

# Faith Leaders Say Access to Information and Education Will Empower East African Youth



The East African Community (EAC) is home to 38 million youth between the ages of 15 and 24.<sup>1</sup> Youth have different health needs than adults and require health services that are friendly to these needs. When it comes to sexual and reproductive health (SRH), they often face barriers that prevent them from accessing the information and services they need to avoid early pregnancy and sexually transmitted infections. As a result, youth may be unable to complete their schooling and may lack the right skills to enter the workforce—meaning they may not be able to contribute their fullest to their communities and their national economies. **With the right investments in their health, the EAC's youth can become a formidable resource to drive the region's future economic growth and unity.**

The East African Legislative Assembly (EALA) can support the region's youth and its future prosperity by passing the East African Community Sexual and Reproductive Health Rights Bill (EAC SRH bill) into law. Introduced during the January 2017 legislative session, the bill builds on existing policies from EAC member states that support SRH information and education

for youth. The proposed law provides a framework for the protection and advancement of SRH for all people and specifically includes provisions to provide age-appropriate SRH information and education to youth—a goal supported by the region's diverse faith communities.

As respected and influential community members, faith leaders' support for policy efforts that improve youth's SRH is valuable to ensuring successful implementation. These leaders rely on many texts from their faith traditions for support on reproductive health and age-appropriate sexuality education. Their insights into their communities' concerns and desires can benefit decisionmakers who seek to create stronger, more effective policies.

**The EALA should engage faith leaders in policy discussions and development related to SRH and youth and pass the EAC SRH bill currently under consideration.** Investing in youth's sexual and reproductive health today will help propel the EAC's sustainable social, economic, and political development.

## Existing Sexual and Reproductive Health Policies in the EAC Are Inconsistent

The EAC Vision 2050 commits to enhancing transformation for the region’s growth and development through investment in the health and education of its people.<sup>2</sup> With over half the population of each EAC member state under the age of 20, youth are at the heart of this vision.<sup>3</sup> Their health and well-being are key to achieving a prosperous, competitive, secure, and politically united region.

Commitments at the continental, regional, and national levels protect SRH for youth, with emphasis on girls and young women, but they are inconsistent. All EAC member states have policies or standards for adolescent- or youth-friendly health services, and half have policy frameworks that specifically target adolescents ages 10 to 19 for family planning (see Table).

Despite these existing policies, the share of teenagers ages 15 to 19 who are already mothers ranges from 6 percent in Burundi to 21 percent in Tanzania—one in five girls.<sup>4</sup> Complications from pregnancy and childbirth are the leading cause of death for girls ages 15 to 19 in sub-Saharan Africa, and adolescent motherhood in East Africa is strongly associated with poverty and lack of education and literacy.<sup>5</sup> Early and unintended pregnancies have devastating effects on both the mother and her child and impact regional and national progress toward development goals.

Often, girls who become pregnant while in school are expelled and unable to finish their education, continuing a cycle of poverty.<sup>6</sup> Throughout the East African region, female youth have lower levels of educational attainment than males.<sup>7</sup> Ensuring that girls receive

one additional year of schooling beyond the average can boost their wages later in life by 10 percent to 20 percent.<sup>8</sup> Girls and young women who are more educated have healthier children who live longer; in 2009 alone, 616,000 child deaths were averted in East Africa as a result of the education that women ages 15 to 49 received when they were school-age.<sup>9</sup> Mothers with more education have a better understanding of their children’s health, safety, and sanitation needs. For instance, they are more likely to vaccinate their children, and their children may be less likely to suffer from malnutrition.<sup>10</sup>

Youth ages 15 to 24 have unique health needs and require age-appropriate health information and education that support their “physiological, cognitive, emotional, and social transition into adulthood” and exploration of intimate relationships.<sup>11</sup> In many EAC countries, both men and women begin having sex before they reach age 20.<sup>12</sup> Yet youth often face challenges when they attempt to equip themselves with SRH information or access services. Gender and social norms surrounding sexuality can lead to provider bias, limited contraceptive method choice, and a lack of confidentiality.<sup>13</sup> As a result, youth often do not receive the information or services they need to ensure they are healthy and safe.

## Stronger EAC Policy Can Help Ensure Youth’s Sexual and Reproductive Health Needs Are Met

The EAC SRH bill before the EALA provides an opportunity to strengthen support for youth by implementing a new law that builds consistency within the policy environment. A founding principle in the

**Table: EAC Member States’ Existing Policy Support for Adolescent and Youth Sexual and Reproductive Health**

	Constitutional Provision on Health	Campaign for Accelerated Reduction of Maternal Mortality	Policy Frameworks Targeting Adolescents for Family Planning	Guidelines or Standards for Adolescent-/Youth-Friendly Health Services	Legal Age of Sexual Consent Is 18
<b>Burundi</b>	YES	YES	NO	YES	YES
<b>Kenya</b>	YES	YES	YES	YES	YES
<b>Rwanda</b>	YES	YES	NO	YES	YES
<b>South Sudan</b>	YES	NO	YES	YES	YES
<b>Tanzania</b>	NO	YES	YES	YES	NO
<b>Uganda</b>	YES	YES	NO	YES	YES

Source: KIT Royal Tropical Institute, “The State of African Women” (August 2018).

EAC's treaty is to harmonize national health policies and regulations to achieve quality health in the Community. To be effective, EAC member states' existing policies at both regional and national levels must complement one another. This harmonizing principle, and the binding nature of EAC legislation, offers the EAC unique leverage to set the standard for youth's SRH in the region, as well as for other regions in Africa.

Youth need SRH information that is age-appropriate and access to services in spaces where they feel comfortable and welcomed. The EALA—backed by faith leaders in local communities—can encourage youth to make informed choices and fulfil their potential to build a thriving EAC.

### East African Faith Leaders and Traditions Support Youth Access to Sexual and Reproductive Health Information and Education

Faith leaders play a vital role to youth in their communities, including sharing SRH information, and faith communities are united in their desire to support youth as the region's next generation of leaders.

"I think having very intentional age-appropriate sexual reproductive health education will help. Sometimes this is offered to youth on the church compound or a mosque. When youth get that, they have an opportunity to ask more questions just to help them understand. This way, youth are able to be in control of their health, their dignity. They're able to even decide their destiny."

**REV. FEDIS NYAGAH-MWAI**  
Council of Anglican Provinces of Africa

Because of faith leaders' work in local communities, they are intimately familiar with the challenges youth face, such as girls' educational disadvantage because of adolescent pregnancies and the health risks faced by these young mothers' children. Leaders from different faiths recognize that their counseling to young people must provide youth with SRH information and education that is appropriate and relevant to their age and development. And, many of them support the EAC SRH bill.

"As religious leaders, our message to our lawmakers at the East African Legislative Assembly is ...we understand the challenges that our communities go through. We understand the challenges our youth face in [their] daily living. One of these challenges concerns sexuality education. For this reason, we request that when this bill comes before you, out of your generosity, please pass it."

**SHEIKH RASHID OSMAN SWALEH**

Imam, Masjid Thaqwa & Supreme Council of Kenya Muslims Chair, Rabai Subcounty

Many religious traditions and texts give guidance on the importance of providing age-appropriate SRH education and information that faith leaders rely on when supporting the SRH needs of youth in their communities (see Box 1 and 2).



## BOX 1

### Christian Scriptures Address Reproductive Health and Age-Appropriate Sexuality Education

Christian education about sexuality is based on the revelation that God created humankind to be male and female, each bearing fully His image (Genesis 1:26-27). Teaching about sexuality can help us understand and rejoice in what God has created us to be.

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The first place for sexuality education is in the home, as a natural part of training children “in the way they should go” (Proverbs 22:6). It is parents’ God-given responsibility to teach children God’s perspective on every area of life, including sexuality (Ephesians 6:1-4). Christians embrace new knowledge provided by God: “The Lord gives wisdom, and from His mouth come knowledge and understanding” (Proverbs 2:6).

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When God commanded Adam and Eve to “be fruitful and increase in number” (Genesis 1:28). His command was to all humanity, not just to one couple. He also gave them dominion over His creation that we all share. This dominion implies responsibility to the health and well-being of others, especially families, and on the quality of the population—an aspect that requires planning. “Anyone who does not provide for their relatives, and especially for their own household, has denied the faith and is worse than an unbeliever” (1 Timothy 5:8).

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Christ highlights the importance of looking ahead and planning: “Suppose one of you wants to build a tower. Won’t you first sit down and estimate the cost to see if you have enough money to complete it?” (Luke 14:28). Caring for the health of the mother or any member of a family, is caring for the entire family, and the entire Body of Christ (1 Corinthians 12:26; Ephesians 5:28-29).

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## BOX 2

### Muslim Scriptures Address Reproductive Health and Age-Appropriate Sexuality Education

The Noble Quran provides emphasis on acquiring knowledge: “Say: ‘Can they who know and they who do not know be deemed equal?’ [But] only they who are endowed with insight keep this in mind!” (Quran 39:9).

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Sexuality education for children and youth is a sensitive but important aspect of their learning. In Islam, sexuality education is provided alongside other teachings. In the days of the Prophet (PBUH), followers of Islam asked the Prophet (PBUH) or His wife Aisha questions related to intimate matters. Clear instruction by the Prophet (PBUH) was given regarding sexual health for both men and women. “Aisha said: How good are the women of Ansar (helpers) that their shyness does not prevent them from learning religion” (Sahih Muslim and Abi Dawud).

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“Heaven [is] under mother’s feet” (El Nasani, El Gihad book, El Aglouni in Kashf El Khifaa 1/403 No. 1082). “And We have commended unto man kindness toward parents. His mother beareth him in weakness upon weakness, and his weaning is in two years—Give thanks unto Me and unto thy parents. Unto Me is the journeying” (Lokman:14).

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“Shall suckle their children for two whole years; (that is) for those who wish to complete the suckling. ...A mother should not be made to suffer because of her child, nor should he to whom the child is born (be made to suffer) because of his child” (Al Bakara:233).

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The followers of the Prophet (PBUH), or sahaba, practiced al-’azl. The Prophet Mohammed (PBUH) came to know about it and did not prohibit them, according to Jabir’s tradition, and while the Holy Quran was being revealed, as reported in al-Bukhari.

## EAC Decisionmakers Can Act Now to Support the Region's Youth and Its Future Prosperity

The EALA, bolstered by faith leaders' support, should enact the EAC SRH bill to improve the health and well-being of the region's youth and build the human capital needed for a healthy and dynamic region. The bill provides a framework for the protection and promotion of SRH to all. It seeks to prevent unwanted pregnancies and ensure quality SRH information, education, and services for all EAC citizens. The bill complements the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (better known as the Maputo Protocol) and member states' SRH policies and strategies. It also aligns with Article 121 of the EAC's establishment treaty that calls for recognition and enhancement of women and girls—and it has the support of many of the Community's faith leaders. Members of the EALA must act now to support the EAC's youth and build regional prosperity and unity.

### Engage with faith leaders, who can be effective SRH policy champions in their communities and a valuable resource to decisionmakers.

- Faith leaders should be meaningfully engaged as part of any policymaking process. Faith leaders' role as counselors to youth and their authority in their communities uniquely position them to impact youth's SRH. Bishop Stephen Samuel Kazimba of the Mityana Diocese in the Anglican Church of Uganda advises, "Don't leave out religious leaders; don't leave out culture leaders. They're very important."
- Because of their involvement with youth and parents in their faith communities, religious leaders should receive SRH information and education materials that they can use in their counseling to support the EAC SRH bill's implementation.



### Enact the EAC SRH bill to promote the health and well-being of East African youth and build human capital, so that:

- Youth and adolescents receive age-appropriate SRH information and education, reducing sexual risk behaviors.<sup>14</sup> Evidence shows that SRH education delays initiation of sex, decreases frequency of sex and number of sexual partners, and increases condom and contraception use.<sup>15</sup> Programs that emphasize gender and rights are particularly effective at reducing sexually transmitted infections and unintended pregnancies.<sup>16</sup>
- Parents have strengthened capacity to provide appropriate SRH information to their children, especially girls, and protect them from harmful sexual behaviors.<sup>17</sup> Parents' role in providing their children with appropriate SRH information is especially important in areas where SRH education in schools is limited. Many parents, however, need support in communicating SRH information to their children.<sup>18</sup> This support can include sensitizing parents on the importance of discussing sexuality with their children early, providing accurate information to parents themselves, offering motivation to initiate sometimes difficult conversations, and giving parents strategies to share information in a respectful and productive manner that is appropriate to children's needs.
- Pregnant girls are guaranteed the right to access education. Ensuring that pregnant girls can continue their education leads to positive economic impacts. Girls who are forced to drop out of school because of pregnancy rarely return, in part because no EAC member state has an effective reentry policy.<sup>19</sup> EAC partner states lose at least US\$7 million per year by failing to educate girls to the same level as boys.<sup>20</sup>
- Youth-friendly services keep girls in school and improve their health. Many young girls lose out on education because of unwanted pregnancies.<sup>21</sup> Changing this reality is possible with SRH services that are tailored to meet their needs. Effective elements of youth-friendly services include nonjudgmental providers, confidentiality, privacy, a wide range of contraceptive methods, and free or subsidized services.<sup>22</sup>

By engaging with faith leaders as effective champions for youth and enacting the EAC SRH bill, regional decisionmakers can improve the health and well-being of the region's most valuable resource—its youth. With these investments in their health, the EAC's youth will grow into a formidable resource that can drive the region's future prosperity.

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## REFERENCES

- <sup>1</sup> United Nations Population Division (UNPD), *World Population Prospects: 2017 Revision* (New York: United Nations, 2017).
- <sup>2</sup> East African Community (EAC) Secretariat, *East African Community Vision 2050* (Arusha, Tanzania: EAC Secretariat, 2016).
- <sup>3</sup> UNPD, *World Population Prospects: 2017 Revision*.
- <sup>4</sup> Demographic and Health Surveys (DHS), STATcompiler, accessed at [www.statcompiler.com](http://www.statcompiler.com), on Aug. 30, 2018.
- <sup>5</sup> George C. Patton et al., “Global Patterns of Mortality in Young People: A Systematic Analysis of Population Health Data,” *Lancet* 374, no. 9693 (2009): 881-92; Sarah E. Neal, Venkatraman Chandra-Mouli, and Doris Chou, “Adolescent First Births in East Africa: Disaggregating Characteristics, Trends, and Determinants,” *Reproductive Health* 12, no. 13 (2015).
- <sup>6</sup> Elin Martínez and Agnes Odhiambo, “Leave No Girl Behind in Africa: Discrimination in Education Against Pregnant Girls and Adolescent Mothers,” accessed at [www.hrw.org/report/2018/06/14/leave-no-girl-behind-africa/discrimination-education-against-pregnant-girls-and](http://www.hrw.org/report/2018/06/14/leave-no-girl-behind-africa/discrimination-education-against-pregnant-girls-and), on Oct. 5, 2018.
- <sup>7</sup> DHS, STATcompiler, accessed at [www.statcompiler.com](http://www.statcompiler.com), on Sept. 7, 2018.
- <sup>8</sup> Claudio E. Montenegro and Harry Anthony Patrinos, “Comparable Estimates of Returns to Schooling Around the World” (September 2014), working paper no. 7020, World Bank, accessed at <http://documents.worldbank.org/curated/en/830831468147839247/pdf/WPS7020.pdf>, on Oct. 11, 2018.
- <sup>9</sup> Emmanuela Gakidou et al., “Increased Educational Attainment and Its Effect on Child Mortality in 175 Countries Between 1970 and 2009: A Systematic Analysis,” *Lancet* 376, no. 9745 (2010): 959-74.
- <sup>10</sup> Jennifer Forshaw et al., “The Global Effect of Maternal Education on Complete Childhood Vaccination: A Systemic Review and Meta-Analysis,” *BMC Infectious Diseases* 17, no. 1 (2017).
- <sup>11</sup> George C. Patton et al., “Global Patterns of Mortality in Young People: A Systematic Analysis of Population Health Data,” *Lancet* 374, no. 9693 (2009): 881-92; World Health Organization (WHO), *Health for the World’s Adolescents: A Second Chance in the Second Decade* (Geneva: WHO, 2014).
- <sup>12</sup> DHS, STATcompiler, accessed at [www.statcompiler.com](http://www.statcompiler.com), on Aug. 30, 2018.
- <sup>13</sup> Jill Gay, Karen Hardee, and Shawn Malarcher, “Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services,” Family Planning High Impact Practices (Washington, DC: United States Agency for International Development [USAID], 2015), accessed at [www.fphighimpactpractices.org/briefs/adolescent-friendly-contraceptive-services/](http://www.fphighimpactpractices.org/briefs/adolescent-friendly-contraceptive-services/), on Sept. 6, 2018.
- <sup>14</sup> Nicole Haberland and Deborah Rogow, “Sexuality Education: Emerging Trends in Evidence and Practice,” *Journal of Adolescent Health* 56, no. 1 (2015): S15-S21; United Nations Educational, Scientific, and Cultural Organization (UNESCO), “International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers, and Health Educators,” vol. 1 and 2 (New York: UNESCO, 2009).
- <sup>15</sup> UNESCO, “International Technical Guidance on Sexuality Education.”
- <sup>16</sup> Haberland and Rogow, “Sexuality Education: Emerging Trends in Evidence and Practice.”
- <sup>17</sup> Ann Biddlecom, Kofi Awusabo-Asare, and Akinrinola Bankole, “Role of Parents in Adolescent Sexual Activity and Contraceptive Use in Four African Countries,” *International Perspectives on Sexual and Reproductive Health* 35, no. 2 (2009): 72-81; Sheri Bastien, Lusajo J. Kajula, and Wilson Winstons Muhwezi, “A Review of Studies of Parent-Child Communication About Sexuality and HIV/AIDS in Sub-Saharan Africa,” *Reproductive Health* 8, no. 25 (2011).
- <sup>18</sup> Meda V. Pop and Alina S. Rusu, “The Role of Parents in Shaping and Improving the Sexual Health of Children—Lines of Developing Parental Sexuality Education Programmes,” *Procedia Social and Behavioral Sciences* 209 (2015): 395-401.
- <sup>19</sup> Martínez and Odhiambo, “Leave No Girl Behind in Africa.”
- <sup>20</sup> Plan International, “Paying the Price: The Economic Cost of Failing to Educate Girls,” *Children in Focus* (Surrey, United Kingdom: Plan Ltd., 2008), accessed at [www.gbchealth.org](http://www.gbchealth.org), on Oct. 5, 2018.
- <sup>21</sup> Venkatraman Chandra-Mouli, Alma Virginia Camacho, and Pierre-André Michaud, “WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries,” *Journal of Adolescent Health* 52, no. 5 (2013): 517-22; Martínez and Odhiambo, “Leave No Girl Behind in Africa.”
- <sup>22</sup> Gay, Hardee, and Malarcher, “Adolescent-Friendly Contraceptive Services.”

## SOURCES FOR BOX 1

Christian Connections for International Health, *Scriptural Support for Planning Safe and Healthy Pregnancies* (December 2016), accessed at [www.ccih.org/wp-content/uploads/2017/09/Scriptural-Support-for-HTSP.pdf](http://www.ccih.org/wp-content/uploads/2017/09/Scriptural-Support-for-HTSP.pdf), on Oct. 4, 2018.

Christian Connections for International Health, *Family Planning Advocacy Through Religious Leaders: A Guide for Faith Communities* (January 2017), accessed at [www.ccih.org/wp-content/uploads/2017/09/FP-Advocacy-Guide-EN.pdf](http://www.ccih.org/wp-content/uploads/2017/09/FP-Advocacy-Guide-EN.pdf), on Sept. 17, 2018.

Got Questions Ministries, “How Should a Christian View Sex Education?,” accessed at [www.gotquestions.org/Christian-sex-education.html](http://www.gotquestions.org/Christian-sex-education.html), on Sept. 11, 2018.

Alfonso López Trujillo and Elio Sgreccia, *The Truth and Meaning of Human Sexuality: Guidelines for Education Within the Family*, The Pontifical Council for the Family (December 1995), accessed at [www.vatican.va/roman\\_curia/pontifical\\_councils/family/documents/rc\\_pc\\_family\\_doc\\_08121995\\_human-sexuality\\_en.html](http://www.vatican.va/roman_curia/pontifical_councils/family/documents/rc_pc_family_doc_08121995_human-sexuality_en.html), on Sept. 11, 2018.

Ra McLaughlin, “Is Genesis 1:28 a Blessing or Command?,” Third Millennium Ministries, accessed at <http://thirdmill.org/answers/answer.asp/file/39918>, on Oct. 4, 2018.

## SOURCES FOR BOX 2

Sarla Chand and Ahmed Al-Kabir, *Muslim Khutbah Guide to Save the Lives of Mothers and Newborns: A Toolkit for Religious Leaders* (Baltimore, MD: Jhpiego, The ACCESS Program, 2009).

Ahmed Ragaa Abdel-Hameed Ragab, “Sexuality Education Approaches: What Would Be Applicable to North of Africa and Middle East?,” Africa Regional Sexuality Resource Centre, accessed at [www.arsrc.org/downloads/features/Paper\\_Ahmed\\_Ragab.pdf](http://www.arsrc.org/downloads/features/Paper_Ahmed_Ragab.pdf), on Oct. 5, 2018.

G. I. Serour, “Current Global Women’s Health With Reference to the Muslim Women,” presentation delivered at High-Level Expert Consultation on Islam and Women’s Health, Kuala Lumpur, Malaysia, Sept. 22-24, 2012.