographic dividend.

The links between women’s rights and SRH and RR have particular significance. SRH and RR are by no means restricted to women but understandings of them are nonetheless tightly linked to evolving understandings of women’s rights and equality. Issues of sexuality, reproduction and childbearing are at the core of reproductive rights. Women’s access to knowledge, care, and services related to sexuality and reproduction is shaped by intersecting factors such as nationality, race, religion, gender, class and ethnicity. Discrimination and GBV can limit access to good health and health services for women and adolescents, as well as marginalized or underserved populations (e.g. sex workers, migrants, refugees). This also explains why people in different countries and situations have different needs and priorities related to sexual and reproductive health and reproductive rights. Countries with high levels of HIV/AIDS prevalence, for example, present different priorities for action on SRH and RR than those where non-communicable diseases are coming to dominate public health agendas. Meanwhile, in countries with a low HIV/AIDS prevalence, there may be population subgroups with a high risk of exposure to HIV/AIDS, where policies are mandated to ensure that the RR and non-discriminatory access to SRH services are met for the individuals belonging to these groups.

Women’s access to knowledge, care, and services related to sexuality and reproduction is shaped by intersecting factors such as nationality, race, religion, gender, class and ethnicity.

Debates around SRH and RR are shaped by history and traditions that affect relationships between men and women. They are thus influenced by cultural and religious teachings, beliefs and practices. For example, in many traditional settings childbearing was considered a woman's primary duty and the building block of family and society. Partly because of women's traditionally subordinate social positions, States rarely gave priority to the protection and promotion of women's sexual and reproductive health (and indeed, to education and other pertinent areas). Laws and patriarchal traditions can reinforce values that have been embedded in culture and religious teachings. Discriminatory laws and practices are still in force in societies and affect approaches to SRH and RR. In contrast, some cultural and religious institutions and leaders have also been at the forefront of efforts to interpret women's rights to include empowerment on health matters and on understandings of sexuality.

Contemporary understandings of human rights complement research and lived experience to reshape norms and thus laws and practice. For example early marriage, large families, and male guardianship were commonly accepted for millennia in many societies. Today it is well appreciated that early marriage curtails girls' access to education and raises risks in childbirth; that spacing childbearing benefits women, families, and society; and that assumptions of male superiority are discriminatory. Thus laws have changed in many societies, although enforcement often remains an issue.

The International Conference on Population and Development — ICPD (Cairo, 1994)¹⁶ marked an important turning point in international understandings of the significance of reproductive health and rights. It also marked the emergence of debates¹⁷ by bringing reproductive health into the global spotlight. Representatives from 179 nations and more than 10,000 individuals from NGOs, international agencies, and States attended, resulting in a 20-year POA¹⁸ that shifted the terms of the reproductive health debates from demographic targets to a rights-based approach. Conferences to follow up on the implementation of the POA have occurred at five-year intervals (ICPD+5, ICPD+10, and ICPD+15). On

¹⁶ United Nations Department of Economic and Social Affairs (2015). United Nations Conferences on Population. <http://www.un.org/en/development/desa/population/events/conference/index.shtml> Accessed 15 July 2015.

¹⁷ There have been three world conferences on population: the 1974 Bucharest World Population Conference; the second International Conference on Population in Mexico City in 1984, and the Cairo conference in 1994. Major conferences on population were also held in Belgrade in 1965 and there was a Special Session of the General Assembly on Population in New York in 1999.

¹⁸ United Nations (1994). Report of the ICPD. <http://www.un.org/popin/icpd/conference/offeng/poa.html>, Accessed 15 July 2015.

the twentieth anniversary of ICPD in 2014, the Global Review Report highlighted progress towards achieving the goals stated in the ICPD POA.¹⁹

The POA's scope is broad and it stands as a primary point of reference on SRH and RR. It outlines sexual and reproductive health and reproductive rights that include education and counselling on sexual health and personal relationships, informed and voluntary family planning services, prenatal care, maternal health care and comprehensive infant care services, safe abortion where it is not against the law, and prevention and treatment of GBV. To ensure the fulfilment of these rights, the POA recommends the following: recognition of interlocking factors blocking access to health education, services, and programmes; freedom from discrimination; autonomy over fertility and reproduction; safeguarding diverse familial structures; and prevention of violence and early and/or forced marriage. The POA recognizes that in order to have “a satisfying and safe sex life” men and women should have the “capability to reproduce and the freedom to decide, if, when and how often to do so” (Paragraph 7.2).

The ICPD process has been part of a broader set of efforts to deepen commitments to translating principles of human rights into practice: in this instance, identifying and addressing barriers to equality and human dignity linked to reproductive health. There is increasing focus on barriers to reproductive health that include social, religious, economic and political factors that perpetuate gender inequality and stereotypes and discrimination against women. Governance issues come under increasing focus as States play central roles in interlocking structures of power that facilitate and reinforce gender-based discrimination.

The Debates: SRH and RR, Human Dignity, and Cultural and Religious Reservations

Rights such as access to education, availability of health services, and protection from violence all contribute to the ability of a woman to exercise her rights. In international bodies, the right to health is understood increasingly broadly, to incorporate access to health-related education and information on sexual and reproductive health and participation in communal decision-making programmes concerning health-related issues, as affirmed in the WHO Constitution. The 1994 ICPD expanded the WHO Constitution's definition of health and also affirmed

¹⁹ ICPD Beyond 2014 (2015). Framework of Actions. <http://icpdbeyond2014.org/about/view/29-global-review-report> Accessed 15 July 2015.

that this applies to reproductive health.²⁰ The definition of RH and reproductive health care adopted at ICPD “also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.”²¹

Sexual and reproductive health and reproductive rights are intertwined with the idea of human dignity, with some arguing that without these rights, women are deprived of their autonomy and human dignity.²² ICPD highlighted the right to autonomy in decisions concerning family planning; paragraph 7.3 stipulated that an important aspect of reproductive rights has to do with individuals and couples being able to decide freely the “number, spacing and timing of their children and to have the information and means to do so”.

The Convention on the Rights of Persons with Disabilities (CRPD) recognizes the importance of fulfilling reproductive rights for persons with disabilities, particularly women and girls, and includes the most expansive language on reproductive rights of any UN human rights convention. The reproductive rights specifically enumerated in the CRPD include the rights “to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education,” “to retain their fertility on an equal basis with others”, including for children with disabilities, and to access health care and programmes on an equal basis with others, “including in the area of sexual and reproductive health and population-based public health programmes.”²³

Different interpretations about international treaties and covenants that addressed SRH and RR were present from the establishment of the United Nations and signature of the UDHR. These, however, took on new significance at the time of the 1994 Cairo ICPD. There, links between population and family planning and Islamic and Christian (especially Catholic) traditions were actively discussed. Thirty-one countries with Muslim majorities attended the ICPD. Several Muslim-majority countries and Catholic-majority countries in Latin America, together with the Holy See, expressed reservations regarding various

²⁰ United Nations (1994). Report of the ICPD - paragraph 7.2. <http://www.un.org/popin/icpd/conference/offeng/poa.html> Accessed 15 July 2015.

²¹ Ibid

²² Sarah Y Lai and Ralph, R. (1995). Female Sexual Autonomy and Human Rights. *Harvard Human Rights Journal*, vol. 8: 201-227.

²³ Center for Reproductive Rights (2013). Submission to the Committee on the Rights of Persons with Disabilities - Half Day of General Discussion on Women and Girls with Disabilities. http://www.ohchr.org/Documents/HRBodies/CRPD/DGD/2013_Submissions/CenterReproductiveRights.doc Accessed 12 April 2016.

provisions/words/phrases in the POA that they viewed as being in conflict with their national laws.²⁴ These reservations were not, however, universally held among the relevant traditions and nations. For instance, annex 3 includes a thoughtful World Council of Churches (WCC) statement that recognizes the broad socioeconomic implications of SRH and RR and divergent views among Christian churches on specific topics. The debates and reservations are reflected in the POA Introduction section of chapter II that stipulates that countries retain sovereign rights to ensure implementation of the POA in accordance with religious laws and/or cultural norms.

*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.*²⁵

Some reservations were linked explicitly to cultural and religious beliefs. Several relate to gender equality, equity, and empowerment of women, the family and its roles, rights, composition, and structure, reproductive rights and reproductive health per se, and health, morbidity, and mortality. Several reservations made direct reference to religious reservations, notably in relation to Islamic shari'a and — implicitly — in questions related to when life begins. Several reservations focused on “individuals” versus married couples. One Muslim country expressed reservations about sexual education for adolescents outside the boundaries of the home because it can only be “productive” and “appropriate” if given by parents to prevent “moral deviation” and “physiological diseases.” Ten other States (a mix of Latin American, African and European ones) submitted written statements for inclusion in the ICPD report. The religious and cultural references are reproduced in detail in annex 4 because they indicate both lines of argument and nuances that continue to influence debates.

Sexual and reproductive health and reproductive rights are intertwined with the idea of human dignity, with some arguing that without these rights, women are deprived of their autonomy and human dignity.

²⁴ UNFPA (2015). International Conference on Population and Development: Programme of Action. www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD-Programme#ch16 Accessed 10 August 2015. See also: Michael Klitsch (1999). The Bumpy Road from Cairo To Now. International Perspectives on Sexual and Reproductive Health, Guttmacher Institute, vol. 25, No. 4 (December). <https://www.guttmacher.org/about/journals/ipsrh/1999/12/bumpy-road-cairo-now> Accessed 12 April 2016.

²⁵ ICPD (2014). ICPD Programme: Preamble and Principles. ICPD 94 Newsletter, Number 20. October 1994. http://www.un.org/popin/icpd/newslett/94_20/icpd9420.eng/6ch12.html Accessed 10 August 2015.

How far these reservations reflect political versus cultural and religious factors is a focus of continuing research and debate. Religious leadership and views have clear implications for policies and implementation of family planning programmes in some countries, translating into active opposition from religious leaders and institutions (as well as support in others). Some researchers argue, however, that restrictions on women's SRH and RR are "a function of state politics rather than a reflection of religious doctrine, and that leaders do, in fact, use Islam to justify divergent positions on gender and reproduction."²⁶

The debates in Cairo about SRH and RR have been ongoing for decades.²⁷ Topics of continuing debate include education about sex, provision of reproductive health services to unmarried individuals, abortion, sexual rights in various dimensions, and even topics on which the international consensus is strong such as child marriage. The ICPD forged a consensus with carefully crafted language stating that "in no case should abortion be promoted as a method of family planning," and that "in circumstances in which abortion is not against the law, such abortion should be safe."²⁸ While the general consensus has held firm, some countries, including several with Catholic and Muslim majorities, have taken different opportunities to challenge how these rights are defined. In the meantime, it is important to also note that since 1994, two countries have withdrawn their reservations.

In sum, core human rights principles have various direct and indirect links to contemporary understandings of SRH and RR and a substantial body of international and national law applies. It is a topic that has seen significant debate where full consensus remains elusive. Understandings and applications vary substantially by Member State and among cultural and religious communities. In some areas there is clear consensus, for example opposing trafficking of girls and supporting girls' education, while in others (some of which this paper presents) debates continue. Deficiencies remain in the protection of relevant rights and controversy continues around some of them.

²⁶ Carla Makhoul Obermeyer (1994). Reproductive Choice in Islam: Gender and State in Iran and Tunisia. *Studies in Family Planning*, vol. 25, No. 1. 41-51, p. 44.

²⁷ Françoise Girard (2014). Taking ICPD Beyond 2015. *Global Public Health*. http://www.tandfonline.com/doi/full/10.1080/17441692.2014.917381#.U7Lxq_IdWSo Accessed 11 August 2015.

²⁸ Lori S. Ashford (2004). What Was Cairo? The Promise and Reality of ICPD. Population Reference Bureau. <http://www.prb.org/Publications/Articles/2004/WhatWasCairoThePromiseandRealityofICPD.aspx> Accessed 10 August 2015.

TABLE 2: TREATIES RELEVANT TO SHR AND RR

<p>Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)</p>	<p>Articles 10(a) Articles 10(a) and 10(h) require States Parties to take all necessary steps to eliminate discrimination against women in education, and to provide women equal access to educational materials and advice on family planning.</p> <p>Article 11(2) requires States Parties to undertake appropriate measures to prohibit dismissal of women workers on the grounds of pregnancy, to introduce maternity leave, to promote the development of a network of childcare and to provide pregnant women with special protection from work that may be harmful.</p> <p>Article 12 requires States Parties to provide women with appropriate services where necessary during the ante- and postnatal stages of pregnancy.</p> <p>Article 12(1) requires States Parties to eliminate discrimination against women in the area of health care and to ensure that men and women have equal access to health care services, including family planning services.</p> <p>Article 16 requires States Parties to eliminate discrimination against women in all matters regarding marriage and family relations.</p> <p>General Recommendation 24: Women and Health (1999) affirms that “access to health care, including reproductive health, is a basic right under [CEDAW]” and is fundamental to women’s health and equality. The recommendation says that States Parties are responsible to “[e]nsure the removal of all barriers to women’s access to health services, education and information, including in the area of sexual and reproductive health,” and to “[p]rioritize the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance.”</p>
<p>Committee on Economic, Social and Cultural Rights (CESCR)</p>	<p>Article 12 requires States Parties to recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.</p> <p>Article 12(2)(a) requires States Parties to take necessary steps to reduce the rate of stillbirths and infant deaths while improving conditions for the health and development of a child.</p> <p>General Comment 14: The Right to the Highest Attainable Standard of Health (2000) has explicitly defined this right to “include the right to control one’s health and body, including sexual and reproductive freedoms.” It asserted that States Parties are required to take “measures to improve child and maternal health, sexual and reproductive health services, including access to family planning . . . emergency obstetric services and access to information, as well as to resources necessary to act on that information.”</p> <p>It also specifically states that “[t]he realization of women’s right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health.”</p>
<p>Convention on the Elimination of Racial Discrimination (CERD)</p>	<p>Article 5(b) guarantees the right to security of person and protection by the state against violence or bodily harm.</p> <p>Article 5(d) defines several rights, including the right to marry and choose a spouse, the right to inherit, and the right to own property.</p> <p>Article 5(e) defines several economic and social rights, including the right to public health, medical care, social security and social services; the right to education and training; and rights related to employment.</p> <p>General Recommendation 25: Gender Related Dimensions of Racial Discrimination (2000) recognizes that racial discrimination “affects women in a different way” and “may have consequences that affect primarily or only women, such as pregnancy resulting from racial bias-motivated rape...”</p>

Link: <http://www.prb.org/Publications/Articles/2004/WhatWasCairoThePromiseandRealityofICPD.aspx> (Accessed August 10, 2015).

<p>Convention on the Rights of the Child (CRC)</p>	<p>Article 2 sets forth prohibited grounds of discrimination, including sex or other status such as age.</p> <p>Article 6 ensures children's right to life and survival.</p> <p>Article 13 grants children the right to impart and receive information of all kinds.</p> <p>Article 24 places responsibility on the State to ensure proper health care for mothers, children, and families and guarantees children's right to the highest standard of health.</p> <p>Article 28 ensures every child's right to education.</p> <p>Article 32 protects children from economic exploitation and from work that would be hazardous or harmful to the child's development.</p> <p>Article 37 ensures the right to liberty and security of the person.</p>
<p>Convention on the Rights of Persons with Disabilities (CRPD)</p>	<p>Article 5 ensures entitlement to equal protection and equal benefit of the law without any discrimination and prohibits discrimination on the basis of disability.</p> <p>Article 6 recognizes the multiple discrimination that women with disabilities are subjected to and places responsibility on the States Parties to take all appropriate measures to ensure the full development, advancement and empowerment of women to guarantee the human rights and fundamental freedoms set out in the Convention.</p> <p>Article 7 places responsibility on the States Parties to take all necessary measures to ensure the full enjoyment of children with disabilities of all human rights and fundamental freedoms, asserting that the interest of the child is the primary consideration, and that children with disabilities have the right to express their views freely on all matters affecting them.</p> <p>Article 10 States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.</p> <p>Article 16 requires States Parties to take all appropriate measures to protect persons with disabilities from all forms for exploitation, violence and abuse, including their gender-based aspects and through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse.</p> <p>Article 23 requires States Parties to take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters related to marriage, family, parenthood and relationships. This includes the right of all persons of marriageable age to marry and found a family on the basis of free and full consent of the intending spouses; the right to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive health and family planning education and the provision of means to exercise these rights; and that persons with disabilities, including children, retain their fertility on an equal basis with others.</p> <p>Article 24 recognizes the right of persons with disabilities to education without discrimination and on the basis of equal opportunity.</p> <p>Article 25 recognizes the right of persons with disabilities to have the right to the enjoyment of the highest attainable standard of health without discrimination. This includes providing the same range, quality and standard of free and affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health.</p> <p>Article 27 recognizes the right of persons with disabilities to work, on an equal basis with others, and the measures State Parties should take in order to safeguard and promote the realization of the right to work.</p> <p>Article 28 recognizes the right of persons with disabilities to an adequate standard of living and the appropriate steps to safeguard and promote the realization of this right. This includes ensuring access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection and poverty reduction programmes.</p>

Sources: International Council for Human Rights Policy (2006). Bringing Rights to Bear: An Advocate's Guide to the Work of UN Treaty Monitoring Bodies on Reproductive and Sexual Rights and Population; Bernstein, S. and C. Juul Hansen (2006), Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals; and the listed conventions.



Framing Religious Traditions and their Teachings on Women's Roles

This chapter provides a brief overview of what can be considered the five most influential global religious traditions, in terms of their influence on SRH and RR: Hinduism, Buddhism, Judaism, Christianity, and Islam and their teachings on women's roles within religious traditions and society more broadly.²⁹ It focuses on faith teachings and traditions relevant to SRH and RR and specifically on the ways in which they are understood in each tradition in the light of human rights and principles of gender equality. Several caveats are important. Each religious tradition is geographically, culturally, socioeconomically, and politically diverse and appreciation of this diversity is essential in discussing roles of traditions for SRH and RR. Further, a religious tradition's theology and philosophy may diverge from the beliefs and practices of its adherents. Finally, as scholar Daniel Maguire has observed, all of the world's religions are "burdened with negative debris from their journeys through time."³⁰ Legacies are historically situated and distinct to specific religious traditions, but they have in common that most focus on male perspectives and disadvantage women.³¹

Gender analysis helps in appreciating the significance of cultural and religious practices, and specifically harmful practices against women and girls, insofar as they are justified as being based on religion. Over several decades, activists, scholars, and community leaders have sought — including

²⁹ Many other religious traditions have influence and considered positions on these issues but are not treated in this document.

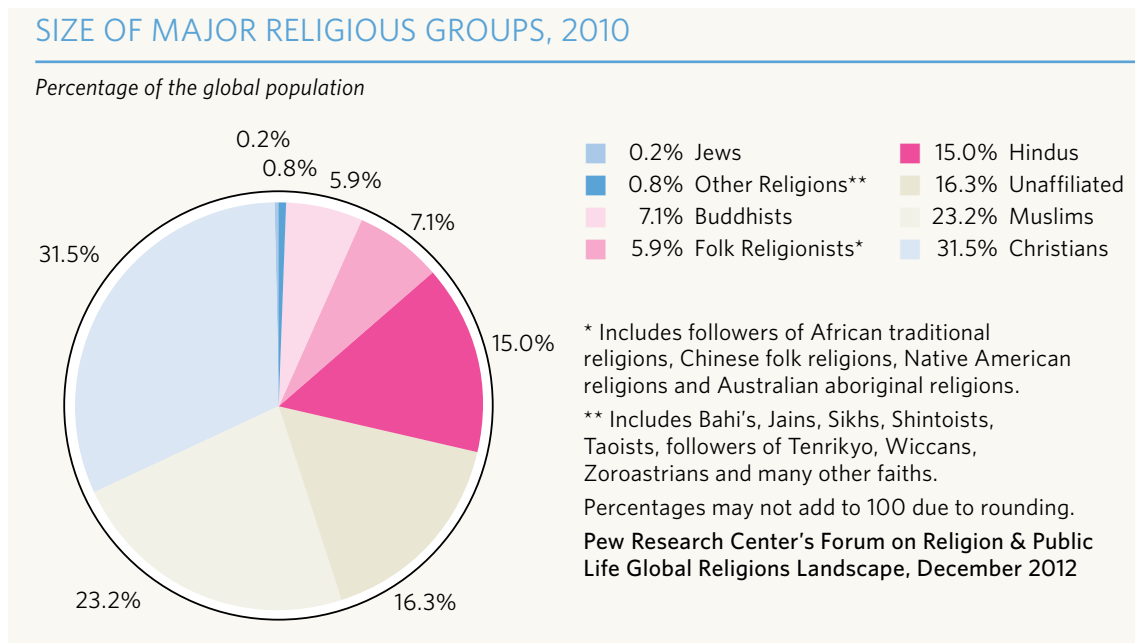
³⁰ Suwanbubbha, P. In Daniel Maguire, ed. (2003). *Sacred Rights: The Case for Contraception and Abortion in World Religions*. Oxford University Press: 5.

³¹ Amina Wadud-Muhsin (1999). *Qur'an and Woman: Rereading the Sacred Text from a Woman's Perspective*. New York: Oxford University Press; Rita Gross (1993). *Buddhism After Patriarchy: A Feminist History, Analysis, and Reconstruction of Buddhism*. Albany, NY: State University of New York Press; Elisabeth Schüssler Fiorenza (1995). *Bread Not Stone*, 2nd ed. Boston: Beacon Press; Arvind Sharma, and Katherine Young, eds. (1999), *Feminism and World Religions*. Albany: State University of New York Press, and *Her Voice, Her Faith: Women Speak on World Religions*. Cambridge, MA: Westview Press. 2003; Judith Plaskow (1990). *Standing Again at Sinai: Judaism from a Feminist Perspective*. San Francisco: Harper.

through textual readings from gender-sensitive and justice-oriented lenses — to advocate for social and legal transformations. Gender-sensitive readers of religious texts and practices challenge patriarchal monopoly over religious 'truth' within diverse communities. Their essential argument is that religions per se are not the source of oppression; rather, the interpretations and practices by some in the name of the religion are sources of oppression. They also aim to reconcile principles of equality and justice by either questioning religious orthodoxy outright, or seeking to engage it through scholarly debate, or a mix of approaches. Those calling for more gender-sensitive or woman-friendly interpretations of texts also contest secular scholars and policymakers who operate on the assumption that religious traditions are inherently misogynistic. Through new readings of texts and through other changes in women and men's lives, they demonstrate how and how far faith traditions have the potential to contribute to the betterment of humanity.

Gender analysis helps in appreciating the significance of cultural and religious practices, and specifically harmful practices against women and girls, insofar as they are justified as being based on religion.

Data on religious affiliation is complex and contested.³² However, a 2012 Pew Research Center report³³ is often cited for aggregate statistics:



³² See Katherine Marshall (2013). *Global Institutions of Religion: Ancient Movers, Modern Shakers*. Routledge.

³³ Pew Research Center (2012). *The Global Religious Landscape*. <http://www.pewforum.org/2012/12/18/global-religious-landscape-exec/> Accessed 11 August 2015.

Hindu practices vary widely depending on geographical, linguistic, caste, and class backgrounds.

Hinduism and Hindu Communities

The world's Hindus are estimated at 1 billion, some 15 per cent of the global population.³⁴ The ancient traditions of Hinduism can be traced to the Indian subcontinent.³⁵ Hinduism is the world's third largest religious tradition, after Christianity and Islam. Most Hindus are in Asia-Pacific —India (94 per cent), Nepal (2 per cent), and Bangladesh (1 per cent) —³⁶ with sizeable Hindu diaspora communities in North America, South America, West Indies, South Africa, and the United Kingdom that also shape discourses and practices of Hinduism.

Decentralization and diversity are important features of Hindu traditions. There is no central founding figure, single historical origin, or doctrinal authority. Many Gods and Goddesses represent the Divine. Traditions developed through a combination of influences from various forms of religious traditions and practices. Teachings are reflected in a collection of texts that can be divided into two groups: *shruti* (body of sacred literature as a product of divine revelation), with the Vedas and the Upanishads as the primary authority; and *smritis* (commentaries), the secondary authority.³⁷ Hindu practices vary widely depending on geographical, linguistic, caste, and class backgrounds.

This diversity applies to the position of women in Hindu communities. Women's and gender roles in Hindu traditions and communities are contextually and historically specific, multifaceted, and continuously evolving. While classical Hindu scriptures may appear immutable, "Hindu practices have been fluid and flexible, allowing for adaptation, assimilation, and adjustments."³⁸ This supports efforts to build on elements of Hinduism to empower women.

Reformers within Hindu traditions draw on Hindu sacred texts to advocate women's liberation from oppressive practices. For example, in opposing *sati* (the practice of self-emolition of Hindu widows on their husband's

³⁴ Ibid.

³⁵ Vasudha Narayanan. Hinduism. In Katherine Young and Arvind Sharma, eds (2002). *Her Voice, Her Faith: Women Speak on World Religions*. Cambridge, MA: Westview Press. 11-58.

³⁶ Ibid.

³⁷ Flavia Agnes (2001). *Law, Gender and Inequality: The Politics of Women's Rights in India*. Oxford: Oxford University Press.

³⁸ Narayanan (2002): 57

funeral pyre), Ram Mohan Roy referred to moral codes in sacred texts (dharma sastras), arguing “on the authority of the code of Manu, which recommends a simple life for a widow, that sati was not recommended for a Hindu widow.”³⁹ Ancient mystical texts of Upanishads “recommend eternal liberation of the soul rather than temporary residence in heaven...since sati only ensures the latter, it is not a spiritual practice of great merit.”⁴⁰ Mahatma Gandhi argued for equal rights for women and suggested revisiting smritis (Hindu sacred texts and code books), arguing that ideas and practices that are “repugnant to the moral sense” in smritis should not be understood as divinely inspired. He suggested that, “women with pure moral character — similar to that of the heroines of Indian epics, Sita and Draupadi — should be viewed as having the same moral authority as smritis.”⁴¹ Mira, the Hindu woman saint princess, was hailed as a “model of bravery to support women’s participation in public life.”⁴² Sarojini Naidu, a contemporary of Gandhi, supported women’s rights, “evoking the heroines of epic traditions, presenting feminist aspirations as supported by tradition.”⁴³

Hindu religious traditions in various settings can support the empowerment of women. One example is the symbolic images of the Goddess Kali, imagined as a “powerful pro-woman statement, her fists raised and her tongue lolling in raging protest of the way women are treated”.⁴⁴ Sita, the female protagonist in the epic of Ramayana famed for her “strength and good judgment” is cited as a model for young women.⁴⁵ “Women are the Goddess through their embodiment of Shakti — power that is creative on both physical and metaphysical levels.”⁴⁶ Women’s roles in traditional rituals are seen as empowering when they reclaim Hinduism through their own understandings of love, devotion, and identity.⁴⁷ Other empowering approaches include religious fulfilment through performing arts, such as

This diversity applies to the position of women in Hindu communities. Women's and gender roles in Hindu traditions and communities are contextually and historically specific, multifaceted, and continuously evolving.

³⁹ Neelima Shukla-Bhatt (2002). A Reflection on the Challenges for Hindu Women in the Twenty-First Century. <http://www.iop.or.jp/Documents/0919/shukla-bhatt.pdf>, 63. Accessed 11 August 2015.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Karen Pechilis. In Yudit Kornberg Greenberg, ed. (2008), *Encyclopedia of Love in World Religions*, vol. 2. Santa Barbara, CA: ABC-CLIO Inc.: 206.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Ibid.

drama, dance and music.⁴⁸ Women have endowed temples and women saints in various Hindu movements and have advocated for widows' rights.

In spite of this, however, the practice can differ from the teachings. While various reinterpretations of authoritative Hindu sacred texts and Goddess traditions support women's rights, not all practising Hindus will necessarily either know, espouse or practice these rights.⁴⁹ One explanation is that India's largely secular women's movement has generally seen religion as subordinating women.

Buddhism and Buddhist Communities

Buddhist traditions originated in Asia and nearly 99 per cent of Buddhists today live in the Asia-Pacific region, about half in China.⁵⁰ The largest Buddhist populations outside China are in Thailand (13 per cent), Japan (9 per cent), Myanmar (Burma) (8 per cent), Sri Lanka (3 per cent), Vietnam (3 per cent), Cambodia (3 per cent), South Korea (2 per cent), India (2 per cent) and Malaysia (1 per cent).⁵¹ Siddharta Gautama (Buddha), from a royal family in present day Nepal, is seen as Buddhism's founder.⁵² Seeking enlightenment, he relinquished worldly goods and privileges and through meditation sought wisdom and morality. Buddhist teachings focus on living ethically and morally in a world where interconnection and interdependence define the meaning of humanity. A non-theistic tradition, Buddhism focuses on spiritual development. Buddhist principles focus on eliminating suffering, promoting peace, and working for the liberation of all living beings. Buddhism takes three main forms — Mahayana Buddhism, Theravada Buddhism and Vajrayana Buddhism. Mahayana Buddhism, the largest branch, is practised mainly in China, Japan, South Korea, and Vietnam, while Theravada Buddhism is more prevalent in Thailand, Myanmar (Burma), Sri Lanka, Laos and Cambodia. Vajrayana Buddhism is found in Tibet, Nepal, Bhutan and Mongolia. Various Buddhist movements (for example Soka Gakkai, Tzu Chi, and Hoa Hao) reflect new teachings and organizational styles.

⁴⁸ Vasudha Narayanan. *Brimming with Bhakti, Embodiments of Shakti: Devotees, Deities, Performers, Reformers, and Other Women of Power in the Hindu Tradition*. In Arvind Sharma and Katherine Young, eds. (1999). *Feminism and World Religions*, Albany: State University of New York Press: 25-76.

⁴⁹ *Ibid*, 62

⁵⁰ Pew Research Center (2012). *The Global Religious Landscape*. <http://www.pewforum.org/2012/12/18/global-religious-landscape-exec/> Accessed 11 August 2015.

⁵¹ *Ibid*.

⁵² Rita Gross (2002). *Buddhism*. In Arvind Sharma and Katherine Young, eds. (2002), *Her Voice, Her Faith*. Boulder, CO: Westview Press.

Historically, Buddhism saw the elevation of women's status as possible only in conditioning them to be reborn as men.⁵³ Gender-sensitive theologians, in countering such approaches and underlying cultural biases, have focused on the fundamental Buddhist principles of spirituality, love, compassion, justice, and equality. Gender-sensitive readings of Buddhism are relatively recent, traceable to the 1980s,⁵⁴ though more ancient traditions favouring equality and inclusion can be seen in the Buddha's foster mother and aunt, Mahapajapati Gotami, who insisted that women be allowed to adopt the monastic lifestyle.⁵⁵ Contemporary arguments contend that the "Buddha's own teachings were not sexist, but that Buddhist institutions were androcentric in ways which distorted them."⁵⁶ Advocates aim to revive the women's monastic orders in order to establish women's leadership roles and religious authority; full ordination is viewed as a crucial step towards addressing women's exclusion from Buddhist leadership. Recent ordinations of female monks (for example in Sri Lanka and Thailand) and their admission to monastic life is seen as progress. Other areas of focus are promoting education for girls and women, and dismantling gender-based violence (GBV), sexual exploitation, and slavery.

Support from respected leaders is important in driving change. The Dalai Lama has commented: "I've gained an awareness of the sensitivity of women's issues; even in the 1960s and 1970s, I didn't have much knowledge of this problem. The basic Buddhist stand on the question of equality between the genders is age-old. At the highest tantric levels, at the highest esoteric level, you must respect women: every woman. In Tibetan society, there has been some careless discrimination. Yet there have been exceptional women, high lamas, who are respected throughout Tibet."⁵⁷ Various organizations and individuals promote understandings of Buddhist teachings and practice that support women's roles. Spiritually-based organizations such as the International Women's Partnership for Peace and Justice (IWP) work to "deconstruct patriarchy" in Buddhism. IWP uses feminist analysis to reinvigorate the "true meaning of the Buddha's teachings and make it relevant to women's lived experiences" and applies the Buddha's teaching

Gender-sensitive theologians, in countering such approaches and underlying cultural biases, have focused on the fundamental Buddhist principles of spirituality, love, compassion, justice, and equality.

⁵³ Ibid.

⁵⁴ Maria Heim in Yudit Kornberg Greenberg, ed. (2008). *Encyclopedia of Love in World Religions*, vol. 2. Santa Barbara, CA: ABC-CLIO Inc: 202.

⁵⁵ Ibid, 202-203.

⁵⁶ Ibid.

⁵⁷ Claudia Dreifus (1993). *New York Times Interview with the Dalai Lama*. <http://www.sacred-texts.com/bud/tib/nytimes.htm>. More recently a comment about the necessary attractiveness of a possible female Dalai Lama has drawn fire.

of mindfulness and compassion “to move our feminist intellectual analysis,” working with Buddhist monks, nuns, and lay people, including lesbian, gay, bisexual, and trans (LGBT) activists.⁵⁸

Judaism and Jewish Communities

Judaism is the smallest and most ancient of those termed the major world religions.⁵⁹ In Judaism, ethnicity and religious affiliation are interconnected (this is also characteristic of Hinduism). Different interpretative traditions approach gender relations differently. Orthodox Judaism, the largest, followed by branches of Conservative and Reform Judaism, corresponds roughly to a liberal-conservative continuum. Ultra-Orthodox Judaism is strongly patriarchal with strict limits on women's behaviour, whereas American Reform Judaism allows women rabbis. Rituals and sacred scriptures unite these branches, consisting of the Tanaka (which includes the Torah, the five books of Moses, and to some extent corresponds to Christianity's Old Testament), legal, ritual, and ethical interpretation (Mishnah), and theological readings (Talmud). Religious authority is exercised by theologically schooled rabbis; official rituals at the synagogue are the shared responsibility of the (male) laity. In Israel, the Chief Rabbinate is the recognized supreme religious authority, with jurisdiction (based on Orthodox Judaism) over such issues as Jewish marriage and divorce.

Jewish teachings exhort human beings to emulate the attributes of God (*imitatio Dei*). Since God is conceived as a male entity, men are seen as more perfect human beings than women — with a higher position and more responsibility. Jewish understandings of responsibility apply at the individual level, as the duty to respect religious laws and regulations, and collectively, to uphold God's commandments and respect and preserve Judaism. Scholars highlight the clear gender lines that separate men from women. Before the Reform movement, men and women were not allowed to sit together in synagogues. Orthodox Judaism excludes women from most rituals that take place in the synagogue. Women, however, play an important

⁵⁸ Ouyporn Khuankaew. Tackling Gender and Sexual Discrimination in Buddhism. In Danguilan, M., ed. (2018), *Keeping the Faith: Overcoming Religious Fundamentalisms*. ARROWs for Change, vol. 14, No. 1 and 2: 12-13. <http://docslide.us/documents/v14n12.html> Accessed 11 August 2015.

⁵⁹ The scholarly use of 'world religion' is discussed in Peter Beyer (2013), *Religion in the context of globalization: Essays on concept, form, and political implication*. London: Routledge.

part in rituals in the home, notably in keeping rules of purity connected with dietary precepts (kosher).⁶⁰

Different Jewish groups advocate for egalitarian approaches to the roles of both men and women, and women's place in the religious communities is becoming more equal in some communities. Ordination of women as rabbis is increasingly common outside Orthodox communities. The first recorded case of a female rabbi was in 1935, in Germany; Reform Judaism ordained Sally Priesand as its first rabbi in 1972, and Amy Eilberg became the first female rabbi in Conservative Judaism in 1985. Women increasingly occupy advisory positions in Rabbinic Courts in Israel.

Christianity and Christian Communities

The estimated 2.2 billion Christians constitute about 38 per cent of the world's population, with roughly equal numbers in Europe (26 per cent), Latin America and the Caribbean (24 per cent), and sub-Saharan Africa (24 per cent).⁶¹ Christianity has important divisions, generally seen as the Roman Catholic Church (by far the largest with 50 per cent of Christians), Protestants (37 per cent) — with its numerous denominations — and Orthodox (13 per cent). With minor variations, Christians share sacred texts: the Bible, which consists of the Old Testament (which corresponds to some extent with the Jewish Tanakh) and the New Testament, which contains the teaching of Jesus and the first Christians. They share the basic tenets of faith in God as creator of the world, Jesus Christ as saviour, and the Holy Spirit representing divine power.

Christianity stands out among world religions in its elaborate organizational structures. Churches are generally organized as hierarchical structures with either one leader (e.g. the Pope, Patriarch or Archbishop) or a collective leadership presiding over a community organized in terms of membership. This structure is most elaborately expressed in the Catholic Church, a single, hierarchical institution headed by the Pope in Rome. The Pope leads the

Different Jewish groups advocate for egalitarian approaches to the roles of both men and women, and women's place in the religious communities is becoming more equal in some communities.

⁶⁰ Shahida Zaidi, Arulmozhi Ramarajan, Renzong Qiu, Michal Raucher, Ruth Chadwick, Amna Nossier (2009). Sexual rights and gender roles in a religious context. *Journal of Gynecology and Obstetrics* (19 June 2009).

⁶¹ Conrad Hackett and Joseph Naylor (2014). Many religions heavily concentrated in one or two countries. Pew Research Center, 27 August 2014. <http://pewrsr.ch/1qv8TiW> Accessed 11 August 2015.

Vatican, an internationally recognized State, geographically situated in Rome (the result of historical events) that is represented, with observer status (as the Holy See) at the UN. The authority of religious experts (e.g. bishops, theological scholars) derives from a combination of theological knowledge and responsibility for leading rituals.

Christianity's many traditions differ on women's roles, including SRH and RR. Christian teachings have traditionally looked to one Genesis account of creation to assign women a position subordinate to men. The concept of 'original sin' has been associated with aspects of sexuality and procreation, explaining in part why it has often been at the centre of Christian moral discourse. Some branches of Christianity, notably in the Protestant traditions, have sought to highlight other biblical texts, such as the first Genesis account (Gen. 1:27) to reinterpret traditions to emphasize women's equality as in God's image; this is reflected, for example, in the ordination of women pastors, for example in the Anglican, Baptist, Methodist, Presbyterian, Lutheran, Episcopalian and several African American churches. These recent developments are a religious parallel to the political achievements of the women's liberation movement in the 1950s and 1960s. Even when women are accepted into the clergy, many argue that gender discrimination still prevails in other parts of church contexts, where male-centred norms and patriarchal hierarchies persist. The Roman Catholic Church and Orthodox Churches do not allow women to be ordained as priests or deacons, yet there is evidence that attitudes are changing. According to a poll conducted among Catholics in 12 countries in 2014, 78 per cent of Spanish Catholics and 59 per cent of US Catholics would like to have female pastors, while the same number for Poland and the Philippines are 38 per cent and 21 per cent respectively.⁶²

Christianity's many traditions differ on women's roles, including SRH and RR.

Islam and Muslim Communities

The world Muslim population is estimated at 1.6 billion,⁶³ with the most significant division being between Sunni (87-90 per cent) and Shia (10-13 per

⁶² Univision. Voice of the People. http://univision.data4.mx/resultados_catolicos/eng/ENG_catholic-survey.pdf Accessed 28 January 2016.

⁶³ Drew Desilver (2013). World's Muslim Population More Widespread Than You Might Think. Pew Research Center. www.pewresearch.org/fact-tank/2013/06/07/worlds-muslim-population-more-widespread-than-you-might-think/



cent).⁶⁴ About 20 per cent of the world's Muslims live in the Middle East region, 60 per cent in Asia-Pacific, 16 per cent in sub-Saharan Africa, 3 per cent in Europe, and less than 1 per cent each in North America and Latin American and the Caribbean.⁶⁵ The largest national Muslim populations are in Indonesia (209 million) and India (176 million).⁶⁶ Islam originated in the Arabian Peninsula in the seventh century and core principles are reflected in the Arabic root for the word Islam, SLM, which means, among other things, purity, submission, and obedience to God. The Koran is the highest religious source; other sources of Islamic tradition are the Sunna (the Prophet Muhammad's way of life), hadith (narration of the sayings of the Prophet Muhammad), fiqh (jurisprudence) and shari'a (code of law). Islam

⁶⁴ Sunni and Shia, two main sects of Islam, look to a division over the leadership succession after the death of the Prophet Muhammad. There are theological differences and distinctions between the religious practices of the two sects. Sufism represents a spiritual and mythical tradition within Islam; its members believe that a personal experience of God is attainable through meditation and self-discipline.

⁶⁵ Pew Research Center (2012). The Global Religious Landscape. <http://www.pewforum.org/2012/12/18/global-religious-landscape-exec/> Accessed 11 August 2015.

⁶⁶ Ibid.

overall has no centrally organized and recognized clergy and neither do most distinctive traditions; the role of the Aga Khan as leader of the Ismaili community is an exception.

The world's Muslim communities are highly diverse in racial and/or ethnic and linguistic characteristics and cultural heritage. Readings of texts, legislation, and implementation depend on context. The heterogeneity of Muslim experiences and cultural practices is of central importance in ascribing characteristics to Islam or Muslims (as indeed it is for all traditions). The cultural context in which Islam was revealed and interpreted has shaped its legacy. Historically, in the seventh century Arabian Peninsula men dominated interpretive communities and the process of Islamic knowledge production.⁶⁷ This experience and these lived realities inform understandings of gender roles and women and men's rights.⁶⁸

The roles of women in Islamic law and society are the subject of considerable scholarship and debate. This includes important efforts by women, in many different countries and communities, to look to core Islamic teachings and principles that they see as supporting the equality of women and men. Some scholars call for the re-examination of gender power relations and the rights of men, emphasizing that when the Qur'an was revealed it revolutionized gender relations in seventh century Arabia, promoting the active participation of women in social, political, and religious life and opposing traditions such as infanticide.⁶⁹ Some seek to steer a course that respects both the interpretation of sociopolitical and cultural realities according to Islam, and a human rights discourse as defined in the United Nations Declaration of Human Rights.⁷⁰ Justice and equality are stressed as fundamental concepts of Qur'anic revelation, as are women's (and men's) capabilities to interpret and

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⁶⁷ John Esposito and Yvonne Haddad, eds. (2001). *Daughters of Abraham: Feminist Thought in Judaism, Christianity, and Islam*. Gainesville: University Press of Florida. Contemporary research is slowly unearthing the existence and contributions of female narrators of hadith (the Prophetic tradition), and female scholars of Islamic sciences. For example, see Omaira Abou-Bakr (2003). *Teaching the Words of the Prophet: Women Instructors of the Hadith (14th & 15th century)*. HAWWA: Journal of Women of the Middle East and the Islamic World, vol. 1, No. 3: 306-328; and Omaira Abou-Bakr (2010). *Articulating Gender: Muslim Women Intellectuals in the Pre-modern Period*. Arab Studies Quarterly, No. 3: 32. See also Mohammad Akram Nadwi (2007). *Al-Muhaddithat - The Women Scholars in Islam*. Interface Publications.

⁶⁸ See Leila Ahmed (1992). *Women and Gender in Islam: Historical Roots of a Modern Debate*. New Haven: Yale University Press; Reza Aslan (2006). *No God But God: The Origins, Evolution, and Future of Islam*. New York: Random House.

⁶⁹ Support for this approach can also be found in the works of Tariq Ramadan, Khaled About El Fadl, and Abdullahi Ahmed An-Naim.

⁷⁰ See Azza Karam (1998). *Women, Islamisms and the State: Contemporary Feminisms in the Middle East*. London: Macmillan.



produce religious meanings within a historical context. Growing numbers of Muslims stress that the traditional ulama⁷¹ class does not have a monopoly on Islam and that Islam is a religion capable of renewal (islah) and reform (tajdid), responding to the contextual needs and challenges of its adherents. This entails revisiting normative understandings of scripture and fiqh (jurisprudence) as well as distinguishing between fiqh and shari'a (code of law). Since human knowledge of God will never be absolute, fiqh is deemed fallible, open to deconstruction and revision, thus making reform possible at the legal level, on issues such as marriage, divorce, and guardianship in family law.⁷²

⁷¹ Ulama refer to scholars who are knowledgeable about religious sciences and Islamic jurisprudence, and are central to religious education of communities. They are interpreters of the Qur'an, transmitters of Hadith, and jurists of Islamic law. Muhammad Qasim Zaman (2002). *The Ulama in Contemporary Islam: Custodians of Change*. Princeton: Princeton University Press.

⁷² For example, see Ziba Mir-Hosseini (2003). *The Construction of Gender in Islamic Legal Thought: Strategies for Reform*. HAWWA: Journal of Women in the Middle East and the Islamic World, vol.1 No.1: 1-28; Kecia Ali (2006), *Sexual Ethics and Islam: Feminist Reflections on Qur'an, Hadith and Jurisprudence*. Oxford: Oneworld Publications.

4

SRH and RR Issues: Religious Support, Debates, and Actions

Chapter III explored broad approaches of leading religious traditions, particularly in relation to women's roles. It highlighted contemporary efforts, generally led by women, to reinterpret these approaches within a religious framework to reflect core human rights principles of equality. This is the backdrop for many debates and controversies about SRH and RR.

This chapter (IV) focuses on issues related to SRH and RR that have been particularly sensitive within religious communities and in relation to different aspects of human rights. It highlights the issues and generally accepted international perspectives, before exploring areas of common ground and of difference between the five religious traditions introduced in chapter III. Its focus is culturally and religiously linked debates, in relation to priority topics for SRH and RR.⁷³ These debates have been visible within UN circles, often focused on approaches to and understandings of sexuality and reproduction. Cultural and religious actors play important roles in these debates, and the positions of different protagonists range from strong support for rights-based approaches to questioning and opposition.

Family Planning and Contraception

Voluntary family planning is recognized, notably following the ICPD, as a fundamental human right, that facilitates the ability of couples and individuals to determine the timing and spacing of pregnancies. Family planning is understood to contribute to improving family welfare as well as women's health, promoting gender equality, encouraging educational/career pursuits, and reducing poverty. Member States of the UN have given family planning prominence in the Sustainable Development Goals (SDGs) and targets. The commitment to promote universal access to sexual and

⁷³ For a broader discussion, see Andrew Tomkins et. al (2015). Controversies in faith and health care. The Lancet, 6 July 2015. <http://www.thelancet.com/series/faith-based-health-care> Accessed 12 August 2015.

reproductive health, including family planning, information and education, is most explicitly reflected in target 3.7 under SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages by 2030.⁷⁴ However, universal access to family planning will also have a positive impact on other targets under SDG 3, such as reduction of maternal mortality, and prevention of HIV/AIDS. The agreement among Member States on the importance of universal access to SRH and RR is also duly recognized in SDG 5 on achieving gender equality and empowering all women and girls. Under this goal, target 5.6 again emphasizes the importance of universal access to SRH and RR, of which access to family planning, information and education is an integral part.⁷⁵

Between 1990 and 2010, global contraceptive use increased, particularly in developing countries⁷⁶ but estimated unmet needs for modern contraceptives remain high, especially in sub-Saharan Africa (53 million people [60 per cent] of 89 million), South Asia (83 million people [34 per cent] of 246 million), and western Asia (14 million people [50 per cent] of 27 million).⁷⁷ Obstacles to access to modern contraceptives include economic circumstances, quality and availability of supplies and services, and social and cultural constraints. Family planning, with its obvious ties to sexual activity, is commonly tied to cultural and religious values. This in turn influences the ways in which individuals, communities, health practitioners, and states address the topic.⁷⁸

⁷⁴ Target 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." <http://www.un.org/sustainabledevelopment/> Accessed 13 April 2016.

⁷⁵ Target 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." <http://www.un.org/sustainabledevelopment/> Accessed 13 April 2016.

⁷⁶ L. Alkema, V. Kantorova, C. Menozzi, and A. Biddlecom (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. *The Lancet*, vol. 381: 1642-1652.

⁷⁷ J.E. Darroch and S. Singh (2013). Trends in contraceptive need and use in developing countries in 2003, 2008, 2012: an analysis of national surveys. *The Lancet*, vol. 381: 1756-1762. <http://www.guttmacher.org/pubs/journals/darroch-singh-lancet-2013-381-9879.pdf> Accessed 11 August 2015.

⁷⁸ UNFPA (2012). *State of World Population 2012: By Choice, Not By Chance: Family Planning, Human Rights and Development*. http://www.unfpa.org/webdav/site/global/shared/swp/2012/EN_SWOP2012_Report.pdf Accessed 11 August 2015.

Approaches to family planning and contraception (as well as direct experience) vary widely within and among religious traditions.⁷⁹ Responsible parenthood and healthy timing and spacing of pregnancies have wide acceptance in every religious tradition, with few exceptions. However, views and formal positions on methods of family planning and specifically contraception differ, with debates often centred on the specific mechanisms of different contraceptive methods. In debates, family planning is sometimes (incorrectly) equated with abortion; this contributes to overall opposition to family planning. Perceptions that family planning is promoted to control population size can spark opposition. Particular religious concerns and common opposition centre on the provision of services, including for example information, to unmarried couples, because sexual relations outside marriage are commonly opposed. There are also debates around ethical issues linked to specific contraceptive methods, including sterilization and emergency contraception.

The HIV/AIDS pandemic has raised specific issues in relation to SRH and RR that have drawn religious support and opposition. These include a focus on policy and programmatic approaches to vulnerable groups such as sex workers and men who have sex with men (MSM), positions on the promotion of condom use and safe sex, and male circumcision. The pandemic has also highlighted the moral and practical dimensions of health disparities, which apply vividly to SRH. These notably include the vulnerability of women and especially adolescent girls. This topic has prompted debate in some religious communities, with some adopting strong positions in favour of universal health care. Responses to the HIV/AIDS pandemic also illustrate the dynamism of positions, which individuals and denominations have adapted in response to changing circumstances and knowledge.

⁷⁹ The World Faiths Development Dialogue (WFDD) 2014 report, Faith and International Family Planning (undertaken for the United Nations Foundation Universal Access Project) reviews the global experience of faith actors from different religious traditions with family planning. The central conclusion is that many religious actors support family planning and engage actively in family planning programmes. Religious perspectives and actors have significant impact on government policy in some settings, but less in others. <http://berkeleycenter.georgetown.edu/publications/faith-and-international-family-planning> Accessed 12 August 2015.



Hindu Contexts

Hindu scholars have taken no formal positions supporting or opposing family planning, generally, or specific methods. Relevant issues in Hindu communities are the prevalence of sex selection favouring males — seen as having primarily cultural roots — and the generally subordinate position of women in daily practice which affects their capacity to make decisions and their access to health care.

Buddhist Contexts

Buddhist scholars have taken no formal positions opposing family planning, nor have Buddhist leaders been active leaders in family planning efforts. An exception is the role that some engaged Buddhist leaders have played in addressing the HIV/AIDS pandemic in Southeast Asia, notably in Thailand and Cambodia. There the focus has generally been on care for those affected rather than specific prevention approaches, given a reluctance for Buddhist monks and (to a lesser degree nuns) to address sexual matters directly.

Jewish Contexts

Most Jewish scholars and faith leaders support family planning and contraception. Judaism values marriage and family, and mothers are accorded high status; a couple with no children is seen as suffering and human procreation is seen as a part of God's plan.⁸⁰ The most conservative branches of Judaism see pregnancy not just as part of women's lives, but as a distinctly female form of piety: "Their husbands enact religious piety through Torah study, they through procreation".⁸¹ Women may thus feel the obligation to procreate; even if contraceptive methods are available, cultural pressures may discourage their use.

Israeli rabbinic authorities have not interpreted the use of contraceptive methods as a violation of Jewish Law. Forms of contraception are allowed, except those that interfere with male fertility (condoms, sterilization); the religious reasoning is that human procreation is a male privilege since fertility resides in men's seed: "Because Jewish law is directed at the male, the obligation to procreate also falls on the male. Thus, when Orthodox authorities rule on the issue of contraception, they will generally allow birth control pills but will not allow any device that blocks the passage of sperm, thus preventing the male from fulfilling his obligation"⁸². The main argument to allow the use of contraception follows from the importance given to women's health; thus the "obligation [to reproduce] must be balanced with competing concerns, such as the mother's health and ability to cope."⁸³

⁸⁰ Susan Martha Kahn (2000). *Reproducing Jews: A Cultural Account of Assisted Conception in Israel*. Durham: Duke University Press.

⁸¹ T. Ivry, E. Teman, A. Frumkin (2011). God-sent ordeals and their discontents: Ultra-orthodox Jewish women negotiate prenatal testing. *Social Science and Medicine*, vol. 72: 1527-1533.

⁸² Shahida Zaidi, Arulmozhi Ramarajan, Renzong Qiu, Michal Raucher, Ruth Chadwick, Amna Nossier (2009). Sexual rights and gender roles in a religious context. *Journal of Gynecology and Obstetrics*, vol. 106, No. 2 (19 June 2009).

⁸³ Erin Fowler (2013). *Advancing Reproductive Rights in a Religious World: A Comparative Survey of Reproductive Rights in Poland, Indonesia and Israel*. A thesis submitted in conformity with the requirements for the degree of Master of Laws Graduate Department of the Faculty of Law University of Toronto, 25. https://tspace.library.utoronto.ca/bitstream/1807/42839/1/Fowler_Erin_R_201311_LLM_thesis.pdf Accessed 12 August 2015.

Christian Contexts

Most Christian theologians consider the human ability to procreate a God-given capacity. Beyond this agreement are many debates. Catholic teaching (and Catholics represent by far the largest single group of Christians globally) limits sex to marriage and requires that the couple is open to children.⁸⁴ “Artificial” contraceptive methods (also termed “modern”) are held to violate the principal role of marriage by preventing the creation of new life, and are thus a “sin against nature”. “Natural” family planning is supported, including sexual abstinence during fertile periods of the woman’s cycle. The official Catholic Church stance on contraception is articulated in different Papal Encyclicals (1930, 1968, 1995), even as it is actively debated within Catholic communities.⁸⁵ Surveys in various countries indicate that the Church’s position on contraception is ignored by many Catholic couples. However, in rural communities in particular, women may tend to avoid contraceptives for fear of stigmatization.⁸⁶

The many Protestant denominations (considered to number over 20,000) hold different positions on family planning but many, probably most, support family planning and modern contraceptive methods and have done so for some decades. A 2006 World Council of Churches (WCC) document reviewing work over the years highlights diversity and the significance of context.⁸⁷ Most churches do not support the provision of services to unmarried couples but in practice health clinics may do so based on pragmatic arguments.⁸⁸ Some Pentecostal and Evangelical groups oppose contraceptive methods, especially those that they view as possibly acting as abortifacients.

⁸⁴ Kathryn Lilla Cox (2013). *Toward a Theology of Infertility and the Role of Donum Vitae*. *Horizons*, vol. 40: 28-52 doi:10.1017/hor.2013.2 Accessed 12 August 2015.

⁸⁵ R.J. Cook and B.M. Dickens, eds. (2009). *Ethical and Legal Issues in Reproductive and Sexual Health*. Quarterly Columns and Symposium Contribution on Legal and Ethical Issues. *International Journal of Gynecology and Obstetrics*, 107.

⁸⁶ See Julie Clague (2014). *Faith, Family and Fertility: Introduction*. *The Heythrop Journal*, Special Issue: Faith, family and fertility, vol. 55, No. 6 (November 2014): 979-984. See also, Catholics for Choice (2014). *The Facts tell the Story: Catholics and Choice*. Washington, D.C.: Catholics for Choice. <http://www.catholicsforchoice.org/topics/catholicsandchoice/documents/FactsTelltheStory2014.pdf> Accessed 12 August 2015.

⁸⁷ World Council of Churches (2006). *Contributions to the discussions on human sexuality 2006*. From Harare to Porto Alegre: Background. <https://www.oikoumene.org/en/resources/documents/assembly/2006-porto-alegre/3-preparatory-and-background-documents/churches-response-to-human-sexuality> Accessed 12 August 2015.

⁸⁸ See WFDD (2014), *Faith and International Family Planning*, [http://repository.berkeleycenter.georgetown.edu/140201WFDDFaith and International Family Planning Report.pdf](http://repository.berkeleycenter.georgetown.edu/140201WFDDFaith%20and%20International%20Family%20Planning%20Report.pdf) Accessed 12 August 2015.

There are differences in approach among the various Orthodox communities. The Orthodox Churches hold that sexual activity is only acceptable within marriage. The Eastern Orthodox Church opposes all family planning methods, except for the “rhythm method”⁸⁹. Other Orthodox Churches may allow married couples to regulate the size of their family without naming permissible methods. In Russia, the political leadership has promoted traditional patriarchal family values in order to curb the trend towards low birth rates, with the active support of the Russian Orthodox Church. The Church has encouraged large families and traditional family values.

The issue of condom use has assumed particular importance, especially in Christian Sub-Saharan Africa, in communities with high HIV/AIDS prevalence. Despite the importance accorded to condom use by public health specialists, the Catholic Church has officially spoken against condom distribution. Some Catholic bishops and nuns have publicly taken opposing positions, weighing the lesser evil of condom use. South African Bishop Kevin Dowling of Rustenburg, for example, has argued that abstinence before marriage and faithfulness in a marriage is not possible in some settings and the issue is to protect life. There have been differences, albeit less pronounced, among Protestant leaders.⁹⁰ With regard to a related aspect, religious and cultural leaders have an important role to play in encouraging or discouraging the premium allocated to fertility in various societies.

Muslim Contexts

Many scholars and leaders agree that contraception, by most methods, is acceptable but some (a minority) oppose all or most family planning. Islam’s highest sources of authority, the Qur’an and hadith, along with Sunna, do not provide explicit guidance on contraception and family planning. Thus Muslim jurists and scholars deduce rulings from their interpretation of Qur’anic injunctions of morality and justice. The Prophet Muhammad was said to practice coitus interruptus, or azl, but recommended that husbands seek their wives’ approval because wives have the right to sexual fulfilment and the right to have offspring.⁹¹ When addressing family planning and

⁸⁹ Eugenia Georges (2008). *Bodies of Knowledge: The Medicalization of Reproduction in Greece*. Vanderbilt University Press.

⁹⁰ John Coleman (2009). Bishop Kevin Dowling: AIDS and Condoms. *America*. <http://americamagazine.org/content/all-things/bishop-kevin-dowling-aids-and-condoms> Accessed 12 August 2015.

⁹¹ Sa’diyya Shaikh. In Daniel Maguire, ed. (2003), *Sacred Rights: The Case for Contraception and Abortion in World Religions*. Oxford University Press: 114-115.

contraception, Muslim scholars and leaders assume that these take place within the context of marriage and family.

Supporters of contraceptive use draw on the Islamic intellectual legacy to highlight that “eight out of nine classical legal schools permitted the practice of contraception.”⁹² One of the earliest known forms of contraception dates back to the ninth century — intravaginal suppositories and tampons. Other historical evidence exists: Ibn Sina (Qanus) lists 20 birth control substances; Abu Bake al-Razi (Hawi) lists 176 birth control substances; and Al Ghazali permitted contraception to avoid financial hardship, maintain women's life, health, and beauty, and preserve the marital bonds.⁹³

Muslim scholars (for example Abul Ala Maududi) who oppose contraception argue that “the Qur'an is not silent” on the subject.⁹⁴ They cite Qur'anic verses that condemn the female infanticide that was prevalent in pre-Islamic Arabia (Surah 81: At-Takwir: 8-9; Surah 16: An-Nahl: 57-59) and verses that prohibit the ‘killing’ of children (Surah 6: Al-An'am: 137, 140, 151; Surah 17: Al-Isra: 31; Surah 60: Al-Mumtahanah: 12).⁹⁵ The following verse is held to support their belief that God will provide for those who believe: “Do not kill your children for fear of poverty — (for) it is We who shall provide sustenance for you as well as for them” (Surah 6: Surah Al-An'am:151).⁹⁶

Formal policies, religious teachings, and scholarly positions vary from country to country. In several Muslim-majority countries, cultural perceptions and individual attitudes about contraception and family planning are expressed in religious terms and may in practice limit access to contraception. In contrast, several countries have worked with religious leaders to support family planning programmes. Prominent examples are Indonesia, Iran, Morocco, and Senegal.⁹⁷ Malaysia offers an example of the complex influence of religious and cultural beliefs and teachings on practice. The country has no official national family planning policy⁹⁸ but the Government

⁹² Ibid., 105

⁹³ Ibid., 117

⁹⁴ Riffat Hassan (2014). Is Family Planning Permitted by Islam? The Issue of a Woman's Right to Contraception. http://riffathassan.info/wp-content/uploads/2014/03/Is_Family_Planning_Permitted_by_Islam1.pdf, pg 227. Accessed 12 August 2015.

⁹⁵ Ibid., 228

⁹⁶ Ibid.

⁹⁷ World Faiths Development Dialogue (2015). Family Planning: Religious engagement in six Muslim countries.

⁹⁸ Center for Reproductive Rights (2005). Women of the World: Laws and Policies Affecting their Reproductive Lives, 93, <http://reproductiverights.org/sites/crr.civicactions.net/files/documents/Malaysia.pdf> Accessed 12 August 2015.

provides guidelines for family planning through education and services. Contraceptive prevalence is quite high (reported at over 54 per cent)⁹⁹ but among rural Muslims, a belief that family planning is prohibited in Islam results in much lower rates. A study exploring SRH and RR knowledge and practices of female university students from different ethnic groups suggests that “highly religious” respondents “displayed more traditional cultural sensitivities and religious norms”.¹⁰⁰ In Yemen, women’s status, religion, gender roles, literacy, and child marriage, as well as education, including lack of access to religious knowledge,¹⁰¹ and limited access to contraception information and services, all influence perceptions about family planning. Government approaches combine training of health-care service providers, improving infrastructure and service delivery, and dialogue with community and religious leaders, and show positive results.

Abortion¹⁰²

The ICPD POA position is clear: “Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning...”¹⁰³ Paragraph 8.25 clarifies this further.¹⁰⁴ The POA approach to abortion thus complies with national legislative processes and any aspect of abortion addressed in relation to reproductive health

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Men generally have a monopoly on religious knowledge and filter the types of information that women can access. This perpetuates the idea that Islam forbids contraceptives based on the opinions of scholars, who usually lack a strong understanding of social context or the physiological functioning of contraceptives. This situation is worse in countries such as Yemen, where literacy rates are low among women.

¹⁰² UNFPA does not promote abortion as a method of family planning. Rather, it accords the highest priority to voluntary family planning to prevent unintended pregnancies to eliminate recourse to abortion. UNFPA helps Governments strengthen their national health systems to deal effectively with complications of unsafe abortions, thereby saving women’s lives.

¹⁰³ ICPD POA Paragraph 7.24

¹⁰⁴ ICPD POA Paragraph 8.25: “In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances in which abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly which will also help to avoid repeat abortions.”

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care is in countries where it is not against the law. The POA was the first international document to recommend actions on unsafe abortion as part of reproductive health concerns.

Viewpoints on abortion differ widely among the world's major religious traditions and by the sociocultural contexts of their adherents. There are various schools of thought and/or textual interpretation within each religious tradition. In *Global Views on Morality* (2014), the Pew Research Center reported on a global survey that documented views on abortion and levels of opposition.¹⁰⁵ The survey indicates that the majority of those surveyed in sub-Saharan Africa, Latin America, and predominantly Muslim countries in Asia and the Middle East consider abortion morally unacceptable. In Western Europe, Australia, Canada, and Japan, abortion is not primarily framed as a moral issue. The Philippines, El Salvador, Bolivia, and Uganda registered the highest levels of opposition to abortion: 93 per cent of the population of the Philippines believes abortion to be morally unacceptable.

¹⁰⁵ Pew Research Center (15 April 2014). *Global Views on Morality*
<http://www.pewglobal.org/2014/04/15/global-morality/> Accessed 22 June 2014.

Abortion is thus a sensitive issue in many cultures and societies. Traditions and communities may support abortion in certain circumstances but not in others (for example, when the health of the mother is at issue or in cases of rape or incest). These attitudes influence the differing legal regimes. They also influence the widespread practice of illegal (and very often unsafe) abortion, a measure of desperation of women who face an unwanted pregnancy. Where abortion is illegal, cultural and religious approaches on post-abortion care are also relevant. An especially contentious topic, receiving considerable contemporary focus, is abortion in cases of rape or incest.

Hindu Contexts

With no centrally codified Hindu text or teachings, positions are not uniformly structured or absolutist in nature. In practice, views on abortion are continuously evolving. A contemporary view privileges the life of the mother if the pregnancy is a threat to her well-being and recommends abortion in instances of fetus abnormality.¹⁰⁶ Hindu sacred texts suggest that physical and spiritual life merges during conception: “the fetus is not merely a tissue of the mother’s body, but a distinct life with basic attributes of humanity from the moment of its conception.” Since the fetus is believed to possess a soul, there are extensive debates about the fate of the aborted fetus. Some believe that, like any souls of the dead, an aborted fetus will be reincarnated in another body. Hindu classical tradition venerates “life in the womb” and treats abortion as “a heinous crime”; juristic schools that follow Manu, Gautam, Vassitha, Yajnavalky, and Charak condemn abortion.¹⁰⁷ In Sanskrit terminology the differentiation between abortion and miscarriage illuminates its moral dimension — abortion implies intention and responsibility, while miscarriage is deemed unintentional and morally neutral.¹⁰⁸

India (where Hinduism is the dominant tradition) has legalized abortion for a variety of medical, economic, and social reasons. The Medical Termination of Pregnancy Act (1971) permits abortion to: save the life of the woman; preserve physical health; preserve mental health; and terminate a pregnancy resulting from rape or incest and in cases of fetal impairment.¹⁰⁹ Contraceptive failure by either the wife or husband is considered a sufficient ground for legal abortion.¹¹⁰ A blend of social and cultural dynamics are also linked to son-preference and the widely practised, albeit illegal, sex-selective abortion. While women have access to legal abortion services, a combination of social stigma and a lack of awareness about legal provisions for abortion limit access in practice, resulting in many women resorting to unauthorized providers; a woman dies from unsafe abortion every two hours.¹¹¹

¹⁰⁶ Sadhya Jain in Maguire, op.cit. 136

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

¹⁰⁹ United Nations (n.d.). India, Abortion Policy. <http://www.un.org/esa/population/publications/abortion/doc/india.doc> Accessed 12 August 2015.

¹¹⁰ Ibid.

¹¹¹ Time (2013). Every Two Hours in India, a Woman Dies From an Unsafe Abortion. <http://world.time.com/2013/07/19/world-population-focus-on-india-part-2-unsafe-abortions/> Accessed 15 August 2015.

In Nepal, which until recently had the world's highest maternal mortality rate, a law legalizing abortion was passed in 2002.¹¹² Abortion can be performed up to 12 weeks of gestation by request and up to 18 weeks of gestation in instances of rape and/or incest. Abortion is also permitted at any time (with approval from a certified medical practitioner) to save a woman's life and in the case of fetus impairment. Sex-selection abortion is prohibited but is still practised, the result of economic and sociocultural norms that value sons and devalue daughters. While abortion is legal, lack of awareness, limited access to affordable services, and social stigma are barriers to safe abortion. For instance, local terms for abortion such as *garva tuhaune* (taking the baby out of the womb) and *adhigro phalne* (getting rid of half-grown fetus) create a negative environment for those seeking abortions.¹¹³

Buddhist Contexts

Buddhist teachings permit abortion to save the mother's life and when a pregnancy results from sexual assault. Regarding fetal impairment, it is implicitly understood that physical and/or mental disability is a "manifestation of the child or parents' karma and therefore abortion is unacceptable."¹¹⁴ Similarly, abortion related to parents' economic hardship is considered as deviating from the general tenets of the faith.

Basic Buddhist teachings, based on the law of karma, dictate that one should abstain from inflicting injury and/or killing any living being. The general commandment is not to be the cause to kill, order someone to kill, or collaborate in killing, not even an embryo.¹¹⁵ Life is understood to begin at the moment of conception through a combination of three factors: mother and father have a sexual union, a mother is in her fertile period, and a being awaiting birth (*gandhabba*) is present. In general, Buddhist beliefs hold that

¹¹² Samandari et. al. (2012). Implementation of legal abortion in Nepal: a model for rapid scale-up of high-quality care. *Reproductive Health*, vol. 9, No. 7. <http://www.reproductive-health-journal.com/content/9/1/7> Accessed 12 August 2015.

¹¹³ K. Thapa et al. (2009). Myths and Misconceptions about Abortion among Marginalized Underserved Community. *Journal of Nepal Medical Association*, vol. 48, No. 176: 276-280. <http://jnma.com.np/journal/index.php/jnma/article/view/353> Accessed 12 August 2015.

¹¹⁴ *Ibid.*, 134

¹¹⁵ Parichart Suwanbubbha in Daniel Maguire, ed. (2003). *Sacred Rights: The Case for Contraception and Abortion in World Religions*. Oxford University Press: 153.

“abortion at any time is killing and an unwholesome action because ‘a being waiting to be born’ transmits his or her energy to be born as a new person.”¹¹⁶ The unwholesome intent to kill is considered nullified if the following conditions do not come together holistically: an existing being, knowledge that there is a being, intention of killing, effort of killing, and consequent death.¹¹⁷

While Theravada scriptures do not clearly prohibit abortion, codes of conduct for monks and nuns outline the prohibition. The scriptures state that those who participate in and/or incite the intentional deprivation of human life are classified as “defeated, not in communion.”¹¹⁸ A distinction is made between abortion and miscarriage; the latter is understood as unintentional, and is moral.

Specific legal provisions vary by country, often influenced by perceptions of religious teachings. In Thailand, under Section 301 of the Criminal Code, abortion is illegal except to preserve a mother's life and well-being (mental and physical). Abortion is also allowed when the pregnancy is a result of unlawful sexual contact. A qualified medical practitioner is required to perform pregnancy termination. Although abortion is legally restricted, an estimated 80,000–300,000 abortions are performed each year, often by untrained medical professionals, resulting in complications that include infections, grave injuries, and even death.¹¹⁹ A predominantly Theravada Buddhist country, the social perception of abortion is that it is a “life-destroying act that constitutes a serious Buddhist bap (sin/demerit)”¹²⁰ but many Thai Buddhists take “a middle path on the morality of abortion”, considering it acceptable in cases where the mother has mental illness, hereditary disease, or HIV/AIDS, and if she is unmarried.¹²¹ There is also support for abortion in cases of fetal abnormalities.

¹¹⁶ Ibid. 154

¹¹⁷ Ibid. 154-5

¹¹⁸ Constantin-Iulian Damian (2010). Abortion from the Perspective of Eastern Religions: Hinduism and Buddhism. *Romanian Journal of Bioethics*, vol. 8, No. 1 (January-March 2010): 133.

¹¹⁹ Andrea Whittaker (2002). The Struggle for Abortion Law Reform in Thailand. *Reproductive Health Matters*, vol. 10, No. 19 (May 2002): 45-53.

¹²⁰ Ibid. 46

¹²¹ Ibid.

In Japan (Mahayana Buddhism), the Maternal Protection Law allows abortion in the following instances: to save the mother's life, for social and economic reasons, and in cases of a pregnancy resulting from sexual assault. While not directly grounded in religious reasons, social acceptance of abortion is tied to values of Buddhism insofar as the taking of a life is considered a harmful practice. As a society, Japanese Buddhists have negotiated termination of fetal life through a particular morality — “moral bricolage” — that allows room to integrate the teachings of Buddhism and the lived realities of contemporary Japanese women.¹²² The aborted fetus is considered a Mizuko, “suspended in water” and “still unformed”; Mizuko is believed to linger in limbo until its rebirth and, as such, is honoured through ritual services.¹²³

Jewish Contexts

Jewish teachings on abortion are divided, with mainstream thought shifting towards acceptance. However, there is considerable debate and some strong opposition. Contemporary Halakhic authorities oppose abortion. For example, several scholars would maintain that the Old Testament prohibits abortion altogether. Orthodox rabbi and scholar R. Moses Feinstein argued that abortion should be permitted if — and only if — the continuation of the pregnancy could result in the mother's death. The “if and only if” is important; Feinstein argued that not all health reasons suffice to allow abortive acts; only those that seriously imply a risk to the mother's life justify an abortion.¹²⁴

Christian Contexts

Christian views on abortion vary among, and sometimes within, denominations. The strongest opposition to abortion comes from the Roman Catholic Church, the Maronite and Eastern Orthodox Churches, and some Evangelical and Pentecostal denominations. Other denominations, notably mainline Protestant churches, take relatively less categorical stances.

¹²² William LaFleur (1992). *Liquid Life: Abortion and Buddhism in Japan*. Princeton: Princeton University Press.

¹²³ *Ibid.* 24

¹²⁴ David Feldman. *The Parameters of Abortion in Judaism*. In Steven Bayme and Gladys Rosen, eds. (1994), *The Jewish Family and Jewish Continuity*. Hoboken, NJ: KTAV. <http://www.myjewishlearning.com/article/the-parameters-of-abortion-in-judaism/> Accessed 12 August 2015.

Pope John Paul II stated (in 1995) that “The human being is to be respected and treated as a person from the moment of conception”.¹²⁵ Two laws in the Code of Canon Law relate to abortion. Canon 1398 refers specifically to abortion, stating, “A person who procures a completed abortion incurs a *latae sententiae* [automatic] excommunication.” Canon 1329§2 states that “Accomplices who are not named in the law...incur a *latae sententiae* penalty attached to an offense if it would not have been committed without their efforts.” Pope Francis has called abortion an abominable crime: a direct violation to one of the Ten Commandments that prohibits attempting against life; every individual had a right towards life, even persons who are yet to be born.¹²⁶ He has also emphasized the need to protect the vulnerable, understood to include the unborn.¹²⁷

In countries where abortion is legal, tensions between, for example, the legal right of a woman to have an abortion, and the right of health professionals to exercise their religion freely raise issues of conscientious objections, in law and in practice. For example, Italy's abortion Law 194 of 22 May 1978 requires health-care institutions to ensure that women have access to abortion, but a 2008 report of the Ministry of Health showed that the number of conscientious objections grew during the first decade of the twenty-first century, when around 70 per cent of gynaecologists in Italy refused to practice an abortion based on moral grounds.¹²⁸

The positions of Protestant churches vary widely, with nuances as to circumstances and stage of gestation.¹²⁹ Orthodox Church doctrine opposes abortion, while many Evangelical and Pentecostal churches oppose abortion under most circumstances, as does the Church of Latter Day Saints. However, there are many Protestant denominations that view abortion as a matter for individual conscience.

¹²⁵ Pope John Paul II (1995). *The Gospel of Life*. *Evangelium Vitae*: 44; see also N. Ford (2008). *A Catholic ethical approach to human reproductive technology*. *Religion in Assisted Reproduction*: 39-48. Cambridge: Reproductive Healthcare.

¹²⁶ InfoCatólica (2014). Papa Francisco: “El aborto y el infanticidio son delitos abominables”. 11 April 2014. <http://infocatolica.com/?t=noticia&cod=20499>

¹²⁷ In September 2015, however, he indicated that during the Jubilee year the sin of abortion could be forgiven by a priest.

¹²⁸ Republic of Italy, Ministry of Health (2008). *Report of the Ministry of Health on the Performance of the Law Containing Rules for the Social Care of Maternity and Voluntary Interruption of Pregnancy: 2006-2007*. Rome: Ministry of Health.

¹²⁹ Pew Forum (2013). *Religious Groups' Official Positions on Abortion*. Pew Research Center, June 2013. <http://www.pewforum.org/2013/01/16/religious-groups-official-positions-on-abortion/> Accessed on 10 August 2015.



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Muslim Contexts

Positions on abortion in Islamic jurisprudence vary, as do law and practice in the various Muslim-majority countries. The circumstances of the pregnancy and stages of gestational development are factors that influence approaches. At the core of Islamic teaching is the “sanctity of human life and a profound respect for the potential human life.”¹³⁰ Muslim theologians have suggested that abortion is permissible before ensoulment of the fetus; that is 40, 90, or 120 days after conception.¹³¹ The Qur’an outlines the beginning of life through different stages of fetal development.¹³² A majority of scholars hold that the fetus is ensouled at 120 days, “thereby becoming a human person and thus,

¹³⁰ Sa’diyya Shaikh in Maguire, ed., 122.

¹³¹ Leila Hessini (2007). Abortion and Islam: Policies and Practice in the Middle East and North Africa. *Reproductive Health Matters*, vol. 15, No. 29: 75-84. Accessed 6 September 2015.

¹³² “Man We did create from a quintessence (of clay); then We placed him as (a drop of) sperm in a place of rest, firmly fixed; then We made the sperm into a clot of congealed blood; then of that clot We made a (fetus) lump; then We made out of that lump bones and clothed the bones with flesh; then We developed out of it another creature. So blessed be Allah the Best to create!” See Hessini (2007).

a legal personality.”¹³³ Any attempt to abort a formed fetus after 120 days is considered “a criminal offense and prohibited by all Islamic legal schools.”¹³⁴ However, some scholars hold that in the case of certain danger to the life of the mother, an abortion after 120 days would be permissible.¹³⁵

Classical Islamic thought outlines four positions on abortion: (1) unconditional permission for termination; (2) conditional permission for termination under justifiable circumstances; (3) abortion is disapproved; and (4) unconditionally prohibited.¹³⁶ Abortion is allowed to protect the mother's mental and physical health and for pregnancy resulting from sexual assault and fetal impairment. In a fatwa (non-binding legal ruling) issued in 1998, the Egyptian Grand Sheikh of al-Azhar, Muhammed Sayed Tantawi, stated that unmarried women who had been raped should have access to abortion.¹³⁷ A 1991 fatwa in Saudi Arabia allowed for abortion in the first 120 days after conception for fetal impairment.¹³⁸ Abortion linked to “illicit sexual activity, such as an extramarital relationship” is strictly forbidden in all schools of thought, although there are legal opinions supporting it to protect a woman's well-being and status in society.¹³⁹

While in theory legal opinions regarding abortion are divided, in practice many Muslim communities espouse a rather “rigid approach” to deter the practice and instill responsibility for contraception.¹⁴⁰ Laws on abortion and de facto practice vary widely among Muslim-majority countries. In Pakistan, the permissibility of abortion can depend on the stage of fetal development; specifically, whether the fetal organs are developed. Under Section 338 of the Pakistan Penal Code, abortion is only permitted to save a woman's life. Unsafe abortion is common and often results in health complications and even death. A 2002 national survey estimated that Pakistani women experienced about 2.4 million unintended pregnancies; nearly 900,000 of these pregnancies were terminated by induced abortion.¹⁴¹ Factors contributing to clandestine and unsafe abortion are lack of knowledge about

¹³³ Sa'adiya Shaikh in Maguire, ed., 122.

¹³⁴ *Ibid.*

¹³⁵ Dariusch Atighetchi (2007). *Islamic Bioethics: Problems and Perspectives*. International Library of Law, Ethics, and the New Medicine: 113.

¹³⁶ *Ibid.* 121-122; see also Hessini, 2007.

¹³⁷ Hessini, 77

¹³⁸ *Ibid.*

¹³⁹ A scholar from the Hanafi school of thought demonstrated how legal thinkers permit abortion for unwed mothers. See Sa'adiya Shaikh in Maguire, ed, 123.

¹⁴⁰ *Ibid.*

¹⁴¹ Guttmacher Institute (2009). *Abortion in Pakistan*. New York. https://www.guttmacher.org/sites/default/files/pdfs/pubs/IB_Abortion-in-Pakistan.pdf

abortion law, strict religious interpretation, and economic conditions, as well as unfavourable attitudes of medical providers towards abortion and a high level of social stigma.¹⁴² Abortion in Bangladesh is illegal but procedures for menstrual regulation de facto make early abortion possible. Abortion in Indonesia is prohibited except in cases where the mother's life is in danger.

Tunisia stands out as a special case, where legal abortion became permissible in 1965 and more widely available in 1973, following the passage of a law permitting abortion in the first trimester.¹⁴³ Abortion rates have since declined, from 11 abortions per 1,000 women of reproductive age in 1990 to approximately 7 abortions per 1,000 women in 2003.¹⁴⁴ Spousal consent or marital status is not required and medical abortion has been introduced at public clinics. Health professionals and activists cite the general social acceptance of abortion and the lack of opposition to it as an important influence in national population policies.¹⁴⁵

Child, Early and Forced Marriage (CEFM)

The practice of child, early and forced marriage transcends religious, cultural, and ethnic boundaries. Within the United Nations system (where several different specialized agencies are involved), child marriage is defined as “a formal marriage or informal union before age 18. It is a reality for both boys and girls, although girls are disproportionately the most affected.”¹⁴⁶ There are child brides in every region, but the practice is most common in South Asia and sub-Saharan Africa. UNFPA estimates that, without further action, in the next decade 14.2 million girls under 18 will be married every year, thus 39,000 girls each day.¹⁴⁷

¹⁴² See Z. Sathar, G. Rashida, Z. Shah, S. Singh, and V. Woog (2013). Postabortion Care in Pakistan. In Brief. Alan Guttmacher Institute: 1-8. https://www.guttmacher.org/sites/default/files/report_pdf/postabortioncarepakistan.pdf

¹⁴³ Jennifer Blum et al. (2004). The medical abortion experiences of married and unmarried women in Tunis, Tunisia. *Contraception* vol. 69: 63-69.

¹⁴⁴ Rasha Dabash and Farzaneh Roudi-Fahimi (2008). Abortion in the Middle East and North Africa. Population Reference Bureau. <http://www.prb.org/pdf08/MENAabortion.pdf> Accessed 12 August 2015.

¹⁴⁵ Hessini, 2007.

¹⁴⁶ UNICEF (2014). Child Marriage. http://www.unicef.org/protection/57929_58008.html Accessed 11 August 2015.

¹⁴⁷ UNFPA (2012). Executive Summary in “Marrying Too Young: End Child Marriage”. <http://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf> Accessed 11 August 2015.

Marrying girls under 18 violates the rights of the child and human rights. The UDHR recognizes the right to free and full consent to a marriage. CEDAW states that the betrothal and marriage of a child shall have no legal effect and all necessary action, including legislation, shall be taken to specify a minimum age for marriage (recommended at 18 by the CEDAW Committee). Child marriage is also addressed in other treaties: ICCPR, ICESCR, CAT, The Convention on the Consent to Marriage, Minimum Age for Marriage and Registration of Marriage, The Supplementary Convention on the Abolition of Slavery, The International Labour Organization's Convention on the Elimination of the Worst Forms of Child Labour, and National/Regional Treaties.¹⁴⁸ At the 1994 ICPD there was a strong consensus that child marriage should end. As of 2010, 158 countries had set the legal age of marriage at 18 years.

Hindu Contexts

The principle of gender equality is enshrined in the Preamble, Fundamental Rights, Fundamental Duties and Directive Principles of the Indian Constitution. India is signatory to almost all human rights treaties.¹⁴⁹ India's Prohibition of Child Marriage Act (2006) defines a 'child' as a male who has not completed 21 years of age and female who has not completed 18 years of age. The State has formulated several policies to delay age of marriage and first birth such as the National Population Policy, the National Youth Policy, and the National Adolescent Reproductive and Sexual Health Strategy. Despite this fact, India accounts for 40 per cent of child marriages globally; 47 per cent of Indian girls are contracted into marriage before age 18 and 22 per cent of Indian girls have already given birth before turning 18.¹⁵⁰ The Indian National Family Health Survey indicates that rates of child marriage declined between the first survey in 1992–93 (54 per cent) and the latest survey in 2005–06 (47 per cent).¹⁵¹ Even so, child marriage is still widespread in some states, notably Bihar, Rajasthan, Jharkhand, Uttar Pradesh, West Bengal, Madhya Pradesh, Andhra Pradesh, and Karnataka. Child marriage is more common in rural (48 per cent) than urban areas (29 per cent).¹⁵²

¹⁴⁸ See Annex 1.

¹⁴⁹ India is a State Party to ICCPR, ICESCR, CERD, CEDAW, CRC, and CAT, among others.

¹⁵⁰ Dasra Girls Alliance (2014). Marry Me Later: Preventing Child Marriage and Early Pregnancy in India. <https://www.dasra.org/cause/ending-child-marriage>. Accessed 12 August 2015.

¹⁵¹ UNICEF (2012). A Note on Child Marriage. http://www.unicef.org/education/files/Note_on_Child_Marriage.pdf Accessed 12 August 2015.

¹⁵² Ibid.

Hindu scriptures dating back to 100 B.C.E. describe a girl between the ages of eight to 10 years as possessing the ideal age for marriage.¹⁵³ Ancient religious texts such as Vishnu Sutra and Gautam Sutra “guide the father to marry his daughter within three weeks of attaining puberty, and not later.” Rules became more restrictive around 200 B.C.E.; Sage Manu writes in Manu Smriti that if a girl remains unmarried after reaching puberty, the father has failed in his duty towards her; parents or guardians of a girl who reaches puberty without getting married will “definitely go to hell.”¹⁵⁴ Various communities believe that “if a daughter is married before the start of her menstrual period, the blessings that will accrue will be akin to the donation of 7,800 cows. On the other hand, if the marriage is solemnized after a daughter’s menstrual period, it will have the same effect as killing 7,800 cows.”¹⁵⁵

In Hindu communities, religious justifications, always mixed with other factors, are invoked to support child marriage. Efforts to combat child marriage are viewed as interfering in religious matters of the community.¹⁵⁶ Besides religious teachings and beliefs, poverty and engrained customs also influence child marriage. The caste system plays a role; one example cited is the practice whereby the dominant caste organizes child marriage ceremonies for the poor in their communities as a method to ensure that the poor remain obliged to the rich.

Dr. Chintamani Yogi, a Hindu religious leader in Nepal, denounces child marriage and states, “[t]he Holy books revere marriage as a holy union and a part of culture. Someone who does not send their children to school and prevents them from gaining an education is not a parent but an enemy. So, let’s end child marriage.”¹⁵⁷ There is increasing recognition that societal attitude towards girls and women need to shift in order to eradicate child marriage. Despite current legislation that makes child marriage a criminal offence, patriarchal beliefs that women are not independent or autonomous remain central to promoting support for child marriage, along with the

¹⁵³ UNICEF (2008). Child Marriage and the Law. Legislative Reform Initiative Paper Series. Policy and Planning, Working Paper, January 2008: 24. http://www.unicef.org/policyanalysis/files/Child_Marriage_and_the_Law%281%29.pdf Accessed 15 August 2015.

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

¹⁵⁶ Hatekar, Neeraj, Pallavi Rege, and Rajni Mathur (2007). Legislating Social Change: Strange Case of the Sarda Act. *Economic and Political Weekly* (1-7 January 2007).

¹⁵⁷ Girls Not Brides (2013). Religious Leaders Denounce Child Marriage in Nepal. 25 September 2013. <http://www.girlsnotbrides.org/hindu-buddhist-christian-and-muslim-leaders-denounce-child-marriage-in-nepal/>

belief that marriage is a private matter that is outside the boundaries of law.¹⁵⁸

Buddhist Contexts

Buddhist justifications for child marriage are difficult to ascertain. Child marriage is mentioned in the Bhikkhuni Vibhanga, which is a part of the Vinaya Pitaka, and it is also found in Milinda-panda. Some argue that it is “quite reasonable to assume that the custom of child marriage, though rare, emerged after the death of the Buddha.”¹⁵⁹ Sage Bhaudayana was said to encourage a father to find a suitable husband for his daughter “before she reaches the age of puberty.”¹⁶⁰ Marriage in Buddhism is generally viewed as a social contract, not a religious duty; the Buddha did not specify guidelines for a married life but rather a general perspective on how to live a responsible life and avoid adultery and/or sexual misconduct. Buddhist texts do not have religious laws advocating marriage or refraining from it; each individual has the freedom to decide his or her life course and spiritual attainment.

Though Buddhist teachings do not explicitly sanction child marriage, it is widely practised in countries with Buddhist majorities, including Bhutan, Cambodia, Thailand and Myanmar. Taking Bhutan as an example, while the minimum legal age of marriage for both men and women is 18, statistics from the Bhutan Multiple Indicator Survey (BMIS, 2010) indicate that 30.8 per cent of marriages occurred before age 18 and 6.7 per cent before age 15;¹⁶¹ 15.2 per cent of girls and young women aged 15-19 were either married or in a civil union. Although child marriage is uncommon in urban areas, there are reports of secret marriage ceremonies involving girls younger than 15 in remote villages.

Bhikkhu N.D. Dharmamurti Maha Thero, a Buddhist Monk, also denounces child, early and forced marriages thus: “[M]arriage is a social union. Something that should only take place when both individuals have developed physically and mentally. When both of them have also developed socially and have become mature. That is the appropriate time for marriage. So, let’s end

¹⁵⁸ Jaya Sagade (2005). *Child Marriage in India: Socio-legal and Human Rights Dimensions*. Oxford: Oxford University Press.

¹⁵⁹ Alexandra R. Kapur-Fic (1998). *Buddhism, Society, and Women*. Abhinav Publications: 395.

¹⁶⁰ *Ibid.*, 396.

¹⁶¹ US State Department (2013). *Bhutan, Country Reports on Human Rights Practices*.

¹⁶¹ <http://www.state.gov/j/drl/rls/hrrpt/2013/sca/220391.htm> Accessed 15 August 2015.

child marriage.”¹⁶² There are many teachings of Buddhism that can serve as advocacy tools to end child marriage, such as the five precepts of Buddhism: abstaining from killing, taking what is not given, sexual misconduct, false speech, and intoxication. A noted scholar of Buddhism states, “[a] basic principle of Buddhist ethics is that all beings are alike in disliking pain and in wanting to be happy, so that we should not inflict on another being what we would not like done to ourselves. We have a duty to others to respect their interests, and a duty to ourselves not to coarsen ourselves by abusing others.”¹⁶³

Jewish Contexts

The issue of child marriage is a problem that still affects Jewish children in some contexts. Some Orthodox groups refer to the story of Rebecca and Isaac, the children of Abraham and Sarah. According to a strict interpretation of this text, Rebecca was only three years old when she got married. Although Israel has passed legislation concerning child marriage, it is not fully complied with by everyone and in some conservative communities couples marry at age 15: “The law in Israel prohibits marriage under the age of 17, except by special court permission. According to Jewish Law, marriages usually do not take place before the age of 18, except in the most radical sectors of the Bratslav Hasidim, where couples can marry at age 15. In the strict ultra-Orthodox Eda Haredit in Jerusalem, the custom is to get engaged at age 16 and wait two years until marriage”¹⁶⁴. Hence, strict readings of the Holy Scriptures can lead to the justification of child marriage. Even though many Jewish scholars — for instance Maimonides and Sifrei — have explained that age in the Bible is a fabrication, the truth is that incidents of child marriage are still present in the Jewish context.¹⁶⁵

¹⁶² Girls Not Brides (2013). Hindu, Buddhist, Christian and Muslim Leaders Denounce Child Marriage in Nepal. <http://www.girlsnotbrides.org/hindu-buddhist-christian-and-muslim-leaders-denounce-child-marriage-in-nepal/>

¹⁶³ Peter Harvey (2000). *An Introduction to Buddhist Ethics: Foundations, Values and Issues*. Cambridge University Press: 120.

¹⁶⁴ Levinson, C. (2011). Haredi parents marry off 13-year-old daughter as ‘penance’ for flirtations. *Haaretz* (March 25 2011).

¹⁶⁵ Sztokman, E. (2011). Jewish Child Brides - Why the Barbaric Practice of Marrying Off Young Girls Persists. *The Sisterhood: where Jewish women converse*. <http://forward.com/sisterhood/136547/jewish-child-brides-%C2%AOwhy-the-barbaric-practice-o/>

Christian Contexts

Some Christian scholars justify child marriage with reference to biblical passages, although such positions are increasingly rare. Child marriage has become less common in Christian communities worldwide, but it is still practised in many Christian Sub-Saharan African communities, explained by a combination of factors that include religious beliefs. In Ethiopia, for example, although the Orthodox Church has officially opposed child marriage, child marriage is embedded in tradition and in Orthodox Christian communities such as those in the Amhara region, early marriage is common. However, many Christian-majority countries have national laws that prohibit early marriage. Attitudes towards the age of marriage are also affected by ideals of female virginity in some Christian communities, in countries as different as USA and Ethiopia.

Muslim Contexts

Support for child marriage in Muslim communities differs widely given the hugely diverse national contexts, and tends to draw on readings of Qur'anic verses on marriage and Sunna: that is, the practices of the Prophet Muhammad. Common justifications for child marriage suggested by conservative clerics, Islamist activists, and even government officials opposed to attempts to set or raise the minimum age of marriage include the following: (1) the Prophet married Aisha when she was six years old and consummated the marriage when she reached puberty at nine years old, so any attempt to curb child marriage goes against the Prophet's practice; (2) since Islam forbids sexual intercourse outside marriage and sexual desires begin at the onset of puberty, marrying a girl when she reaches puberty is a natural solution. Moreover, once a girl begins menstruating, she is considered sexually mature and ready for marriage and childbearing; and (3) early marriage curbs promiscuity and keeps sexual activities within the confines of matrimony for the greater good of society.¹⁶⁶ Nevertheless, opposition to child, early and forced marriage comes both from some religious leaders as well as some women's advocates.

¹⁶⁶ Musawah (2013). Report to be written pursuant to HRC Resolution A/HRC/RES/24/23 on child, early and forced marriage. OHCHR, December 2013. <http://www.ohchr.org/Documents/Issues/Women/WRGS/ForcedMarriage/NGO/Musawah.pdf> Accessed 12 August 2015.



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Culture and law vary by country, with Islamic teachings playing differing roles. Examples of different rulings include Pakistan and Saudi Arabia. The Council of Islamic Ideology in Pakistan, an official panel that advises the Government on Islamic law, ruled that proposed amendments to impose harsher punishment for child marriage were “un-Islamic.”¹⁶⁷ The Council’s Chair endorsed child marriage “if the signs of puberty are visible.”¹⁶⁸ Meanwhile, a Saudi cleric issued a fatwa suggesting that fathers may arrange marriages for their daughters “even if they are in the cradle”; the only condition is that the married couple cannot consummate the marriage until the bride reaches puberty.¹⁶⁹

¹⁶⁷ Kalbe Ali (2014): “CII Endorses Underage Marriage”. Dawn. Link: <http://www.dawn.com/news/1107849/cii-endorses-underage-marriage>

¹⁶⁸ Ibid.

¹⁶⁹ Angus McDowall and Summer Said (2011). Cleric Fights Saudi Bid to Ban Child Marriages. Wall Street Journal, 29 July 2011. <http://online.wsj.com/article/SB10001424053111903635604576472011907391364.html> Accessed 12 August 2015.

Violence Against Women (VAW)/ Gender-based Violence (GBV)

VAW violates human rights and is a public health concern. Women and girls around the globe disproportionately face many forms of degradation and violence. VAW and girls remains largely hidden in a culture of silence that knows no social, economic or national borders: it affects all countries (an estimated 35 per cent of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime¹⁷⁰). It is the world's most pervasive — yet least reported — human rights abuse, undermining development, generating instability, and making peace harder to achieve. Persistent failure to prevent and punish VAW and girls violates their rights and stunts the contribution they can make to international development, peace, and progress.

Violence Against Women not Specific to a Single Religious Tradition

Many forms of VAW are justified in religious terms (and understood in those terms in popular imaginations) but are not specific to any single religious tradition in terms of teachings or practice. Trafficking of women is an example: it affects many world regions and is facilitated and encouraged by attitudes towards women in patriarchal and religious contexts. However, all respected religious leaders and communities condemn it.

No religious tradition sanctions violence (although specific approaches to various forms of domestic violence vary), and yet violent practices are often carried out or justified in the name of religion. Such practices and the violent attitudes that support them are influenced by cultural and religious traditions. Specific issues include domestic violence and abuse (including “punishment” of wives), rape (including in conflict situations), human trafficking, femicide, slavery and other forms of bondage, including so-called ‘honour killings’, and female genital mutilation.

The terms “gender-based violence” and “violence against women and girls” are used interchangeably but they have different meanings. “Gender-based violence” connotes violence perpetrated against women and men, girls and boys. “Violence against women and girls” refers to that committed only against women and girls. “Gender-based violence” is the umbrella term to

¹⁷⁰ WHO (2014). Intimate partner and sexual violence against women Fact Sheet No. 239. <http://www.who.int/mediacentre/factsheets/fs239/en/> Accessed 11 August 2015.

recognize the gendered elements in nearly all forms of violence perpetrated against women and girls, whether it is through sexual violence or any other means.¹⁷¹

Hindu Contexts

VAW in Hindu communities, particularly in India, is influenced by societal norms and by rapid socioeconomic changes that disrupt traditional communities. Deeply patriarchal traditions marginalize women and institutions and legal systems reinforce gender inequalities and support conceptions of chastity, honour, and shame that underlie many violent practices. Hindu women did not participate in religious rituals due to the belief that the “female becomes polluted during two of the distinctive expressions of female sexuality, menstruation and childbirth.”¹⁷² Women rank in the lower orders of the caste system and, for the most part, are forbidden to study and recite the Vedas.¹⁷³

Hindu classical texts that highlight women’s inferior status contribute to attitudes about and patterns of violence. In the *Manusmṛiti*, a famous work on Hindu law (ca.200 B.C.E.–100 C.E.), the author Manu outlines the duties and obligations of women: “by a girl, by a young woman, or even by an aged one, nothing must be done independently, even in her own house”; “in childhood a female must be subject to her father, in youth to her husband, when her lord is dead to her sons; a woman must never be independent”; and “though destitute of virtue, or seeking pleasure (elsewhere), or devoid of good qualities, (yet) a husband must be constantly worshipped as a god by a faithful wife.”¹⁷⁴ Such attitudes are still influential: a 1979 manual for married Hindu women follows much of Manu’s teachings.¹⁷⁵ Other texts suggest that women are “difficult to understand...deceitful, sinful, and they exploit the simplicity and good nature of men.”¹⁷⁶ Another equates women to “drums, rustics, animals, and members of the lowest caste and...as objects that are fit to be beaten.”¹⁷⁷

¹⁷¹ One example is stove burning; often reported as an accident, it can be the preferred method of replacing a bride so that the husband can remarry and obtain a larger dowry.

¹⁷² Anantanand Rambachan. *A Hindu Perspective*. In John Raines and Daniel Maguire, eds. (2001). *What Men Owe to Women: Men’s Voices from World Religions*. SUNY Press: 17-41.

¹⁷³ *Ibid.*

¹⁷⁴ *Ibid.*, 18-19.

¹⁷⁵ *Ibid.*, 19.

¹⁷⁶ *Ibid.*, 20.

¹⁷⁷ *Ibid.*, 21.

Violence takes different forms, linked in various ways to the cultural and religious context. Recent cases of brutal rape and patterns of impunity have galvanized Indian communities. These events recall the widespread rapes that occurred at the time of India's partition, where VAW was part of religious tensions.

So-called "honour" killing is the practice of murdering girls/women and/or boys/men who are perceived to have violated established norms. Such killings are concentrated in areas of Punjab, Haryana, Uttar Pradesh, and Rajasthan, where marriage is usually within the same caste and other unions (e.g. love marriage in the same caste, inter-caste marriage, interfaith marriage, and/or premarital sexual relations) are often seen to challenge power and hierarchy. This type of violence can take place in diaspora communities; for example, a pregnant Indian woman, along with her husband and toddler son, were burned to death in Chicago in 2008 because the husband was from a lower caste and they were married without her family's consent.¹⁷⁸

Dowry violence or bride burning in India is the practice of injuring and/or murdering a bride if the dowry given at the time of marriage by the bride's family to the groom and his family (cash, commodities, and/or property) is considered inadequate. The National Crime Records Bureau of India reported 8,233 dowry deaths in 2012: one wife killed every 60 minutes.¹⁷⁹ The perpetrator is usually the husband and/or in-laws and the violence takes many forms: beatings, emotional torture, starvation, eviction from marital home, and alienation from children. The death of a bride allows the husband to remarry. Dowry violence occurs in diaspora communities; in Australia a newly arrived Indian immigrant woman was beaten and evicted by her husband for not bringing adequate dowry into the marriage.¹⁸⁰ Acid attacks are committed against women who transgress normative gender expectations, such as resisting marriage proposals and refusing sexual advances. They are used in dowry disagreements and as a revenge tool to settle disputes among families. Acid attacks take place around the globe,

¹⁷⁸ Monica Davey (2008). Father says he set fire that killed three. *The New York Times*, 3 January 2008. <http://www.nytimes.com/2008/01/03/us/03chicago.html> Accessed 12 August 2015.

¹⁷⁹ Varsha Ramakrishnan (2013). *A Broken Promise: Dowry Violence In India*. Pulitzer Center, 11 October 2013. <http://pulitzercenter.org/reporting/india-delhi-women-marriage-dowry-violence-immolate-family> Accessed 12 August 2015.

¹⁸⁰ Manjula Datta O'Connor and Molina Swarup Asthana. Dowry Related Domestic Violence a Serious Issue. *The Indian Sun*. <http://www.theindiansun.com.au/top-story/dowry-related-domestic-violence-a-serious-issue/> Accessed 12 August 2015.

with especially high incidence in India.¹⁸¹ Survivors suffer from debilitating disabilities that ostracize them from society.

Religious responses to such violence varies. Some leaders accept and tolerate practices, while some leading Hindu figures are among those advocating for legal, social, and cultural responses to the challenges posed by VAW.

Buddhist Contexts

Buddhist readings shape attitudes that differentiate women in their level of devotional piety, and some see women as presenting a threat to the survival of the faith. The Buddha's eight special rules for nuns are argued to reproduce patriarchy and hierarchy, including a dictate that a nun may not admonish a monk but a monk may admonish a nun.¹⁸² Many forms of VAW and GBV persist in countries where Buddhism is the main tradition, though in some countries, Japan and Taiwan among them, norms are changing both in daily life and in legal regimes. In other countries, high percentages of VAW still persist. For instance, in Cambodia a 2009 Ministry of Women's Affairs study reported that at least 40 per cent of women in Cambodia had experienced, or knew someone who had experienced, physical violence in the home.¹⁸³ About 20 per cent of the more than 3,000 women questioned had been tied up and beaten, and seven per cent said they had been choked and burned, or knew someone who had experienced such abuse.¹⁸⁴ Cultural and religious beliefs together with socioeconomic pressures encourage (despite the Khmer Rouge upheavals) "an increasingly patriarchal and anti-feminist Buddhism, reflecting post-communist political and social trends."¹⁸⁵ As an example, acid attacks are common because of jealousy and/or vengeance

¹⁸¹ Between 2002 and 2010, 153 cases were reported, probably an underestimate as statistics are not kept. OHCHR (2011). *Combatting Violence in Bangladesh, India, and Cambodia*. <http://www.ohchr.org/Documents/HRBodies/CEDAW/HarmfulPractices/AvonGlobalCenterforWomenandJustice.pdf> Accessed 12 August 2015.

¹⁸² P. Watt (trans). *Transitions in Attitudes to Women in the Buddhist Canon: The Three Obligations, the Five Obstructions, and the Eight Rules of Reverence*. Trans. In B. Ruch, ed. (2002)., *Engendering Faith: Women and Buddhism in Premodern Japan*. Michigan: University of Michigan Press: 279-295.

¹⁸³ Denise Hruby (April 2013). *Beaten and burned: Living in fear and pain, victims of domestic violence are being ignored by society and the authorities*. Southeast Asia Globe. <http://sea-globe.com/domestic-violence-in-cambodia/> Accessed 12 August 2015.

¹⁸⁴ Ibid.

¹⁸⁵ Petre Santry (2005). *When Apsaras Smile. Women and Development in Cambodia 1990-2000: Cultural Barriers to Change*. Unpublished doctoral thesis, 115-116. Faculty of Human Development, Victoria University: Australia. http://vuir.vu.edu.au/695/1/When_Apsaras_Smile.pdf Accessed 12 August 2015.



resulting from “socioeconomic insecurity,”¹⁸⁶ often carried out by women against other women: a wife or mistress competing for social and economic security because of dependence on a male provider.

Victims’ attitudes are often shaped by religious beliefs that encourage them to believe that they are to blame; these beliefs affect efforts to respond. A survey in Bhutan by the National Statistics Bureau found that roughly 70 per cent of women said they deserved beating if they neglected children, argued with their partners, refused sex, or burned dinner; in an area near a sacred monastery 90 per cent of the women blamed themselves.¹⁸⁷

¹⁸⁶ OHCHR (2011). *Combatting Violence in Bangladesh, India, and Cambodia*. <http://www.ohchr.org/Documents/HRBodies/CEDAW/HarmfulPractices/AvonGlobalCenterforWomenandJustice.pdf> Accessed 12 August 2015.

¹⁸⁷ Vishal Arora (2011). *Buddhist Bhutan Wrestles With ‘Shocking’ Abuse Study*. *The Huffington Post*, 26 May 2011. http://www.huffingtonpost.com/2011/02/10/buddhist-bhutan-wrestles-_n_821606.html Accessed 12 August 2015.

Sexual misconduct and sexual abuse have been documented in Buddhist communities throughout the world, including in the diaspora.¹⁸⁸ In short, there are wide differences between teachings and practice.

Jewish Contexts

Jewish teachings prohibit harming others, with no distinction between men and women. The Talmud prohibits even ‘raising’ a hand against another person. Jewish Law considers marital rape unacceptable and protects women against emotional or psychological abuse. However, male dominance over women has also drawn on Holy Scriptures. The Tanakh (Old Testament) includes several passages that legitimize VAW. In Deuteronomy there is a reference to the punishment for a bride discovered not to be a virgin on her marriage night: “They shall bring out the damsel to the door of her father’s house and the men of her city shall stone her with stones that she die”.¹⁸⁹ Hence, Jewish theological interpretations have also led to beliefs that according to Genesis, men should be dominant over women. For instance, Shalom bayit is a Jewish principle that stresses the importance of a peaceful and harmonious home. Sometimes this principle is interpreted as women having the obligation to return to their homes even when being abused by their husbands, in order not to ‘disturb’ the peace of the home. In other words, sometimes the ‘myth’ of the perfect family has been created in Jewish contexts, based on the principle of Shalom bayit.

Jewish Women International published a report on domestic abuse that observes that few women report abuse, out of fear that they will be humiliated. The report underscored the rabbis’ responsibilities to end violence: “Rabbis play an important role in speaking out about domestic abuse in the Jewish community and in providing support to the victims of abuse and their families. Jewish women are more likely to go to a rabbi for help and guidance if the rabbi has previously spoken out about the issue”.¹⁹⁰

¹⁸⁸ Mark Oppenheimer and Ian Lovett (2013). Zen Groups Distressed by Accusations Against Teacher. The New York Times, 11 February 2013. http://www.nytimes.com/2013/02/12/world/asia/zen-buddhists-roiled-by-accusations-against-teacher.html?pagewanted=all&_r=0, Accessed 12 August 2015.

¹⁸⁹ Deuteronomy 22:20–21

¹⁹⁰ Jewish Women International (2004). A Portrait of Domestic Abuse in the Jewish Community: Key Findings of the National and Chicagoland Needs Assessment. Washington DC: Jewish Women International, 12.

Christian Contexts

Although no Christian denomination condones VAW, it is a persistent problem in Christian-majority countries and communities. The high rates of violence exist in both developed and developing Christian contexts, and in rich and poor communities. Sub-Saharan Africa hosts approximately 24 per cent of the world's Christian population.¹⁹¹ In this area of the world, more than 20 per cent of men in “Tanzania, 26 per cent in South Africa, and 34 per cent in eastern Congo had ‘forced a woman not [their] wife or girlfriend to have sex’”.¹⁹² Faith groups have many times contributed to the subordination of women in different Christian contexts, and various interpretations of the Gospels have been used to justify VAW. One of the main reasons for this is linked to the patriarchal nature of Christianity. The holy texts of Christianity are written in Hebrew, Greek, and Latin, which, like English, are male-centred languages. In this sense, for example, the subordination of women in marriage — Ephesians 5:20 — and the prohibition of divorce (Malachi 2:13-16) are used to justify domestic violence.

The challenge is the vigour and effectiveness of religious efforts to combat various forms of VAW and sexually based violence (SBV) now that there is clear evidence of patterns of violence that were often shrouded in shame and silence. An African theologian concludes that: “the church remains silent in cases of rape (including marital rape), child sexual abuse, incest and sexual harassment, which violate women's bodies.”¹⁹³ This “silence” or social acceptance of GBV can be explained partly as a consequence of the subordination of women in Christian theology. Reasons why violence persists even though it is contrary to core Christian teachings include women's lack of autonomy and attitudes towards their own sexuality: many are taught and believe that their ‘duty’ is to satisfy ‘their’ man.¹⁹⁴ Many scholars and

¹⁹¹ Conrad Hackett and Joseph Naylor (2014). Many religions heavily concentrated in one or two countries. 27 August 2014, Pew Research Center. <http://pewrsr.ch/1qv8TiW> And Pew Research Religion and Public Life Project (2010). Accessed 11 August 2015.

¹⁹² Carter, J. (2014). *A Call to Action: Women, Religion, Violence and Power*. New York: Simon and Schuster, 121.

¹⁹³ Nyambura Njoroge (1997). *Woman, Why Are You Weeping?* *Ecumenical Review*, vol. 49, No. 4 (October 1997): 427-438.

¹⁹⁴ See Susan Thistlethwaite (2015). *Women's Bodies as Battlefield: Christian Theology and the Global War on Women*. Palgrave Macmillan.



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people of faith have reflected upon the role that religious Christian leaders should play in the fight against VAW. For example, the author and President and Founder of the Evangelical community the Sojourners, Jim Wallis affirmed that “It’s time for all people of faith to be outraged. It’s time for our Christian leaders to stand up and say that women, made in the very image of God, deserve better. And it’s time for us in the faith community to acknowledge our complicity in a culture that too often remains silent, but also can propagate a false theology of power and dominance”¹⁹⁵.

¹⁹⁵ J. Wallis (2013). It’s Time for Outrage: Sexual Violence and the Church. Sojourners: Faith in Action for Social Justice: 1.

Muslim Contexts

Traditions justifying VAW and GBV are quite deeply embedded in some Muslim societies. The most commonly cited Qur'anic verse to justify VAW is An-Nisa 4:34: "Men are the protectors and maintainers of women, because Allah has given the one more (strength) than the other, and because they support them from their means. Therefore the righteous women are devoutly obedient, and guard in (the husband's) absence what Allah would have them guard. As to those women on whose part ye fear disloyalty and ill-conduct, admonish them (first), (Next), refuse to share their beds, (And last) beat them (lightly); but if they return to obedience, seek not against them Means (of annoyance): For Allah is Most High, great (above you all)."¹⁹⁶ A Qatari based Egyptian cleric, Yusuf al-Qaradawi, has suggested that wife-beating functions as a disciplining method: "... [I]t is permissible for [the husband] to beat [the wife] lightly with his hands, avoiding her face and other sensitive areas. In no case should he resort to using a stick or any other instrument which might cause pain and injury."¹⁹⁷ Other Qur'anic verses used to justify violence include the following verse that is interpreted as giving a husband unrestrained rights and control over a woman's body: "Your wives are as a tilth unto you; so approach your tilth when or how ye will; but do some good act for your souls beforehand; and fear God. And know that ye are to meet Him (in the Hereafter), and give (these) good tidings to those who believe (Al-Baqarah 2.223)."¹⁹⁸ Various scholars reject such interpretations, historicizing the context of their revelation and highlighting the overarching teachings of the Qur'an on love, respect, and kindness between women and men.

Patterns of violence vary by country and community. The Human Rights Commission of Pakistan (HRCP), for example, estimated roughly 1,000 victims of so-called "honour" killing in 2002¹⁹⁹ while such occurrences are rare or non-existent in other Muslim contexts.

¹⁹⁶ Trans. by Abdullah Yusuf Ali, *The Holy Qur'an*.

¹⁹⁷ Yusuf al-Qaradawi. *The Lawful and the Prohibited in Islam*. Translated by Kamal El-Helbawy, M. Moinuddin Siddiqui, and Syed Shukry. Translation reviewed by Ahmad Zaki Hammad. Indianapolis, IN: American Trust Publications: 205.

¹⁹⁸ Trans. by Abdullah Yusuf Ali, *The Holy Qur'an*.

¹⁹⁹ HRCP (2002). *State of Human Rights in Pakistan 2001*. Lahore: Human Rights Commission of Pakistan.

In sum, Islamic teachings do not endorse patterns of violence that include assaulting, imprisoning, mutilating, and killing women for defying arranged marriages, adultery, seeking divorce, or being raped. However, Islam has been used to justify such practices. Some scholars trace this justification to the severe punishments prescribed by most schools of Islamic jurisprudence for adultery: they legitimize the killing by private individuals of a married person caught committing adultery or an unmarried person caught fornicating; the punishment assigned under Islamic law for fornication is one hundred lashes.²⁰⁰ Penal Code provisions in some countries justify the killing of wives, sisters, mothers, and females in the family within the context of “honour.” Gender hierarchy and patriarchal attitudes sometimes lead to acquittal and/or reduced sentences for perpetrators of “honour” killings. This was the case in Pakistan when two brothers killed their sister because she married the man of her choice. Initially sentenced to life imprisonment, the Lahore High Court reduced their sentence to time already served (18 months), taking the view that “in our society nobody forgives a person who marries his sister or daughter without the consent of parents or near relatives.”²⁰¹ This not only sends a message that taking the law into one’s own hands to settle family disputes is acceptable but also supports the notion that women are the property of the men in her family.

Female genital mutilation (FGM) illustrates well the complexities involved.²⁰² Many (including families that support the practice) assume that it is required by religious teachings, but in fact no religious texts support it. Human rights experts highlight that the practice reproduces VAW because families, including women, support the practice as both necessary for social acceptance and religiously linked to purity and cleanliness.²⁰³ Addressing

²⁰⁰ Lama Abu Odeh. Crimes of Honor: Overview. In Suad Joseph, ed. (2005). *Encyclopedia of Women and Islamic Cultures*, vol. 2, No. 221.

²⁰¹ Rabia Ali (2001). The dark side of ‘honour’, women victims in Pakistan. Lahore: Shirkat Gah Women’s Resource Centre: 35.

²⁰² See Anny Gaul (2012). *Female Genital Cutting: Cultural, Religious, and Human Rights Dimensions of a Complex Development Issue*. Berkley Center for Religion, Peace, and World Affairs. <http://berkeleycenter.georgetown.edu/publications/female-genital-cutting-cultural-religious-and-human-rights-dimensions-of-a-complex-development-issue> Accessed 12 August 2015.

²⁰³ K. Boulware-Miller (2008). *Female Circumcision: Challenges to the Practice as a Human Rights Violation*. In Henry J. Steiner, Philip Alston, Ryan Goodman (2008). *International Human Rights in Context*, 3rd Edition. Oxford: Oxford University Press.



and ending FGM require a careful balance of several interventions, which has to lead ultimately to a change in local social norms, as the practice is so closely woven into local traditions and social realities. Religious leaders have a crucial role to play in explaining that this is not part of religion. People need to learn about the health hazards connected to FGM. Community conversations and dialogue where information is provided, included thorough discussions of human rights aspects of the right to health is found to be an important aspect of ending FGM

Some regional organizations, such as AAWORD (Association of African Women for Research and Development)²⁰⁴, argue that FGM should be fought

²⁰⁴ Odile Ndoumbe (2013). For the elimination and a prevention of all forms of violence against women and girls in West Africa. <http://www.afard.org/plaidang.php> Accessed 12 August 2015.

against, but “Westerners” must place themselves in the context of poverty and ignorance and understand the structures and social relations that perpetuate a practice that violates women’s human rights.²⁰⁵ Human rights advocates argue that it is “not only appropriate to frame female genital mutilation as a violation of women’s rights”, but that this is also, “an important means by which to raise the political profile of these neglected rights and to generate dialogue on how best to stop harmful traditional practices”.²⁰⁶

Interreligious dimensions of such issues are complex. The complexities highlight links to history (colonial practices) and power relationships, including within religious communities. The legacy of Christian missionary opposition to traditional practices led, for example, to schisms within church communities and social and political opposition (the Mau rebellion in Kenya drew on bitterness linked to missionary and colonial government opposition to cultural traditions).

Within the complex web of power, culture, religion, gender and rights are many spaces in which those who propose a Universalist human rights approach to development position their advocacy on behalf of women’s empowerment and gender justice. Central to the realization of these rights are States, the traditional ‘duty bearers’ in human rights’ lexicon. States are also the members, the heart, of the United Nations system. The UN is also the site where many of the cultural and religious arguments can also feature in intergovernmental negotiations. For women’s rights advocates, including the governmental representatives, particularly those who work on and with sexual and reproductive health and reproductive rights, there

²⁰⁵ AAWORD. A Statement on Genital Mutilation. In Miranda Davis, ed. (1983). *Third World - Second Sex: Women’s Struggles and National Liberation*. London: Zed Books: 217-18.

²⁰⁶ Anika Rahman and N. Toubia (2000). *Female Genital Mutilation. A Guide to Laws and Policies Worldwide*. London/New York: Zed.

is oftentimes an urgency to stress the role of the State in securing human rights. It is not uncommon, therefore, to hear the iteration of the UN General Assembly Resolution 60/251: “while the significance of national and religious backgrounds must be borne in mind, it is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms”.²⁰⁷

²⁰⁷ United Nations (2006). Resolution adopted by the General Assembly. http://www2.ohchr.org/english/bodies/hrcouncil/docs/A.RES.60.251_En.pdf Accessed 6 September 2015.

5

Religious Support for Sexual and Reproductive Health and Reproductive Rights

Convened by UNFPA on the margins of the September 2014 United Nations General Assembly meeting, religious leaders and faith-based organizations representing all main religions (including the same as presented in this document), and coming from diverse world regions, developed and signed on to the joint Call to Action statement. They denounced child marriage, decried VAW and girls, upheld the rights of adolescents and youth to sexuality education, and indeed called upon world leaders to dignify all humanity by advancing access to sexual and reproductive health and realizing reproductive rights.





A Call to Action Faith for Sexual and Reproductive Health and Reproductive Rights Post 2015 Development Agenda

As we stand together under the auspices of the United Nations, we, people of faith, representatives of diverse faith-based development organizations, theological and other education centers and ecumenical bodies, recognize our role as cultural agents of change and providers of social services at the community, national, regional and global levels. We acknowledge our responsibility to safeguard the dignity and human rights of all people with our actions, our words and through our respective platforms.

We note — and are grateful for — the many achievements since the establishment of the Millennium Development Goals. We stand today, facing critical challenges. Too many of our communities still suffer the indignities of stigma, discrimination, violence and multiple forms of injustice. When such violations happen in the name of religion, culture, or tradition, we are aggrieved and hurt, as well as challenged to respond.

Not in our name should any mother die while giving birth. Not in our name should any girl, boy, woman or man be abused, violated, or killed. Not in our name should a girl child be deprived of her education, be married, be harmed or abused. Not in our name should anyone be denied access to basic health care, nor should a child or an adolescent be denied knowledge of and care for her/his body. Not in our name should any person be denied their human rights.

We affirm that sexual and reproductive health are part of human rights, and as such, must be guaranteed by governments. We note in particular the importance of preventing gender-based discrimination, violence and harmful practices; upholding gender justice; ensuring that every pregnancy is wanted and that every birth is safe; providing age-appropriate sexuality education; promoting the health, education and participation of youth and adolescents; preventing, treating and caring for people with HIV/AIDS; supporting family planning; and respecting the human body.

We hold these matters to be necessary and relevant for a true transformation of our societies, and central to the sustainability of any development agenda.

We underline, and call for deliberate attention to the importance of strategic partnerships between the United Nations system and faith-based organizations, in collaboration with civil society organizations, to facilitate dialogue and implementation around the sustainable development goals, and uphold human dignity in all conditions of life.

Therefore, as the United Nations convenes our governments to consider what the next global development priorities should be, we, people of faith, call upon the United Nations system and Member States, to ensure that sexual and reproductive health and reproductive rights be made central to the Post 2015 sustainable development agenda.

This chapter highlights supportive religious and cultural practices and advocacy that affirm SRH and RR. These include actions and initiatives of individual religious leaders and specific religious communities, as well as transnational efforts. As most effective change is grounded in country or community circumstances, many of the examples illustrate the ways in which religious leaders in different countries engage on the issues. International and regional alliances are also important. Creative actions include innovative partnerships, among religious communities and between religious and secular bodies, towards common ends. The efforts highlighted below are designed to show some of the positive roles that religious actors and institutions can and do play in the areas of SHR and RR.

Perceptions that religious communities oppose family planning are quite common. They matter because they affect public policy at international, national, and local levels and, in some circumstances, influence the behaviour of adherents of different religious groups. The reality is that religious communities and leaders are often tireless advocates for and active practitioners of family planning programmes. Similar observations apply as to cultural influences on family planning. Preference for large family size or son-preference, for example, may be deeply engrained. However, both changing societal and economic norms and leadership by respected figures have led to fairly rapid shifts in such norms in societies as diverse as South Korea and Norway.

Diverse initiatives within each religious tradition address core challenges for sexual and reproductive health and reproductive rights, including those that elicit controversy and opposition. The trust and respect in which religious and cultural leaders and actors are often held means that they can encourage shifts in behaviour on, inter alia, child spacing and appropriate methods of contraception. Positive initiatives are not well known or documented, so a promising area for research is to review the experience with a view to learning lessons and highlighting best practice. One consequence of failure to appreciate the innovative and adaptive family planning work of faith institutions and communities is that important lessons are missed in shaping development policies and operational approaches.

Faith-Led Transformative Endeavours

Family Planning and Family Welfare

Interfaith advocacy for family planning

The Faith to Action Network was established in 2011 as an outcome of a meeting in Nairobi. Faith leaders and FBOs/FIOs representing the world's major religions have signed the "Interfaith Declaration to Improve Family Health and Well-Being", which now has over 200 signatories.²⁰⁸ The Network includes Christian, Muslim, Hindu, and Buddhist religious leaders and organizations and its stated purpose is to serve as a multi-faith platform for family planning and reproductive health advocacy at global, regional, national, and local levels.²⁰⁹ It aims to provide a new and effective channel through which faith actors can support government family planning policy and programmes, functioning as "first movers" to advance public sector reproductive health activity. In short, far from standing in unified and uniform opposition to family planning, an important group of religious voices, initiatives and engagements endorse it. This interfaith campaign (co-led by Christian Connections for International Health — CCIH, the German Foundation for World Population [Deutsche Stiftung Weltbevölkerung — DSW]), and the Muslim Muhammadiyah of Indonesia), works at both the global and regional levels.²¹⁰

Building on Muslim theological analysis

Muslim scholars and advocates who favour family planning situate the issue within the framework of ethical teachings of Islam that respect human dignity, justice, and equality. The former Grand Imam of Al-Azhar, Sheikh Shaltout, issued a fatwa endorsing contraception in 1959: "Family planning is not incompatible with nature and is not disagreeable to the national conscience and is not forbidden by religious law (Shari'ah), if it is not actually required and recommended by it."²¹¹ In 1983, the Grand Imam

²⁰⁸ Faith to Action Network (2011). Nairobi Declaration on Family Health and Wellbeing. Christian Connections for International Health. <http://www.ccih.org/activities/informationsharing/news/47-general/340-nairobi-declaration-on-familyhealth-a-well-being.html> Accessed 13 August 2015.

²⁰⁹ Faith To Action Network (2012). From Faith to Action: Creating an Interfaith Initiative to Advocate for Increased Funding for Reproductive Health and Family Planning. http://www.dsw.org/uploads/tx_aedswpublication/FactSheet_Faith2Action_DSW_CCIH_Muhammadiyah_Jul2012.pdf

²¹⁰ Ibid.

²¹¹ Abdel-Rahim Omran, ed. (1992). *Family Planning in the Legacy of Islam*. Routledge.

of Al-Azhar, Sheikh Jadel Haq Ali Jade Haq, issued a fatwa stating that, “a thorough review of the Qur’an reveals no text prohibiting the prevention of pregnancy or diminution of the number of children.”²¹²

Feminist interpretations of Muslim approaches to family planning

Feminist scholars draw on Muslim teachings and principles in arguing for family planning. One example is prominent feminist theologian Riffat Hassan. Highlighting the social implications for Muslim societies of high birth rates, Hassan argues that “the right to use contraceptives, especially by disadvantaged masses whose lives are scarred by grinding poverty and massive illiteracy, should be seen—in the light of the Qur’anic vision of what an Islamic society should be—as a fundamental human right.”²¹³ Hassan argues that the Qur’anic mandate against killing children concerns “children already born” and thus the practice of female infanticide. Qur’anic references to killing of children “may not, in all instances, point to actual slaying of offspring but could be symbolic of ill treatment of children.”²¹⁴ Scholars highlight that verses in the Koran support the spacing of pregnancies: “Mothers shall suckle their children for up to two years for those who wish to complete breastfeeding” (Al-Baqarah: 233) and “his bearing at weaning is thirty months” (Al-Ahqaf: 15).²¹⁵

Questioning traditional teachings that cast shadows on family planning programmes

Traditionally sterilization was seen as against Islamic teachings, but today some argue that it might be permissible because modern technology makes it an impermanent procedure: “...sterilization is not like castration. First, castration involves virility and fertility, in other words both the quality of having a sex drive and ability to reproduce, while sterilization involves only fertility. Second, sterilization is no longer a permanent method with the progress of in vitro fertilization (IVF) reproductive techniques and microsurgical techniques we can now reverse the tube enabling conception and pregnancy with around 40% probability.”²¹⁶

²¹² Ibid.

²¹³ Ibid.

²¹⁴ Ibid.

²¹⁵ Ibid. 59.

²¹⁶ Professor Ahmed Ragaa Abdel Hameed Ragab, MD, Ph.D (2014). Interview on Islam and Family Planning. Faith to Action Network. <http://www.ccih.org/F2A-Interview-Series-1-Islam-FP.pdf> Accessed 13 August 2015.

Addressing tensions around family planning in Christian communities

In light of the diversity of Christian community approaches to family planning, a Washington, D.C. based network organization, Christian Connections for International Health (CCIH), surveyed its global members in 2008 to better understand their views and activities around family planning. With 67 (out of 92) organizations responding, the results confirmed strongly positive views of family planning (FP) as an essential component of comprehensive health care. The findings highlighted important themes: (a) FP was understood as enabling individuals to achieve their desired number and spacing of children, not including abortion; (b) Over half currently provide FP methods or information; (c) Members in Africa see major unmet needs for FP, and deem that family planning should be provided in the context of comprehensive health care; (d) Among those providing comprehensive health services, 70-85 per cent want to integrate FP into their work, offering FP within HIV/AIDS testing and care services, prevention of maternal-to-child transmission (PMTCT) programmes, and child health and maternity care; (e) organizations seek assistance for contraceptive supplies, capacity-building for family planning information, services and evaluation; and educational materials. The conclusions argue for care and sensitivity in use of terminology and appreciation of diversity among churches, but affirm broad support among Christian organizations for family planning.^{217 218}

Catholic nun in Chile provides family planning services to those in need

Sister Karoline Meyer, a German nun who has lived and worked in Santiago, Chile since 1968, left her order to dedicate herself to the city's poor. The foundation she created in 1977, Fundación Cristo Vive, has benefited tens of thousands of Chileans. Funded by a combination of public resources through government agencies, contributions from foreign Governments, institutions, and individuals, and donations from Chilean institutions and individuals, Sister Karoline's foundation supports many organizations, including two renowned clinics known for their emphasis on preventative medicine that have served as models for the Government and medical schools. These clinics provide the full range of family planning services, excluding abortion services. Sister Karoline sees family planning as necessary health care,

²¹⁷ Christian Connections for International Health (2012). Christian Organizations Favor International Family Planning. http://www.ccih.org/FP%20Study%20Summary%2012_13_2011.pdf Accessed 6 September 2015.

²¹⁸ For a thorough overview of faith-based engagements around family planning and reproductive health, see CCIH's resource overview at <http://www.ccih.org/family-planning-a-reproductive-health/154-studies-of-faith-based-organizations-working-in-family-planning.html>

though her support caused significant tension between her and her parish priest. She reports that after several attempts to consult with her cardinal about her stance on contraception, she concluded that he may have been avoiding passing judgment (thus tacitly allowing Sister Karoline to continue her work).²¹⁹

Thirty years of faith-inspired family planning promotion: The Zimbabwe Association of Church-Related Hospitals (ZACH)

ZACH includes both Protestant and Catholic institutions, with 60 member hospitals and 66 smaller health-care institutions. Many of the church-related health centres of which ZACH is comprised have been providing family planning services since 1982, including a range of contraceptive methods (such as injection, pill, implant and barrier methods). These family planning programmes, mostly funded through the Ministry of Health and Child Welfare (MOHCW), with ZACH filling in gaps where necessary, have expanded over the years. They now provide a full array of reproductive health and HIV/AIDS services as part of a national reproductive health strategy. In 2009 alone, ZACH hospitals had over 40,000 first visits for family planning, over 100,000 repeat visits, and over 4,000 referrals.²²⁰

Churches Health Association of Zambia (CHAZ) ensures family planning access while respecting members' views.

CHAZ regards family planning services as a key part of its member facilities' work. It also respects the views of members who oppose artificial methods of family planning and helps ensure that government family planning services are available in the areas served by these members.

Family Planning Association of Pakistan (FPAP) conducts workshops for clerics

FPAP, a secular NGO, holds workshops for clerics who wish to use Islamic texts as a foundation for advocacy of family planning. FPAP also prepares health promotion manuals citing Islamic jurists and texts, with thoughtful refutations to *fatwās* that oppose family planning. They are supported primarily by the International Planned Parenthood Federation, with

²¹⁹ Fundación Cristo Vive. <http://www.fundacioncristovive.cl/>. And Robert Calderis (2013). *Earthly Mission - The Catholic Church and World Development*. London: Yale University Press: 195.

²²⁰ Ms. Vuyelwa Chitimbire, Executive Director, Zimbabwe Association of Church-Related Hospitals (2012). *We Kept On Going: interview by Mona Bormet, Christian Connections for International Health*. <http://www.ccih.org/interview-with-zach-executive-director> Accessed 13 August 2015.

additional funds from an array of foreign and multilateral donors.²²¹ FPAP advocates for those methods that can be accepted by Muslim practitioners in the area in which they work — for instance, largely excluding permanent methods in favour of temporary ones. Faith leaders and FBOs/FIOs often take open or pragmatic approaches inspired and influenced by the links they see between their religious beliefs and the human needs of the people they serve.

Humanitarian Marguerite Barankitse, a devout Catholic, provides family planning at the hospital that she runs

Maggy Barankitse's Maison Shalom emerged from Burundi's genocide and her protection of children orphaned by the crisis. It has grown into a multisectoral complex and nationwide network. Barankitse's view is that family planning is equivalent to immunization and prevention of HIV/AIDS: it is sensible medicine and social practice. Her approach builds on the moral imperative to help women avoid having more children than they can feed.²²²

Rwandan religious leaders pledge to join forces to promote family planning

Fertility rates have been declining rapidly in Rwanda due to concerted government efforts to encourage birth spacing and provide family planning services (contraceptive prevalence went from 17 per cent to 52 per cent between 2005 and 2010). However, some religious institutions have resisted providing family planning in faith-linked clinics. Therefore, the Government has established secondary health posts to supply family planning services near faith-inspired centres (mostly Catholic) where most contraceptives are not available. Catholic providers have agreed to refer those clients interested in artificial methods to such facilities.²²³ The Presbyterian Church of Rwanda has organized family planning workshops in collaboration with the Ministry of Finance, in order to strengthen the role of religious leaders as family planning advocates. One such workshop, held in October 2010, ran under the banner "What the Bible says about the procreation of humans." It fostered productive discussion about the need to rally faith actors around

²²¹ Other donors include the European Commission, UNFPA, and the World Bank. For a full list see: Donor Agencies. Family Planning Association of Pakistan. <http://www.fpapak.org/donors.php>.

²²² Marguerite Barankitse (2011). A Discussion with Marguerite Barankitse: interview by Katherine Marshall. Washington, D.C., 17 October 2011. <http://berkeleycenter.georgetown.edu/interviews/a-discussion-with-marguerite-barankitse-maison-shalom-burundi>

²²³ Jon Rosen (2010). Rwanda Tackles Population Growth. Global Post, 2 December 2010. <http://www.globalpost.com/dispatch/africa/101201/rwanda-population-growth-family-planning-contraception>

family planning. Recognizing the negative role that religious leaders have sometimes played in family planning advocacy in Rwanda, where some 40 per cent of health-care institutions are faith-inspired (60 per cent of which do not offer modern contraception), the leaders who gathered were urged by Pastor Emmanuel Muhozi of the Rwanda Presbyterian Church and Ministry of Finance representative Innocent Gihana to lead efforts in family planning promotion. They discussed the shared values that family planning and religious text claimed, despite assertions of contradiction. Participants pledged to “join hands to control birth rates.”²²⁴

The Maryknoll Prevention of Mother to Child Transmission (PMTCT) in Cambodia was a highly effective programme that served a significant share of HIV-positive mothers. When the Maryknoll staff advised patients, they provided them with counselling on natural family planning and information regarding fertility and risks to subsequent pregnancies.

Church programmes in Ethiopia reach 8.5 million people with family planning services, through partnerships with Muslim leaders to spread family planning

The Ethiopian Evangelical Church Mekane Yesus — South Central Synod (EECMY-SCS) and the Ethiopian Kale-Hiwot Church Development Programme have provided the bulk of reproductive health and family planning services to the people of the Southern Nations, Nationalities and People (SNNP) region of Ethiopia. The United States Agency for International Development (USAID) has funded these efforts through Pathfinder International. The church programmes work in 49 of the region’s 104 districts, providing services in one of Africa’s most densely populated areas. These Protestant organizations have a strong history of service provision to people of the Muslim faith, particularly in the district of Alaba. There, two influential Muslim elders formed a partnership with the EECMY-SCS to deliver family planning services to a community that had previously looked down on contraception as being against Islam. Through the engagement of religious leaders in discussion around family planning and its positive relationship with Islamic doctrine — and the essential service provision of EECMY-SCS — Alaba has achieved one of the highest rates of family planning use in the region.²²⁵

²²⁴ Lillian Nakayima (2010). Religious Leaders Join Family Planning Drive. *The New Times*, 18 October 2010. <http://www.newtimes.co.rw/section/article/2010-10-18/25053/>

²²⁵ Pathfinder International (2006). *Ethiopia: Faith-Based Organizations: The Key to Community Trust*. Watertown, MA. <http://www.pathfinder.org/publications-tools/pdfs/Ethiopia-Faith-Based-Organizations-The-Key-to-Community-Trust-with-USAID.pdf?x=166&y=10>

Afghan Mullahs promote birth spacing: lessons from the Accelerating Contraceptive Use Project

Mullahs (Islamic teachers) in Afghanistan, where contraceptive prevalence is very low (21 per cent in 2011/12) and the rate of maternal mortality is among the world's highest, have in some cases served as key links in disseminating positive knowledge about family planning. The Accelerating Contraceptive Use Project, funded by the William and Flora Hewlett Foundation, has served as a vehicle for this dissemination. In interviews with 37 mullahs, programme administrators realized that mullah disapproval came primarily from health safety concerns rather than religious disapproval. Once provided with accurate information, these mullahs were supportive of birth spacing and instrumental in developing pamphlets about family planning with Qur'anic verses.²²⁶ A mullah appeared on a national television programme with persuasive information about the positive aspects of family planning within Islam. The feedback was so positive that further airtime was granted to the programme for extended programming on contraception, and about 70 per cent of television viewers in Afghanistan are recorded as having watched.²²⁷ In Afghanistan, the almost universal and strongly conservative Islamic religion and culture is understandably understood as a barrier to reproductive health in the country. This case shows that Islamic leaders can serve as important advocates for family planning once convinced of its health benefits.

RACHA in Cambodia works through Buddhist women

RACHA, a Cambodian NGO, grew out of a partnership between USAID Cambodia and three Global Health Bureau initiatives. RACHA's core programme areas include maternal, newborn and child health as well as family planning. Their focus now includes the related issues of HIV/AIDS and infectious diseases (primarily TB and malaria). Wanting to be "sustainable, relevant and responsive" means, for RACHA, working through the pagoda system because of its great influence. The pagoda structure constitutes one of the most important streams through which RACHA disseminates health information within communities. Because of their ability to assemble community members and effectively spread information with little associated cost, monks and other Buddhist figures are key actors in RACHA's programmes.

²²⁶ Douglas Huber et. al (2009). Achieving Success with Family Planning in Afghanistan. WHO Bulletin. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2828781/> Accessed 6 September 2015.

²²⁷ Miho Sato (2007). Challenges and Successes in Family Planning in Afghanistan. Management Sciences for Health: Cambridge, MA. <https://www.msh.org/sites/msh.org/files/Challenges-and-Successes-in-Family-Planning-in-Afghanistan.pdf>

The ubiquity of the Buddhist wat makes it an invaluable network, reaching into even the most rural and impoverished regions.

There are challenges to engaging monks, not least on issues related to child and reproductive health. Topics such as breastfeeding and neonatal care are both potentially embarrassing for the mothers and slightly beyond the personal expertise of most monks. Thus RACHA looked for ways to engage women within the pagoda structure, and around the year 2000 recruited the first nuns and wat grannies to promote improved breastfeeding practices in their communities. Over the years these women have educated new mothers on a range of issues related to child and maternal health. RACHA has trained over 2,500 nuns and wat grannies in nine provinces, with training sessions for nuns and wat grannies organized jointly between RACHA and the commune health centre and typically held on the pagoda grounds. The nuns and wat grannies then hold their own training sessions for new mothers, either at the pagoda or in private homes, using picture cards to illustrate various health concepts. The programme has seen success over its ten-year history: a longitudinal study conducted by researchers from Brigham Young University (BYU) between 2004 and 2007 showed that programme communities have improved and sustained positive breastfeeding practices. Nevertheless, it found that control villages (those without trained nuns and wat grannies) also showed increases in positive breastfeeding practices, leading to some ambiguity over the programme's impact and demonstrating the need to further explore the effectiveness of nuns and religious women in spreading health messages.

Engaging Senegalese religious leaders in support of the national family planning programme

With high birth rates and low contraceptive prevalence, the Government of Senegal and its partners are engaged in an ambitious national family planning programme, based on culturally adapted approaches grounded in child spacing and family welfare. While organizations have worked with imams at the local level, Senegal's distinctive Sufi families and other religious leaders have not been involved. A programme led by the World Faiths Development Dialogue (WFDD) supports a working group of religious leaders from the major families plus Islamic associations and Christian communities (Catholic and Protestant). Their actions have included visits to major religious leaders and communities and a new scholarly document laying out Islamic teachings, addressing myths, and bringing to bear Senegalese religious wisdom.



*Islamic Relief integrates family planning into a broad sustainable development effort.*²²⁸

Islamic Relief has supported an extensive sustainable development programme in Mali that integrates outreach on family planning. Over 25,000 women and children are expected to benefit. Activities include a shea butter women's association, with aims that include reducing deforestation and promoting renewable sources of energy, new maternity facilities, motorcycle ambulances, and health centre management committees to ensure that community voices are heard. Health workers are trained to spot and treat malnutrition while midwives are trained to prevent the transmission of diseases and improve birth plans and care for newborns. Community awareness campaigns promote the rights of girls to an education, and improve understanding of topics such as malaria, HIV/AIDS, and family planning.

²²⁸ Islamic Relief (2015). Women and child friendly action. 25 March 2015.

<http://www.islamic-relief.org/women-and-child-friendly-action/#sthash.U6sqJFp5.dpuf>
Accessed 23 September 2015.

Activist coalitions play significant roles in “speaking truth” and confronting opposition. The Religious Coalition for Reproductive Choice,²²⁹ a broad-based faith group from many religious organizations and traditions, works for reproductive choice, including abortion, and especially advocates for those at the margins of society most affected by a lack of access to such services.

Addressing Domestic Violence and Early, Forced and Child Marriage

Religious communities are engaged in a wide range of tradition specific and multi-religious efforts to combat the core issues associated with discrimination and VAW. Where religious leaders engage — either individually or collectively — on these issues, attitudes and behaviours can change.

Addressing child marriage with religious support in India

Cautious movement to combat child marriage in India is commonly explained by concerns that action might interfere in religious matters of the community.²³⁰ India’s national policies affirm gender equality as a fundamental principle, highlighted in the Constitution (in the Preamble, Fundamental Rights, Fundamental Duties and Directive Principles). India is a signatory to almost all human rights treaties.²³¹ India’s Prohibition of Child Marriage Act (2006) defines a ‘child’ as a male who has not completed 21 years of age and a female who has not completed 18 years of age. Several government policies aim to delay the age of marriage and first birth, including the National Population Policy, the National Youth Policy, and the National Adolescent Reproductive and Sexual Health Strategy. Active support by religious leaders needs to be a significant part of strategies to address child marriage. Societal attitudes towards girls and women — object without rights, economic burden, and repository of family “honour” — need to shift in order to bring child marriage to an end and to make it socially unacceptable.²³² Such religious leader support is increasing and takes different forms. Religious leaders take the lead or support best practice actions such as educating men, a cash rewards programme for deferring marriage, non-formal education, and raising awareness of sexual and

²²⁹ H. Knox (2012). Faith in action. Religious Coalition for Reproductive Choice, 12 September 2012. <http://rcrc.org> Accessed 27 May 2014.

²³⁰ Neeraj Hatekar, Pallavi Rege, and Rajni Mathur (2007). Legislating Social Change: Strange Case of the Sarda Act. *Economic and Political Weekly* (1-7 January 2007).

²³¹ India is a State Party to ICCPR, ICESCR, CERD, CEDAW, CRC, and CAT, among others.

²³² Jaya Sagade (2005). *Child Marriage in India: Socio-legal and Human Rights Dimensions*. Oxford: Oxford University Press.

reproductive health issues, and livelihood skills. They can draw on positive religious teachings, for example in the Buddhist context, the five precepts of Buddhism: abstaining from killing, taking what is not given, sexual misconduct, false speech, and intoxication.

Muslim opposition to child marriage and the work of Musawah

Religious leaders draw on Islamic teachings, linked to human rights values and medical research, and the lived realities of those who have suffered and/or those who are familiar with the detrimental outcomes of this practice. Family law reform in Egypt in the twentieth century drew on evidence of “indirect” interventions to preserve the overarching principle of shari’a. In the case of child marriages, registrars of marriage were “instructed not to conclude marriage or register and issue official certificates of marriage for brides under the age of sixteen and grooms under the age of eighteen.”²³³

Musawah, a global movement for justice and equality in the Muslim family led by women, addresses child marriage directly. Musawah bases legal and advocacy efforts to oppose child marriage on the case that child marriage has no basis in Islamic principles but is based on outdated patriarchal and cultural prejudices and practices that “seek merely to keep existing unequal gender systems and power relations intact.”²³⁴ Musawah confronts the common justifications for child marriage; that the Prophet married Aisha when she was six years old and that child marriage can be justified based on the attainment of puberty. It works through legal challenges and advocacy in the form of publications and participation in public debate.

The Organisation of Islamic Cooperation (OIC) and related organizations can encourage the political will required to change practice

The OIC, as a grouping of countries linked by Islamic principles, has special significance. In 2005, ministers, politicians and religious leaders from almost 50 Muslim countries met in Rabat, Morocco for the first “Islamic Conference of Ministers in Charge of Childhood” organized by OIC and the Islamic Educational, Scientific and Cultural Organization (ISESCO). The resulting “Rabat Declaration” emphasized that harmful and discriminatory practices against girls are against Islam and urged Muslim states to “take

²³³ John L. Esposito and Natana J. DeLong-Bas (2001). *Women in Muslim Family Law*. Syracuse: Syracuse University Press: 50.

²³⁴ Musawah (2013). *Musawah Statement to OHCHR on Child, Early and Forced Marriage*. <http://www.musawah.org/musawah-to-OHCHR-child-marriage#sthash.ZXnO9Q0g.dpuf>

the necessary measures to eliminate all forms of discrimination against girls and all harmful traditional or customary practices, such as child marriage and female genital mutilation, in the light of the Cairo Declaration on Legal Tools for the Prevention of Female Genital Mutilation and the Maputo Protocol, to enact and implement proper legislations and formulate, where appropriate, national plans, programmes and strategies protecting girls”²³⁵ (Paragraph 10).

Award-winning advertisements of “abused goddesses” in India address cultural and religious attitudes that enable violence against women to continue.

This creative campaign features arresting images of three bruised Deities; Saraswati, Durga and Lakshmi.²³⁶ Each is accompanied by the message: “Pray that we never see this day. Today more than 68 per cent of women in India are victims of domestic violence. Tomorrow it seems like no woman shall be spared. Not even the ones we pray to.”²³⁷ Saraswati is the Goddess of knowledge, music and art; Durga is Lord Shiva’s divine spouse who rides a tiger and carries various weapons; and Lakshmi symbolizes prosperity and spiritual enlightenment.²³⁸

Spiritualist based feminist organization tackles gender discrimination and VAW. In South and Southeast Asia, the International Women’s Partnership for Peace and Justice (IWP) works with Buddhists to end gender discrimination and VAW. Using Buddhist teachings of compassion and mindfulness and Buddhist terms and language, IWP constructs a feminist analysis on VAW.²³⁹ The Buddha’s teachings of the Four Noble Truths are brought to bear on their programmes:

²³⁵ UNICEF (2005). Rabat Declaration on Children in the Islamic World. http://www.unicef.org/childrenandislam/downloads/declaration_english.pdf Accessed 13 August 2015.

²³⁶ News 18 (2013). Abused goddesses’ spread message against domestic violence. 13 September 2013. <http://www.news18.com/news/buzz/abused-goddesses-spread-message-against-domestic-violence-637098.html> Accessed 13 August 2015.

²³⁷ Ibid.

²³⁸ Richard S. Ehrlich (2013). Abused Hindu goddesses recall violence against women. 13 September 2013. Religion News Service. <http://www.religionnews.com/2013/09/13/abused-hindu-goddesses-recall-violence-against-women/>

²³⁹ Khuankaew, Ouyporn. Tackling Gender and Sexual Discrimination in Buddhism. In Danguilan, M., ed. (2008), *Keeping the Faith: Overcoming Religious Fundamentalisms. ARROWs for Change*, vol. 14, No. 1 and 2: 12-13. <http://docslide.us/documents/v14n12.html> Accessed 11 August 2015.

*In naming the first noble truth, that life consists of suffering, we ask participants to identify all forms of gender oppression or violence against women. Then we talk about the second noble truth, the root causes of the violence, which women identify as patriarchy and misreadings of Buddhism. We ask the participants to visualize the third truth, which is the picture and vision of an enlightened society, one that no longer has gender oppression. This challenges the teaching by most monks that enlightenment is something beyond this life and is confined to just the individual experience. Finally, the fourth truth, the eightfold noble path, is about using wisdom and compassion to form concrete ways of working towards the vision of an enlightened gender-equal society.*²⁴⁰

IWP redefines traditional interpretation of karma from “a personal issue” into two kinds of karma, the individual karma and collective/structural karma to foster responsibility and respect.²⁴¹ IWP also focuses on ways to build trust, respect and compassion between couples to ensure a healthy relationship. Through workshops, women (and men) are exposed to the “difference between patriarchal teachings and Buddha’s original teachings;” many participants express renewed appreciation for Buddhism and awareness that men suffer from patriarchy and inequalities.²⁴²

“We will Speak Out” US coalition addresses sexual violence

In the United States, this campaign (WWSO.US) unites a coalition of faith communities to end sexual violence. The idea is that faith communities can be persuasive agents for social change, the more so when awakened to suffering in their midst. The goal is to end passive roles and the perpetuation of stigma and discrimination. Instruments are Speak Out Sunday and the Sacred Spaces model. A sermon guide is designed to encourage active discussion in congregations.

Latin American churches affirm that sexual and reproductive rights fall within the context of Human Rights.

On 22 May 2013 the 6th General Assembly of the Latin American Council of Churches (CLAI) signed the Consensus of Havana at the Continental Consultation on “The Churches and Sexual and Reproductive Rights”, following two dozen national and regional consultations the previous year that analysed the theological and public health perspectives of sexual and

²⁴⁰ Ibid.,13

²⁴¹ Ibid.

²⁴² Ibid.

reproductive rights, as described in the ICPD POA. CLAI and cooperating institutions affirm that sexual and reproductive health themes should be treated within the context of human rights and be guaranteed by Governments, and has published a training guide on the subject for use by faith organizations. CLAI recognizes issues in Latin America including, but not limited to: maternal mortality, sexual violence, trafficking, and forced abortions. CLAI commits to developing an action plan to provide leadership training and education in member churches, in order to promote universal access to sexual and reproductive health. CLAI will ensure that young people participate as leaders in faith communities and that training environments and spaces are built to improve access to appropriate health services and ultimately promote the human rights of and eradicate all forms of discrimination towards disadvantaged groups.





Looking Ahead

This document reviewed and highlighted some of the diverse narratives, teachings, and experiences linking religious discourse to sexual and reproductive health and reproductive rights. It identified points of contention and paths of opportunities through a review of different religious texts, interpretations and practices on family planning, contraception, abortion, child marriage, GBV and various forms of VAW. Yet this was by no means an exhaustive review, for there remain several contentious issues, such as broader perspective of GBV, discrimination and stigma faced by LGBTI, and adoption, to name but a few, that are part of an ongoing dialogue with faith communities in some countries.

There are differences between and within religious traditions, varying from approaches that are supportive of the implications of certain sexual and reproductive health and reproductive rights, to those that are markedly less so.

There are differences between and within religious traditions, varying from approaches that are supportive of the implications of certain sexual and reproductive health and reproductive rights, to those that are markedly less so. On a particularly sensitive issue, the differences in interpretation within any one major religion can and do stand in stark contrast to one another. This is also witnessed in the practice of adherents of the faith. And these differences in attitudes, behaviour and narratives do change over time.

Religion is an influential aspect of culture. At the same time, interpretations of religion and religious practices are also influenced by other cultural dynamics. Cultures and religious institutions and teachings are constantly changing in significant respects, in response to urbanization, global and national politics, new information and technologies, and rising education levels (especially for women). Some of the reactions among certain religious groups to forces of modernization and change can, and do, manifest as increasing retrenchment in conservative attitudes towards sexual health, gender roles, and women and girls' equal rights, among other aspects. But the other side of the very same coin is initiatives that are grounded in faith, that will 'move mountains' to realize girls' and women's rights and thereby safeguard the dignity of entire communities for generations.

Some of the reactions among certain religious groups to forces of modernization and change can, and do, manifest as increasing retrenchment in conservative attitudes towards sexual health, gender roles, and women and girls' equal rights, among other aspects. But the other side of the very same coin is initiatives that are grounded in faith, that will 'move mountains' to realize girls' and women's rights and thereby safeguard the dignity of entire communities for generations.

These very realities underline the need to systematically monitor and evaluate ongoing programmes, partnerships and results that include religious and cultural actors. The information in this paper also points to the need to continue to expand development actors' own literacy about the religious dynamics that underpin the range of issues encompassed by sexual

and reproductive health and reproductive rights. To seek to dismiss the myriad religious positions and insist on a rights-based approach to programming that overlooks these dynamics can impede a more nuanced approach to realize the very same rights.

An in-depth review of one or two countries in diverse regions, where religious dimensions are proving determinant in hindering access to sexual and reproductive health services, would offer insights into the interrelationships of ideas and approaches. These would be particularly illustrative when compared to other national contexts, where interreligious collaboration was deemed helpful to move forward the advocacy for legal changes which helped secure certain reproductive rights.

There is a need for further research on the topics addressed in this review. While the long list of references highlights the richness of existing information, there are important gaps, notably those that address a wider range of religious traditions, and their practical implications at a country and community level. Furthermore, it would be useful to recommend additional questions for the Demographic Health Surveys (DHS) and other survey instruments that address religious dimensions of SRH and RR in detail to produce better data and allow policymakers to assess changes taking place over time.

Women's sexuality, reproductive life and fertility are inextricably linked to a wider set of issues that concern family welfare and family dynamics. The ways in which religious beliefs and community approaches affect family relationships, specifically in relation to female and male roles, merits deeper research and reflection.

As this paper began, so it is wise to remember, at the end, that once sexual and reproductive health and reproductive rights are a matter of discussion – whether as acronyms (SRHR or SRH and RR) or indeed as separate elements thereof, sensitive issues are immediately 'part of the menu'. No discussion of this complex range of issues that touches on the very meaning of life and how it is lived takes place in a space devoid of some reference to the interconnected webs of tradition, culture and religion. Within this tapestry of narratives is a rich array of perspectives and realities from different faith traditions and diverse parts of the world. This paper has attempted to present a brave insight into some of these most debated complexities, so as to touch on the wealthy heritage of both the written texts and the lived narratives. Precisely because of the importance of culture, religion, and interpretations in the meaning of human life, it is crucial to engage with a wide range of actors that can move points of contention to paths of opportunities.

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Annex 1

Relevant Conventions, Treaties, and Consensus Agreements

Reproductive health and reproductive rights are addressed, directly or indirectly, in a wide range of human rights treaties and conferences. They include the following:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- International Covenant of Civil and Political Rights (ICCPR)
- Convention on the Rights of the Child (CRC)
- Convention on the Elimination of All Forms of Racial Discrimination (CERD)
- Declaration of the Rights of Indigenous People
- Convention Against Torture (CAT)
- World Conference on Human Rights (Vienna Conference)
- International Conference on Population and Development (ICPD)
- The Beijing Platform for Action of the 1995 Fourth World Conference on Women
- The Millennium Development Goals (MDGs)

Various framings of human rights and specific covenants indirectly address SRH and RR. This annex explores the principal documents that specifically frame discussions of SRH and RR.

a) *The Universal Declaration of Human Rights (signed 1948)*. The UDHR does not address SRH and RR directly, but these can be inferred from, for example, the protection of individuals highlighted in Article 25. Article 25(1) states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family”; 25(2) affirms that “Motherhood and childhood are entitled to special care and assistance”.

b) *International Covenant on Civil and Political Rights (signed 1966, entered into force 1976)*.²⁴³ The International Covenant on Civil and Political Rights states

²⁴³ United Nations (1966). International Covenant on Civil and Political Rights. <http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx> Accessed 10 August 2015.

that every individual has a right to privacy, liberty, equality, autonomy, and dignity, among others; some scholars conclude that these rights constitute support for reproductive rights.²⁴⁴ Women's SRH and RR have also been linked to the right against discriminations highlighted in this covenant; important causes of maternal mortality and morbidity are linked to violations of women's human rights, especially discrimination against them, and, more positively, benefits follow from the application of women's rights at every stage of the policy cycle.²⁴⁵

c) *International Covenant on Economic, Social and Cultural Rights — ICESCR*²⁴⁶ (signed 1966, entered into force 1976). The ICESCR referred to rights to education, access to advancements in science, and adequate standard of living and health,²⁴⁷ among others, that also affect SRH and RR. More specifically, Article 12 of the ICESCR established that "1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child". ICESCR has been described as the "first human rights treaty to require states to recognize and progressively realize the right to health."²⁴⁸

d) *Convention on the Elimination of All Forms of Discrimination Against Women*²⁴⁹

²⁴⁴ Reva B. Siegel (2007). *Sex Equality Arguments for Reproductive Rights: Their Critical Basis and Evolving Constitutional Expression*. Faculty Scholarship Series. Paper 1137. http://digitalcommons.law.yale.edu/fss_papers/1137 Accessed 10 August 2015, and Padmini Murthy and Clyde Lanford Smith (2009). *Women's Global Health and Human Rights*. Boston: Jones and Bartlett.

²⁴⁵ Alicia Ely Yamin (2013). Applying human rights issues to maternal health: UN Technical Guidance on rights-based approaches. *International Journal of Gynecology and Obstetrics*, vol. 121, No. 2: 190-193.

²⁴⁶ United Nations (1966). *International Covenant on Economic, Social and Cultural Rights*. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx> Accessed 10 August 2015.

²⁴⁷ Lance Gable (2011). Reproductive Health as a Human Right. *Case Western Reserve Law*, vol. 60, No. 4: 957-996. <http://www.ossyr.org.ar/pdf/bibliografia/159.pdf> Accessed 10 August 2015.

²⁴⁸ Center for Reproductive Rights (2010). *Background Paper to Support the Development of a General Comment on the Right to Sexual and Reproductive Health by the Committee on Economic, Social and Cultural Rights (CESCR Committee): International Standards on Women's Sexual and Reproductive Rights and Gaps in the International Legal Framework*. <http://www.ohchr.org/Documents/HRBodies/CESCR/Discussions/2010/CRR.pdf> Accessed 10 August 2015. And International Council on Human Rights Policy (2009). *Bringing Rights to Bear: An Advocate's Guide to the Work of UN Treaty Monitoring Bodies on Reproductive and Sexual Rights*. "Sexuality and Human Rights": 12-17 http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_BRB.pdf Accessed 10 August 2015.

²⁴⁹ United Nations (1979). *Convention on the Elimination of All Forms of Discrimination Against Women*. <http://www.un.org/womenwatch/daw/cedaw/> Accessed 10 August 2015.

– CEDAW (adopted 1979 by the UN General Assembly): CEDAW is seen as an international women’s “bill of rights” and as the strongest international legal support for women’s reproductive rights. It outlines explicitly the right to health and family planning. CEDAW’s preamble and the various related resolutions, declarations, and recommendations adopted by the UN affirm the principles of equality and non-discrimination. CEDAW remains the sole human rights treaty that recognizes that culture and tradition are central elements in shaping debates about women’s rights. Article 2 (f) instructs States Parties “to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women.” In article 5(a) State Parties are urged to take appropriate measures “to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customs and all other practices which are based on the inferiority or superiority of either of the sexes or on stereotyped roles for men and women.” CEDAW article 12(2) refers to appropriate “services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary”.

CEDAW represents an important milestone in ensuring special protections of women from gender-based discrimination. Provisions highlight the importance of educational information concerning SRH and RR. Article 10 affirms that “States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: and more specifically (h) “Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.”

CEDAW is one of the most ratified human rights instruments. However, Member States have registered a large number of reservations related to articles 2 (Policy Measures) and 16 (Marriage and Family Life).²⁵⁰ The CEDAW Committee²⁵¹ in its Concluding Observations views these articles as fundamental to the Convention and therefore has encouraged State Parties to withdraw their reservations.²⁵² Specifically, the Committee noted that “Articles 2 and 16 are considered by the

²⁵⁰ The many reservations and comments on them are found at https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8&chapter=4&lang=en Accessed 10 August 2015.

²⁵¹ The Committee on the Elimination of Discrimination against Women (CEDAW) is the body of independent experts that monitors implementation of CEDAW. It consists of 23 experts on women’s rights from around the world. See <http://www.un.org/womenwatch/daw/cedaw/committee.htm> Accessed 10 August 2015.

²⁵² CEDAW (1998). Report of the Committee on the Elimination of Discrimination against Women, A/53/38/Rev.1 (part two), (eighteenth and nineteenth sessions, 1998). <http://www.un.org/womenwatch/daw/cedaw/reports/18report.pdf>

Committee to be core provisions of the Convention. Although some States Parties have withdrawn reservations to those articles, the Committee is particularly concerned at the number and extent of reservations entered to those articles. (para. 6).” As to article 16, the Committee specifically stated that:

Neither traditional, religious or cultural practice nor incompatible domestic laws and policies can justify violations of the Convention. The Committee also remains convinced that reservations to article 16, whether lodged for national, traditional, religious or cultural reasons, are incompatible with the Convention and therefore impermissible and should be reviewed and modified or withdrawn. (para. 17).²⁵³

Article 2: States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake:

- a) To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle;
- b) To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women;
- c) To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination;
- d) To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation;
- e) To take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise;
- f) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women;
- g) To repeal all national penal provisions which constitute discrimination against women.

²⁵³ CEDAW (2013). General recommendation on article 16 of the Convention on the Elimination of All Forms of Discrimination against Women (Economic consequences of marriage, family relations and their dissolution), CEDAW/C/GC/29, February 2013.

Article 16:

1. States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:
 - a. the same right to enter into marriage;
 - b. the same right freely to choose a spouse and to enter into marriage only with their free and full consent;
 - c. the same rights and responsibilities during marriage and at its dissolution;
 - d. the same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;
 - e. the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;
 - f. the same rights and responsibilities with regard to guardianship, wardship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;
 - g. the same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;
 - h. the same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.

2. The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.

The CEDAW Committee has consistently reiterated in its Concluding Observations that inequalities and discrimination based on culture and/or religion infringe on the Convention and are inadmissible. The Committee advises States Parties to utilize the Convention as a guiding framework from which cultural and religious norms, practices, and laws should be interpreted. Among its recommendations it suggests that States Parties embark on comparative analysis of Islamic family laws.

The Convention treats issues of GBV through the adoption of General Comments/Recommendations.²⁵⁴ In GC/GR 19, the Committee defines gender-based violence as “violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.” Social and cultural attitudes, such as the pervasive perception that women are inferior and subordinate to men, and holding on to stereotyped gender roles that sanction forced marriage, dowry deaths, acid attacks, and female circumcision are defined as contributing to GBV in GC/GR 19.

²⁵⁴ OHCHR (1989). General recommendation No. 12. Violence against women, GC/GR No. 12, (eighth session, 1989, [articles 2, 5, 11, 12 & 16]), No. 14 Female Circumcision (ninth session, 1990) [articles 10 & 12]), and No 19 Violence Against Women (11th session, 1992, [articles 1, 2, 5, 6, 10, 11, 12, 14, 16]).



Annex 2

Summary of Relevant Treaties Relating to Child Marriage

UHRD	<p>Article 16 (1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.</p> <p>Article 16 (2) Marriage shall be entered into only with the free and full consent of the intending spouses.</p>
CRC	<p>Comprehensive provision on the human rights of children.</p> <p>Article 24 (3) States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.</p>
ICPD	<p>4.21 Governments should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses.</p> <p>In addition, Governments should strictly enforce laws concerning the minimum legal age of consent and the minimum age at marriage and should raise the minimum age at marriage where necessary.</p> <p>Governments and non-governmental organizations should generate social support for the enforcement of laws on the minimum legal age at marriage, in particular by providing educational and employment opportunities.</p>
CEDAW	<p>Article 16 (1) (b) The same right freely to choose a spouse and to enter into marriage only with their free and full consent.</p> <p>Article 16 (2) The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.</p>

Annex 3

World Council of Churches Statement at ICPD 1994²⁵⁵

Christian theology and ethics consider issues related to population and development as questions of justice and injustice, and thus intimately related to power and powerlessness. The debate cannot be responsibly engaged without recognizing how it is shaped by the imbalance of power, and its effects on poor people, people of color and women. This is especially pronounced in situations which migrants face. A Christian response to issues regarding population and development will advocate for substantial social reforms, among them more equitable distribution of land and income, better opportunities for education and employment, elimination of discrimination based on race or gender and substantial improvements in access to affordable housing, food and health care. Participation of all the people in determining policies is critical to such social reforms.

Though there is a variety of positions among member churches of WCC, many of them assert the right of families to practice fertility regulation by various methods. We do not accept the use of abortion as a family planning method. However, among WCC member churches there are some who hold that debates regarding abortion which do not recognize the concrete realities of women's lives that shape the context in which abortion decisions must be made are not credible. A growing number recognizes that the unjust treatment and systemic exploitation of women make legal recourse to safe, voluntary abortion a moral necessity. Dogmatic assertions which affirm the sanctity of life but ignore the context in which conception takes place fail to bring that assertion to bear on the real circumstances of life.

Several specific problems which women in so-called Third World nations and poor women in many industrialized nations are facing need urgently to be corrected. Among these are:

²⁵⁵ World Council of Churches (1994). 94-09-08: Statement of World Council of Churches. <http://www.un.org/popin/icpd/conference/ngo/940909231007.html> Accessed 12 August 2015.

- * vertically- imposed family planning programmes with statistical targets and various incentives;
- * use of controversial forms of contraception, which poses threats to the integrity and health of women;
- * social, traditional and cultural practices and constraints which perpetuate the subjugation of women.

These problems disproportionately affect certain groups of women, e.g. black, Indigenous and poor women.

Annex 4

The International Conference on Population and Development (ICPD) Programme of Action (PoA) 1994, Cairo: Statements and Reservations²⁵⁶

At the thirteenth and fourteenth plenary meetings, representatives of several countries made statements for the record, and some submitted written statements. What follows are extracts where cultural and religious issues receive specific mention.

Oral Statements:

Afghanistan: wishes to express its reservation about the word “individual” in chapter VII and also about those parts that are not in conformity with Islamic Sharia.

Brunei Darussalam: According to our interpretation, one aspect of reproductive rights and reproductive health, referring specifically to paragraphs 7.3 and 7.47 and subparagraph 13.14 (c) of the Programme of Action, contradicts Islamic law and our national legislation, ethical values and cultural background. My country wishes to place on record its reservation on those paragraphs.

El Salvador: ... there are three basic aspects which we are concerned about... We Latin American countries are signatories to the American Convention on Human Rights (Pact of San Jose). Article 4 thereof states quite clearly that life must be protected from the moment of conception. In addition, because our countries are mainly Christian, we consider that life is given by the Creator and cannot be taken unless there is a reason which justifies it being extinguished. For this reason, as far as Principle I of the Programme of Action is concerned, we associate ourselves with the reservation expressed by the delegation of Argentina: we consider that life must be protected from

²⁵⁶ United Nations (1994). Report of the International Conference on Population and Development, Cairo, 5-13 September 1994, Sales No. E.95.XIII.18.

*The representative of El Salvador later corrected his statement as follows: “In referring to the family in its various forms, under no circumstances can we change the origin and foundation of the family, which is the union between man and woman from which derive children.”

the moment of conception. As far as the family is concerned, although we are quite clear about what is contained in the document, we would like to express specific reservations on how the term “various forms of family” is going to be interpreted, because the union is between man and woman, as is defined in our Family Code in the Constitution of our Republic.

* As far as reproductive rights, reproductive health and family planning are concerned, we wish to express reservations, as the other Latin American countries have done: we should never include abortion within these concepts, either as a service or as a method of regulating fertility. The delegation of El Salvador endorses the reservations expressed by other nations with regard to the term “individuals” as we objected to that term in the Main Committee. It is not in conformity with our legislation and therefore could give rise to misunderstanding. We therefore express our reservation with respect to the term “individuals”.

Honduras: ...bases itself specifically on the following: (a) Article 65 of the Constitution of the Republic of Honduras, which provides for the fact that the right to life is inviolable, and articles 111 and 112 of the same Constitution, which state that the State must protect the institution of the family and marriage and the right of men and women to contract marriages and common law marriages; (b) The American Convention on Human Rights, which reaffirms that every person has the right to life and that this right will be protected by law and will be protected in general, starting from the moment of conception, based on moral, ethical, religious and cultural principles, which should regulate the international community, and in accordance with the internationally recognized human rights.

As a consequence of this, one accepts the concepts of “family planning”, “sexual health”, “reproductive health”, “maternity without risk”, “regulation of fertility”, “reproductive rights” and “sexual rights” so long as these terms do not include “abortion” or “termination of pregnancy”, because Honduras does not accept these as arbitrary actions; nor do we accept them as a way of controlling fertility or regulating the population. Secondly, given that new terminology has been introduced in the document, as well as concepts which should be further analysed, and that these terms and concepts are expressed in scientific language, social language or public service language, which will have to be understood in terms of their proper context and are not interpreted in a way that could undermine respect for human beings, the delegation of Honduras considers that this terminology can only be

understood without prejudice to its national law. Finally, we also state that the terms “family composition and structure”, “types of families”, “different types of families”, “other unions” and similar terms can only be accepted on the understanding that in Honduras these terms will never be able to mean unions of persons of the same sex.

Jordan: ...We fully believe that the international community respects our national legislation, our religious beliefs and the sovereign right of each country to apply population policies in accordance with its legislation. The delegation of Jordan understands that the final document, particularly chapters IV, V, VI and VII, will be applied within the framework of Islamic Sharia and our ethical values, as well as the laws that shape our behaviour. We will deal with the paragraphs of this document accordingly. Therefore, we interpret the word “individuals” to mean couples, a married couple. I hope that you will put these comments on record.

Kuwait: ... we would like to put on record that our commitment to any objectives on population policies is subject to their not being in contradiction with Islamic Sharia or with the customs and traditions of Kuwaiti society and the Constitution of the State.

Libyan Arab Jamahiriya : ...wishes to express a reservation on all terms in the document that are in contravention of Islamic Sharia, such as we see in paragraph 4.17 and in chapter II of the document, in relation to inheritance and extramarital sexual activities, and the references to sexual behaviour, as in paragraph 8.31. I wish to express a reservation, despite the discussion that took place in the Main Committee regarding the basic rights of couples and individuals. We express a reservation regarding the word “individuals”. The Jamahiriya reconfirms, as part of Arab civilization, the importance of a dialogue among all religions, cultures and peoples in order to achieve world peace; yet no country, no civilization has the right to impose its political, economic and social orientations on any other people. I also want to express a reservation on the words “unwanted pregnancies” in paragraph 8.25, because our written Constitution does not allow the State to undertake abortions unless the mother’s health is in danger.

Nicaragua: ..., pursuant to its Constitution and its laws, and as a signatory of the American Convention on Human Rights, confirms that every person has a right to life, this being a fundamental and inalienable right, and that this right begins from the very moment of conception. Accordingly, first we

agree that the family may take various forms, but in no event can its essence be changed. Its essence is the union between man and woman, from which new human life derives. Second, we accept the concepts of “family planning”, “sexual health”, “reproductive health”, “reproductive rights” and “sexual rights” expressing an explicit reservation on these terms and any others when they include “abortion” or “termination of pregnancy” as a component. Abortion and termination of pregnancy can under no circumstances be regarded as a method of regulating fertility or a means of population control. Third, we also express an explicit reservation on the terms “couple” or “unions” when they may refer to persons of the same sex. Fourth, Nicaragua accepts therapeutic abortion on the grounds of medical necessity under our Constitution. Thus, we express an explicit reservation on “abortion” and “termination of pregnancy” in any part of the Programme of Action of this Conference.

Paraguay: ...the right to life is the inherent right of every human being from conception to natural death. This is stipulated in article 4 of our national Constitution. Therefore, Paraguay accepts all forms of family planning with full respect for life, as is provided for in our national Constitution, and as an expression of exercising responsible parenthood. The inclusion of the term “interruption of pregnancy” as part of the concept of regulation of fertility in the working definition proposed by the World Health Organization, which was used during the course of this Conference, makes this concept totally unacceptable to our country. We wish to point out that in Paraguay we recognize constitutionally the need to work on the reproductive health of the population as a way of improving the quality of life of the family. On chapter II, principle 9, and chapter V, paragraph 5.1, our national Constitution considers that the family is the basic unit of society and is based on the union of a couple — man and woman — recognizing as well single-parent families. It is only from this perspective that we can include the term “various forms of the family”, respecting the various cultures, traditions and religions.

Philippines: ...the originally proposed wording, recognizing “the right to family reunification” was toned down to just recognizing “the vital importance of family reunification”. In the spirit of compromise, we agreed to the revised wording based on the argument forwarded by other delegations that there have been no previous international conventions or declarations proclaiming such a right, and that this is not the appropriate conference to establish this right. For this and other worthy reasons, we wish to reiterate the recommendation made in the Main Committee, supported by many delegations and received positively by the Chair, that an international conference on migration be convened in the near future.

Syrian Arab Republic: ...will deal with and address the concepts contained in the Programme of Action in accordance with chapter II and in full accordance with the ethical, cultural and religious concepts and convictions of our society in order to serve the unit of the family, which is the nucleus of society, and in order to enhance prosperity in our societies.

United Arab Emirates: We do not consider abortion as a means of family planning, and we adhere to the principles of Islamic law also in matters of inheritance. We wish to express reservations on everything that contravenes the principles and precepts of our religion Islam, a tolerant religion, and our laws.

Yemen: ...chapter VII includes certain terminology that is in contradiction with Islamic Sharia. Consequently, Yemen expresses reservations on every term and all terminology that is in contradiction with Islamic Sharia. In chapter VIII, we have some observations to make, particularly relating to paragraph 8.24. Actually, we wanted to delete the words “sexual activity”. And, if we cannot delete them, then we wish to express our reservations. In paragraph 8.25, concerning “unsafe abortion”, we find that the definition is unclear and is not in accordance with our religious beliefs. In Islamic Sharia there are certain clear-cut provisions on abortion and when it should be undertaken. We object to the expression “unsafe abortion”. We wish to express our reservations on paragraph 8.35, relating to “responsible sexual behaviour”.

Written Statements:

Argentina: ...The Argentine Republic accepts Principle 1 on the understanding that life exists from the moment of conception and that from that moment every person, being unique and unreproducible, enjoys the right to life, which is the source of all other individual rights. Chapter V Paragraph 5.1. .. although the family may exist in various forms, in no case can its origin and foundation, i.e., the union between man and woman, which produces children, be changed. Chapter VII (Reproductive rights and reproductive health). Paragraph 7.2. The Argentine Republic cannot accept the inclusion of abortion in the concept of “reproductive health” either as a service or as a method of regulating fertility. This reservation, based on the universal nature of the right to life, also applies to all similar references to this concept.

Djibouti:...express reservations on all the passages in the paragraphs of the Programme of Action of the International Conference on Population and Development which conflict with the principles of Islam and with the legislation, laws and culture of the Republic of Djibouti. The delegation of Djibouti would like its reservations to be reflected in the report of the Conference.

Dominican Republic:...it fully confirms its belief that everyone has a fundamental and inalienable right to life and that this right to life begins at the moment of conception. Accordingly, it accepts the content of the terms “reproductive health”, “sexual health”, “safe motherhood”, “reproductive rights”, “sexual rights” and “regulation of fertility” but enters an express reservation on the content of these terms and of other terms when their meaning includes the concept of abortion or interruption of pregnancy. We also enter an express reservation on the term “couple” where it refers to persons of the same sex or where individual reproductive rights are mentioned outside the context of marriage and the family.

...during the proceedings of the Conference in general, and in particular with regard to chapters V and X, it often proved difficult to reach a consensus owing to the lack of international instruments embodying the right to the integrity of the family. Aware that by promoting the unity and integrity of the family as a natural development system we are ensuring the comprehensive, sustainable development of our communities, we propose that this right to the integrity of the family be considered by the United Nations with a view to its adoption as soon as possible.

Ecuador:...reaffirms, inter alia, the following principles embodied in its Constitution: the inviolability of life, the protection of children from the moment of conception, freedom of conscience and religion, the protection of the family as the fundamental unit of society, responsible paternity, the right of parents to bring up their children and the formulation of population and development plans by the Government in accordance with the principles of respect for sovereignty.

...reservation with respect to all terms such as “regulation of fertility”, “interruption of pregnancy”, “reproductive health”, “reproductive rights” and “unwanted children”, which in one way or another, within the context of the Programme of Action, could involve abortion. Ecuador also enters a reservation concerning certain unnatural concepts relating to the family, inter alia, which might undermine the principles contained in its Constitution.

Egypt: ...registered numerous comments on the contents of the Programme of Action with regard to the phrase “couples and individuals”.

...called for the deletion of the word “individuals” since it has always been our understanding that all the questions dealt with by the Programme of Action in this regard relate to harmonious relations between couples united by the bond of marriage in the context of the concept of the family as the primary cell of society.

Guatemala: ...made it possible for our deliberations about life and humanity’s future development to reach a conclusion which our delegation sincerely hopes will enhance respect for the life and dignity of men and women, especially those of the new generations, in which we will have to place our faith and trust in order to face the future without recourse to apocalyptic forecasts but in solidarity, justice and truth.

...(a) Chapter II (Principles): we accept this chapter but note that life exists from the moment of conception and that the right to life is the source of all other rights; (b) Chapter V, paragraph 5.1: we accept this provision on the understanding that, although the family may exist in various forms, under no circumstances can its essential nature, which is the union between a man and a woman from which love and life stem, be changed; (c) Chapter VII: we enter a reservation on the whole chapter, for the General Assembly’s mandate to the Conference does not extend to the creation or formulation of rights; this reservation therefore applies to all references in the document to “reproductive rights”, “sexual rights”, “reproductive health”, “fertility regulation”, “sexual health”, “individuals”, “sexual education and services for minors”, “abortion in all its forms”, “distribution of contraceptives” and “safe motherhood”;

The Holy See:...The Holy See knows well that some of its positions are not accepted by others present here. But there are many, believers and non-believers alike, in every country of the world, who share the views we have expressed. The Holy See appreciates the manner in which delegations have listened to and taken into consideration views which they may not always have agreed with. But the Conference would be poorer if these views had not been heard. An international conference which does not welcome voices that are different would be much less a consensus conference. As you well know, the Holy See could not find its way to join the consensus of the Conferences of Bucharest and Mexico City, because of some fundamental reservations. Yet, now in Cairo for the first time, development has been

linked to population as a major issue of reflection. The current Programme of Action, however, opens out some new paths concerning the future of population policy. The document is notable for its affirmations against all forms of coercion in population policies. Clearly elaborated principles, based on the most important documents of the international community, clarify and enlighten the later chapters. The document recognizes the protection and support required by the basic unit of society, the family founded on marriage. Women's advancement and the improvement of women's status, through education and better health-care services, are stressed. Migration, the all too often forgotten sector of population policy has been examined. The Conference has given clear indications of the concern that exists in the entire international community about threats to women's health. There is an appeal to greater respect for religious and cultural beliefs of persons and communities.

But there are other aspects of the final document which the Holy See cannot support. Together with so many people around the world, the Holy See affirms that human life begins at the moment of conception. That life must be defended and protected. The Holy See can therefore never condone abortion or policies which favour abortion. The final document, as opposed to the earlier documents of the Bucharest and Mexico City Conferences, recognizes abortion as a dimension of population policy and, indeed of primary health care, even though it does stress that abortion should not be promoted as means of family planning and urges nations to find alternatives to abortion. The preamble implies that the document does not contain the affirmation of a new internationally recognized right to abortion. My delegation has now been able to examine and evaluate the document in its entirety. On this occasion the Holy See wishes, in some way, to join the consensus, even if in an incomplete, or partial manner. First, my delegation joins the consensus on the Principles (chapter II), as a sign of our solidarity with the basic inspiration which has guided, and will continue to guide, our work. Similarly, it joins the consensus on chapter V on the family, the basic unit of society. The Holy See joins the consensus on chapter III on population, sustained economic growth and sustainable development, although it would have preferred to see a more detailed treatment of this subject. It joins the consensus on chapter IV (Gender equality, equity and empowerment of women) and chapters IX and X on migration issues. The Holy See, because of its specific nature, does not find it appropriate to join the consensus on the operative chapters of the document (chapters XII to XVI). Since the approval of chapters VII and VIII in the Committee of the

Whole, it has been possible to evaluate the significance of these chapters within the entire document, and also within health-care policy in general. The intense negotiations of these days have resulted in the presentation of a text which all recognize as improved, but about which the Holy See still has grave concerns. At the moment of their adoption by consensus by the Main Committee, my delegation already noted its concerns about the question of abortion. The chapters also contain references which could be seen as accepting extramarital sexual activity, especially among adolescents. They would seem to assert that abortion services belong within primary health care as a method of choice.

Despite the many positive aspects of chapters VII and VIII, the text that has been presented to us has many broader implications, which has led the Holy See to decide not to join the consensus on these chapters. This does not exclude the fact that the Holy See supports a concept of reproductive health as a holistic concept for the promotion of the health of men and women and will continue to work, along with others, towards the evolution of a more precise definition of this and other terms. The intention therefore of my delegation is to associate itself with this consensus in a partial manner compatible with its own position, without hindering the consensus among other nations, but also without prejudicing its own position with regard to some sections. Nothing that the Holy See has done in this consensus process should be understood or interpreted as an endorsement of concepts it cannot support for moral reasons. Especially, nothing is to be understood to imply that the Holy See endorses abortion or has in any way changed its moral position concerning abortion or on contraceptives or sterilization or on the use of condoms in HIV/AIDS prevention programmes.

...The Holy See, in conformity with its nature and its particular mission, by joining in the consensus to parts of the final document of the International Conference on Population and Development (Cairo, 5-13 September 1994), wishes to express its understanding of the Programme of Action of the Conference. 1. Regarding the terms “sexual health” and “sexual rights”, and “reproductive health” and “reproductive rights”, the Holy See considers these terms as applying to a holistic concept of health, which embrace, each in their own way, the person in the entirety of his or her personality, mind and body, and which foster the achievement of personal maturity in sexuality and in the mutual love and decision-making that characterize the conjugal relationship in accordance with moral norms. The Holy See does not consider abortion or access to abortion as a dimension of these

terms. 2. With reference to the terms “contraception”, “family planning”, “sexual and reproductive health”, “sexual and reproductive rights”, and “women’s ability to control their own fertility”, “widest range of family-planning services” and any other terms regarding family-planning services and regulation of fertility concepts in the document, the Holy See’s joining the consensus should in no way be interpreted as constituting a change in its well-known position concerning those family-planning methods which the Catholic Church considers morally unacceptable or on family-planning services which do not respect the liberty of the spouses, human dignity and the human rights of those concerned.

...4. With reference to the term “couples and individuals”, the Holy See reserves its position with the understanding that this term is to mean married couples and the individual man and woman who constitute the couple. The document, especially in its use of this term, remains marked by an individualistic understanding of sexuality which does not give due attention to the mutual love and decision-making that characterizes the conjugal relationship. 5. With reference to chapter V, the Holy See interprets this chapter in the light of principle 9, that is, in terms of the duty to strengthen the family, the basic unit of society, and in terms of marriage as an equal partnership between husband and wife.

Islamic Republic of Iran:...The Programme of Action, although it has some positive elements, does not take into account the role of religion and religious systems in the mobilization of development capabilities. It suffices for us to know that Islam, for example, makes it the duty of every Muslim to satisfy the essential needs of the community and also imposes the duty of showing gratitude for benefits by utilizing them in the best possible way, as well as the duties of justice and balance. We therefore believe that the United Nations should convene symposiums to study this matter. There are some expressions that could be interpreted as applying to sexual relations outside the framework of marriage, and this is totally unacceptable. The use of the expression “individuals and couples” and the contents of principle 8 demonstrate this point. We have reservations regarding all such references in the document. We believe that sexual education for adolescents can only be productive if the material is appropriate and if such education is provided by the parents and aimed at preventing moral deviation and physiological diseases.

Malta: ...reserves its position on [...] the use of such terms as “reproductive health”, “reproductive rights” and “regulation of fertility” ...

The interpretation given by Malta is consistent with its national legislation, which considers the termination of pregnancy through induced abortion as illegal. Furthermore the delegation of Malta reserves its position on the provisions of paragraph 7.2, in particular on “international human rights documents and other relevant United Nations consensus documents”, consistent with its previous acceptance or non-acceptance of them.

...The termination of pregnancy through procedures of induced abortion is illegal in Malta. The delegation of Malta therefore cannot accept without reservation that part of paragraph 8.25 which provides for “circumstances in which abortion is not against the law”. Furthermore the delegation of Malta reserves its position on the wording “such abortion should be safe” since it feels that this phrase could lend itself to multiple interpretations, implying among other things, that abortion can be completely free of medical and other psychological risks, while ignoring altogether the rights of the unborn.

Peru: ...article 2 of the Constitution, which accords to everyone the right to life from the moment of conception; abortion is rightly classified as a crime in the Criminal Code of Peru, with the sole exception of therapeutic abortion. 3. Peru regards abortion as a public health problem to be tackled mainly by means of education and family planning programmes. Accordingly, the Constitution acknowledges the fundamental role played by the family and parents in the form of responsible paternity and maternity, which is nothing more than the right of parents to choose freely and voluntarily the number and the spacing of their children. The same applies to their chosen method of family planning, provided that it does not place life at risk. 4. The Programme of Action contains concepts such as “reproductive health”, “reproductive rights” and “fertility regulation”, which in the opinion of the Peruvian Government require more precise definition, with the total exclusion of abortion on the ground that it is inconsistent with the right to life.



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