



World Council  
of Churches



# Love, Justice, and Reproductive Health

## A Framework for Churches



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Alexa Dava

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# Contents

Acknowledgments	v
Foreword	vi
1. Introduction: Churches And Reproductive Health	1
2. Global State Of Reproductive Health	4
3. Barriers To Reproductive Health	11
4. Toward Love And Justice In Reproductive Health	15
5. Loving And Just Examples From Churches And Faith Actors	18
6. A Framework For Action: Suggestions For Churches	22
7. Sexual And Reproductive Health Glossary	27
8. Additional Resources	31

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# Foreword

In our shared journey as churches, we are often called to confront complex and pressing challenges that impact the lives of our congregations and communities. Among these, reproductive health stands as a deeply significant issue—one that requires wisdom, compassion, and a commitment to holistic care. It is a matter of justice, love, and faithfulness to God’s call to care for all aspects of human flourishing.

This publication emerges from the World Council of Churches’ recognition that silence or hesitation in addressing reproductive health can have devastating consequences. These include, but are not limited to, “obstetric fistula, female circumcision, unplanned pregnancies resulting from rape or incest, unsafe abortions (in contexts where abortion is illegal), feticide, and infanticide.”<sup>1</sup> When the church avoids engaging with these realities, individuals are often left to face these challenges alone or to seek guidance elsewhere. Yet, as followers of Christ, we are called to respond with compassion and justice, offering care that upholds the physical, emotional, and spiritual wellbeing of all.

This framework provides a compassionate and biblically grounded approach to reproductive health education and support. Rooted in the wisdom of faith and science, it is designed to equip churches and church leaders with the knowledge and sensitivity to minister effectively in this area. While we recognize that perspectives on these matters may vary from one context to another, our shared commitment to loving our neighbours as ourselves compels us to ensure that their dignity, health, and wellbeing are prioritized in our ministry.

Reproductive health is a broad and multifaceted concern, encompassing family planning, maternal health, adolescent education, and support for couples facing infertility or other challenges. Each of these areas requires our careful attention and prayerful discernment. As we engage these issues, we do so with reverence for all of God’s creation and with profound respect for the image of God in every person.

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1 Executive Committee, “Global Health and Wellbeing Statement,” 12 November 2022, <https://www.oikoumene.org/resources/documents/global-health-and-wellbeing-statement>.

Our calling as the church is to nurture hope—a hope that brings healing, protection, and restoration. By addressing reproductive health with care and courage, we embody our mission to be the salt of the earth and the light of the world.

As you utilize this publication in your ministry, may your actions reflect our shared faith commitments and our desire for mutual transformation. Let us proceed with courage, solidarity, and humility, guided by the Holy Spirit, as we seek to bear witness to God's love and justice in this crucial aspect of human life.

In Christ,

Rev. Dr Kenneth Mtata

Programme Director,  
Public Witness and Diakonia, WCC

# 1. Introduction: Churches and Reproductive Health

The first chapter of Genesis recounts the story of how God nurtures the earth to life. In the story, God creates an interdependent ecosystem, filling the world with light, land, water, plants, and animals. In Genesis 1, God makes a once unliveable environment into a liveable one, delighting in it, calling it good, filling it with life, and urging the environment to fill itself. God calls the earth to bring forth vegetation, the animals to multiply. Then, God creates human beings. God invites the humans to multiply too (Gen. 1:28). God tasks the humans with the responsibility of ensuring “the created environments remain liveable” such that “all their inhabitants flourish.”<sup>1</sup> God tells the humans to fill the earth with more humans so that, together, they might tend to the land God created. This creation story is one in which life yields more life.

Reproductive health, according to the global community, is the term used to describe “a state of physical, mental, and social wellbeing in all matters relating to the reproductive system, at all stages of life.”<sup>2</sup> The reproductive system consists of all the anatomical parts of the body required to produce offspring. Reproductive health “at all stages of life” includes the whole course of the reproductive cycle, starting with puberty, through adolescence and during the whole course of an individual’s life.

When read in the context of Genesis 1, the blessing to “be fruitful and multiply” is not an isolated commandment to reproduce for the sake of reproduction. God’s concept of reproduction goes beyond the human biological function. It relates to the entirety of creation—all of creation reproduces itself within the ecosystem God nurtured and deemed “very good” (Gen. 1:31). The name *Adam*, in Hebrew, means *of the earth*, and the word *human* itself has roots in the Latin word *humus*,

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- 1 Gideon R. Kotzé, “Reproduction and the Responsibility of Royal Representation: A Reading of Genesis 1:26-28,” in *Reconceiving Reproductive Health: Theological and Christian Ethical Reflections*, Reformed Theology in Africa Series 1, ed. M. Kotzé, N. Marais, and N. Müller van Velden (Cape Town: AOSIS, 2019), 97–124, <https://doi.org/10.4102/aosis.2019.BK151.07>.
  - 2 United Nations, *Programme of Action*, Adopted at the International Conference on Population and Development, Cario, 5–13 September 1994, para. 7.2, [https://www.unfpa.org/sites/default/files/event-pdf/PoA\\_en.pdf](https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf).



meaning *earth* or *soil*. In this context, humans are not merely stewards of creation but part of creation itself. We are *of the earth*: not separate from it or domineering over it, but emergent from the earth, depending on it for survival and nourishment. Humans are an interdependent component of God's reproductive ecosystem. God's creation is interconnected and intended for interdependence and mutual nourishing: humans take care of the earth, and the earth, in turn, takes care of humans.

Such a perspective links reproductive health with the Christian practice of nurturing God's creation, which includes our human bodies. A Christian framework of reproductive health strives to ensure that the earth is a safe, sustainable place for all people to live, flourish, and give birth and raise children. Reproductive health is often viewed as a woman's issue. This view minimizes the discussion of men's roles in achieving reproductive health and overlooks men's reproductive health vulnerabilities. A reproductive health framework that cares for every part of God's creation implicates people of all sexes, including men.

Churches are called to nurture the world, starting with their own environments. To nurture one's environment involves tending to one's whole being, including one's reproductive health, which deeply connects to one's sexual health. Sexual health relates to but is distinct from reproductive health. Sexual health is "a state of physical, mental, and social wellbeing concerning sexuality. It requires a positive and respectful approach to sexuality and sexual relationships,"<sup>3</sup> as well as the possibility of having safe sexual experiences based on loving relationships free of coercion, discrimination, and violence. In 2019, a handbook by the World Council of Churches (WCC) described sexual health as "a personal feeling of sexual wellbeing and the absence of diseases or infections associated with sexual behaviour. This includes self-esteem, self-expression, caring for others, and cultural values."<sup>4</sup>

Some churches have nurtured sexual and reproductive health (SRH) in their communities for a long time. They partner with other social institutions, like health clinics and hospitals, to alleviate suffering and promote healing. They provide

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3 "Sexual Health," World Health Organization, accessed 30 August 2024, [https://www.who.int/health-topics/sexual-health#tab=tab\\_](https://www.who.int/health-topics/sexual-health#tab=tab_).

4 Helen Kunbi Labeodan, Godson Teyi Dogbeda Lawson-Kpavuvu, and Ezra Chitando, eds, *Positive Masculinities and Femininities: Handbook for Adolescents and Young People in Faith Communities in Nigeria* (Geneva: WCC Publications, 2019), 19.

health care, education, and information on matters related to SRH. Some churches encourage men to treat women with care and understanding when they face reproductive health challenges. Churches have also equipped adolescents with accurate information on the feelings and functions of their changing bodies. This reflects Deuteronomy 6:7, which highlights the importance of educating younger generations on faithful ways of living. Even though some churches address SRH, many churches and church leaders act in ways that perpetuate harm instead of healing on issues related to SRH.

The framework of reproductive health offered here is an invitation to churches and church leaders who want to consider reproductive health from a faith perspective. The framework has three goals:

- to raise awareness about reproductive health and related issues
- to demonstrate how reproductive health relates to churches' commitment to Christ's love and justice
- to suggest actions churches can take to nurture Christ's love and justice in SRH

The framework is not an end point on the journey of addressing SRH. Rather, it is intended to prepare churches for further engagement on reproductive health issues. The suggestions listed at the end of the framework are intended to provide a starting point for churches that have not already done so to address reproductive health within their communities. Churches must discern the best path forward to nurture love and justice on these issues according to each church's context.

## 2. Global State of Reproductive Health

Reproductive health encompasses various areas, including antenatal, maternal, and postnatal health, menstrual health, and sexual health of both men and women. It is essential that churches and church leaders have the latest information on reproductive health to understand key issues and discern methods to engage them within their own contexts.

Access to basic reproductive health care is limited, especially in the global South. In some cases, receiving reproductive health care can mean the difference between life and death. Every individual has a right to complete wellbeing in all matters related to reproductive health. However, the global status of key reproductive health issues listed below shows that individuals around the world are prevented from realizing this wellbeing.

### Maternal Mortality

- About 287,000 women died during and following pregnancy and child-birth in 2020.<sup>1</sup> This amounts to almost 800 women dying every day. Some estimate that the number of maternal deaths is much higher and growing, as the COVID-19 pandemic had a detrimental impact on health-care systems in 2020 and only about 20% of countries reported data during that year.
- Over half of maternal deaths occur in countries facing severe humanitarian crises.<sup>2</sup>
- Almost one-third of maternal deaths could be averted if all women wishing to avoid pregnancy could access modern methods of contraception, safe abortions, and safe post-abortion care.<sup>3</sup>

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1 “Maternal Mortality” (fact sheet), World Health Organization, 26 April 2024, <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

2 “Tracking Progress in Mortality Reduction in Humanitarian Settings,” Align MNH, 31 March 2022, <https://www.alignmnh.org/2022/03/31/tracking-progress-towards-maternal-and-neonatal-mortality-reduction-targets-in-countries-affected-by-humanitarian-crises>.

3 “Maternal Mortality.”

- Of unintended pregnancies, 60% end in an abortion.<sup>4</sup> Around half of all abortions are unsafe.<sup>5</sup>
- “Only 59% of women in low-income countries deliver their babies in a health facility, compared with 97% in upper-middle–income countries.”<sup>6</sup>
- Complications during pregnancy and childbirth are the leading causes of death for 15- to 19-year-old girls globally.<sup>7</sup>

## Obstetric Fistula

- Obstetric fistula occurs when an individual experiences “prolonged, obstructed labour without access to timely, quality medical treatment.” It manifests as “a hole between the birth canal and bladder or rectum or both” and often leads to chronic health issues and social isolation.<sup>8</sup>
- Obstetric fistula accounts for 6% of maternal deaths.
- About 100,000 women and girls develop fistula annually.
- An estimated 2 million women and girls are living with untreated obstetric fistula.<sup>9</sup>
- Tragically, 90% of pregnancies involving fistula result in stillbirth.<sup>10</sup>

## Infertility

- Infertility is a state of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.<sup>11</sup>

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4 Jonathan Bearak et al., “Unintended Pregnancy and Abortion by Income, Region, and the Legal Status of Abortion: Estimates from a Comprehensive Model for 1990–2019,” *The Lancet Global Health* 8:9 (2020), e1152–e116, [https://doi.org/10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6).

5 “Abortion” (fact sheet), World Health Organization, 17 May 2024, <https://www.who.int/news-room/fact-sheets/detail/abortion>.

6 “Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries” (fact sheet), Guttmacher Institute, July 2020, <https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-low-and-middle-income-countries>.

7 “Adolescent Health,” World Health Organization, accessed 18 October 2024, [https://www.who.int/health-topics/adolescent-health/pregnancy-and-childbirth-complications-are-the-leading-cause-of-death-among-15-19-year-old-girls#tab=tab\\_1](https://www.who.int/health-topics/adolescent-health/pregnancy-and-childbirth-complications-are-the-leading-cause-of-death-among-15-19-year-old-girls#tab=tab_1).

8 “International Day to End Obstetric Fistula,” United Nations Population Fund, 23 May 2024, <https://www.unfpa.org/events/international-day-end-obstetric-fistula>.

9 “Breaking the Cycle: Preventing Fistula Worldwide” United Nations, accessed 30 August 2024, <https://www.un.org/en/observances/end-fistula-day>.

10 “International Day to End Obstetric Fistula.”

11 “Infertility” (fact sheet), World Health Organization, 22 May 2024, <https://www.who.int/news-room/fact-sheets/detail/infertility>.

- Approximately one in every six people of reproductive age worldwide experience infertility in their lifetime.<sup>12</sup>
- Fertility care encompasses the prevention, diagnosis, and treatment of infertility.
- Equal and equitable access to fertility care remains a challenge in most countries, particularly in low- and middle-income countries.

## Cervical Cancer

- Cervical cancer is the fourth most common cancer in women globally with 660,000 new cases and 350,000 deaths in 2022.<sup>13</sup>
- Cervical cancer is caused by persistent infection with the human papillomavirus (HPV). An estimated 300 million women have an HPV infection.<sup>14</sup>
- Women living with human immunodeficiency virus (HIV) are six times more likely to develop cervical cancer compared to women without HIV.<sup>15</sup>
- Cervical cancer can be eliminated as a public health problem if 90% of girls are fully vaccinated with the HPV vaccine by age 15.

## HIV and AIDS

- Globally, 39.9 million people were living with HIV at the end of 2023.<sup>16</sup>
- In 2023, 630,000 people died from HIV-related causes and 1.3 million people acquired HIV.<sup>17</sup>
- Each day in 2023, approximately 685 children became infected with HIV and approximately 250 children died from AIDS-related causes, mostly due to inadequate access to HIV prevention, care, and treatment services.

## Family planning

- Each year, one in ten women experiences unintended pregnancies because of lack of access to modern contraceptives. In Central Africa, the number is one in four.<sup>18</sup>

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<sup>12</sup> “Infertility.”

<sup>13</sup> “Cervical Cancer” (fact sheet), World Health Organization, 5 March 2024, <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>.

<sup>14</sup> “Cervical Cancer.”

<sup>15</sup> “Cervical Cancer.”

<sup>16</sup> “HIV,” The Global Health Observatory, World Health Organization (2024), <https://www.who.int/data/gho/data/themes/hiv-aids>.

<sup>17</sup> “HIV.”

<sup>18</sup> “Each Year, More than One in 10 Women Worldwide Who Want to Avoid

- “Unintended pregnancy rates are highest in countries that restrict abortion access and lowest in countries where abortion is broadly legal.”<sup>19</sup>
- The number of women of reproductive age (aged 15–49 years) who have their need for family planning addressed by modern methods was 77.5% globally in 2022. This is an increase of 10 percentage points since 1990.
- The number of women desiring to use family planning has increased over the past two decades, from 900 million in 2000 to nearly 1.1 billion in 2021.<sup>20</sup>
- 164 million individuals still have unmet needs for family planning.<sup>21</sup>

## Female Genital Mutilation

- Female genital mutilation (FGM) includes “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”<sup>22</sup>
- More than 200 million girls and women alive today have undergone FGM.<sup>23</sup>
- FGM is mainly carried out on young girls between infancy and age 15.
- FGM results in many short- and long-term health complications, including excessive bleeding, swelling, shock, death, and urinary, vaginal, and menstrual problems. It also impacts mental health.<sup>24</sup>

## Menstrual Health

- Five hundred million women and girls are without access to services and products to manage menstruation.

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Pregnancy Experience an Unintended Pregnancy” (news release), Guttmacher Institute, 10 March 2023, <https://www.guttmacher.org/news-release/2023/each-year-more-one-10-women-worldwide-who-want-avoid-pregnancy-experience>.

19 “Unintended Pregnancy and Abortion Worldwide” (fact sheet), Guttmacher Institute, March 2022, <https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide>.

20 United Nations Department of Economic and Social Affairs, *World Family Planning 2022: Meeting the Changing Needs for Family Planning: Contraceptive Use by Age and Method*, UN DESA/POP/2022/TR/No. 4, Department of Economic and Social Affairs Population Division (New York: United Nations, 2022), [https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesa\\_pd\\_2022\\_world-family-planning.pdf](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesa_pd_2022_world-family-planning.pdf)

21 “Family Planning/Contraception Methods” (fact sheet), World Health Organization, 5 September 2023, <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception#:~:text=Among%20the%201.9%20billion%20women%20of%20reproductive%20age,million%20have%20an%20unmet%20need%20for%20contraception%20281%29>.

22 “Female Genital Mutilation” (fact sheet), World Health Organization, 4 February 2024, <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

23 “Female Genital Mutilation.”

24 “Female Genital Mutilation.”

- Around one in three schools (31%) globally have bins for menstrual waste in girls' toilets.<sup>25</sup>

## Gender-Based Violence

- One in three women experience some form of gender-based and intimate partner violence, including physical and sexual abuse. In 2013, the World Health Organization found that “women who have been physically or sexually abused were 1.5 times more likely to have a sexually transmitted infection, and in some regions, HIV, compared to women who had not experienced partner violence. They are also twice as likely to have an abortion.” Additionally, “women who experienced intimate partner violence were 16% more likely to suffer a miscarriage and 41% more likely to have a pre-term birth.”<sup>26</sup>

## Adolescents and Reproductive Health

- Adolescence is the phase of life between childhood and adulthood. It is a time “to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles.”<sup>27</sup> As such, it is a time of life marked by great vulnerability and requires a safe, trustworthy, enabling environment.
- There are approximately 1.2 billion adolescents globally.<sup>28</sup>
- Six hundred and fifty million women and girls alive today were married before their 18th birthday.<sup>29</sup>
- In 2022, an estimated 13% of adolescent girls and young women gave birth before age 18.

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25 UNICEF, WHO, *Progress on Drinking Water, Sanitation and Hygiene in Schools 2019-2023: Special Focus on Menstrual Health*, WHO/UNICEF Joint Monitoring programme for Water Supply, Sanitation and Hygiene (New York: UNICEF and WHO, 2024), <https://cdn.who.int/media/docs/default-source/wash-documents/jmp-wash-in-schools240525.pdf>.

26 “Violence against Women” (fact sheet), World Health Organization, 25 March 2024, <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

27 “Adolescent Health and Development” (Q&A), World Health Organization, 19 October 2020, <https://www.who.int/news-room/questions-and-answers/item/adolescent-health-and-development>.

28 “Adolescent Development and Participation: Investing in Adolescents Builds Strong Economies, Inclusive Communities, and Vibrant Societies,” UNICEF, accessed 30 August 2024, <https://www.unicef.org/adolescence>.

29 “Child Marriage,” UNICEF, last modified October 2022, <https://data.unicef.org/topic/gender/child-marriage/>.

- Only about one in two adolescent girls and young women aged 15–19 have their demands for family planning satisfied by modern methods.<sup>30</sup>
- Globally, only 65% of adolescents living with HIV were receiving life-saving antiretroviral therapy in 2023.<sup>31</sup>

## Indigenous Communities and Reproductive Health

- Around the world, Indigenous women and girls experience worse maternal health outcomes than non-Indigenous peoples.<sup>32</sup>
- For many decades, racist and sexist beliefs about Indigenous women’s capacity to understand SRH led health practitioners in the United States and Canada to sterilize Indigenous women without their consent. While this practice has since been condemned, reports of forced sterilization still surface.<sup>33</sup>
- In Australia, Aboriginal and Torres Strait Islander women are twice as likely to die due to pregnancy and childbirth than non-Indigenous women.
- While Indigenous people are not a homogenous category, barriers to reproductive health uniquely experienced by Indigenous women across the globe include language barriers, distrust of medical professionals due to colonialist legacies, rejection of Indigenous health practices and concepts, and lack of access to quality medical care due to rural locations.

## Men and Reproductive Health

- Since sexual and reproductive health (SRH) is viewed mainly as a woman’s issue, little to no awareness exists of the scope of men’s SRH needs among providers, policymakers, and the general public.
- All individuals are entitled to SRH, but “only less than one-quarter of men report utilizing SRH services.”<sup>34</sup>

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30 “Sexual and Reproductive Health,” UNICEF, March 2023, <https://data.unicef.org/topic/gender/sexual-and-reproductive-health/>.

31 “Adolescent HIV Treatment,” UNICEF, last modified July 2024, <https://data.unicef.org/topic/hiv/adolescent-hiv-treatment>.

32 Ian Anderson et al., “Indigenous and Tribal Peoples’ Health: A Population Study,” *The Lancet* 388:10040 (2016), 131–57, [https://doi.org/10.1016/S0140-6736\(16\)00345-7](https://doi.org/10.1016/S0140-6736(16)00345-7).

33 U.S. Government Accountability Office, Investigation of Allegations Concerning Indian Health Service: HRD-77-3, 4. November 1976, <https://www.gao.gov/assets/hrd-77-3.pdf>.

34 Mpelelo Nyalela and Thembelihle Dlungwane, “Men’s Utilization of Sexual and Reproductive Health Services in Low- and Middle-Income Countries: A Narrative Review,” *South African Journal of*



- About 40% of infertility cases are the result of men's reproductive health challenges.
- Annually, nearly half of all pregnancies, totalling around 121 million, are unintended. This means that each year, men are involved in 121 million unintended pregnancies.<sup>35</sup>

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*Infectious Diseases* 38:1 (2023), 473, <https://doi.org/10.4102/sajid.v38i1.473>.

<sup>35</sup> UNFPA, *State of World Population in 2022, Seeing the Unseen: The Case for Action in the Neglected Crisis of Unintended Pregnancy* (2022), [https://www.unfpa.org/sites/default/files/pub-pdf/EN\\_SWP22%20report\\_0.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22%20report_0.pdf).

## 3. Barriers to Reproductive Health

Histories of imperialism, colonialism, and other forms of social control result in significant health inequalities among individuals. Many social systems exploit and perpetuate social hierarchies, impacting the “conditions in which people are born, grow, work, live and age.”<sup>1</sup> When systems prioritize power and profit over human dignity and wellbeing, individuals are more likely to experience barriers to assessing reproductive health. Churches emerge within these systems and can be inextricably linked to them. Norms, customs, and values within our churches, communities, and other social structures create and perpetuate barriers to sexual and reproductive health (SRH). This section explores how factors like stigma, discrimination, poverty, and lack of information contribute to reproductive health inequalities.

### Stigma and Discrimination

Stigma, or social shame, is a significant barrier to SRH. Stigma related to topics like adolescent pregnancy, pregnancy-out-of-wedlock, family planning, menstruation, and HIV and AIDS degrades the humanity of those affected by these challenges. It prevents individuals from seeking care to address them. Stigma can occur anywhere from within one’s family to in churches, schools, workplaces, and society at large. Discrimination, which is related to stigma, is the restriction, limitation, disregard, or ban on individuals or groups based on a set of traits or characteristics. Like stigma, discrimination can manifest within interpersonal relationships or it can be legitimized through institutional means, such as government policy or church doctrines. Even when legal restrictions to SRH care do not exist, stigma related to reproductive health challenges impedes an individual’s decision to receive care. Both individual and structural forms of discrimination significantly impact health outcomes. In many places, these forms of discrimination overlap and intersect to create profound inequalities in SRH.

- **Racial discrimination**, or racism, occurs when individuals are mistreated based on their skin colour. Discriminatory practices based on race lead to

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1 “Social Determinants of Health,” U.S. Centers for Disease Control and Prevention, 17 January 2024, <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>.

Black women, or women of African descent, developing negative health-seeking attitudes due to historical racist medical experiments carried out on them without their consent. In some places, racist policies restrict access to health services and care, leading to fewer health centres in areas where racialized communities live. Racialized persons must travel long distances to centres where the services are ill-equipped and understaffed.

- **Gender discrimination** often correlates to gender differences. Gender differences determine the roles and responsibilities individuals may be expected to fulfil in society, including who makes decisions and who has access to health care. They also determine what is expected, allowed, and valued in a woman or man, depending on one's context. Many societies, and many churches, maintain beliefs about gender that value women as less equal to men in worth and dignity. St Augustine wrote that "the woman does not possess the image of God in herself, but only when taken together with the male, who is her head."<sup>2</sup> Ideas like St Augustine's endure through time and result in unjust structures that prioritize men's wellbeing over women's. When churches do not value men and women as equally made in the image of God in their own right, it is easier to justify beliefs and actions that prevent women from making decisions about their lives and health, for example, "the decision to go to the doctor for ante-natal visits or to go to a medical facility to give birth."<sup>3</sup>
- **Discrimination against people living with disabilities** also creates barriers. Despite having the same sexual and reproductive health needs and rights, and despite being as sexually active as their peers, persons with disabilities, especially women and girls with disabilities, have typically been excluded from accessing sexual and reproductive health and rights services. For example, women with physical disability may face challenges accessing reproductive health care clinics, which require the use of stairs, exam tables, or inaccessible toilets. In some contexts, women who are deaf face communication problems when accessing reproductive health care, which is worsened by limited interpretation services and inaccessible information. Studies indicate that

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2 Augustine, *On the Trinity*, book 12, ch.7, trans. Arthur West Haddan, in *Nicene and Post-Nicene Fathers*, 1st series, vol. 3, rev. and ed. for New Advent by Kevin Knight (Christian Literature Publishing Co., 1887).

3 *Guide for the Churches on Obstetric Fistula* (Geneva: WCC Publications, 2023), <https://www.oikoumene.org/resources/publications/a-guide-for-churches-on-the-prevention-of-obstetric-fistula>.

reproductive health concerns of women living with disabilities are not always taken seriously due to the perception that such women are not sexually active.<sup>4</sup> Healthcare professionals often share socially entrenched negative attitudes towards disability and sexuality. Low levels of knowledge about disability across the medical profession lead to attitudinal barriers in healthcare services.<sup>5</sup>

## Religion

Stigma and discrimination based on religious beliefs are a significant barrier to reproductive health care. While some churches and faith communities are working to alleviate the barriers within SRH, many churches must grapple with how their practices and theologies stigmatize and discriminate against individuals and communities who are most vulnerable to reproductive health challenges. For example, many churches teach that family planning contradicts God's will, leading to stigma about using SRH services. At the same time, other churches affirm that healthy timing and spacing of pregnancy align with our faith commitments.

## Poverty

In low-income countries, the fees charged for services prevent women from seeking reproductive health care. Many who live in rural areas must travel long distances to access clinics and hospitals. If a pregnant woman or girl does not have access to food, malnourishment increases her risk of developing an obstetric fistula. When women cannot access resources like transportation or food, or they lack communication systems to coordinate transportation, they do not receive essential reproductive health services or services like prenatal and maternal care or family planning counselling. This lack of access can result in higher rates of maternal and infant mortality, as well as complications during pregnancy and childbirth.

## Lack of Access to Education and Information

Data shows “education levels of women are critical to maternal health because studies show that maternal mortality is higher among women who are illiterate or

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4 M. Tara Casebolt et al., “Use of Modern Contraceptives by Women with Disabilities in Rajasthan, India: An Analysis of the Annual Health Survey,” *Sexual & Reproductive Healthcare* 31 (March 2022), 10069, <https://doi.org/10.1016/j.srhc.2022.100699>.

5 WHO, Promoting Sexual and Reproductive Health for Persons with Disabilities (2009), [https://iris.who.int/bitstream/handle/10665/44207/9789241598682\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/44207/9789241598682_eng.pdf).

have lower levels of education than it is among women who have better education.”<sup>6</sup> Many adolescents are exposed to sexual relations with little or inaccurate information about their bodies, sexuality, and reproductive functions. As a result, unintended or unwanted pregnancies occur before adolescents are ready for pregnancy and parenting. Even when individuals have access to reproductive health care, they may lack access to accurate information about the services they are receiving and, therefore, are unable to make informed choices.

## Humanitarian Crises

At the end of 2023, 117.3 million people were forcibly displaced because of persecution, conflict, violence, human rights violations, and events seriously disturbing public life, including climate disaster-related events and health pandemics.<sup>7</sup> Various climate crises exacerbate reproductive health challenges in several ways. Heat aggravates positive maternal health outcomes, causing dehydration and compromising placental function.<sup>8</sup> Water scarcity results in precarious menstrual hygiene management.<sup>9</sup>

Those affected by humanitarian crises face increased vulnerability and barriers to safe, comprehensive SRH care. For example, in crisis contexts, there is an increase in adolescent pregnancy and early, forced, and child marriages.<sup>10</sup> Individuals also face an increased risk of exposure to unprotected sex and sexual violence.<sup>11</sup> In 2018, an estimated 500 women in emergency situations died every day from complications related to pregnancy and childbirth.<sup>12</sup>

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6 Aliza Adler et al., “Changes in the Frequency and Type of Barriers to Reproductive Healthcare between 2017 and 2021,” *JAMA Network Open* 6:4 (April 2023): e237461, <https://doi.org/10.1001/jamanetworkopen.2023.7461>.

7 UNHCR, *Global Trends: Forced Displacement in 2023* (2023), <https://www.unhcr.org/sites/default/files/2024-06/global-trends-report-2023.pdf>.

8 Matthew F. Cherish et al., “Increasing Global Temperatures Threaten Gains in Maternal and Newborn Health in Africa: A Review of Impacts and an Adaptation Framework,” *International Journal of Gynecology Obstetrics* 160 (2023), <https://doi.org/10.1002/ijgo.14381>.

9 CARE International in Mozambique, *Hope Dries Up? Women and Girls Coping with Drought and Climate Change in Mozambique* (2016), [https://careclimatechange.org/wp-content/uploads/2016/11/El\\_Nino\\_Mozambique\\_Report\\_final.pdf](https://careclimatechange.org/wp-content/uploads/2016/11/El_Nino_Mozambique_Report_final.pdf).

10 Maria Laura Costa et al., “Sexual and Reproductive Health (SRH) Needs for Forcibly Displaced Adolescent Girls and Young Women (10-24 years old) in Humanitarian Settings: A Mixed-Methods Systematic Review,” *Reproductive Health* 20:174 (2023), <https://doi.org/10.1186/s12978-023-01715-8>.

11 “Emergency Contraception” (fact sheet), World Health Organization, 9 November 2021, <https://www.who.int/news-room/fact-sheets/detail/emergency-contraception>.

12 UNFPA, *Humanitarian Action: 2018 Overview* (2018), <https://www.unfpa.org/sites/default/files/>

## 4. Love and Justice in Reproductive Health

Patriarchal socio-economic structures that rely on exploiting creation—both human life and the earth—inform much of the suffering in sexual and reproductive health (SRH). A Christian framework of reproductive health nurtures Christ’s love and justice rather than stigma, discrimination, and exploitation reinforced through hierarchical differences. “Christ’s love moves the world to reconciliation and unity” was the resounding theme at the 11th World Council of Churches Assembly in Karlsruhe, Germany, in 2022. Luke 10:25-37 exemplifies one definition of Christ’s love. In the passage, Christ cites the commandment to love God and love one’s neighbour as oneself. A lawyer responds, asking, “Who is my neighbour?” The lawyer’s question presumes that there are people he does not have to love. In other words, the question is about who the lawyer can hate.<sup>1</sup> Christ ignores the presumption in the question. In Christ’s view, we are all each other’s neighbor. Instead, Christ answers the lawyer with a parable about what it means to love or to act as a neighbor. Many Christians are familiar with the parable: a man is attacked while traveling. A couple people pass him by, even though the man is in obvious need of care and assistance. Finally, one individual, a Samaritan, stops. He provides everything the man needs to heal, tending to his wounds, taking him to a place of care, and promising to fund his recovery. In this parable, Christ’s love means saving lives, even as those lives are different from our own. To embody Christ’s love is to ensure that all are fed and housed and have access to the resources they need to live and heal.

“Let us love not in word or speech but in deed and truth” (1 John 3:18)

As Christians, one way we love “in deed and truth” is by mitigating and removing barriers to SRH. Justice occurs when all of us, as God’s beloved creation, have equal access to the resources we need to tend to our wellbeing. In the context of reproductive health, medical professionals, government officials, educators, and church leaders and members all play a role in bringing about such justice. Public

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pub-pdf/UNFPA\_HumanitAction\_2018\_Jan\_31\_ONLINE.pdf.

1 Amy-Jill Levine, “Who Is My Neighbour: Interfaith Dialogue and Theological Formation,” *Journal of the Council for Research on Religion* 4:2 (2023), 1–13, <https://doi.org/10.26443/jcreor.v4i2.84>.

theologian Cornel West said, “Justice is what love looks like in public.” “Christ’s love, as exemplified in justice, moves us toward reconciliation and unity” and, therefore, “cannot be divorced from the struggle for justice and equality.”<sup>2</sup>

“He has told you, O mortal, what is good,  
and what does the LORD require of you  
but to do justice and to love kindness  
and to walk humbly with your God?” (Mic. 6:8)

How do we know when we are on the path of justice? The mutual flourishing of all creation is one indication. The Bible contains many passages that describe creation’s flourishing as evidence of God’s just work in the world (Ps. 1, 92). Theologian Nicholas Wolsteroff said, “God desires the flourishing of each and every one of God’s human creatures; justice is indispensable to that. Love and justice are not pitted against each other but intertwined.”<sup>3</sup>

Churches must link reproductive health with the overall health of a community. To nurture Christ’s love and justice in reproductive health is to recognize that all are created in the image of God and deserve access to Christ’s abundant life (John 10:10). While both men and women experience challenges related to SRH, women primarily bear the brunt of reproductive health challenges. In our historically patriarchal churches, centring women’s experiences and lives is central to addressing reproductive health with love and justice. Countless times in the gospels, Christ treats women with dignity during a time and place when women were viewed as less important than men. Christ healed women who were sick (Mark 5:25-34; Luke 13:10-13), he advocated for their freedom from shame (John 8:3-11), and he entrusted them to carry out his message (John 20:11-18). As God’s beloved people, we each have inherent dignity and worth. All people, including women and girls, are important in the body of Christ and should be treated with equal value (1 Cor. 12:12-20).

Christ did not discriminate among his followers. In Luke 10:38-42, Christ supports Mary’s choice to sit and learn from him as a disciple. To be Christ’s disciple

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2 C. J. Kaunda, “Christ’s Love amid Pandemic” *Ecumenical Review* 72 (2020), 516–26, <https://doi.org/10.1111/erev.12542>.

3 Nicholas Wolsteroff, *Justice: Rights and Wrongs* (Princeton University Press, 2008), 82.

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is to commit oneself to the study and practice of his teachings. Christ's affirmation of Mary as his disciple demonstrates his respect for women's capacity to learn, discern, and implement his teachings. Christ respected women's ability to learn and choose for themselves how best to live. Just as Christ nurtured the formation and education of women as his disciples, men can follow Christ's depiction of masculinity by supporting the formation, education, and leadership of girls and women in their communities. The pursuit of women's education, wisdom, and discernment on matters that impact their lives, especially SRH, is essential.

Let us return to the story of creation in Genesis, which depicts human reproduction as an interconnected and interdependent component of God's reproductive ecosystem. Reproductive health is inherently linked to the physical and environmental health of one's community. When a community or society limits an individual's access to reproductive health, the individual's reproductive wellbeing is also limited. How can churches contribute to creating communities and societies which nurture love and justice in reproductive health?



## 5. Loving and Just Examples from Churches and Faith Actors

The World Council of Churches (WCC) has a long and consistent history of addressing various sexual and reproductive health (SRH) challenges. For decades, the WCC has challenged oppressive theologies and behaviours, opposing various forms of hierarchical discrimination and injustice,<sup>1</sup> following Christ’s treatment of women in the gospels, and campaigning persistently against gender-based violence.

In 1994, the global community convened to address reproductive health challenges at the International Conference on Population and Development (ICPD). The WCC submitted a statement to the ICPD, acknowledging that Christian theology and ethics views such issues as “questions of justice and injustice, and thus intimately related to power and powerlessness.”<sup>2</sup> The statement situated reproductive health within the context of improving quality of life. Quality of life, the WCC affirmed, “is enhanced when people can attain their full potential, when the full spectrum of human rights is respected, when people are subjects rather than objects of policies when they can make choices in life, and most of all, when basic and spiritual needs are fulfilled.” It concluded, “among the churches within the fellowship, there is a wide spectrum of approaches to these issues. While respecting these differences, we are seeking to encourage and maintain an open, constructive dialogue on them, both among ourselves and with other churches and people of other faiths.”<sup>3</sup>

Twenty years later, the WCC—together with other faith-based actors like the AIDS Interfaith Network, the Latin American Council of Churches, and World YWCA—submitted a “Call to Action” to the United Nations. The statement affirmed the following:

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- 1 World Council of Churches, *Gender Justice Principles with Code of Conduct* (Geneva: WCC Publications, 2022), <https://www.oikoumene.org/sites/default/files/2022-03/Gender%20Justice%20Principles%20Web.pdf>, 11.
  - 2 “Statement of the World Council of Churches,” UN World Conference on Population and Development Cairo, 5–13 September 1994, [https://www.unfpa.org/sites/default/files/resource-pdf/94-09-08\\_Statement\\_of\\_World\\_Council\\_of\\_Churches.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/94-09-08_Statement_of_World_Council_of_Churches.pdf)
  - 3 “Statement of the World Council of Churches.”

the importance of preventing gender-based discrimination, violence and harmful practices; upholding gender justice; ensuring that every pregnancy is wanted and that every birth is safe; providing age-appropriate sexuality education; promoting the health, education and participation of youth and adolescents; preventing, treating and caring for people living with HIV and AIDS; supporting family planning; and respecting the human body.<sup>4</sup>

In 2019, the WCC, together with the Christian Council of Nigeria, UNAIDS, and the National Agency for the Control of AIDS published a comprehensive handbook discussing issues of gender, sexuality, and SRH in the context of HIV and AIDS. One primary objective of this handbook included equipping faith communities with “an intergenerational tool on conversations about sex, sexuality, and sexual and gender-based violence.”<sup>5</sup>

Today, in 2024, the WCC continues to promote “open, constructive dialogue” against the backdrop of diverse approaches to SRH among its member churches.

Countless other faith actors and churches affiliated with the WCC have published statements defining their position and advocacy regarding SRH. A sampling of statements is included below.

- In 1930, the Anglican Church was the first to issue a statement in favour of contraception.<sup>6</sup>
- In 2011, more than 200 interfaith actors from around the globe agreed to improve access to family planning at the Global Interfaith Conference.<sup>7</sup>
- At their General Assembly in 2013, the Latin American Council of Churches

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4 UNAIDS and UNFPA, “A Call to Action: Faith for Sexual and Reproductive Health and Reproductive Rights Post 2015 Development Agenda,” 19 September 2014, <https://www.unfpa.org/sites/default/files/resource-pdf/Faith%20leaders%27%20call%20to%20action.pdf>.

5 Labeodan, Lawson-Kpavuvu, and Chitando, *Positive Masculinities and Femininities: Handbook for Adolescents and Young People in Faith Communities in Nigeria* (Geneva: WCC Publications, 2019), [https://www.oikoumene.org/sites/default/files/File/2019-EHAIA-MascFem-handbook\\_web-EN.pdf](https://www.oikoumene.org/sites/default/files/File/2019-EHAIA-MascFem-handbook_web-EN.pdf)

6 “Contraception,” Religions, BBC, last modified 3 August 2009, [https://www.bbc.co.uk/religion/religions/christianity/christianethics/contraception\\_1.shtml](https://www.bbc.co.uk/religion/religions/christianity/christianethics/contraception_1.shtml).

7 Global Interfaith Conference, “Interfaith Declaration to Improve Family Health and Well-Being,” 29 June 2011, <https://coregroup.org/wp-content/uploads/media-backup/documents/elluminates/declaration%20endorsed%2025jly11.pdf>.

released a statement urging governments to treat SRH within the context of human rights and commit to providing training and education to member churches.<sup>8</sup>

- Act Church of Sweden constitutes the international mission and *diakonia* of the Church of Sweden. Their position paper on SRH affirms that religious actors are “in a position of power and can be effective agents of change in addressing vulnerabilities in their context.” As such, they have “a moral duty to contribute to the realization on sexual and reproductive health and rights.”<sup>9</sup>
- In 2022, the faith sub-committee at the International Conference on Family Planning submitted a statement affirming that “life is sacred, and we believe in the role of family planning in protecting the lives and health of mothers, fathers, and children, reducing their mortality, and creating well-being.”<sup>10</sup>

Beyond statements, many churches and faith-based organizations have taken programmatic action to centre love and justice in approaching SRH. Faith-based health services account for a significant portion of health services in many countries worldwide, including in both high-income and low- and middle-income contexts. These include non-profit hospitals, health centres, clinics, community health, health worker training, and drug supply organizations. They operate under a wide range of partnerships and agreements within their governments or regulatory frameworks. They are trusted partners due to their longevity in communities and their integral position in health systems. The following examples demonstrate how faith-based organizations have mitigated maternal mortality by advancing faith-based information and services on reproductive, maternal, and child health.

- World Vision partnered with local faith leaders, their spouses, and communities to participate in the wellbeing of children through science-based information and insights from scripture, including in areas like HIV and AIDS and maternal and newborn child health. Their project, Channels of Hope,

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8 UNFPA, Religion, *Women’s Health and Rights: Points of Contention and Paths of Opportunities* (UNFPA, 2016), [https://www.unfpa.org/sites/default/files/pub-pdf/Religion\\_Womens\\_Health\\_and\\_Rights.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Religion_Womens_Health_and_Rights.pdf).

9 ACT Church of Sweden, *Position on Sexual and Reproductive Health and Rights* (SRHR), <https://www.svenskakyrkan.se/filer/130cd3e9-800e-4fdc-9cac-73734515ed18.pdf?id=1095498>.

10 International Conference on Family Planning, Faith Statement Read at ICFP 2022 Closing Plenary, 17 November 2022, <https://www.cih.org/wp-content/uploads/2017/09/ICFP-2022-Faith-Commitment-Statement-English.pdf>.

promotes family planning from a faith-based perspective through training on healthy timing and spacing of pregnancy.<sup>11</sup> In 2017, in Kenya and Ghana, the work resulted in an increase in the number of families who used family planning services.<sup>12</sup>

- From 2019 to 2024, World Relief, a Christian humanitarian organization, in partnership with UNAIDS and CCIH, launched the SCOPE Project in Haiti, Kenya, Malawi, and South Sudan, which engaged community-based faith leaders and health workers to advance reproductive, maternal, newborn, and child health. Faith actors were equipped to communicate and increase access to family planning and reproductive information, which also served as a link to health systems. The project reached almost 200,000 women with family planning messages and services, and almost 50,000 youth received family planning messages from local faith actors.<sup>13</sup>
- Faith-based health clinics and organizations promote the Christian value of social justice, providing direct, free access to family planning as one way of breaking cycles of poverty. AMOS Hope and Health in Nicaragua imports and distributes contraceptives since they are not produced nationally. They connect with the Nicaragua Ministry of Health to get accurate projections of community needs and support the work they already do in promoting family planning options.<sup>14</sup>

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11 World Vision, *Channels of Hope for Maternal Newborn and Child Health: Overview*, 2020, [https://www.wvi.org/sites/default/files/2020-03/CoH%20MNCH\\_2020\\_FINAL.pdf](https://www.wvi.org/sites/default/files/2020-03/CoH%20MNCH_2020_FINAL.pdf).

12 World Vision, "Program Learning: Faith Leaders Advocate for Increased Healthy Timing and Spacing of Pregnancy/Family Planning Use and Stronger Maternal and Child Health Outcomes: Operations Research in Kenya and Ghana" (research brief), August 2019, <https://www.wvi.org/sites/default/files/2019-08/Research-Brief-Kenya-Ghana-HTSP%20%281%29.pdf>.

13 USAID and World Relief, *Final Project Report: SCOPE*, October 1, 2019 – March 31, 2024, <https://worldrelief.org/content/uploads/2024/03/SCOPE-Final-Report.pdf>.

14 "Successes and Challenges of Family Planning Programs in Low-Income Rural and Urban Settings in Nicaragua," Christian Connections for International Health, 29 October 2020, <https://www.ccih.org/successes-and-challenges-of-family-planning-programs-in-low-income-rural-and-urban-settings-in-nicaragua/>.

## 6. A Framework for Action: Suggestions for Churches

The suggestions in this section are not a one-size-fits-all implementation plan. Churches vary widely in geographic context, social demographics, beliefs, and practices. The actions for churches provided in this section are merely signposts of love and justice on each churches' journey to addressing sexual and reproductive health (SRH). Churches may consider which suggestions suit their specific context and act accordingly.

### Within Churches

Churches have the power to transform harmful attitudes, beliefs, and norms about SRH—in particular, as they pertain to women, girls, and their bodies. The participation of men in transforming the status and agency of women and girls is key to alleviating suffering around SRH. Access to accurate and comprehensive information is central to this transformation.

Despite having easy access to the Internet, young people need reliable, faithful adults and contexts inside and outside of school to nurture their formation and provide information and education on matters related to SRH. Within their own congregations, churches can support SRH in many ways depending on each church's context.

### **Prepare**

Before implementing outreach on issues of SRH, churches must ensure that their own physical, spiritual, and emotional environments are conducive to engaging in SRH. The following suggestions reflect foundational aspects churches can incorporate.

- Ensure clean, hygienic environments, with access to clean water, sanitation, and safety and privacy in church facilities and communities for women and girls to care for themselves during menstruation. If possible, churches should have sanitary products, like menstrual pads, available in their facilities.
- Preach sermons and facilitate context-specific Bible studies that uplift the dignity of women and girls, advocate for keeping girls in school to prevent

unintended pregnancy and child pregnancy, and encourage open and honest discussion on taboo subjects.<sup>1</sup>

- In sermons and Bible studies, highlight Jesus' life, ministry, and treatment of others (especially women and girls) as a model of positive masculinity. For a full description and programme for how to discuss positive masculinities and femininities in churches, see the World Council of Church's *Positive Masculinities and Femininities*.<sup>2</sup>
- Implement and sustain safer spaces in the church that maintain confidentiality, provide physical, emotional, and spiritual safety, and respect the dignity of each person. "Safer space" in this context is defined as "an environment where one can feel accepted, respected, valued without fear of discrimination or judgment."<sup>3</sup> This includes providing shared vocabulary and definitions related to SHR in a nonjudgmental context.
- Implement a code of conduct for all church leaders to ensure that all act in ways consistent with the Christian principles, treating all persons fairly and with respect, courtesy, and dignity because they bear the image of God (Gen. 1:26-27) and respecting individual personal boundaries, both verbally and physically (Rom. 12:18). Additionally, provide dependable and transparent mechanisms to respond to complaints and breaches in the code of conduct.

## Activate

Once churches address the foundations, they can consider and implement the following ideas for programmatically engaging SRH.

- Conduct workshops and trainings for church leaders and their spouses, with cross-generational learning toward theological and scientific understanding of SRH.
- Host health talks and programming for parents and young people about SRH from a scientifically accurate, faith-based perspective, including accurate information about male and female reproductive anatomy and functions.

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1 "Faith Matters: A Christian Approach to Engaging Family Planning" (technical brief), Advancing Partners and Communities, accessed 30 August 2024, <https://www.advancingpartners.org/resources/technical-briefs/faith-matters-christian-approach-engaging-youth-family-planning>.

2 Labeodan, Lawson-Kpavuvu, and Chitando, *Positive Masculinities and Femininities* (2019), [https://www.oikoumene.org/sites/default/files/File/2019-EHAIA-MascFem-handbook\\_web-EN.pdf](https://www.oikoumene.org/sites/default/files/File/2019-EHAIA-MascFem-handbook_web-EN.pdf).

3 World Council of Churches, "Safe Spaces for Young People in Faith Communities" (webinar), 25 April 2024, posted on YouTube, 27 April 2024, <https://www.youtube.com/watch?v=Lzj3nDOH8tk>.

- For an excellent resource on facilitating SRH programming in congregations, see Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health<sup>4</sup> and the accompanying Toolkit<sup>5</sup> produced by people of faith in partnership with UNESCO, INERELA+, and Save the Children Sweden.
- See also the Family Life Education trainer's guide<sup>6</sup> and the accompanying Participant's Handbook, which was created by World Relief and UNAIDS.
- For a resource for programming on family relationships, balancing power in family, and making decisions about reproductive health, see the Families Together<sup>7</sup> programme facilitator guide and the accompanying Implementation Guide.<sup>8</sup>

## Ongoing Actions

- Treat adolescents who become pregnant with love, care, and compassion.
- Lead with compassion and nonjudgment when giving one-on-one pastoral guidance on SRH issues.
- Support parents and families within the congregation by asking them what the congregation can do to help them.

## Beyond the Church

Partnerships with groups like clinics, hospitals, media outlets, and health-focused NGOs can help churches advocate for SRH in decision-making contexts. In such partnerships, churches can do the following:

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- 4 INERELA+, UNESCO, Save the Children Sweden, *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights* (2017), <https://inerela.org/wp-content/uploads/2021/12/ASRHR-Handbook-final.pdf>.
  - 5 INERELA+, UNESCO, World Council of Churches, *Religious Leaders' Toolkit on Adolescent Sexual and Reproductive Health and Rights*, <https://inerela.org/wp-content/uploads/2021/12/Religious-Leaders-Toolkit-ASRHR.pdf>.
  - 6 USAID, World Relief, *Family Life Education: Equipping Faith Leaders to Communicate about Sexual and Reproductive Health from Christian and Muslim Perspectives – Trainer's Guide* (2021), [https://worldrelief.org/content/uploads/2022/05/Family-Life-Education\\_Trainers-Guide.pdf](https://worldrelief.org/content/uploads/2022/05/Family-Life-Education_Trainers-Guide.pdf). See the accompanying participants' guide here: [https://worldrelief.org/content/uploads/2022/05/Family-Life-Education\\_Participant-Handbook.pdf](https://worldrelief.org/content/uploads/2022/05/Family-Life-Education_Participant-Handbook.pdf).
  - 7 USAID, World Relief, *Families Together: A Couples' Strengthening Curriculum* (2022), [https://worldrelief.org/content/uploads/2022/11/Families-Together\\_Facilitators-Guide.pdf](https://worldrelief.org/content/uploads/2022/11/Families-Together_Facilitators-Guide.pdf).
  - 8 USAID, World Relief, *Families Together: A Couple's Strengthening Curriculum – Implementation Guide* (2022), [https://worldrelief.org/content/uploads/2022/11/Families-Together\\_Implementation-Guide.pdf](https://worldrelief.org/content/uploads/2022/11/Families-Together_Implementation-Guide.pdf).

- Identify and provide referrals to services and organizations working on SRH services, including family planning and sexual and gender-based violence prevention.
- Engage community leaders to actively promote gender equality and to oppose gender-based violence, including sexual violence.
- Partner and support community mentorship programmes for youth that promote healthy decision-making, life skills, and leadership.
- Use social media/media outlets to amplify support.
- Amplify the voices of people who have been marginalized because of issues related to SRH.
- Create an advocacy team and draft plans to understand the formal and informal factors influencing SRH in a community. Listen to the experience of women and girls about barriers and solutions to jointly advocate for/address barriers.
- Engage decision-makers on mitigating barriers to SRH, including comprehensive family planning services and promoting financial investment in SRH.<sup>9</sup>
- See the advocacy tool, published by Christian Connections for International Health in 2017, to jumpstart your advocacy on family planning in your local context: *Family Planning Advocacy through Religious Leaders*.<sup>10</sup>

## Toward a Christian Framework of Reproductive Health

In Ghanaian theologian Mercy Oduyoye's words, "How can we say we love God, we thank God for giving us the earth for a home, and then continue to ruin all that is given to sustain our lives?"<sup>11</sup> Committing to reproductive health from a perspective of love and justice acknowledges the need for sustainable spiritual and physical environments in which to reproduce. This falls within churches' commitments to love our neighbours as ourselves and to pursue justice in all matters. Nurturing

9 The Guttmacher Institute states that every \$1 spent on contraceptive care would save \$3 in maternal and pregnancy-related services because there would be fewer unintended pregnancies. See "Adding It Up: Investing in Sexual and Reproductive Health 2019" (report), Guttmacher Institute, July 2020, <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>.

10 *Family Planning Advocacy through Religious Leaders: A Guide for Faith Communities* (2017), <https://www.ccih.org/wp-content/uploads/2017/09/FP-Advocacy-Guide-EN.pdf>.

11 Mercy Oduyoye, "What Does God Ask of Us?" in *Ethical Issues in the Struggle for Justice*, ed. Daniel Chetti and M. P. Joseph (Christava Sahitya Samiti and Board of Theological Textbooks Programme in South Asia, 1989), Religion Online, <https://www.religion-online.org/book-chapter/chapter-12-what-does-god-ask-of-us-by-mercy-amba-oduyoye/>.



love and justice in reproductive health requires a willingness to mutually transform and be transformed by a Christian vision of reproductive health, in which all have access to the care and services needed to flourish. Churches, as conduits of transformation, are uniquely positioned to promote such a vision, cultivating justice in our reproductive health approaches so God's love might be nurtured in our lives, churches, and communities.

# 7. Sexual and Reproductive Health Glossary

## **abstinence**

Abstinence is an intentional decision to avoid certain activities or behaviours. Different people have different definitions of what sexual abstinence entails. For some, it may mean no sexual contact, including masturbation. For others, it may mean no penetration (oral, anal, vaginal) while kissing, caressing and other forms of sexual expression are acceptable.<sup>1</sup>

## **adolescence**

The period in human growth and development that occurs after childhood and before adulthood, occurring from ages 10 to 19.<sup>2</sup>

## **antenatal**

The period before birth.

## **child, early, and forced marriages**

This collection of terms refers “to marriages and unions that occur under the age of 18 (early) and/or a marriage and union without the full and free consent of both parties (forced). Forced marriage includes child marriage, but also human trafficking, ‘bride kidnapping’ etc.”<sup>3</sup>

## **comprehensive sexuality education**

Comprehensive sexuality education (CSE) is a form of sexuality education that seeks to equip young people with the knowledge and skills they need to determine and enjoy their sexuality in all spheres of life and in the context of safe, loving relationships. CSE can include multiple topics such as gender, sexual, and reproductive health and rights (SRHR); HIV and AIDS (including information about services and clinics); pleasure; consent; gender-based violence; sexual and gender

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1 “SRHR Language,” Choice for Youth and Sexuality, accessed 30 August 2024, <https://www.choiceforyouth.org/resource/srhr-language>.

2 “Adolescent Health” (fact sheet), World Health Organization, accessed 30 August 2024, [https://www.who.int/health-topics/adolescent-health#tab=tab\\_1](https://www.who.int/health-topics/adolescent-health#tab=tab_1).

3 “SRHR Language.”

diversity; and relationships. CSE programmes should “take the local lived realities of young people into account.”<sup>4</sup> Evidence shows that CSE, when implemented well, can reduce sexually transmitted infections and early sexual activity and increase safer sexual behaviours, including consent.

### **contraceptives**

Contraceptives help reduce the chance of pregnancy by creating either a hormonal or a physical barrier. It is important to note that most contraceptives do not protect against sexually transmitted infections. Hormonal contraceptives prevent the egg from being released and include oral (birth control) pills, hormonal patches and injections, implants under the skin, and vaginal rings. Emergency contraceptives are hormonal pills that must be taken within 72 to 120 hours of having sex without using a contraceptive to reduce the chance of pregnancy. Physical barriers prevent sperm from reaching the egg and include male and female condoms, diaphragms, contraceptive sponges, and intra-uterine devices.

### **discrimination**

The unjust or prejudiced treatment of a person or a group of people based on actual or perceived social/economic/cultural/political factors, such as sexual orientation, gender identity, gender expression, HIV status, race, ethnicity, nationality, and socio-economic status. Discrimination can have severe negative effects on the life of an individual. It can result in decreased educational performance and higher rates of school dropout, reduced financial and professional success, low self-esteem, increased rates of suicide, higher chances of exposure to certain diseases such as HIV or AIDS, increased exposure to environmental and social dangers such as physical or sexual violence, and even death. Discrimination can occur in many forms, some more obvious than others. However, it is always damaging and, in its most extreme forms, can result in the systemic oppression of entire groups of people.

### **equality**

“This principle derives from an understanding of *imago Dei* (Genesis 1:26-28), which affirms our common humanity in the image of God. There is no subordination of value nor power distinctions, for our common humanity is without status, gender, class, nationality, religion, etc. (Galatians 3:28)”<sup>5</sup>

<sup>4</sup> “SRHR Language.”

<sup>5</sup> World Council of Churches, *Gender Justice Principles with Code of Conduct*.

<https://www.oikoumene.org/resources/documents/gender-justice-principles-with-code-of-conduct>.

**equitable**

Equitable refers to the just sharing of rights, resources, and opportunities that is fair and impartial. It seeks to ensure the common good of the community and is a visible sign of just and fair practices.

**family planning**

Family planning is the consideration of deciding when and if to have children using all available information, including means and methods. It can involve a wide range of contraceptives and includes non-invasive methods such as abstinence. Access to family planning includes information on how to become pregnant when it is wanted, infertility treatment, and “improved health and nutritional status of children, brought about by longer birth spacing and the reduction in maternal mortality.”<sup>6</sup>

**female genital mutilation/cutting**

Sometimes also known as female circumcision, female genital mutilation/cutting (FGM/C) includes a range of procedures from cutting, removing, or sewing closed all or part of the vulva for non-medical reasons. Critically, FGM/C has no health benefits for those on whom it is performed. It is nearly always carried out on minors and can have severe negative consequences on a person’s mental and physical health. For example, FGM/C is often performed in non-sterile environments or with non-sterile or blunt instruments, increasing the chance of severe infection and sometimes even death. Other harmful effects may include severe bleeding, problems urinating, the development of cysts, sexual problems such as decreased experience of sexual pleasure and difficulty reaching orgasm, and severe discomfort or pain during sexual intercourse, as well as complications in childbirth and an increased risk of newborn deaths.

**gender**

Gender encompasses “the societal norms and expectations of what makes a male a “man” and a female a “woman.” Therefore, gender is a social construct that affects an individual’s identity from birth (pink is associated with girls and blue is associated with boys, for example) and continues to inform their expected development and identity through all stages of life.”<sup>7</sup>

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6 United Nations, *Family Planning and the 2030 Agenda for Sustainable Development* (2019), [https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning\\_DataBooklet\\_2019.pdf](https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf).

7 INERELA+, UNESCO, Save the Children Sweden, *Religious Leaders’ Handbook on Adolescent Sexual*

## maternal health

The period of health during a woman's pregnancy, childbirth, and the postnatal (after birth) period.

## sex

Sex refers to one of three categories into which human beings are divided based on their reproductive functions – male, female, and intersex (born with several variations in sex characteristics). The term “sex” is used to distinguish human beings in terms of their reproductive functions.

## sexual and reproductive health and rights

The definition of sexual and reproductive health and rights (SRHR) has been disputed in ecumenical circles. In 2016, the World Council of Churches published a book that affirmed that while the concept can be contentious, it can be understood as “the right for all, whether young or old, women, men or transgender, straight, gay, lesbian, or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing these respect the rights of others to bodily integrity.”<sup>8</sup> Many churches have engaged and continue to engage SRHR, though not always using this specific terminology.

## unsafe abortion

Unsafe abortions are “performed by unskilled individuals, using hazardous and non-sterile equipment or chemicals, often in unsanitary facilities.”<sup>9</sup> Around 45% of abortions performed each year worldwide are unsafe.<sup>10</sup>

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*and Reproductive Health and Rights*, 10.

- 8 Rose Ndakala et al., “Operationalising Sexual and Reproductive Health Rights in Sub-Saharan Africa: Constraints, Dilemmas and Strategies,” *BMC International Health and Human Rights* 11:3 (2011), S8, <http://www.biomedcentral.com/1472-698X/11/S3/S8> as cited in Ezra Chitando and Nyambura KJ. Njoroge, *Abundant Life: The Churches and Sexuality* (Geneva: WCC Publications, 2016), 1.
- 9 B. Ganatra et al., “From Concept to Measurement: Operationalizing WHO’s Definition of Unsafe Abortion,” *Bulletin of the World Health Organization* 92:3 (2014), 155, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3949603/pdf/BLT.14.136333.pdf>.
- 10 Lisa B. Haddad et al., “Unsafe Abortion: Unnecessary Maternal Mortality,” *Reviews in Obstetrics & Gynaecology* 2:2 (2009), 122–26, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>.

## 8. Additional Resources

### Faith Education Related to Sexual and Reproductive Health

INERELA+ and UNESCO. Save the Children Sweden, *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*. 2017. <https://inerela.org/wp-content/uploads/2021/12/ASRHR-Handbook-final.pdf>. See the accompanying toolkit: <https://inerela.org/wp-content/uploads/2021/12/Religious-Leaders-Toolkit-ASRHR.pdf>

Chitando, Ezra, and Nyambura KJ. Njoroge. *Abundant Life: The Churches and Sexuality*. Geneva: WCC Publications, 2016. <https://www.oikoumene.org/resources/publications/abundant-life>.

USAID and World Relief. *Family Life Education: Equipping Faith Leaders to Communicate about Sexual and Reproductive Health from Christian and Muslim Perspectives – Trainer's Guide*. 2021. [https://worldrelief.org/content/uploads/2022/05/Family-Life-Education\\_Trainers-Guide.pdf](https://worldrelief.org/content/uploads/2022/05/Family-Life-Education_Trainers-Guide.pdf). See the accompanying participants' guide here: [https://worldrelief.org/content/uploads/2022/05/Family-Life-Education\\_Participant-Handbook.pdf](https://worldrelief.org/content/uploads/2022/05/Family-Life-Education_Participant-Handbook.pdf).

Labeodan, Helen Kunbi, Godson Téyi Dogbeda Lawson-Kpavuvu, and Ezra Chitando, eds. *Positive Masculinities and Femininities: Handbook for Adolescents and Young People in Faith Communities in Nigeria*. Geneva: WCC Publications, 2019. [https://www.oikoumene.org/sites/default/files/File/2019-EHAIA-MascFem-handbook\\_web-EN.pdf](https://www.oikoumene.org/sites/default/files/File/2019-EHAIA-MascFem-handbook_web-EN.pdf).

Norwegian Church Aid. *Sexual and Reproductive Health and Rights Hub*. 2022. <https://fabo.org/nca/srhrhub>.

## Ending Sexual Violence against Children

World Council of Churches. “Helping Children Out of the Shadows and Into the Light: Church Resources for Ending Sexual Violence against Children.” 2020. <https://www.oikoumene.org/what-we-do/wccs-engagement-for-children/out-of-the-shadows#resources-for-downloading>. (Resources available in English, French and Spanish.)

## Obstetric Fistula

World Council of Churches. *A Guide for Churches on the Prevention of Obstetric Fistula*. Geneva: WCC Publications, 2023. <https://www.oikoumene.org/resources/publications/a-guide-for-churches-on-the-prevention-of-obstetric-fistula>. (Available in English, Portuguese, and Malagasy.)

## Human Sexuality

World Council of Churches. *Conversations on the Pilgrim Way: Invitation to Journey together on Matters of Human Sexuality*. Geneva: WCC Publications, 2022. [https://www.oikoumene.org/sites/default/files/2022-08/Conversations\\_on\\_the\\_Pilgrim\\_Way\\_Web.pdf](https://www.oikoumene.org/sites/default/files/2022-08/Conversations_on_the_Pilgrim_Way_Web.pdf).

## Prevention of Gender-Based Violence

E. Le Roux and S. Palm, *Learning from Practice: Engaging Faith-based and Traditional Actors in Preventing Violence against Women and Girls*. New York: United Nations Trust Fund to End Violence against Women, 2021. <https://untf.unwomen.org/sites/default/files/Field%20Office%20UNTF/Publications/2021/Prevention%20briefs/Synthesis-Learning-from-practice-Engaging-faith-based-traditional-actors-in-preventing-VAWG.pdf>.

World Council of Churches. *Gender Justice Principles with Code of Conduct*. Geneva: WCC Publications, 2022. <https://www.oikoumene.org/sites/default/files/2022-03/Gender%20Justice%20Principles%20Web.pdf>.

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## HIV Prevention and Response

UNAIDS and PEPFAR. *Compendium of Promising Practices of African Faith Community Interventions against Pediatric and Adolescent HIV* (executive summary). Joint United Nations Programme on HIV/AIDS, 2023.

[https://www.unaids.org/sites/default/files/media/documents/CompendiumPromisingPractices\\_summary\\_en.pdf](https://www.unaids.org/sites/default/files/media/documents/CompendiumPromisingPractices_summary_en.pdf). (Also available in French and Portuguese.)

David Barstow, Gracia Ross, and Manoj Kurian. *Recommended Practices to Combat HIV-Related Stigma: A Guidebook for Local Faith Communities*. Geneva: WCC Publications, 2023.

[https://www.oikoumene.org/sites/default/files/2023-09/RecommendedPracticesCombatHIVStigma\\_web.pdf](https://www.oikoumene.org/sites/default/files/2023-09/RecommendedPracticesCombatHIVStigma_web.pdf).

Kate Iorpenda. *HIV/SRHR SBC Toolkit for Adolescents and Young People*. Global Network of People Living with HIV, 2024.

<https://www.yplusglobal.org/resources-sbc-srhr-hiv-toolkit>.



Christ's call to love our neighbours as ourselves includes ensuring that all have access to the resources needed to live and flourish. And yet, societal barriers to reproductive health prevent many individuals from accessing necessary care. *Love, Justice and Reproductive Health: A Framework for Churches* invites churches to consider reproductive health from a perspective rooted in Christ's love. It introduces key areas and addresses prevalent disparities within reproductive health outcomes. The framework encourages churches to act on this issue, providing programmatic suggestions for them to embody Christ's love and justice within their own contexts.



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