Fall 2019

Finding a Common Ground between Theology and Women's Reproductive Rights: Assessing the societal levels of influence of religion on the sexual and reproductive health of women

Natalie Montufar
SIT Study Abroad

Finding a Common Ground between Theology and Women's Reproductive Rights

Assessing the societal levels of influence of religion on the sexual and reproductive health of women

By Natalie Montufar

Fall 2019

SIT Switzerland: Global Health and Development Policy

Brown University

Public Health

Acknowledgements

I would like to extend my many thanks to all the individuals who made the fruition of this research project possible. First and foremost, my parents for inspiring me to create change in the world and always supporting me in everything and anything I do, even from the other side of the world. Thank you for the endless opportunities you have given me and instilled in me that nothing is impossible to achieve.

Furthermore, I would like to thank my Academic Director, Dr. Alexander Lambert, Academic Coordinator, Françoise Flourens, Dr. Anne Golaz, and Dr. Elisabeth Meur for creating a semester full of knowledge, support, and tangible experiences in the realm of global public health. Without your guidance, this ISP project would not have been able to reach its highest potential. SIT's enriching program cultivated an environment of rigorous academic thinking, and it truly sparked my interests in global public health and helped navigate my academic endeavors.

Additionally, I would like to thank Brown University for the ability to fully invest myself in my academic passions, and Professor Alexander Nading for inspiring my interest in Global Health. I am sincerely grateful for the many professionals and experts who shared with me their expertise and knowledge in the field of sexual and reproductive health, including Monica Ferro, Dr. Laurie Gaydos, Fatihiyya Wangara, and Margaret Harpin. Finally, I am eternally thankful for my peers in the SIT program for leading invigorating conversations surrounding issues that are thought-provoking and constantly remaining passionate and enthused to change the world for the better.

Table of Contents

Abstract

The principle aim of this study is to explicate and elucidate the intersection between religious beliefs and practices and Sexual and Reproductive Health throughout distinct levels of society in the developing world. A literature review identified relevant peer-reviewed and grey literature on religious beliefs held on sexuality and procreation, the landscape of influence of religion on laws and policies at a national and international level, the effects of religion on individual sexual behavior, and modern interventions aiming to be culturally and religiously sensitive. The intricacies and nuances of three Abrahamic faiths were assessed to highlight the dogma of sacred texts and practices, which highlighted the intrinsic benevolence of these religions. Four semi-structured interviews were conducted with experts in the field of Sexual and Reproductive Health with religion being an impactful factor in their work. The influence of intrinsic religious beliefs was evaluated in three different realms surrounding S&RH, such as: 1) Influences of Religious Beliefs on International and Governmental Entities, Policies, and Programs, 2) Individual Behavior, Lifestyle Choices, and Perceptions impacted by Religious Beliefs, and 3) The "Point of Intersection" at the Community Level: How the Reproductive Health and Sexual Health Agenda can be advanced through Religious Leaders and Faith-based Organizations. This study emphasizes the prevalence of religious beliefs in the individual, the community, and the nation, while seeking to express the importance of religious beliefs in progressing the agenda of S&RH by utilizing religion as a "vehicle for change".

I. Introduction

The divinity, sacredness, and incomparability of the human body composes some of the principle beliefs of many of the world religions. According to three of the world's principle monotheistic religions, Christianity, Islam, and Judaism, the human being was "hand-made" by God in his image and likeness, in essence, intrinsically creating a divine nature in human beings. Therefore, the link between human dignity and human rights seems indisputable and evident; human rights are a part of the gift of being human, God-given and an indivisible part of the essence of humaneness (Singh, Darroch, and Ashford, 2014). In the 1994 International Conference on Population and Development (ICPD), governments and world leaders agreed upon the fact that women's rights are an integral part of human rights, yet women, one of the most vulnerable populations in the world, are constantly faced with discrimination, neglect, marginalization, and gender-based violence (Obaid, 2005).

Women's dignity is constantly being compromised. Sexual and Reproductive Health (S&RH) is at the front line of the developmental world with rising rates of maternal mortality and consistent lack of access to contraceptive measures. Every minute that passes by, three hundred and eighty women become pregnant and half of them did not intend to get pregnant, forty women undergo an unsafe abortion, twenty-four teenage girls give birth in the developing world, and four girls undergo genital mutilation (Obaid, 2005). There is a vital need for action in the realm of S&RH, and the Sustainable Development Goals (SDGs) are working to attain progress in women's rights, reproductive health, and reproductive rights by the year 2030. SDG 3 seeks Good Health and Wellbeing for All, including goal 3.1: reducing the global maternal mortality ratio to less than 70 per 100,000 live births and goal 3.7: ensuring universal access to sexual and reproductive health-care services, including family planning, information and

education, and the integration of reproductive health into national strategies and programs. SDG 5 aims to achieve gender equality and empower all women and girls by ending all forms of discrimination, violence, harmful practices, and ensuring universal access to sexual and reproductive health rights in accordance with the Program of Action of the ICPD in Cairo in 1994. Advancing the global agenda of S&RH is seemingly impossible without taking into account the religious and cultural contexts of nations, communities, and individuals.

Fundamentally, religion acts a social determinant of health. Its impacts and influences are seen in the depths of human decision-making, lifestyle choices, and behaviors in all societal levels creating an exigency for its position at the table of S&RH. Consequently, religion impacts views on what is proper or improper in terms of sexual behavior, compliance or correct use of contraception, and overarching perspectives held on women. Each religious tradition is geographically, culturally, socioeconomically, and politically diverse and appreciation of this diversity is essential in discussing roles of traditions for S&RH (UNFPA, 2016b). Turning a blind eye by fostering a solely "modernized" and secular agenda in the international developmental world, while ignoring the intrinsic influence of religion in aims of implementing successful and effective programs, policies, and interventions, is ineffective and ironically paternalistic.

Thus, rather than setting religion as an obstacle in family planning and S&RH policy implementation, why not utilize it as a means of support and intervention strategy? Accepting the enormous cultural and religious realities of nations, communities, and individuals can be used to fortify women's sexual and reproductive rights as human rights. This paper will aim to deepen the knowledge behind cultural and religious ideologies, specifically in the three Abrahamic faiths, Judaism, Islam, and Catholicism, to determine the use or misuse of reproductive health

services, the perspectives held on women and girls, and the use of religion in successes or failures of reproductive and sexual health policy and programs. A creation of balance, awareness, and understanding between the secularity of women's rights and the religious realm can be utilized to continue the progress and development being made in women's health. Furthermore, this research paper aims to challenge the notion that there cannot be an intersection between S&RH and women's rights with faith. The overarching, shared core-values of secular and religious parties are fixated on having healthy women and babies in the world, in which every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled (UNFPA, 2016a). The comprehension of religious narratives and lived experiences is crucial when understanding the role religion plays, either negative or positive, and this comprehension must be used to candidly grasp distinct and diverse perspectives held on S&RH in the developing world. My research question aims to discover the nuances on how religious beliefs and traditions are, directly or indirectly, ingrained into nations, communities or individuals and attempts to elucidate the constructive utilization of religion in developmental policy, interventions or programs to increase compliance, acceptance, and trust.

To accomplish the aforementioned objectives, this paper is fragmented into a myriad of distinct parts, beginning with a background section to set the context. This section will include the distinct, yet similar, perspectives of the three Abrahamic faiths on Sexual and Reproductive Health, beginning with Christianity, then Judaism, and finally Islam. Consequently, the extensive literature on the dichotomy of faith and S&RH is evaluated to bridge a new perspective of the intersection of both entities. This intersection is evaluated further in three main levels: 1) Governmental and Policy Level, 2) Non-governmental organizations and Community-settings

level, and 3) the Individual level. The use of religion as a tool to fight for women's rights in the sexual and reproductive health agenda is my primary goal.

Research Methodology

This research was conducted through qualitative methods, essentially a two-pronged approach—including both semi-structured interviews and an extensive literature review on sexual and reproductive health, religion, and their intersection. The foundation was laid for the literature review by analyzing the three Abrahamic faiths and observing their nuances and intricacies in their depiction of women, perception and morality of sexual activity, and the value placed on procreation. To further identify current and relevant literature on the intersection of S&RH and religion, I utilized Google Scholar, PubMed, and Josiah (Brown University Online Library Services) by inputting different combinations of key words, such as "faith", "sexuality", "intersection", "religion", and "women's rights". Throughout my research, I tried to search for the most relevant and update literature on religion and S&RH, both individually and jointly. I found research on both entities separately, but conjoined research and studies were quite scarce due to the progression of history tending to be more "modernized" and "secular". Consequently, the scope of my research spans from the early 2000s to current times. Moreover, due to the grandeur of the both domains, I decided to keep the research topic and question broad to really emphasize the importance of the intersection between both entities. The websites of pertinent organizations were evaluated, mainly UNFPA, IPPF (International Planned Parenthood Federation), and the WFDD (World's Faiths Development Dialogue), to examine relevant grey literature. These large organizations provided details on how religious beliefs impacted the S&RH's agenda at the international and national levels. I then decided to continue pursuing distinct societal levels, proceeding to focus on the individual. I researched ways in which

religious beliefs impacted sexual behavior, sexual attitudes, and perceptions on the morality of sexual activity. Moreover, I evaluated the interventions and strategies that could be used to intersect religion and S&RH at the community level.

To aggregate my research, I also conducted four qualitative, semi-structured interviews that produced a large portion of the thematic qualitative analysis. The interviewees were asking approximately five to six similar questions, and then around one or two questions surrounding their organization or expertise. Transcribed notes from the interviews were also recorded, and further, relevant quotes were extracted from the notes and utilized if they adequately matched the research theme and question. The interviewees all had experience in the realm of Sexual and Reproductive Health, compounded with cultural, social, or religious contexts. The interviewees included Dr. Laurie Gaydos, an Associate Professor at Emory University in Health Policy and Management and the Associate Chair for Academic Affairs for the Executive MPH Program at the Rollins School of Public Health, who has exhaustive knowledge on state-level policies on reproductive health access across the Southeastern United States. Her research further sparked her interests in the innovative path of examining the intersections of religion and reproductive health. She has a chapter in the book *Religion as a Social Determinant of Health* by Ellen L. Idler about "Religion and Reproductive Health". Moreover, Monica Ferro, the Executive Director of the UNFPA Office Geneva, has an extensive knowledge on the impacts of religiosity and spirituality on Reproductive Health. Her lived experiences pertaining to population and development, either in Parliament in Portugal or at the UNFPA, provided me with a tremendous amount of knowledge, unique insight, and inspiration for my research topic. Her experience is truly unparalleled. Also, Fatihiyya Wangara, a health researcher focusing on the effectiveness of health programs targeting vulnerable populations, spends her career continuously finding

methods for quality improvement and community strategy for health. She identifies as a Muslim woman, so her insight into the religious beliefs of communities and the extent of their impact was extremely useful towards my research. She provided tangible examples of campaigns and programs on which she worked on in Nairobi, Kenya. Lastly, Margaret Harpin, a Capacity Building Legal Fellow at Center for Reproductive Rights, was influential in my research by her expertise in the international legal realm of S&RH. Ethical concerns and issues of confidentiality must be considered when conducting qualitative interviews—all the interviewees expressed affirmative written consent in the form of emails and verbal consent before beginning the interviews. Any quotes or paraphrasing used in this study were approved by the interviewees. There are no other ethical considerations to consider regarding the interviewees.

Finally, throughout my research there were a myriad of limitations and difficulties that were encountered. Primarily, the enormous breadth of the scope of the study can be a causal factor for large generalizations and over-arching statements regarding religious beliefs. Furthermore, in terms of religious beliefs and practices, individuals and communities have different degrees of practices, for some people may be more devout than others— creating more variation in the different societal levels being evaluated. Additionally, as I mention how religious, cultural, and social influences impact minute human behavior, we are not free from those biases. Thus, biases exist from authors and writers of journals and reports due to their invested interests, causing them to sway towards promoting or not promoting ideas surrounding religion and S&RH. The small sample size of interviewees also restricts our findings to identify significant qualitative analysis and relationships.

II. Background

In September of 2014, the UNFPA gathered a group of leaders from the world's

major religious institutions to reflect on the complex links between religion and Sexual and Reproductive Health, and one main unanimous outcome, a Call to Action, was achieved:

> 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 (UNFPA, 2016b).

Abrahamic religions are centered around benevolence, compassion, and tolerance. In essence, the contemplation and comprehension of religious scripts, determining what is dogma or what is interpretation, and unraveling faith teachings and traditions can help public health actors gain an understanding of what S&RH is in the eyes of the religious. Religious literacy can help point to the most adequate ways of challenging oppressive religious practices, while forging positive ones. This section will delve into the perspectives held on women, contraception, sexual education, abortion, reproductive rights, and gender-based violence by Christianity, Judaism, and Islam. Some religions have stronger practices and doctrine on various aspects of S&RH than others, for this variation emphasizes the necessity for understanding, comprehension and to stray away from over-generalizations even in different sects of the same religion.

a. *Christianity: "A woman was created from the rib of man (Genesis 2:22-24)"*

There currently are around 2.2 billion Christians in the world, constituting around 38% of the world population; all Christians, with minor differences, share the sacred texts of the Bible (UNFPA, 2016b). Christianity is centered around the belief of Jesus Christ, God the Father, and the Holy Spirit as one; the tenets of the faith are prescribed in the bible, consisting of the Old and

New Testament, and the teachings and parables of Jesus Christ. Patriarchal and hierarchal structures are scattered all over the Christian faith, assigning order and power to distinct roles. Almost all, except nuns and sisters, roles and positions of hierarchy in the Christian faith belong to men, beginning with, in order of importance, the pope, cardinals, bishops, priests, and brothers.

In regard to the realm of Sexual and Reproductive Health, the origination of women provides way to male-centric norms in the Christian faith. *Genesis 2:22-24* states that the Lord God made a woman from the rib he had taken out of man; automatically, women are given a subordinate role from the early beginnings of the bible. Furthermore, the concept of 'original sin' has been associated with aspects of sexuality and procreation, explaining in part why it has often been at the center of Christian moral discourse (UNFPA, 2016b). Artificial methods of contraception invalidate the true and sole purpose of sex in the Christian faith to procreate; procreation is "creating new life" and a God-given capacity, and halting that natural process from occurring is a "sin against nature". On the other hand, natural family planning is supported and accepted, yet research and surveys have displayed that many women ignore the Church's teaching on contraception. The question of condom usage came to fruition in the 1990s during the outbreak of HIV/AIDS in Sub-Saharan Africa, where a large majority of the population identifies as Christian, and the Church held its strict standpoint on officially refuting the distribution of condoms. The gravity of opposition on contraception varies throughout different sects of Christianity, but the overall doctrine holds true and the variations of practices depends on the interpretation of Catholics, Protestants, Orthodox Christians, Mormons, and the thousand more sects.

In Christian dogma, human life begins from conception, supported by both natural law and moral philosophy (Ford, 2008); human life is sacred and morally inviolable due to God's undeniable and ever-flowing love for human beings. Pope John Paul II stated in the Second Vatican Council that "Life once conceived must be protected with the utmost care; abortion and infanticide are abominable crimes." Again, as mentioned before, the Catholic Church takes the strongest and unwavering stance on abortion, but Protestants and Evangelicals have a less stringent but quite similar perspective.

Lastly, issues surrounding gender-based violence are quite prevalent surrounding Christian-majority countries and communities. The Church does not speak up to nor admonishes issues held surrounding gender-based violence, although GBV is a clear violation of human rights and human dignity. An African theologian states "the church remains silent in cases of rape (including marital rape), child sexual abuse, incest and sexual harassment, which violates women's bodies. This "silence" or social acceptance of GBV can be explained partly as a consequence of the subordination of women in Christian theology (UNFPA, 2016b)". The lack of progression in women's roles in the Christian faith, derivation of women in the creation of mankind, and the dogma and stringency held around procreation can create an atmosphere of stigma and fear in the dialogue of S&RH in Christian nations, communities, and individuals.

b. Judaism: "Be fruitful and multiply (Genesis 9:7)"

Fertility and procreation are the cornerstones of maintaining the Jewish tradition and religion alive, due to Jewish law but also the historic communal trauma faced by the Jewish community. There are a handful of fundamental Jewish tenets that seemingly underlie any dialogue held surround Sexual and Reproductive Health, such as: 1) protecting an existing life is paramount, even when it means a Jew must violate the most sacred laws and 2) Judaism is

noticeably “pro-natalist” and strongly encourages having children (Koffman, n.d.). The latter tenet highlights the complex Jewish perspective on abortion, which is a bit complex—throughout a pregnancy the health, wellbeing, and ultimately life of a mother should always be prioritized. Abortion, when a mother’s life is in peril, is not only permitted but required, due to the beliefs surrounding the status of the fetus not yet being a full-fledged human being— the fetus does not have an identity of its own until “most of the body emerges” from her womb. Contrastingly, stricter and more traditional Jews consider the fetus “potential life”, and they are very hesitant about permitting abortions without “sufficient cause”.

Judaism places the utmost value in marriage and family, hence, a couple with no children is seen as suffering, and procreation are seen as a part of God’s plan (UNFPA, 2016b). For example, Israel has the highest number of fertility clinics per capita in the world and has the highest rate of in vitro fertilization as well (Kahn, 2006). The aura held around the urgency of married women to procreate in Judaism leads to discouragement of women to use contraceptives and an atmospheric obligation to procreate. Contraception is generally permitted in the Jewish religion, but the forms of contraception cannot interfere with male fertility, such as condoms or male fertility—due to Jewish law presiding predominantly over males and the obligation to procreate beings theirs. The destruction or waste of a male’s “seed” is not permitted under any circumstances.

As seen with Christianity, the range of devoutness and strictness in teachings, traditions, and doctrine varies depending on the branches of Judaism, such as Orthodox, Conservative, Reform, and Reconstructive movements, and more. Judaism, specifically, is distinct due to the interconnectedness of religious affiliation and ethnicity, essentially giving its perspectives a broader range of powers. Since God is conceived as a male entity, men are seen as the more

perfect and powerful human beings— with a high position and more responsibility (UNFPA, 2016b). This also transfers over to the large prevalence of male voices in Jewish rabbinic and biblical perspectives and narratives. Furthermore, women in traditional Jewish communities place an enormous amount of trust and faith in the help and guidance of their Rabbi on issues of sexual violence, internal moral dilemmas, and fertility issues. To conclude, Judaism is quite malleable in its perspectives on S&RH ranging from traditional to modern, yet its emphasis on procreation utilizing a heavily male-gendered voice creates a distinct set of issues.

c. Islam: "So, good women are the obedient (An-Nisa, 34)"

The societal perception of Islam has been quite unfavorable due to acts of violence, hate, and oppression being committed in the name of Islam— a miniscule fraction of followers of the religion as a whole does not define the entirety of the religion. Nonetheless, the need for religious literacy is crucial to understanding the perspectives, practices, and traditions held by Islamic followers. Islam originated in the Arabian Peninsula in the seventh century, and its core principles are reflected in the Arabic root for the word Islam, SLM, which means, among other things, purity, submission, and obedience to God (UNFPA, 2016b). Furthermore, there are several sources of "truth" in the Islamic faith— the Qur'an is the highest source and the holy book of Islam, the Sunna is the Prophet Muhammed's way of life, Hadiths are the narrations of the Prophet Muhammed's sayings, and Shari'a is the code of law. As there are approximately 1.6 billion Muslims in the world, almost around a quarter of the world's population, the Islamic perspective and perception of women's roles and rights are of vast impact. The Qur'an stresses the sanctity of life, *hurmat al hayat*—the life of every single individual regardless of gender, age, nationality or religion is worthy of respect (King, 2009). On the other hand, the Qur'an makes men the "managers of women"; men are differentiated in matters with women, such as marriage

with non-Muslims, matters of discipline and choice, and legal testimony and inheritance. Dress code in Islam is solely required for women, and polygamy is only permitted for men. In more traditional and orthodox realms of Islam, men and women should occupy different spheres, the public space is for men alone, and lastly men have the right to chastise their wives. Paternalistic narratives are intrinsic to the interpretation of the Qur'an, due to the seventh century Arabian Peninsula being heavily dominated with men, who were in charge of the Islamic knowledge production (UNFPA, 2016b). However, a growing number of Muslim scholars' stress that the traditional ulama does not have a monopoly on Islam, for the religion is capable of change and progress, while responding to challenges and contextual needs of an advancing society.

Accessibility and acceptability are quite distinct— the Qur'an nor the hadith have a strict dogma on the use of contraceptives, which allows leeway for Muslim jurists and scholars to interpret that the use of contraception is acceptable, but the access to those services exist solely for married women. The conversation being held about family planning and contraceptive use is assumed by Muslim scholars and jurists to be held in the realm of marriage and family. Formal policies and religious teachings vary from country to country or from community to community, depending on the severity of the attitudes held on contraception. Stringent Muslim scholars, who vividly oppose abortion, state that the Qur'an is not silent on the subject of contraception (UNFPA, 2016b). They state that the Qur'an condemns female infanticide and prohibits the killing of children; thus, there should not be a need to kill your child due to poverty because God will always provide. Additionally, cultural perceptions and individual attitudes about contraception and family planning are expressed in religious ways, so in turn this might limit access to contraception. Abortion falls under the same realm of "sanctity of human life", but the Muslim faith states that abortion is permissible until the ensoulment of the fetus, which can vary

from 40, 90 to 120 days. Consequently, any attempt to terminate a pregnancy after 120 days is considered a criminal offense, and it is prohibited by all Islamic legal schools— the one exception is when the fetus poses a danger to the mother.

Gender-based violence and Violence Against Women have been somewhat prevalent and deeply embedded in Muslim-majority countries or communities. Islam as a culture, as a religion, and as a political force has the ability to influence. The most common Qur'anic verse to justify Violence against Women is the 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). (UNFPA, 2016b)

Wife-beating is seen as a disciplinary method, and the complete and utter control of a women's body is given solely to men. As seen with the previous religions, more traditional practices follow this dogma verbatim, but more modernized scholars reject these teachings and interpretations. Islamic teachings do not endorse a pattern of violence, for it has just been utilized to justify acts of violence and oppression.

As previously mentioned, human rights and human dignity intrinsically compose some of the pillars of world religions, yet religions are held to be some of the main oppressors of women in our time. The words, mannerisms, and manifestations held to describe and depict women in the Bible, Torah and Qur'an vary greatly. We must take into account interpretation, for religion

per se is not the source of oppression, rather, the interpretations and practices by some in the name of religion are sources of oppression (UNFPA, 2016b). Conversely, theologians and sacred actors can take advantage of the domain of interpretation by utilizing gender-analysis and more women-friendly language in which we will further analyze throughout this paper.

III. Results & Analysis

Throughout history there has been an unspoken, rigid dichotomy between Sexual & Reproductive Health and Religion, yet both entities are extremely personal and politized issues. The complexities and impacts of the intersection between these domains, whether positive or negative, has long-standing impacts on the governmental and international policy, community and local organizations or interventions, and the individual. This study examines the interaction between faith and each distinct level of society, the challenges and barriers held in those levels by religious ideologies or perceptions, and the potential room for an established dialogue between faith-based organizations and actors and S&RH organizations and actors. There is an overwhelming amount of knowledge on women's rights and S&RH in developing countries, but what is forgotten is the *context* of these situations— the context controls, essentially, the success, effectiveness, and compliance of your interventions and policies. Moreover, qualitative interviews with leading experts of S&RH in all the different realms of society ascertained the pivotal need to be aware of *context* in order to create change, progress and development. This study further aims to elucidate the importance of religious entities, understand them, and create a dialogue with them to ultimately achieve the unanimous goal of having healthy mothers and babies.

a. Influences of Religious Beliefs on International and Governmental Entities, Policies, and Programs

Religious influence on international and national agendas in Sexual and Reproductive Health policy is complex and varied, due to each country having different demographics on religiosity and spirituality. That being said, in an enormous number of countries, religious institutions largely respond and sway S&RH policies and programs using their authority and unworldly trust given from the people (WFDD, 2014). The alleged controversy between freedom of religion and universal human rights exists because the two domains inevitably impact one another, yet there is a drive in society to create a dichotomy between the secular and the religious. Attempting to understand the ways in which religion impacts countries, their governments, and their policies and programs can lead to utilization of religion as a "tool" for progress.

The overlapping and non-transparent combined impact of religion, culture, and politics on reproductive health outcomes has been seen at large in Nigeria (WFDD, 2014). The polarization of the country stems from the North being predominantly Muslim with larger rates of poverty and the South being mainly Christian with lower rates of poverty— causing more political and religious turmoil. Beginning in the 1960s, the Nigerian government had numerous policies on population, including a handful of education and communication campaigns on reproductive health, yet there never was a substantial amount of capital spent on contraceptive procurement— evidently, family planning was not seen as a priority. However, the issue was addressed quickly in a "supply and demand" manner in 2010 by providing millions in consecutive years in funding towards family planning commodities and services and the National Health Insurance Scheme extending coverage to contraception. Yet, the progress made on family planning policies and programs by the Nigerian government have been exceptionally slow, considering that a Nigerian woman gives birth to an average of about 5.5 children in her lifetime (Nigeria, n.d.), and the modern contraceptive prevalence rate is only 9.8% (Adedini et al., 2018).

Margaret Harpin, a legal fellow at the Center for Reproductive Rights, ascertained that "the black letter law is, of course, pivotal to driving change in countries, but the most difficult part is implementing those laws and following through (M. Harpin, personal communication, November 26, 2019)"; there are rights, laws, and policies in Nigeria, but people's access is hindered in a distinct way. Former President Goodluck Jonathon gave partial causality to the slow progress and development in family planning— he stated, "We are extremely religious people… It is a very sensitive thing. Both Christians and Muslims, and even traditionalist and all the other religions, believe that children are God's gifts to man. So, it is difficult to for you to tell any Nigerian to number their children because it is not expected to reject God's gifts (WFDD, 2014)". Additionally, many religious leaders in Nigeria are not avid supporters of contraceptive use and have not been receptive to family planning.

Essentially, religion was perceived as an obstacle in providing services and extending information to citizens for a large portion of Nigerian history, but once the awareness of the importance of the role of religious leaders and institutions was created, other methods of facilitating and promoting policy change were utilized. Considering the importance of religion to a majority of the population as well as the influential positions occupied by religious leaders in Nigeria, Nigerian Urban Reproductive Health Initiative (NURHI) project adopted strategies to increase contraceptive uptake by engaging religious leaders in advocacy work (Adedini et al., 2018). The initiative began in 2009 continuing until 2020; its interfaith forums are utilized to create positive language and messages surrounding family planning, and they have been quite successful, as a significant association between exposure to family planning messages from religious leaders and modern contraceptive uptake was established by Adenini et al.

Pakistan and Bangladesh are a unique case study of two exceedingly similar countries, previously the same country for several decades, consisting of an Islamic majority population and a large prevalence of poverty. One would believe that the statistical successes and failures in the realm of S&RH are homogenous in these exceptionally alike countries, but Bangladesh is a family planning success story, while Pakistan still faces high fertility rates and low contraceptive prevalence rate (WWFD, 2014).

These two countries emphasize that no matter how alike, policies and interventions cannot be standardized from nation to nation due to context. Furthermore, the role of faith leaders and the behavior of faith communities are among the factors exacerbating the differences in success between each country (WFDD, 2014). Beginning with Bangladesh, not much was achieved by the Family Planning Association of Bangladesh (FPAB) from the 1950s to the 1980s. The FPAB staff began to realize that regardless of the quantity or quality of service delivery efforts, contraceptive choices, and communication at the community level improvement was not seen— the crux of opposition to the program stemmed from religious leaders. Religious leaders instilled the ideology that Islam was against contraception, and through this they also gained the male opposition to contraception, furthering the fear and hesitation experienced by women. The FPAB decided to change its work to be more malleable to Islamic traditions, such as launching targeted advocacy and orientation programs in which faith leaders were taught that Islam indirectly or directly promotes family welfare from the viewpoint of the health and economic needs of the family. Moreover, Bangladesh's family planning program observed the practice of *purdah* by conservative Islamic traditions, which prohibits Islamic women to leave the home without a chaperone, and they began sending field-workers door to door to deliver contraceptives, allowing women to remain in the home (Boonstra, 2001).

On the other hand, Pakistan's family planning program has suffered long years of neglect and frequent policy changes that accompanied political upheaval (Boonstra, 2001). Furthermore, many local Muslim leaders continue to preach that family planning is inherently incorrect and prohibited under Islam. It is estimated that the government's current family planning program currently serves only about 15-20% of the population and NGOs reach another 5%. The extremely conservative view of Islam prevails throughout the country and creates an obstacle that has not yet been tackled or ameliorated by the government or even, international organizations. A National Public Radio story in 2011 quoted an important local religious leader stating that family planning is a Western convention that offends Islam (WFDD, 2014). Consequently, a young woman interviewed for the story said that while she never went to school and cannot the read the Qur'an, she listens to clerics' sermons carried over loudspeakers that equate birth control with sin. The power of religion can transcend governmental legislation, causing the dire need for awareness of religion as a social determinant of health in order to provide women access and choice in their S&RH.

Of the Philippines' population approximately 80% identify as Catholic, the birth rate is relatively high for Southeast Asia, and half of pregnancies are unintended— the conglomeration of these demographics determine not only the pertinent need for family planning but also one of the main hindrances to achieve that: the Catholic Church (WWFD, 2014). The Philippines' Responsible Parent and Reproductive Health Act of 2012 (the RH law) provides a myriad of S&RH services, such as universal access to contraception via free or subsidized provision of family planning methods and placement of government family planning officers in remote parts of the country, sexual education, and maternal and child health care— the implementation of the RH Law has been brought up in Congress in a variation of approaches for the previous 13 years

and has never been enacted due to opposition by the Catholic Church. The RH law was on hold in the Supreme Court from 2012 to 2014, but finally in 2014 the RH law was enacted under certain provisions: 1) spousal consent for women in non-life-threatening circumstances will be required to access reproductive health care and 2) health care providers will be able to deny reproductive health services to patients based on their personal or religious beliefs in non-emergency situations (Center for Reproductive Rights, 2014). Male-centric and paternalistic language and legalities undermine women's rights, choices, and decisions about their reproductive health. The power and stronghold of the Catholic Church truly impacts access, both legally, physically, and socially, to S&RH services. Progress has been made though— in 2017, Rodrigo Duerte passed the executive order for calling for universal access to modern family planning methods (Domonoske, 2017). President Duarte has been put in a tight spot for overriding the Supreme Court and the Catholic Church's authority, but he believes family planning is critical for reducing poverty and ensuring the healthiest and most fulfilling lives for women in the Philippines. The case study of the Philippines is unique due to the adamant rejection of understanding and change by the Catholic Church, for it emphasizes the need of innovative approaches, even unconventional approaches, to give all women choice in their S&RH.

In the domain of Sexual and Reproductive Health worldwide, a heavily debated topic is abortion—specifically, its legality and morality. Israel, being a country with strong Jewish roots and traditions, has an adamant stance on the necessity and desire for procreation and fertility in women. The personal desire for parenthood, and specifically motherhood, has been engrained in Jewish culture and has been strengthened by the historical persecution of Jews in the Diaspora and particularly by the genocide perpetrated against Jews in the Holocaust (The Law Library of

Congress, 2017). Naturally, with this "engrained" desire or need to procreate, the dialogue held around abortion, terminating a pregnancy, is complex. Israel's state policy established the right to procreate in Supreme Court in Nachmani vs. Nachmani, where the right of a woman to motherhood is predominant over her husband's desire to not be a father. However, this recognition does not transfer over into the recognition of a woman's full autonomy over her reproductive status. Legally, a woman in Israel does not have the choice whether or not to terminate her pregnancy; it is a decision decided solely under certain circumstances, and it is decided by special committees established by hospitals or the Ministry of Health. Furthermore, in 2009, a bill was attempted to be passed to repeal the legal requirement of having a special committee's approval for abortions, for this basis of approval for abortions in Israel means "the mere wish of a woman to terminate a pregnancy is not a sufficient reason for the Committee's approval (89 on Congress Report)". In reaction to the proposed bill, in December of 2010, Israel's Chief Rabbis Yona Metzger and Shlomo Amar called on all Israeli rabbis to fight what they called the "abortion epidemic in our country. Furthermore, they sent a letter to all the Rabbis in Israel pleading them to preach in their sermons the Exodus Torah reading regarding "the biblical prohibition to kill fetuses in their mothers' intestines, and they also considered abortion the "actual murder of souls". The right to bear children in Jewish religion and culture, as seen in Israel, is one of the most superior values there is; therefore, when a woman wants to make the choice to have an abortion, the fear, stigma, and interpersonal struggle she faces is enormous. The intrusion into women's reproductive lives stems from the eager need for control over women's' bodies in order to "be fruitful and multiply" as a nation and ensure Jewish collective survival by procreation (Steinfeld, 2015); the fixation on national and religious agendas is prioritized over women's choice.

Worldwide over 80 percent of the population identifies with a religion— sparking the need to further recognize religion as a powerful force for social and cultural change (UNFPA, 2016a). The macro-scale impact of religion on nations and their policies and interventions was seen with Islam in Pakistan and Bangladesh, Christianity in the Philippines, Judaism in Israel, and a combination of Islam and Christianity in Nigeria. A 2000 World Bank report, "Voices of the Poor," found that people in the poorest parts of the world, both rural and urban, value religious-based organizations above others, but feel that these organizations are underrepresented in development (Burket, 2006). The urgency for effective and contextual-based policies and interventions to create access to S&RH services is an issue on the global agenda, specifically being driven head-on by the United Nations Fund for Population Activities (UNFPA). First and foremost, consciousness of the role that religion, whether positive or negative, plays at a massive level in nations is principal in order to move forward with methods to interact with religious entities and leaders. Monica Ferro, Executive Director of the UNFPA Geneva Office and an expert in the Sexual and Reproductive Health at a global level, noted that, "In our realm of work [on the international level] in UNFPA, religion is something that cannot be neglected, and faith-based organizations are critical to the effectiveness of our work (M. Ferro, personal communication, November 21 , 2019)". The UNFPA actively partners with traditional and religious communities in efforts to attain the goals of achieving universal access to sexual and reproductive health, realizing reproductive rights, and reducing maternal mortality to accelerate progress on the ICPD from Cairo in 1994 (UNFPA, 2009). Furthermore, the UNFPA has worked endlessly to elucidate that the 2030 SDGs cannot be achieved without taking into account religious entities and their power. In 2018, UNFPA contributed to the establishment of a multi-faith advisory council to advise United Nations entities on efforts to achieve the 2030 Agenda for

Sustainable Development. The advisory council comprises the chief executive officers of 28 faith-based organizations. Finally, women's voices are the ones that need to be heard. Female religious advocates of the human rights agenda are rarely heard in global dialogues and negotiations, and when they are present, their voices and perspectives are often on the margins of these intergovernmental fora, rather than integrated within the official spaces and events (UNFPA, 2016a). As Monica Ferro touched upon, "In order to have development, you have need to have Sexual and Reproductive Health Rights, and to achieve this you need to be aware of the whole context of where you are working (M. Ferro, personal communication, November 21 , 2019)".

Individual Behavior, Lifestyle Choices, and Perceptions impacted by Religious Beliefs

Religion influences lifestyle choices, values, morals, and perspectives— essentially, one's beliefs and spirituality can inherently be in any decision or choice we make. Internal battles between morals and Sexual and Reproductive health create stress, fear, and uneasiness in the lives of individuals. The eternal trust and faith in "a being bigger than oneself" can truly shape the way in which a person thinks and acts.

In 1994, Urie Bronfenbrenner created a bioecological model that studies human development over time evaluating how it is affected by the multiple levels of a human's environment (Bronfenbrenner, 2006). This model translates into the depiction of religious influence on the individual

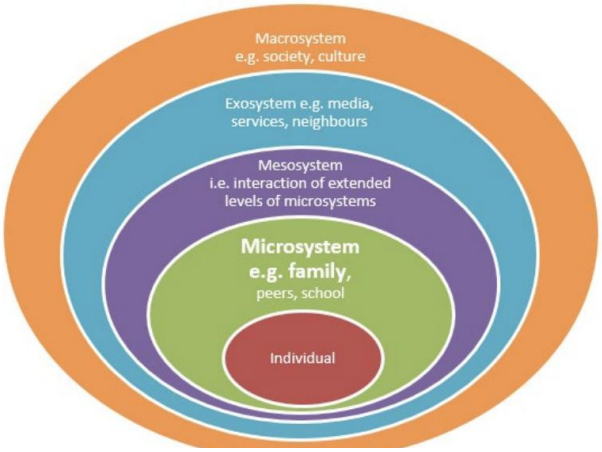

Figure 1: Bronfenbrenner's Bioecological Model on Human Development

and their sexual behaviors and choices, creating a macro-system to micro-system interaction. In Bronfenbrenner's bioecological model of human development (*Figure 1*), the macrosystem depicts the domain of overarching morality and values that are innate to the individual and the systems in between. For example, culture and religion resonate in the laws of a country, such as facilitative or restrictive laws on same sex marriages, contraception and abortion or sex education at schools (Cense, de Neef, and Visscher, 2018). Additionally, culture and religion impact societal choices of funding, support, and dedication, such as supporting big families or funding contraceptive distribution programs. Moving towards the inner circles of mexosystem and mesosystem, different social institutions, such as churches and health services, but also mass media, present their own cultural discourse on sexuality. Also, families' and neighbors' attitudes towards sexuality, reproductive health or women's rights can stimulate changes in individuals' attitudes and perceptions towards sexual behavior and choices in order to "fit in". Ultimately, the dynamics between all these forces influence the agency and choices of individual people. Of course, people are agents that make their own choices and decisions, but Bronfenbrenner is elucidating that people's behaviors and attitudes towards, in our case, S&RH are impacted by a multiple-layered system with overarching ideals stemming from society, culture, and religion.

Conversely, the cyclical nature of the macro-system and micro-system interaction cannot be ignored, for when individual preferences get enough support and power, they can lead to macro-level changes. As we have seen in our multiple national examples of religious values infiltrating legislations and policies in the Philippines or in Bangladesh and Pakistan. Individuals' combined actions have the ability to also shape culture through strong beliefs held by those with great power.

As previously mentioned, individuals' actions are shaped by macro cultural forces, such as religion—an individual's sexual behavior is one of those actions. Micro religious beliefs and macro religious cultures have the ability to, knowingly or unknowingly, shape individuals' sexual behaviors (Adamczyck and Hayes, 2012). Adamczyck and Hayes' study depicts that there are clear divisions between the world's major religions in terms of sexual behavior that may extend beyond the individual believer but unto entire communities or nations. For example, Muslims tend to have more conservative sex-related attitudes than Christians and Jews do. For Muslims, religious participation and informal social interaction with other Muslims should increase exposure to religiously inspired norms that discourage premarital sex, limiting young people's interest in having sex before marriage (Adamczyck and Hayes, 2012). Due to impact of familial and community influences, young people, who are strongly bonded to their beliefs and Muslim parents, friends, and fellow religious adherents, should be less likely to violate their faith's tenets because it could jeopardize their bonds. Furthermore, many Muslim communities discourage relationships and interactions between sexes, so the risk of engaging in risky sexual behavior is limited due to social constraints.

Moreover, religious diversity and belief principals can shape a person's views of sexual behavior and what is deemed to be acceptable and appropriate (Spadt et al.,2014). Religion acts as a moral compass; sexuality in the three Abrahamic faiths is depicted as a temptation, a gift, or a spiritual union between two married individuals. When an individual's sexual activities or behaviors do not fit in those rigid definitions, discrimination and stigmatization towards an individual's actions arise, causing them to change their sexual behavior, act in unsafe sexual behavior, or not obtain access to S&RH services. Adamczyck and Hayes' study also established that due to the rules and perceptions held around sex before marriage, married Muslims were less

likely than married Christians and Jews to report premarital sex. This stems partly from the unwillingness and unlikeness of Muslims to discuss private sexual matters or practices outside of the home juxtapose to Jewish and Christian attitudes towards sexuality being more open to more dialogue, but still strict with their tenets. Furthermore, the extent to which religious influences individual attitudes and behaviors, however, depends on the specific doctrines and policies of said religious influences and the degree of integration and commitment of individuals to their particular religious institutions (Odimegwu, 2005). Hence, individuals who attend religious services may receive more frequent religious messages against premarital sex— their strong religious commitment may make them more likely to accept the teachings and implement them into their own sexual behaviors and attitudes. Variation of religiosity can affect an individual's adolescent sexual debut, attitudes to premarital sexual activity, and engagement in current sexual behavior.

Sexual norms and behaviors surrounding an individual are unique and varied, but when there is this overarching set of ideals acting as a moral compass— a singular environment with certain doctrines and no room for differences is created. Instances of stigma and discrimination can be created by actors throughout all the levels of Bronfenbrenner's bioecological model of human development. Stigma stemming from religious beliefs and values in sexual behavior and activity include *internalized stigma*, in which the individual accepts negative beliefs, views and feelings towards the stigmatized group and oneself, *perceived stigma* or awareness of negative societal attitudes, and *enacted stigma*, which involves receipt of overt acts of discrimination (Wagner et al., 2013). There is an intrinsic fear in religious followers to step "out of the box" of doctrine, for their religion is something that they have had their whole life and never turns their back on them.

Monica Ferro noted that "Religion is many peoples one trinket of hope in a dismal world (M. Ferro, personal communication, November 21, 2019)"—at times informal religious beliefs have greater influence on sexual behaviors than do more formal, legal restrictions (Adamczyck and Hayes, 2012). Policymakers and government officials often develop laws, policies, and regulations with the hope of changing individuals' behaviors. A brilliant example is when women were allowed to vote in Afghanistan, shortly after the United States' occupation of Afghanistan. Unexpectedly, only a small proportion of women appear to have voted. Women's right to vote did not arise internally from the individual women's choices due to the still intrinsic restrictions on women's mobility stemming from shared religious preferences. In essence, if individuals' actions are due to laws or policies, not the underlying culture, it may be easier to change individual behaviors by altering formal restrictions. If religious culture is the macro force responsible for behaviors, it is likely deep and wide-reaching, which could make changing behaviors through policy initiatives particularly difficult. Consequently, instead of working against or over religion, the idea of working with religion must be prioritized.

The "Point of Intersection" at the Community Level: How the Reproductive Health and Sexual Health Agenda can be advanced through Religious Leaders and Faith-based Organizations

In any global health intervention, the greatest amount of change and progress is made at the local level by understanding and learning the context in which development needs to be achieved. As mentioned previously mentioned, attempts at macro-scale changes of behavior or attitude are seemingly unsuccessful when there are innate beliefs in the hearts of individuals. So, what do we do, if laws and policies do not show effectiveness in the realm of S&RH and changing a person's religious beliefs is extremely unethical and incorrect? "Well, you utilize religion as a *vehicle for change* (M. Ferro, personal communication, November 21, 2019)." The "point of intersection" is where a community's and individual' religious beliefs and practices

intersect with the progress of the Sexual and Reproductive Health agenda. The fruition of this point of intersection comes through giving these religious communities and individuals a voice, a say, and a platform. The utilization of religion as a tool and as method to create understanding, benevolence, and acceptance in order to give woman a choice in their sexual and reproductive health. Fatihiyya Wangara, a Health Researcher evaluating health programs on the coast of Kenya which has a large Muslim identifying population, stated that "Understanding a person's religious background is a necessary and a priority in any sexual and reproductive health program (F. Wangara, personal communication, November 20, 2019)". She further elaborated on creating shared narratives between religious leaders and communities and the sexual and reproductive health actors; through an open dialogue, active engagement of the religious organizations and actors can spark change and progress. This can be achieved by a multitude of ways such as religious literacy, briefings and engagement in S&RH research or intervention teams, and the use of interpretation of religious beliefs to one's advantage. The knowledge of religious narratives and shaping of lived realities is pivotal for understanding when religion plays a negative and oppressive role, as well as when it inspires people to claim justice and equality (UNFPA, 2016a).

a. Religious Literacy

The intersection between religion and advancing the S&RH agenda cannot be achieved without understanding different religious beliefs, traditions, and practices, for as we have seen Christianity, Judaism, and Islam have distinct, some more rigid or some more malleable, practices and beliefs. Religious literacy— defined as the ability to discern and analyze the fundamental intersections of religion and social/political/cultural life through multiple lenses, taking into account that religion is inextricably woven into all dimensions of the human experience (The Religious Literacy Project, n.d.)— is crucial to the effectiveness of the S&RH

interventions and policies. Two organizations in Pakistan, Aahung and Rutgers Pakistan, were tremendously successful in implementing sexual education programs throughout Pakistan to around 500,000 students (Chandra-Mouli et al., 2018); instead of viewing the social and religious context as an insurmountable barrier, they created strategies to work with this context. Young people, who compose approximately 21% of Pakistan's population suffer challenges related to S&RH, such as high rates of early marriage and pregnancy, sexual violence, and risk behaviors such as substance abuse—one of the major barriers to large-scale sexual education programs is religious resistance. Consequently, Aahung and Rutgers, acknowledged deep-rooted societal and cultural barriers, and their main priority in their programs was to build community support through a handful of steps (*Figure 2*). They also changed miniscule hindrances to acceptance such as the stigma held around the term, "sexual education", and they changed it to "Life skills-based education". Furthermore, they collaborated with religious scholars to ameliorate contentious issues through tactful emphasis and phrasing, and they also engaged religious scholars in providing support for key messages in life skills-based education through teachings from the Quran and the Hadith. These messages provided the youth with comfort in the fact that the Quran is, in fact, more progressive on topics regarding relationships and growing up. Ashung and Rutgers Pakistan utilized opportune moments, such as Ramadan or reports of gender-based violence, to elucidate the importance of the work they are doing. The success of these two NGOs was that their true readiness to understand the nuanced context in which they were going into.

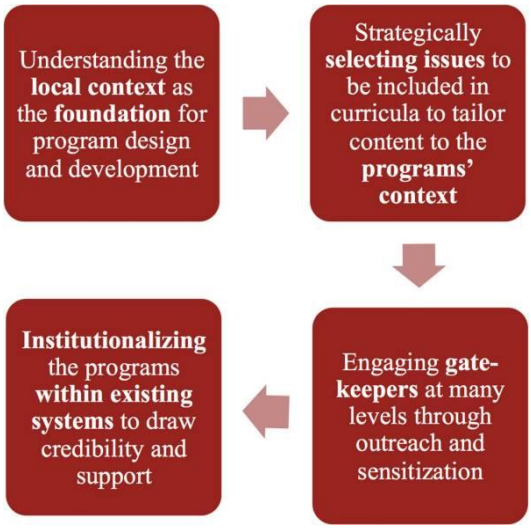

Figure 2: Strategies used by Aahung and Rutgers Pakistan to Build Community Support for their Sexual Education Programs

b. Collaboration with Faith-based Organizations

On the other hand, innovative work can be done hand-in-hand with faith-based organizations (FBOs) and religious actors to progress the sexual and reproductive health agenda in unique ways. The power, trust, and authority of FBOs and actors can create paths of opportunities and expand the reach of S&RH agenda giving more women the ability to have choices and control over their S&RH. Furthermore, their trust and respect have the ability to encourage shifts in behavior on, among other things, child spacing and appropriate methods of contraception (UNFPA, 2016b). Due to the lack of positive initiatives known, a few examples will be touched upon of how secular and religious bodies can interact, uniting for the common goal of healthy women and children. Also, we have focused on community level interventions, policies, and programs because they have been proven to be the most effective, but national and transnational efforts can still be effective. The epitome of innovative work in S&RH is the NGO Fundación Christo Vive in Chile, which was founded by Sister Karoline Mayer in the era when Chile was still a developing country, from the decision to dedicate her whole life's work to assisting the poor (UNFPA, 2016b). Her foundation runs two renowned clinics in Chile with emphasis on preventative medicine, and the clinics, albeit identifying as Catholic, provide the full range of Sexual and Reproductive Health Services except abortions. Sister Mayer sees family planning as a necessary and essential component of preventative health care, which in turn caused tensions between her and the Catholic Church. Sister Mayer circumvented dogma, assessed the gravity of inhuman conditions of the city's poor, and provided family planning services to those in need. Additionally, Humanitarian Marguerite Barankitse, a devout Catholic, runs a hospital in Burundi, assisting the "rebuilding" efforts following Burundi's genocide, and she provides family planning services. Her approach fixates itself on the moral imperative to

help women avoid having more children than they can feed. On the other hand, *Mullahs* (Islamic leaders) can also serve as important advocates for disseminating information on family planning. Miscommunication between the true health benefits of birth spacing and family planning caused *Mullahs* to disapprove of The Accelerating Contraceptive Use Project in Afghanistan. Once aware of the positive benefits and accurate information, *Mullahs* were supportive of birth spacing, and they were instrumental in developing pamphlets about family planning with Qur'anic verses. Finally, "Open Door" in Israel is one of the leading organizations in the country advancing the human right to sexual health (Israel Family Planning Association, 2017). Due to the Israeli-Palestinian turmoil, Open Door really places an emphasis on serving Jews and Arabs with cultural sensitivity, while providing them open and safe spaces to receive advice and services on their S&RH needs. Open Door centers are also uniquely adapted for Arab Society in specific areas of the country. Ultimately, the importance of innovative work with FBOs and actors in order to achieve progress and access to S&RH services is crucial— the ways and methods in which that is achieved varies from country to country and community to community.

c. The Role of Modern, Theological Interpretations

Concludingly, just as interpretation of religious texts and practices can be oppressive and negative, theologians and religious leaders can work to create a positive and human rights-based interpretation of religious texts and practices. Gender analysis methods and women-friendly interpretations can be utilized to advocate for Sexual and Reproductive Health. Dr. Laurie Gaydos, in her experience as an Associate Professor of Health Policy & Management, stressed that it is not our job as public health officials and actors to tell religious leaders and theologians how to interpret their sacred texts and practices, but we solely support them in doing so (Dr. Gaydos L., personal communication, November 15 , 2019). We, essentially, raise the dialogues,

so that they can their own discussions. Also, Fatihiyya Wangara stated that we have absolutely no place or ability in changing or uprooting Islamic Law, so we must be supportive in ways to improve interpretation, dialogue, and engagement. For example, Muslim scholars and theologians can advocate for family planning within the framework of Islam that respects human dignity, justice, and equality (UNFPA, 2016b). The former Grand Imam of Al-Azhar issued a *fatwa*, a ruling in Islamic law given by an authorized Imam or authority, on contraception in 1959 stating: ""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". Moreover, a prominent Islamic theologian, Riffat 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". She highlights more Qur'anic verses that refer to the killing of children, but clarifies that the mandate means "children who are already born", allowing for the conversation about abortion to arise. Also, guides and programs can be created by theologians to priests, pastors, imams, or rabbi in order to share how to accurately understand and analyze religious texts and doctrine. For example, Georgetown's Institute for Reproductive Health designed a Bible discussion guide, *Love, Children, and Family Planning*, for Christian audiences in order to spark a conversation about Sexual and Reproductive Health (Allison and Foulkes, 2014). It is currently being used by pastors in Kenya and their congregation to encourage a supportive environment for community-based family planning services. Utilizing different methods of interpreting doctrine has the ability to invoke dialogue, more understanding, and acceptance surrounding S&RH rights and

practices. The benevolent roots of religion sprout in society once again— creating more comfort in the hearts of women regarding their choices in the domain of S&RH.

Conclusion

Monica Ferro touched upon a "circular analogy" in our interview stating, "Picture a circular diagram with the number of kids people have worldwide, ranging from 0 to 20. If you place your finger in the middle of the circle, you will find one thing that everyone has in common: no one truly has the number of children they actually want. Some people may have too few or none, due to fertility issues, or others may have too many creating the inability to give them a fulfilling life". Giving women a *choice* in their Sexual and Reproductive health is truly a human right, as affirmed in the ICPD in Cairo in 1994. To allow for that *choice* to be reached by all women worldwide, especially developing countries, we must take into account their realities and lived experiences which are scattered with religious and cultural influences.

The rigid dichotomy between the secular and religious, in S&RH, doesn't allow for space in understanding, acceptance, and creating shared values and narratives. This study aims to highlight the many societal levels in which religious influences arise, exacerbating the point that ignorance of context, such as religious beliefs, is neglecting a huge entity of power. The profundity of an individual's religious beliefs transcends into either their life-changing or mundane decision-making. Consequently, instead of viewing a person's religious beliefs as a hindrance, we attempted to elucidate those religious beliefs and perspectives in a light of benevolence, justice, and equality and attempt utilize them as tool to promote women's rights, and S&RH.

Ultimately, the intersection between S&RH and religion is entirely possible and, as we have seen, quite successful in the handful of interventions that were highlighted. The use of

context to create more effective and inclusive environments, interventions, and policies can achieve gargantuan results, such as Aahung and Rutgers in Pakistan. The use of gender-analysis or women-friendly interpretation by theologians and sacred scholars of sacred texts can achieve a positive spin on intrinsic beliefs of the Qur'an, Bible or Torah. Of course, this study was limited by only covering three Abrahamic Religions very broadly, for which there are multitudes of other religions worldwide and even different sects of the three religions mentioned. Nevertheless, a key take-away is to increase religious and cultural literacy in the realm of S&RH to allow for progress, acceptance, and effectiveness. In order to achieve the 2030 SDGs, specifically the goals which include reproductive rights and women's rights, embracing cultural and religious realities can be the most effective ways to challenge harmful practices and embrace positive ones.

Bibliography

Adamczyk, A., & Hayes, B. E. (2012). Religion and Sexual Behaviors. *American Sociological Review*, *77*(5), 723–746. doi: 10.1177/0003122412458672.

Adedini, S. A., Babalola, S., Ibeawuchi, C., Omotoso, O., Akiode, A., & Odeku, M. (2018). Role of Religious Leaders in Promoting Contraceptive Use in Nigeria: Evidence From the Nigerian Urban Reproductive Health Initiative. *Global Health: Science and Practice*, *6*(3), 500–514. doi: 10.9745/ghsp-d-18-00135.

Allison, A., & Foulkes, E. (2014). Faith Leaders and Family Planning: A Review of the Literature plus Resources. *World Vision US*. Accessed on November 25, 2019. https://www.worldvision.org/wp-content/uploads/2017/03/Engaging-Faith-Leaders-in-Family-Planning.pdf.

Boonstra, Heather. (2001). "Islam, Women and Family Planning: A Primer." The Guttmacher Report on Public Policy. Guttmacher Institute: Washington, DC. Accessed on November 25, 2019. http://www. guttmacher.org/pubs/tgr/04/6/gr040604.pdf.

Bronfenbrenner, Urie, and Pamela A. Morris. "The bioecological model of human development." *Handbook of Child Psychology* (2006).

Burket, M. (2006*). Advancing Reproductive Health and Family Planning through Religious Leaders and Faith-Based organizations*. Pathfinder International, 2006. Accessed on November 25, 2019. http://www2.pathfinder.org/site/DocServer/FBO_final_reference.pdf.

Cense, M., de Neef, M., & Visscher, W. (2018). *Culture, Religion and Sexual and Reproductive Health & Rights*. Rutgers, 2018. Accessed on November 25, 2019.

https://www.rutgers.international/sites/rutgersorg/files/PDF/knowledgefiles/Culture-Religion-SRHR.pdf.

Chandra-Mouli, V., Plesons, M., Hadi, S., Baig, Q., & Lang, I. (2018). Building Support for Adolescent Sexuality and Reproductive Health Education and Responding to Resistance in Conservative Contexts: Cases From Pakistan. *Global Health: Science and Practice*, *6*(1), 128–136. doi: 10.9745/ghsp-d-17-00285.

Center for Reproductive Rights. (2014, April 8). Philippine Supreme Court Upholds Historic Reproductive Health Law [Press release]. Accessed on November 25, 2019. https://reproductiverights.org/press-room/Philippine-Supreme-Court-Upholds-Historic-Reproductive-Health-Law.

Domonoske, C. (2017, January 12). In Majority Catholic Philippines, Duterte Orders Better Access To Birth Control. Accessed on November 25, 2019. https://www.npr.org/sections/thetwo-way/2017/01/12/509462732/in-majority-catholic-philippines-duterte-orders-better-access-to-birth-control?t=1574089464968.

Dr. Gaydos L. (2019, November 15). Personal Interview.

Ferro M. (2019, November 21). Personal Interview.

Ford, N. M. (2008). A Catholic ethical approach to human reproductive technology. *Reproductive BioMedicine Online*, *17*, 39–48. doi: 10.1016/s1472-6483(10)60329-x.

Harpin M. (2019, November 26). Personal Interview.

Israel Family Planning Association. (2017, September 6). Accessed on November 25, 2019. https://www.ippf.org/about-us/member-associations/israel.

Kahn, S. M. (2006). *Reproducing Jews: a cultural account of assisted conception in Israel*.

Durham: Duke Univ. Press.

King, A. (2009). Islam, Women and Violence. *Feminist Theology*, *17*(3), 292–328. https://doi.org/10.1177/0966735009102361.

Koffman, L. (n.d.). *Jewish Perspectives on Reproductive Realities*. National Council of Jewish Women. Accessed on November 25, 2019. https://www.ncjw.org/wp-content/uploads/2018/02/Jewish-Perspective-on-Reproductive-Realities-FORMATTED11.pdf.

The Law Library of Congress, Global Legal Research Center. (February, 2012). *Israel: Reproduction and Abortion: Law and Policy*. Accessed on November 25, 2019. https://www.loc.gov/law/help/il-reproduction-and-abortion/israel-reproduction-and-abortion.pdf.

Nigeria. (n.d.). Retrieved from https://www.familyplanning2020.org/nigeria.

Obaid, T. A. (2005). Religion and Reproductive Health and Rights. *Journal of the American Academy of Religion*, *73*(4), 1155–1173. doi: 10.1093/jaarel/lfi119.

Odimegwu, C. (2005). Influence of Religion on Adolescent Sexual Attitudes and Behaviour among Nigerian University Students: Affiliation or Commitment? *African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive*, *9*(2), 125-140. doi:10.2307/3583469.

Singh S, Darroch JE and Ashford LS. Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014. New York: Guttmacher Institute, 2014. Accessed on November 25, 2019. https://www.unfpa.org/sites/default/files/pub-pdf/Adding%20It%20Up-Final-11.18.14.pdf.

Spadt, S. K., Rosenbaum, T. Y., Dweck, A., Millheiser, L., Pillai-Friedman, S., & Krychman, M.

(2014). CME Information: Sexual Health and Religion: A Primer for the Sexual Health Clinician (CME). *The Journal of Sexual Medicine, 11*(7), 1606–1619. doi: 10.1111/jsm.12593.

Steinfeld. (2015). Wars of the Wombs: Struggles Over Abortion Policies in Israel. *Israel Studies*, *20*(2), 1. doi: 10.2979/israelstudies.20.2.1.

Sustainable Development Goals (SDGs). (n.d.). Accessed on November 26, 2019. https://www.undp.org/content/undp/en/home/sustainable-development-goals.html.

United Nations Population Fund (UNFPA). (2016a). *Women, Faith and Human Rights*. Accessed on November 25, 2019. https://www.unfpa.org/sites/default/files/pub-pdf/WFHR.pdf.

United Nations Population Fund- Annual report of the Executive Director. Annex 4 UNFPA engagement of faith-based and religious actors, 2018. Accessed on November 25, 2019. https://www.unfpa.org/sites/default/files/board-documents/Annex_4-_UNFPA_engagement_of_faith-based_and_religious_actors_2018.pdf.

United Nations Population Fund-Norwegian Agency for Development Cooperation. (2016b). "Religion, Women's Health and Rights: Points of Contention and Paths of Opportunities." UNFPA and NORAD. Accessed on November 25, 2019. https://www.unfpa.org/publications/religion-womens-health-and-rights.

United Nations Population Fund (UNFPA) and Population Reference Bureau. (2009). *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action.* Accessed on November 25, 2019. https://www.unfpa.org/sites/default/files/event-pdf/Healthy%20Expectations.pdf.

Wagner, G. J., Aunon, F. M., Kaplan, R. L., Karam, R., Khouri, D., Tohme, J., & Mokhbat, J. (2013). Sexual stigma, psychological well-being and social engagement among men who

have sex with men in Beirut, Lebanon. *Culture, health & sexuality*, *15*(5), 570–582. doi:10.1080/13691058.2013.775345.

Wangara F. (2019, November 20). Personal Interview.

What is Religious Literacy? (n.d.) *The Religious Literacy Project*. Accessed on November 25, 2019. https://rlp.hds.harvard.edu/our-approach/what-is-religious-literacy.

World Faiths Development Dialogue with Support from the United Nations Foundation, Universal Access Project. (2014). *Faith & International Family Planning*. Accessed on. November 25, 2019. https://universalaccessproject.org/wp/wp-content/uploads/2015/06/UNF-WFDD-Family-Planning-Full-Report-FINAL.pdf.

Appendix I:

Reference List of Abbreviations

S&RH ~Sexual and Reproductive Health

UNFPA ~United Nations Population Fund

ICPD ~ International Conference on Population and Development

SDGs ~ Sustainable Development Goals

IPPF ~ International Planned Parenthood Federation

FBO ~ Faith-based Organization

NGO ~ Non-governmental Organization

WFDD ~ World's Faiths Development Dialogue

NURHI ~ Nigerian Urban Reproductive Health Initiative

FPAB ~ Family Planning Association of Bangladesh

RH Law ~ Reproductive Health Law

GBV ~ Gender-based Violence