

Arthur van Schendelstraat 696
3511 MJ Utrecht
P.O. Box 9022
3506 GA Utrecht
The Netherlands

+31(0)30 231 34 31
office@rutgers.nl
www.rutgers.international
www.rutgers.nl

BIC ABNA NL 2A
IBAN NL18 ABNA 0496 3238 22

Utrecht, August 2018
Authors: Marianne Cense, Milleke de Neef and Wilco Visscher

© Rutgers 2018

**Culture, Religion and Sexual and
Reproductive Health & Rights**
Knowledge file

Index

Index	2
Introduction	3
1 Religion, conservatism and SRHR at the UN	4
2 A multiplicity of visions, actors and processes	5
3 Rutgers' position	7
4 Cases	8
4.1 Promoting Culture Sensitive, Rights Based Comprehensive Sexuality Education	8
4.1.1 The adaptation of CSE to the local context in Indonesia	8
4.1.2 Advocating for cultural sensitive CSE in the Netherlands	9
4.1.3 Dealing with opposition in Uganda	9
4.1.4 Dealing with opposition in Pakistan	10
4.1.5 Training partners in a positive, rights-based approach to CSE in Benin	10
4.2 Working towards safe abortion and less abortion stigma	11
4.2.1 Advocacy on safe abortion in the Global South	11
4.2.2 Providing access to safe abortions in Kenya and Ethiopia	11
4.2.3 Advocating for choice in the Netherlands	12
4.3 Working towards inclusivity of sexual and gender diversity	13
4.3.1 Improving LGBT rights in Malawi	13
4.3.2 Improving culture-sensitive support for LGBT in the Netherlands	13
5 Conclusions and challenges for the future	15
6 References	16

Introduction

Sexuality is a delicate subject, related to intimacy, belonging and reproduction but also to morality, taboo and stigma. It is a private matter, but at the same time it is very political. States have traditionally put a variety of legal systems at work to regulate sexuality and reproduction, and privilege heterosexuality (Lewis, 2004). Extended systems of sociocultural norms and values strongly influence the way people relate to each other intimately (Nagel, 2003). Sexuality and reproduction are intrinsic parts of (local) cultures. Culture may be defined as 'a social domain that emphasizes the practices, discourses and material expressions, which, over time, express the continuities and discontinuities of social meaning of a life held in common' (James et al., 2015:53). In many cultures, religion is an important governing factor in the delineation and implementation of sexual norms and values (e.g. Bartelink, 2015).

Many religious dogmas as well as other 'traditional' cultural values related to gender and sexuality are, in many more or less subtle ways, at odds with the idea of sexual rights for all and complicate efforts to improve sexual and reproductive health (e.g. Altman, 2001; Bijlmakers et al., 2018; Bradley, 2010; Cornwall et al., 2008; Corrêa et al., 2008, 2014; Harcourt, 2009; Kuhar & Paternotte, 2017; Vanwesenbeeck, 2011). Central to the 'traditional', to a large extent religiously based, body of thought on gender and sexuality is the promotion of the heterosexual, monogamous pair bond (preferably endorsed by marriage) and distinct, complementary roles for women and men. Heteronormativity, double standards, and notions of sex drive as pre-eminently male are fundamental. Women and girls are disproportionately sexualized and objectified. Their sexualities, as well as the sexualities of non-heterosexuals and young (unmarried) people, are looked upon with great ambivalence at best and are, normatively and/or legally, restricted.

However, cultures are dynamic and changing all the time, and as such, social meanings of sexuality are changing too. In fact, different 'sexual cultures' may be distinguished within any community: discernible assemblages of meanings, conceptualizations and practices around sex, which are held, shared, lived, communicated, negotiated and contested within a community (Mukoro, 2017). Sexual cultures are closely but in many complex ways bound with the various ways sexuality is understood, depicted, expressed and practiced. A liberal, rights-based position on gender and sexuality embraces the vision that all people regardless of their gender and sexual orientation should be free to make sexual and reproductive choices, respecting the rights of others, in supportive societies. Rutgers is a strong proponent of such a vision. Therefore, we work by the mission to empower people through education and improved access to information and services and strengthen professionals, organizations and societies. Rutgers activities strive for culture-sensitivity and respect for different cultural and religious beliefs, as long as the sexual rights of people are not violated. We do take a stand, when it comes to the right of people to have access to contraceptives, to safe abortion, to protection from sexual violence and to information and education. Moreover, we address restrictive social norms that obstruct gender equality and expressions of diverse sexual and gender identities.

Clearly, conservative, 'faith-based' and liberal visions on gender and sexuality often collide. For example, there is a persistent fight between the implementation of abstinence-only-until-marriage (AOUM) sexuality education versus comprehensive sexuality education (CSE) in the US and elsewhere (Santelli et al, 2017). Conservative US policy keeps on implementing the so-called Global Gag Rule, which withdraws US funding from NGO's delivering any abortion related services. And religious organizations are a huge factor in the criminalization and stigmatization of non-heterosexuals and commercial sex workers in many countries around the world. The battle between conservative, religious forces and liberal, human rights-oriented ones is being fought on many topics, in many ways and on many levels. On the other hand, within all societies grassroot organisations, NGO's, communities and engaged individuals are building bridges to connect different positions and visions and realise a more open dialogue. Some examples directly affecting the work of Rutgers will be described in more detail further below. Some mechanisms on the global level of the United Nations will be reflected upon shortly here in this introduction.

1 Religion, conservatism and SRHR at the UN

Sexual and reproductive health and rights (SRHR) is a hotly debated issue in international negotiations, not least at the United Nations: in New York and in Geneva. A variety of governments use religious (mixed with other conservative) arguments to oppose a broad range of terminology in Resolutions on various issues across the spectrum of SRHR, including sexual rights, LGBTI rights and diverse forms of families, gender equality, women's and girls' rights, reproductive rights, safe abortion and comprehensive sexuality education. These countries attempt to water down existing agreements on these issues and to block any progress in commitments to address new/upcoming concerns. In addition, they use UN and human rights mechanisms to push their own (often religious conservative) views to be recognized in Resolutions. An example is the 'Group of Friends-of-the Family', consisting of some eighteen strongly religious countries, that attempted to have a heteronormative interpretation of 'the family' to be recognized across the Post-2015 Development Agenda and in the regularly recurring Resolution on the Protection of the Family.

Countries that oppose SRHR on religious grounds are diverse and from all continents in the world, from different religions, and sometimes shift (for instance in the case of the US) depending on government changes. The Holy See (Vatican) is rather consistent. With their permanent observer status at the UN since 1964 they can voice their opinion in negotiations, but are not allowed to vote should it come to that. Most resolutions, however, are agreed by consensus giving the Vatican a disproportionate influence on the process. A number of countries in the Middle East also use religious (Islamic) arguments: Egypt, Iran and Saudi Arabia being the most notorious but certainly not the only ones. In Europe, a small country like Malta blocks the EU from having a joint position on safe and legal abortion, with recently increasing support from Poland and Hungary. It has to be said however that there are probably as many countries with religious majority populations who are either neutral or progressive on SRHR issues. For instance in the Latin American region, countries such as Brazil, Argentina and Colombia are very vocal on SRHR and particularly LGBTI issues.

Countries opposing SRHR issues often use religious and cultural arguments, mixed with other sentiments, including anti-western or populist ones. This is particularly the case for African governments, who often argue that SRHR and particularly LGBTI rights originate from the West and are 'un-African'. While the opposition against SRHR issues is very diverse, religions, and particularly Christian and Islamic values, are a frequently recurring reason for governments to particularly oppose abortion and rights of people with diverse sexual orientations and gender identities.

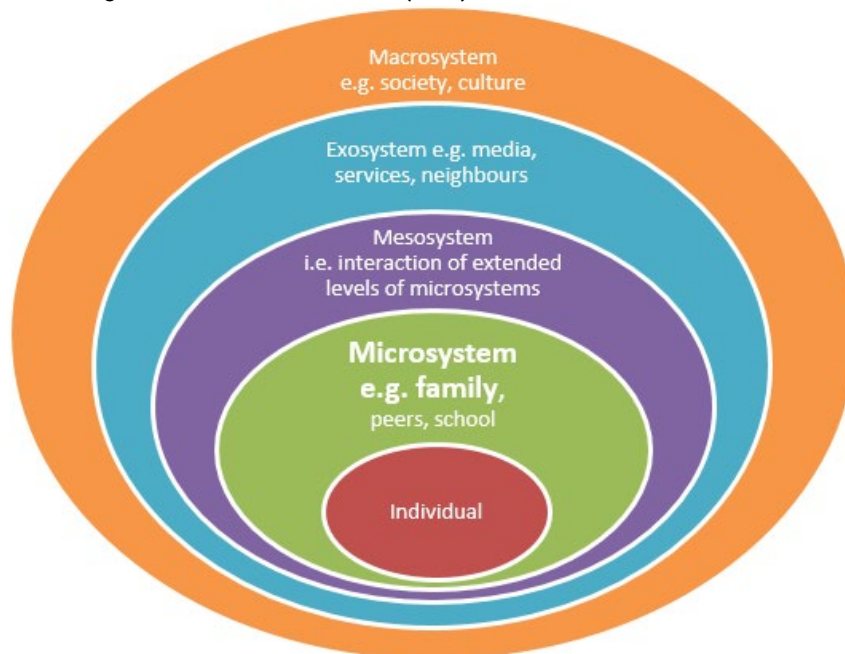
A clear example of the opposition to sexual rights happened during the two-week annual meeting of the Commission on the Status of Women of the UN in 2014. NGO's such as Rutgers urged for the world to unite in preventing violence against women. But during the conference this didn't resound with the necessary urgency. The African group supported by Russia, Iran and the Vatican wanted it stated in the final declaration that each country should have the sovereign right to implement the agreements with full respect for its own religious and ethical values and cultural backgrounds as well as national laws and development priorities. Such a right could even harm the universal rights. So the alliance of which Rutgers formed part strongly opposed against this. There was success on this matter, but unfortunately LGBT rights did not make it to the final declaration. The organization Catholics for Choice also formed part of the pro-rights group. Although they found their work and actions on the same source as the Vatican does, they were not on their side.

2 A multiplicity of visions, actors and processes

As this example shows, visions on sexuality and reproduction are always contested, not least within religions themselves. Whereas we may position Bible fundamentalism (advocating return to the foundational sacred text) at one extreme of the diversity of Christian positions on several important sexuality related topics, Catholics for Choice as an organization may be positioned somewhere on the other extreme. The organization often stands in confrontation with the Vatican and in alliance with rights-based advocates. There is not one single Catholic view and religion is not a fixed entity. The same multiplicity becomes apparent in historical analyses. It is true that all (big) religions have tried to control sexuality from the far history, to the present. All religious writings include teachings on sexuality, describing how man and women should behave and act, often limiting freedom or possibilities for particular groups, often women, youth and LGBT, and at the same time creating privileged positions for others, often men, adults and heterosexuals. Religion provides a way to include and exclude others and is thus part of the power structures which shape societies as a whole.

Internal battles and historical changes also characterize the role and place of religion in daily life. Within the history of religious communities, issues of social control and struggles among religious leaders have traditionally been essential ingredients. The changing relationship between religious communities and the state in the West has been framed as a gradual 'modernization'. The disestablishment of state churches, the social equality of all religious groups and state neutrality vis-à-vis these groups are portrayed as the result of an all but inevitable historical development. A formal separation between church and state is now the case in most countries. But Judeo-Christianity (particularly Catholicism), Islam and Hinduism alike, all big religions are putting in efforts to re-establish power once lost. Secularizing waves invariably evoke religious reactions. The conservative denomination of subsequent US administrations, serving the interests of the US Moral Majority, have further inspired other conservative states and social forces to push for their political and religious agenda's in, what Correa et al. (2008) have called, 'the sad return of the religious' (2008: 53). In Eastern Europe, particularly in Poland and Hungary, there is now a growing, notably 'faith-based', opposition against gender equality (Kuhar & Paternotte, 2017). Here and elsewhere, there is a constant dynamic interplay between religion and the sociopolitical order.

Figure 1: Ecological model of Bronfenbrenner (1994)



At any moment in time and in any context, a diversity of ideological positions is at play in a dynamic, multilayered social process. As a matter of fact, *people are usually not aware of the cultural, 'common-sense' patterns of knowledge, ideas and attitudes unless being confronted with other cultures and ideologies with predominately different ideas, norms and values and different connotations, moralities*

and ordering of life (Hall, 1980). As elucidated by an ecological perspective, a number of more or less institutionalized actors, mechanisms and processes mediate the relation between the macrolevel of overarching morality and values (and the chronolevel of time) and the microlevel of the individual (cfr. Bronfenbrenner, 1994). Culture and religion resonate in the laws of a country, for instance in facilitative or restrictive laws on same sex marriages, contraception and abortion or sex education at schools. States regulate the sexuality of their citizens, not just by laws but also by financial support, for instance supporting big families or financing contraceptives for women under the age of twenty-one. Different social institutions, such as churches and health services, but also mass media, present their own cultural discourse on sexuality. Families and neighbors envelop individuals in (sub)cultural attitudes. The dynamics between all these forces influence the agency and choices of individual people. However, people themselves should not be seen as passive receptors or transmitters of sexual cultures, but as sexual agents or active participants (Cense, 2014; Mukoro, 2017).

3 Rutgers' position

It is in this dynamic force field, that Rutgers plies its complex trade as an NGO promoting sexual health and rights for all. We work internationally in a number of countries in Africa and Asia and in the Netherlands. The international work often meets with the many challenges that are linked to advocating for sexual and reproductive health and rights in predominantly conservative cultures, as highlighted above. The national work faces different challenges. Our work in the Netherlands takes place in a liberal, multi-religious and multicultural society. People migrated from the former Dutch colonies like Indonesia and Surinam, labor migrants migrated from Turkey and Morocco and during the last decade, refugees came from countries like former Yugoslavia, Somalia, Ethiopia, Sierra Leone, Iran, Syria, et cetera. During the past twenty years the political climate hardened and policies changed. All people with a migrant background living in the Netherlands are now supposed to 'integrate' in Dutch society. Ideas about sexuality and gender equality figure as rallying points around which differences between the 'enlightened' secular West and the 'backward' Islamic East become articulated and performed, serving to underscore and celebrate the supposed superiority of Western civilisation (Mepschen and Duyvendak, 2012).

The dominant cultural logic in the Netherlands normalises and accepts adolescent sexuality and views teenagers as sexual agents who can choose for themselves when they are ready to engage in sexual activities, as long as this happens in the context of a more or less equal relationship, without coercion and with adequate contraceptive use (Brugman, Caron and Rademakers, 2010; Schalet 2010). Comprehensive sexuality education (CSE) has been mandatory in Dutch primary and secondary schools since 2012. Dutch people have a generally positive attitude towards sexuality education in schools. Nine out of ten people think that it should be compulsory (De Graaf and Wijsen 2017). So there is a broad base for comprehensive sexuality education and good access to contraception and services for youth. Therefore, the main challenge for our work in the Netherlands is not to generate an accepting climate for SRHR within a conservative context, but rather to include cultural and religious diversity and sensitivity.

Clearly, many dilemmas, alliance building and strategic choices accompany both our international and our national work. Historical, sociocultural contexts determine opportunities and challenges and create pitfalls. Changing political climates and social discourses, as well as new medical and technological developments, such as new forms of contraception or the widespread use of smartphones and social media, further call for constant context sensitivity and flexibility. Below, a couple of cases will illustrate the complexity and subtlety of our work in progress.

4 Cases

In the next paragraph we describe different cases of our national and international work, to illustrate the dilemmas and illuminate our strategies. We present cases in three different areas that often evoke conflicts between sexual rights and religious or cultural convictions: (1) promoting comprehensive sexuality education, (2) working towards safe abortion and less abortion stigma, and (3) working towards inclusivity of sexual and gender diversity.

4.1 Promoting Culture Sensitive, Rights Based Comprehensive Sexuality Education

Rutgers' sexuality education programmes, and many others around the world, choose a comprehensive approach in which sexuality is put in a wider perspective of personal growth, development and building up mutual consensual (sexual) contacts and relationships. Comprehensive Sexuality Education (CSE) is characterised by a positive approach to sexuality¹ that accepts sexual feelings, desire and pleasure as essential components of young people's sexuality (UNESCO 2018). CSE is strongly linked with empowerment, gender equality and a human right based approach (HRBA), putting children and young people at the centre of the education (for more information on CSE check our knowledge file on CSE). However, in most conservative societies the expression of sexual feelings or sexual activities are not allowed before marriage, and therefore comprehensive sexuality education for unmarried young people is seen as dangerous or harmful. In those societies, sexuality education aims primarily or exclusively at abstaining from sexual intercourse before marriage. The focus in these programs is particularly on self-discipline and restraint to abstain from all sexual activities. From a rights based perspective, this is not effective and even harmful as it denies the lived realities of young people and causes feelings of shame and remorse.

Below we will illuminate different aspects of our strategy to promote culturally sensitive, rights based CSE: (1) the adaptation of CSE programmes in Indonesia and the Netherlands, (2) dealing with opposition in Uganda and Pakistan and (3) training partners in a positive, rights-based approach.

4.1.1 The adaptation of CSE to the local context in Indonesia

The World Starts With Me program (WSWM) is a CSE curriculum first developed by Butterfly Works, the World Population Foundation (Rutgers) and the SchoolNet Uganda program in 2003. Together with Yayasan Pelita Ilmu (YPI) the World Population Foundation (Rutgers) adapted the Ugandan WSWM to the Indonesian context. WSWM became DAKU! (Bahasa for 'My youth time is exciting') and was first implemented in Jakarta in 2005.

Indonesia hosts quite a different culture from the one in Uganda. Law in Indonesia prohibits premarital sex. Beforehand it was questioned whether talking about premarital sex in class was possible. However, during the meeting of the working group and during the teacher trainings, this did not result in major problems. Leerlooijer et al. (2011) describes how the Ugandan World Starts With Me program, was adapted to the local context of Indonesia. A systematic approach in adapting existing programs to a new context is important to ensure both the effectiveness of the program and the suitability to the local context and therefore the possibility for implementation. To illustrate the kind of adaptations that were made, we highlight two phases of systematic development used, based on the method of intervention mapping. In the *Adoption* phase the decision was made to implement

¹ A 'sex-positive' approach in CSE recognises that all people are sexual beings with sexual rights regardless of their age, gender, religion, sexual orientation, HIV-status or (dis)ability. "Sex positivity is an attitude that celebrates sexuality as an enhancing part of life that brings happiness, energy and celebration. Sex-positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences. At the same time, sex-positive approaches acknowledge and tackle the various concerns and risks associated with sexuality without reinforcing fear, shame or taboo of young people's sexuality and gender inequality." http://www.ipf.org/sites/default/files/positive_approach.pdf

the new programme among an older priority group in Indonesia (older than 15 years), whereas in Uganda, the priority group was aged 12–19 years. In the *Adaptation* phase the Indonesian planning group analysed that participatory methods of WSWM (including modelling and skills training) fitted well in the competency-based educational policy of the Indonesian Ministry of Education. However, the practical application ‘condom demonstration’ was not adopted in its original form from the Ugandan programme because the Advisory Board expected too much resistance from teachers and schools and wanted to avoid running the risk that DAKU! would not be adopted at all. A challenge faced in translating from English was that the Bahasa language does not have some of the words for sensitive and taboo sexuality-related topics. The most essential change in the DAKU! programme was the inclusion of the message that sexual activity preferably takes place within marriage, whereas other sections and messages related to sensitive topics, including masturbation, oral and anal sex and sexual orientation, were unchanged (Vanwesenbeeck et al, 2015).

4.1.2 Advocating for cultural sensitive CSE in the Netherlands

Rutgers develops sexuality education that aims to be inclusive, explicitly addressing both sexual, gender and cultural diversity within the multicultural Dutch society. However, the existence of different sexual cultures, or different discourses on sexuality, as well as discrimination and stigmatization, constitute a challenge for both teachers and developers of sexuality education (Cense, 2014; Mukoro, 2017; Rasmussen, 2010). As Dutch schools are free to determine their curriculum, sexuality education mostly does not get the amount of time and attention needed and runs the risk of being restricted to the biological elements. A recent survey among young people showed that although almost everyone received some information about sexuality at school, this information usually concerns merely contraception, reproduction and STIs/HIV (De Graaf et al. 2017). Rutgers is conducting a participatory study with pupils as peer researchers to find out how sex education can be improved to match the needs of young people. We will take both cultural and sexual diversity as a marker for the quality of our research sample, to ensure that the analysis of what enhances good sexuality education in the eyes of young people represents the diversity of youth. We are advocating for a broader curriculum within ‘burgerschap’ (citizenship lessons) that includes reflection on sexual rights and different sexual cultures, including pupils’ own culture, and developing navigating skills. Steps that we have undertaken before to include cultural diversity in our CSE consist of the inclusion of pluriform stories and pictures in our CSE materials and training of teachers to address sexuality education in multicultural classes in a culture sensitive way. However, cultural sensitivity remains a true challenge.

Additionally to CSE in schools Rutgers also aims to provide tools for community workers and health professionals to support people in their sexual health. Working with migrants who are socialised in another cultural frame towards sexuality and often lack the language to talk about sexual issues asks special skills and cultural sensitivity from professionals. With the aim to have an open dialogue Rutgers provides professionals with training and provides the visual tool that includes zanzu.nl².

4.1.3 Dealing with opposition in Uganda

In Uganda, conservative advocates painted Comprehensive Sexuality Education as being intended to promote immoral or homosexual behaviour. One local 2016 news report claimed that 100 schools in Kampala were being “duped into training disguised homosexuality to their teachers and students”³ through *The World Starts With Me*. Within no time, *The World Starts With Me* was banned. Partners of Rutgers like Reproductive Health Uganda and Straight Talk Foundation were limiting their services to a narrow range of interventions from Uganda’s Presidential Initiative on AIDS Strategy for Communication to Youth, or PIASCY. PIASCY aims to prevent the spread of HIV/AIDS, and has involved training teachers in HIV/AIDS guidance and counselling but it’s far from comprehensive and therefore less effective. However, at the same time another partner of Rutgers The Center for Health Human Rights and Development (CEHURD), were suing the education ministry over its failure to

² Zanzu.nl is based on the tools zanzu.be and zanzu.de which are developed by Sensoa and BZgA.

³ Article in Daily Monitor of Saturday 7th May 2016: “At least 100 schools tricked into teaching homosexuality”

issue a comprehensive sex education policy in schools⁴. They claimed the ban was a “threat to the social development of the country” and could impact the rate of HIV/AIDS in Uganda, which affects just over 7 percent of people aged between 15 to 49. The lack of CSE also damaged girls’ ability to manage menstruation, often not a priority for parents, CEHURD said. CEHURD uses Human Rights to capacitate government. Rutgers follows a pluriform strategy by supporting different Ugandan partners who have different coping strategies with this ban on CSE.

4.1.4 Dealing with opposition in Pakistan

Svanemyr, Baig and Chandra-Mouli (2015) describe the challenge for developing and scaling up a rights-based, life skills-based education programme including CSE by Rutgers WPF Pakistan, during the period from 2004 until 2013. The conservative operating environment in which the programme was first introduced, was addressed through a multiplicity of media and advocacy activities in the community, among parents, and by involving teachers, school administrators, district education departments and Muslim scholars in the development and review of the curriculum. They conclude that the scale-up of a comprehensive sexuality education programme that targets young people in a conservative Muslim country is possible when there is careful curriculum design and materials and approaches are developed in close collaboration with key stakeholders. Chandra-Mouli and Plesons (2016) describe how conservative media linked to a religious political party criticised this programme for “breaking the moral fabric of Pakistan’ and corrupting the minds of pupils. Following parliamentary discussions, the organisation’s work was stopped in Punjab and it was advised to get the content vetted by religious scholars in Sindh. In response, Rutgers WPF reached out to a small group of respected and well-known journalists from print, radio and television to help facilitate a dialogue with mass media personnel in the affected provinces. This stimulated public discussion of how life skills-based education (LSBE) could address the vulnerabilities of adolescents. Additionally, school visits demonstrated to media personnel how the programme increased the confidence and performance of students and teachers. They saw for themselves that the accusations about Rutgers WPF (e.g. that it was teaching 11-year-old children how to have sex) were false. The participating journalists went on to produce a number of stories about what they learned. Rutgers WPF also arranged for progressive religious scholars to review the content of its LBSE curriculum and supplement its content with messages from the Koran. This work fed into a series of meetings with parliamentarians, policy makers, religious scholars and media personnel that culminated in permission to resume LSBE in schools in Sindh.’ (Chandra-Mouli and Plesons, 2016, online BBC blog).

4.1.5 Training partners in a positive, rights-based approach to CSE in Benin

In many Rutgers programs training of partner organizations in using a positive, rights-based approach is a crucial element. Maeva Bonjour, a Rutgers trainer, describes her experiences working in Benin: ‘Participants expressed their fear of using a positive approach during the training. “If we do that, we will lose our control over the young people... Can we let that happen? And what will others think of us, if we do that?” My response to the group was: “Do we ever really have the control over young people? Are we there when they decide to have sex or not?”, and after a short silence, a heated debate started about the main dilemmas that SRHR¹ educators face when applying the youth-centered, right-based approach. Dilemmas and questions such as: How to provide all the facts, including the advantages of the less healthy behaviours, without being understood as promoting that type of behaviours? How to leave the choice to the young people, even if this means that a young person might opt for another solution than the one that I think is best? Or how to deal with young people or their parents who expect me - as a health care worker - to provide them with THE perfect solution, or to tell them what to do? Recognising that it is an illusion that we have actual control over the young people we work with, and that it is thus a myth that we lose that control if we apply an empowering approach to their (sexual) education, is a crucial but very difficult aspect of the right-based approach to SRHR. Especially in more autocratic societies, where parents and other educators traditionally perceive that their authority depends mostly on all-knowing and directive, no-discussion-

⁴ <https://www.devex.com/news/ngos-turn-to-courts-to-unravel-uganda-s-ban-on-sexual-education-89979>

or-questions-allowed behaviour. As participants to Rutgers' training have said: "It will take courage to change the way we educate our children, as it might be very different from how we were raised, but if we don't dare to be pioneers now, the next generation will still lack the information and support we missed ourselves."

4.2 Working towards safe abortion and less abortion stigma

Women in developing countries experience several barriers to accessing safe abortion. Abortion is illegal in many countries (with a few exceptions), which means thousands of women, especially girls and young women, have no other option than to face the consequences of an unsafe abortion. The World Health Organization (WHO) estimates that 22 million unsafe abortions take place worldwide each year, almost all in developing countries. In the global North the main problem is not access but the stigma attached to abortion. The necessary fundamental transformation of harmful restrictive socio-cultural norms, structures and practices to prevent stigma surrounding abortion and prevent unsafe abortions can only be realized if programmes intervene simultaneously and in a mutually reinforcing manner at the individual/relationship, community, civil society, institutional and governmental levels (for more information on safe abortion see our knowledge file *Unplanned pregnancy and abortion*).

4.2.1 Advocacy on safe abortion in the Global South

Due to the stigma widely associated with abortion, many organisations have traditionally been silent or discouraged of undertaking outspoken advocacy work on the issue. The significantly constricted space for advocacy on polarising issues is under further pressure from the shrinking space for civil society in general. Many civil society organizations (CSOs) find themselves without adequate strategies to adapt and cope with the problematic financial situation created by the Global Gag Rule of Trump (see policy brief of Change, center for health and gender equity, 2017). Furthermore, the number and the influence of anti-choice opposition groups, most of which have religious affiliations and funding, has been increasing globally. Their campaigns have become more media-savvy and their strategies stronger. As a result, many CSOs have had to divert efforts to counter or at least minimise the impact of those campaigns or to maintain their own policy gains. Against this backdrop, Rutgers cooperates with many allies in the Right Here Right Now program (RHRN)⁵, to advocate for SRHR for young people. Emphasis is on the inclusiveness of the CSO platforms in each country, which relates both to young people and their organisations and to organisations that focus on SRHR and LGBT issues. This way of working created strong country ownership. Given the diversity in membership, with many organisations working on sensitive SRHR issues for the first time, a substantial part of the process has focused on harmonising and clarifying their understanding of certain values and concepts, especially with respect to issues such as meaningful youth participation, safe abortion and LGBT issues.

4.2.2 Providing access to safe abortions in Kenya and Ethiopia

In partnership with the global non-profit organisation DKT International, and made possible by the Dutch Postcode Lottery, Rutgers has started the programme 'She Makes Her Safe Choice' in 2018⁶. The programme has the explicit aim to drastically reduce the number of unsafe abortions, by informing women and their partners about contraception and safe abortion. Starting in Kenya and Ethiopia, the programme informs women about their options in prevention of an unintended pregnancy and offers them access to an affordable and safe abortion, if they choose to have one. Additionally, the programme will work on removing the stigma and myths surrounding abortion, with an integrated approach and activities at various levels (individual, community, national). A growing number of women will become aware of their options through a combination of (media)

⁵ Right Here Right Now is a five year program that is active in Africa: Kenya, Senegal, Uganda and Zimbabwe | Asia: Bangladesh, Indonesia, Nepal and Pakistan | South America: Bolivia and Honduras, and the Caribbean sub region.

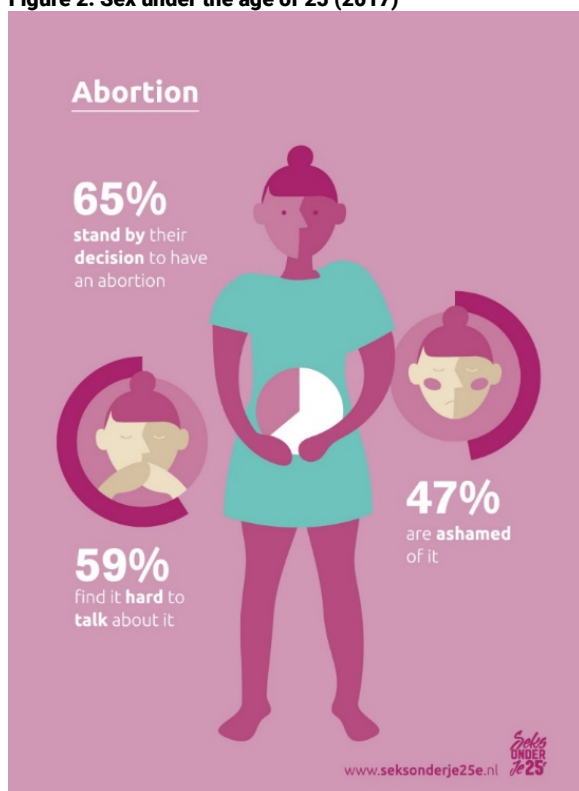
⁶ She Makes Her Safe Choice is a four-year Dreamfund programme working initially in Ethiopia, Kenya, and at the global level, and in year 3 expanding activities to selected sites in West Africa.

campaigns, mHealth solutions, and Behaviour Change Communication activities. Safe abortion methods will become cheaper and more available as a result of larger distribution volumes, and Value Clarification and Attitudes Transformation (VCAT) training of service providers and Quality of Care assessments will increase the affordable, quality and safe abortion options and services for women.

4.2.3 Advocating for choice in the Netherlands

Although the Netherlands can be seen as a liberal country where abortion is legal, safe and easily available, there is a deep and manifest ambivalence about the morality of abortion in the media and in people's attitudes (Vanwesenbeeck, Bakker, and Gesell 2010). This is reflected in how open women can talk about having had an abortion. Our study *Sex under 25*, amongst teenagers under 25, showed that 59% of girls who had an abortion does not speak about it easily, and 47% feels ashamed (De Graaf et al, 2017). In the Netherlands, political parties with different religious backgrounds and ideologies are represented in national parliament and in city councils. These political parties influence the policies and funding of sexual and reproductive health programs. In the field of prevention of teenage pregnancies and care for teenage parents this led to a policy that both religious and non-religious NGO's working in this area get funding and offer prevention programs and education at schools, social work aimed at vulnerable youth, and counselling to individual women. This means that young people and professionals get different messages, mainly on abortion.

Figure 2: Sex under the age of 25 (2017)



Rutgers shares the vision that women should be enabled to make well-informed choices in case of unintended pregnancies including contraception counselling, information on emergency contraception, abortion and raising children. Rutgers respects the opinions of people who object to abortion because of religious motives. However, we will always emphasize that people have the right to make their own choices when confronted with an unintended pregnancy and empathize that women can choose to give birth to the child or choose for a safe abortion⁷. This means that we will

⁷<https://www.rutgers.nl/sites/rutgersnl/files/PDF/Preventie%20ongewenste%20tienerzwangerschap%20en%20begeleiding%20tienermoeders2016.pdf>

voice our vision in a respectful way in meetings organized by organizations who don't nurse this idea, in the media and in our advocacy work and strive to find common ground where possible (for instance in providing sexuality education as form of effective prevention).

4.3 Working towards inclusivity of sexual and gender diversity

Sexual and gender diversity is a taboo in many societies. Heterosexuality is the explicit norm and many religions declare homosexuality a sin. Both nationally and internationally, Rutgers implements programmes which focus either on improving the SRHR of LGBTQI+ individuals and/or creating a sensitive and inclusive SRHR environment. Throughout the recent years this has been done in different ways (for more information on working on inclusion of sexual and gender diversity see our knowledge file on that issue). Recognizing the huge diversity in contexts, political circumstances and needs and expressions of cultural diverse people who experience same-sex attractions or gender variance, the strategies to improve their living conditions are also diverse.

4.3.1 Improving LGBT rights in Malawi

Malawi is one of the 76 countries that has criminal sanctions against male and female same sex behaviour. Rutgers has been involved in the improving the rights of the lesbian, gay, bisexual and transgender community in Malawi since 2007. In 2011, five Malawi NGO's⁸ came together and formed a Sexual Reproductive Health and Rights Alliance, conducting a five-year programme called "Unite for Body Rights". By guaranteeing confidentiality, safety and privacy they made valuable progress on LGBT inclusion in their district areas. More and more LGBTs were attending counselling meetings, sharing the issue of stigma and discrimination and their experiences with aggression and violence, to address self-esteem, relationships and the 'coming out' process. At the same time, there was great hesitation and concern amongst many health providers, that if they serve the LGBT population, they may be acting illegally, since the Penal Code criminalises same-sex activity. Although health providers have professional ethics relating to non-discrimination, their negative attitude towards LGBTs is harmful. Through community meetings, human rights aspects were emphasised and attitudes were challenged to increase tolerance and acceptance towards same-sex relationships. During such sessions community members were trained in violence prevention in their community. In the media, articles were published and radio panel discussion programmes took place in which LGBTs spoke about their situation.

4.3.2 Improving culture-sensitive support for LGBT in the Netherlands

In the Netherlands the freedom to choose a partner of the same sex is broadly accepted as a sexual right (Keuzenkamp, 2011). Nevertheless, this discourse of sexual rights and (homo) sexual identities is not shared by all citizens in the Netherlands. Religious and ethnic cultural groups often espouse divergent discourses on sexuality (see, for example, Cense, 2014; Ganzevoort, van der Laan, & Olsman, 2011; Kugle, 2014; Shannahan, 2009). The acceptance of homosexuality is relatively low in ethnic and religious minority communities. Where only 17% of native Dutch citizens find it problematic if their child choose a partner of the same sex, this rises to 33% for Antillean and Surinam people and 75% for Turkish and Moroccan people living in the Netherlands (Huijnk, 2014). A Dutch study revealed that homosexuality is seen as problematic in ethnic minority communities not only because certain sexual behaviour or relations are seen as sinful, but also because homosexuality is associated with crossing gender norms (Kriek et al., 2015). Therefore, being simultaneously gay and bicultural or/and religious puts a lot of pressure on people to negotiate this double affiliation (Cense, 2017). Rutgers conducted a study that focuses on the way bicultural gay, lesbian, bisexual, and transgender youth negotiate their identities and on their needs (Cense, 2017). Their subtle strategies are important in bringing about social change. To empower bicultural LGBT's and improve the cultural sensitivity and competences of social workers and health care

⁸ Centre for Alternatives for Victimized Women and Children, Centre for Youth Empowerment and Civic Education, the Family Planning Association of Malawi, Youth Net and Counselling and the Centre for Human Rights and Rehabilitation

professionals Rutgers cooperates with Movisie and COC Netherlands and developed training and e-learning for professionals and support young bicultural LGBT 'frontliners' who dare to speak out and put the issue on the agenda of ethnic and religious cultural groups.

5 Conclusions and challenges for the future

Rutgers works in contexts where traditional cultural, religious values and convictions often collide with our own rights-based agenda. But also in conservative countries, there are always local deviations from that ideology, and allies to be found. In general, there is a huge need for wider community building to improve attitudes towards sexuality education in general and to sexual rights specifically (Vanwesenbeeck, under review). This has been shown to be possible and fruitful, also in sex conservative settings, provided it is implemented with tact and care (e.g. Chandra-Mouli et al. 2018; Denno et al. 2015). Rutgers has developed a pluralistic strategy, involving advocacy on a global and national level, cooperation with multiple stakeholders to create an enabling environment for young people to enjoy sexual and reproductive health and rights, conducting research and developing inclusive interventions. The context of the countries in which we work always influences the strategies we take and the partners we choose to reach our goal: sexual and reproductive health and rights for everybody. As this context is always changing, we constantly have to reflect on (the effects of) our work, navigate different minefields and change course when necessary. This demands reflexivity and flexibility.

To achieve our goals we have to have a culture sensitive approach and an open view towards opinions and feelings of others. In our strategies, this means that we will sometimes have to reframe messages. Although facts and figures are important, they are not sufficient for effective communication. We need to take into account moral values and how they are linked to the language we use. Words, such as unplanned pregnancy, needs or birth control, can have negative connotations. By understanding how certain words activate certain frames (either positive or negative) we can constantly improve our messages. We need to create linkages with other audiences and advocacy target groups: SRHR is not only a health issue but also an issue of social power relations, gender, economics and sustainability. Sometimes our strategy will be to start first to work on the broader concept of SRHR, before moving to the more specific issue(s), for example safe abortion or CSE.

Our themes are sensitive issues. Partners of Rutgers working in countries with a strong opposition to SRHR and CSE are sometimes threatened. To continue working on our cause while at the same time safeguarding our colleagues and partners, their families and their organisations is a very important challenge.

As stated before, a rights-based approach is central to Rutgers' work in the area of SRHR. Youth rights, participation and agency, as well as gender equality, power relations and social norms, may be considered crucial to 'the comprehensive' in our comprehensive sexuality education (cfr. Hague et al. 2017). However, it is also clear that concepts such as 'rights', 'agency' and 'empowerment', or 'comprehensive' for that matter, are no static, homogeneous concepts, but they are always subject to mutual tuning, diversification and modification over time and place (Vanwesenbeeck et al., under review). Sexual cultures are temporary and changeable and should in fact be considered as sites of participation, negotiation, reproduction, resistance and challenge (Attwood and Smith 2011). Moreover, by recognising and valuing that all young people are constantly negotiating their position within the social and normative landscape that surrounds them CSE can fit the realities of young people in all their diversity (Cense, under review). The current approach of stimulating cultural sensitivity by putting emphasis on differences, may easily lead to stereotyped images of cultures and especially of people of colour (Whitten and Sethna 2014), which deny the dynamic nature of cultures and the multiple positions individuals can take up. In addition, an intercultural approach in which each culture is treated as equal 'could lead to a certain nihilism or the annihilation of cultural values, even the very good ones of respect and consent' (Mukoro 2017, 506) and to acceptance of for instance homophobia and gender inequity. Therefore, our aim is to stimulate an open-cultural stance (Mukoro 2017) that enables young people to navigate plural sexual cultures and at the same time firmly embeds sexuality education in a framework of human rights and gender equality (UNESCO 2018). However, cultural sensitivity is a tough job never done and discussions about it should remain on the agenda.

6 References

- Altman, Dennis (2001). *Global Sex*. Chicago: University of Chicago Press.
- Attwood, Feona, and Clarissa Smith. (2011). "Investigating Young People's Sexual Cultures: An Introduction." *Sex Education* 11 (3): 235–42.
- Bartelink, B. (2015). Een open gesprek. *Vice Versa* over religie en seksualiteit.
- Bijlmakers, L., de Haas, B., & Peters, A. (2018). The political dimension of sexual rights. *Reproductive Health*, 15, 18-21.
- Bradley, J.R. (2010). *Behind the veil of vice. The business and culture of sex in the Middle East*. New York: Palgrave Macmillan.
- Bronfenbrenner, U. (1994). Ecological models of human development. In: *International Encyclopedia of Education*, vol. 3, 2nd ed. Oxford: Elsevier.
- Brugman, M., Caron, S., & Rademakers, J. (2010). "Emerging adolescent sexuality: A comparison of American and Dutch college women's experiences." *International Journal of Sexual Health* 22(1): 32-46.
- Cense, M. & Ganzevoort, R.R. (2017). Navigating Identities: Subtle and Public Agency of Bicultural Gay Youth, *Journal of Homosexuality*, 64:5, 654-670, DOI: 10.1080/00918369.2016.1196992.
- Cense, M. (2014). Sexual discourses and strategies among minority ethnic youth in the Netherlands. *Culture, Health & Sexuality* 16 (7), 835-849.
- Cense, M. (under review). New directions for sexuality education derived from young people's life stories.
- Chandra-Mouli, V., M. Plesons, S. Hadi, Q. Baig, and I. Lang (2018). "Building Support for Adolescent Sexuality and Reproductive Health Education and Responding to Resistance in Conservative Contexts: Cases From Pakistan." *Global Health Sci Pract* 6 (1):128-136.
- Chandra-Mouli, V. and Plesons, M. (2016). Community engagement and sexuality education in conservative contexts: the case of Pakistan. BBC Blogs, retrieved online July 3th, 2018: <http://www.bbc.co.uk/blogs/mediaactioninsight/authors/e5bafd1d-0f6f-4cd8-9dce-e00ea08bc81b>.
- Change, Centre for health and gender equity, Policy Brief Impact of Global Gag Rule on women's health, Washington, January 2017.
- Cornwall, S. Corrêa, & S. Jolly (Eds.) (2008). *Development with a body. Sexuality, human rights & development*. London/New York: Zed Books.
- Corrêa, S., Petchesky, R., & Parker, R. (2008). *Sexuality, Health and Human Rights*. London/New York: Routledge.
- Corrêa, S., De la Dehesa, R., & Parker, R. (2014). *Sexuality and politics: Regional dialogues from the global south*. Rio de Janeiro: Sexuality Policy Watch.
- Denno, D.M., A.J. Hoopes, and V. Chandra-Mouli (2015). "Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support." *Journal of Adolescent Health* 56 (1 Suppl): S22-41.
- Ganzevoort, R.R., M. van der Laan & Olsman, E. (2011). Growing up gay and religious. Conflict, dialogue, and religious identity strategies. *Mental health, Religion & Culture* 14, no. 3: 209-222.
- Graaf, H. de, & Wijzen, C. (2017). *Seksuele gezondheid in Nederland 2017*. [Sexual health in the Netherlands 2017]. Utrecht: Rutgers.
- Graaf, H., de, Nikkelen, S., Van den Borne, M., Twisk, D. & Meijer, S. (2017). *Seks onder je 25^e. Seksuele gezondheid van jongeren in Nederland anno 2017* [Sex under 25. Sexual health of young people in the Netherlands anno 2017]. Delft, Netherlands: Eburon.
- Hall, S. (1980). Encoding and decoding. In Hall, S. et. Al. *Culture media, language*, London.
- Harcourt, Wendy (2009). *Body Politics in Development. Critical debates in gender and development*. London/New York: Zed Books.
- Huijnk, W. (2014). *De acceptatie van homoseksualiteit door etnische en religieuze groepen in Nederland*. [The social acceptance of homosexuality by Ethnic and Religious communities in the Netherlands]. Den Haag: Sociaal en Cultureel Planbureau.

- James, P., Magee, L., Scerri, A. & Steger, M.B. (2015). *Urban Sustainability in Theory and Practice: Circles of Sustainability*. London: Routledge.
- Keuzenkamp, S. (2011). *Acceptatie van homoseksualiteit in Nederland 2011. Internationale vergelijking, ontwikkelingen en actuele situatie. [Social acceptance of homosexuality in the Netherlands in 2011. International comparison, developments and actual situation.]* Den Haag: Sociaal en Cultureel Planbureau.
- Kriek, F., Vonk, H., Heuts, L., Bos, D., Ganzevoort, R., & Doodeman, S. (2015). *Hulpbehoefte en hulpaanbod cultureel-etnische en religieuze LHBT's. [Needs and support for Cultural Ethnic and Religious LGBT's.]*. Amsterdam: regioplan.
- Kugle, Scott Siraj al-Haqq (2014). *Living out Islam: voices of gay, lesbian, and transgender Muslims*. NY: New York University Press.
- Kuhar, R., & Paternotte, D. (Eds.). (2017). *Anti-gender campaigns in Europe: Mobilizing against equality*. London: Rowman & Littlefield International.
- Leerlooijer, J.N., Ruiters, R.A.C., Reinders, J., Darwisyah, W., Kok, G., & Bartholomew, L.K. (2011). The World Starts With Me: Using Intervention Mapping for the systematic adaptation and transfer of school-based sexuality education from Uganda to Indonesia. *Translational Behavioral Medicine: Practice, Policy and Research*, 2, 331-340.
- Lewis, L.J. (2004). Examining sexual health discourses in a racial/ethnic context. *Archives of Sexual Behaviour* 33, no.3: 223-234.
- Mepschen, P. and J.W. Duyvendak (2012). European Sexual Nationalisms: The Culturalization of Citizenship and the Sexual Politics of Belonging and Exclusion. *Perspectives on Europe*, 42, 70-76.
- Mukoro, J. (2017). The need for culturally sensitive sexuality education in a pluralised Nigeria: But which kind? *Sex Education*.
- Nagel, J. (2003). *Race, Ethnicity and Sexuality: Intimate Intersections, Forbidden Frontiers*. Oxford: Oxford University Press.
- Rasmussen, Mary (2010). "Secularism, Religion and 'Progressive' Sex Education." *Sexualities* 13 (6): 699–712.
- Santelli, J.S., Kantor, L.M., Grilo, S.A., Speizer, I.S., Lindberg, L.D., Heitel, J., et al. (2017). Abstinence-only-until-marriage: an updated review of US policies and programs and their impact. *Journal of Adolescent Health*, 61:273–80.
- Schalet, A. (2010). "Sexual subjectivity revisited: The significance of relationships in Dutch and American girls' experiences of sexuality". *Gender and Society* 24(3), 304–329. doi:10.1177/0891243210368400.
- Shannahan, D.S. (2009). Sexual ethics, marriage, and sexual autonomy: the landscapes for Muslimat and lesbian, gay, bisexual, and transgendered Muslims. *Contemporary Islam*, 3, 59–78. doi: 10.1007/s11562-008-0077-4.
- Svanemyr, J. Baig. Q. & Chandra-Mouli, V. (2015). Scaling up of Life Skills Based Education in Pakistan: a case study, *Sex Education*, 15:3, 249-262.
- UNESCO. 2018. *International technical guidance on sexuality education. An evidence-informed approach*. Second revised edition. Paris: United Nations Educational, Scientific and Cultural Organization.
- Vanwesenbeeck, I. (2011). High roads and low roads in HIV/AIDS programming: high time for a change of itinerary. *Critical Public Health*, 21, 289-296.
- Vanwesenbeeck, I., Westeneng, J., de Boer, Th., Reinders, J., and van Zorge, R. (2015). Lessons Learned from a Decade of Implementing Comprehensive Sexuality Education in Resource Poor Settings: The World Starts With Me. *Sex Education: Sexuality, Society, and Learning*, 16(5), 471-486.
- Vanwesenbeeck, I., F. Bakker, and Gessell, S. (2010). "Sexual Health in the Netherlands: Main Results of a Population Survey Among Dutch Adults." *International Journal of Sexual Health* 22 (2): 55-71.
- Vanwesenbeeck, I. (under review). Not By CSE Alone... Furthering Reflections on International Cooperation in Sex Education.
- Whitten, A. and C. Sethna (2014). "What's missing? Antiracist sex education!" *Sex Education*, 14 (4): 414-429.