Mapping Faith-Based Responses to Sexual and Reproductive Health and Rights in India:
Evidence from four cities of Bangalore, Delhi, Kolkata and Mumbai
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Disclaimer: Views expressed in this report are those of the authors and, where indicated of participating organisations and might not necessarily represent Faith to Action Network or Ojus Medical Institute.

Errors and omissions are the responsibility of the authors.

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ACRONYMS

LGBTs  Lesbian, gay, bisexual and transgender
FBOs   Faith-based organisation
SRHR   Sexual and reproductive health and rights
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SUMMARY

Religious diversity has been a defining characteristic of India, where next to a Hindu majority, religions such as Islam, Christianity, Sikhism, Buddhism and Jainism have established their presence. This multiplicity of beliefs is reflected in India’s civil society space, where diverse faith-based actors have been operating.

Against this backdrop the following study aimed to provide insights into the extent of activities and services provided by faith-based actors in India, more specifically, related to sexual and reproductive health and rights (SRHR). To this end India’s four cities were selected, namely Bangalore, Delhi, Kolkata and Mumbai to carry out forty (semi-structured) interviews with Hindu, Muslim, Christian, Sikh, Buddhist and interfaith faith-based organisations (FBOs). The research was part of a larger initiative by the Faith to Action Network to map out sexual and reproductive health and rights initiatives by FBOs. The study made a number of observations as follows:

- SRHR activities of FBOs were primarily centred on education and awareness raising around the issues of adolescent health, family planning and maternal and newborn health
- SRHR was not their main programmatic focus but integrated into other activities that aimed to serve the purpose of attaining (physical, social and spiritual) well-being
- Abortion and LGBT rights were considered taboo and explicitly discussed or addressed only by few FBOs
- Family planning was seen as synonymous with achieving nation-wide prosperity through population control while addressing women’s vulnerability as means of assuring the wellbeing of the entire family
- Many Hindu FBOs avoided classifying themselves as belonging to a Hindu faith tradition; instead they felt more comfortable using the terms such as “interfaith”, “spiritual” or “secular”
- The link between (SRHR) service provision and religious affiliation was generally assumed and taken for granted, rather than defined or explained. For FBOs religious identity was an integral element of human wellbeing in any context, including SRHR. Though for Hindu groups the primary focus was on spirituality, and not necessarily religion per se.
- Apart from SRHR activities, FBOs undertook diverse interventions bordering health and education sectors. Many were also active in the provision of post-disaster emergency aid.

Based on the above findings the following recommendations were made:
Development of more nuanced SRHR language and approaches:

• International language of SRHR is person-centred which might result in lack of understanding or rejection of the language and approaches. Alternative framing should take into account Hindu’s notion of collective wellbeing as well as existing gender and family dynamics (in settings where the well-being of women is framed by traditional family beliefs and women are primarily identified by their relation to family members). However, potential risks of reinforcing gender (or other forms of discrimination) while adapting culturally relevant approaches need to be taken into account.

Creation of “entry points” for discussing “sensitive” or “contentious” issues:

• Since (emerging) issues such as LGBT rights or abortion have become topical as far as SRHR is concerned, FBOs and religious leaders should be supported in developing faith-based conversations and argumentation in this regard. While many of them might not be willing to explicitly discuss these issues, they could be approached from alternative angles, such as the principle of non-discrimination or prevention of maternal mortality.

Involvement of FBOs for effective mainstreaming:

• FBOs have been consistently mainstreaming SRHR not only as part of health but also education, youth affairs or emergency relief. Thus they should be considered by other development actors as key potential partners in SRHR mainstreaming.
INTRODUCTION

The image of India as a spiritual nation is firmly embedded in the public consciousness. India is often depicted in the (Western) popular culture as a place where a protagonist travels to in order to seek spiritual healing. The four religions born in India; Hinduism, Buddhism, Jainism and Sikhism are followed by approximately one-fourth of the world’s population. The country features a spectacular array of shrines, temples and other places of worship.

India has around 3 million NGOs (3.3 million) which include temples, churches, mosques, gurdwaras\(^1\), and ganeshotsav mandals\(^2\) (Asian Development Bank, 2009) that qualify as NGOs under the Charitable and Religious Trust Act (Scroll In, 2016). However, little is known about the exact extent of their services. A survey by Srivastava and Tandon (2005) points out that 26.5% of all NGOs in India are involved in activities that are religious in nature, while other areas of their focus include community and social services (21.5%), education (20.5%), sports (18%) and health (6.6%). There are a number of questions that arise, for example; to what extent, if at all, health issues (and SRHR) are also addressed in “religious work” as a cross-cutting theme?; what proportion of NGOs active in health are ‘religiously inspired’? These, however, remain largely unanswered given limited evidence that exists.

The following India study and the parallel Indonesia study are part of a larger effort to map out faith-based interventions in SRHR. A similar initiative was carried out in 2014 whereby it included a snapshot of faith-based responses that (primarily) represented Christian faith and Sub-Saharan Africa. Given its interfaith nature, the Faith to Action Network was further interested to map out faith-based responses in India, being the region of rich religious diversity. This exercise was also seen as an opportunity for the Faith to Action Network to get an overview of potential partnerships available in the region as well as further contribute to its mandate of promoting experience sharing and learning on SRHR issues among FBOs and other stakeholders. The Network also hoped that the study would provide evidence on faith-based responses to SRHR in India and validate FBOs’ involvement in this field.

In this context, Faith to Action Network partnered with Ojus Medical Institute to research faith-based responses to sexual and reproductive health and rights in India.

The overall objective of the study was to provide a snapshot of faith-based responses in the field of SRHR in India, while the specific objectives were threefold:

- Collate up-to-date list of FBOs active in SRHR in India including information on the nature of their SRHR responses
- Explore the linkages between religious affiliation and SRHR practice of FBOs in India

\(^1\) Sikh places of worship.
\(^2\) Temporary structures built to house Ganesh festival celebrations.
• Identify the emerging issues and provide recommendations for engagement with India-based FBOs in SRHR advocacy, policy influencing and programming

This report, which is the output of the research collaboration, presents findings of the empirical work, undertaken in the four cities of Bangalore, Delhi, Mumbai and Kolkata. The report ends with a number of concluding reflections and highlights possible implications for faith-based SRHR advocacy, policy influencing and programming in India.
METHODOLOGICAL NOTE

India’s four major cities were chosen for primary data collection, namely Delhi, Bangalore, Kolkata, and Mumbai, representing North, South, East, and West of India, respectively. Besides standing for all four regions of the country, these cities are considered major metropolitan areas, where many charitable organisations have their premises.

Data was collected between July and September 2015 through (semi) structured interviews, containing both open-ended and closed-ended questions (see Annex 1). Participating FBOs were recruited in three different ways: through Internet search, among existing contacts of OMI and based on recommendations and referral of these contacts to other FBOs. A total of 40 FBOs took part in the study; 3 from Bangalore, 16 from Delhi, 15 from Mumbai and 6 from Kolkata.

Chart 1: Participating Organisations by City

Recruitment proved to be a rather straightforward process, though, time-consuming. Since the most senior person, such as the head of organisation, was targeted to participate in the study (or alternatively to nominate a suitable senior staff) they were not always immediately available. Therefore engagement in multiple conversations was often needed, both on the phone and in person. Prior to the interviews, respondents were informed about the study details and given assurance about ethical principles, such as anonymity and confidentiality, provided they did not give permission to disclose their organisational information. Those who agreed to have their name published are included in Annex 2.
OVERVIEW OF KEY FINDINGS

Faith affiliation and type of organisation

The majority of participating FBOs reported either ‘interfaith’ or Hindu faith affiliation (circa 35% and 33% respectively.) Other claimed to represent Sikh (7.7%) as well as Buddhist and Christian faith (both 2.6%). The remaining ones acknowledged that they did not belong to any particular faith tradition.

Table 1: Participating organisations by faith affiliation

<table>
<thead>
<tr>
<th>Faith Affiliation</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhism</td>
<td>1</td>
<td>2.5</td>
<td>2.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Christianity</td>
<td>1</td>
<td>2.5</td>
<td>2.6</td>
<td>5.1</td>
</tr>
<tr>
<td>Hinduism</td>
<td>13</td>
<td>32.5</td>
<td>33.3</td>
<td>38.5</td>
</tr>
<tr>
<td>Islam</td>
<td>4</td>
<td>10.0</td>
<td>10.3</td>
<td>48.7</td>
</tr>
<tr>
<td>Sikhism</td>
<td>3</td>
<td>7.5</td>
<td>7.7</td>
<td>56.4</td>
</tr>
<tr>
<td>Interfaith</td>
<td>14</td>
<td>35.0</td>
<td>35.9</td>
<td>92.3</td>
</tr>
<tr>
<td>We are not faith-affiliated but we partner with FBOs</td>
<td>2</td>
<td>5.0</td>
<td>5.1</td>
<td>97.4</td>
</tr>
<tr>
<td>Other (please specify)*</td>
<td>1</td>
<td>2.5</td>
<td>2.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Secular

The below findings has unveiled a rather interesting pattern. Among those who classified themselves as ‘interfaith’ as well as non-faith affiliated were all FBOs of Hindu background, though, they did not chose to label themselves as Hindu. Different reasons could have played a role; Hindu “all-encompassing” and inclusive tradition, India’s well-embedded notion of secularism or preference to stay away from religious identification, supposedly regarding it as a political expression.

The majority of participating organisations (nearly 50%) identified themselves as “a non-profit development organisation with historic ties to a faith tradition” while a good proportion (30%) indicated the category of “religious congregation (church, mosque, synagogue, temple or other place of worship”).

*Secular Data Source: Own Research
Chart 2: Participating Organisations by Type

‘Other’ included:

- “Nonaligned to a particular religion, non-profit organisation, taxing harmony from all religions”
- “Central University for Islamic Studies”
- “A non-profit development organization inspired by universal spiritual values of the Vedas”
- “A humanitarian non-profit, spiritual organization to serve the society and uplift human values”
- “A religious organization, philanthropic, charitable trust”

Data Source: Own Research

Geographic scope of operations

More than half of the interviewed FBOs claimed to be operating at the national, regional and international level (55%), while 25% reported being active at both the national and regional level and 10% at the national level only. The remaining ones
‘Other’ included:
- “Regional”
- “Region level”
- “Local Level”
Data Source: Own Research

Thematic scope of SRHR interventions

Participating organisations most frequently quoted “adolescent health”, “maternal and newborn health” and “family planning” (37 out of 39 FBOs, reported they are active in those areas). This was followed by gender-based violence interventions (33 FBOs). Sexual and reproductive rights was mentioned least often with 6 out of 40 interviewees indicating they focus on this thematic area.

Empowerment of adolescents was considered key to shaping the future of the society. Equally, participating FBOs expressed concerns over the rise in maternal mortality and regarded maternal and newborn health as a critical issue to be addressed at the community level.

“Adolescents are the building block of any society, so empowering and uplifting them with better education can automatically solve half of the issues.” - Hindu

“Maternal and child health is a concern of national importance and malnutrition is a burning topic, maternal mortality is also not in control and increasing day by day, so we are also prioritizing this in the community (...).” - Interfaith
Working on family planning was seen as means of slowing down population growth and creating more economic opportunities for the people of India. The discourse of overpopulation and population control was echoed by the respondents. On the other hand, provision of maternal and newborn health by FBOs was motivated by a concern over women’s individual right to access basic healthcare. Addressing women’s vulnerability was also seen to serve the wider purpose of ensuring the wellbeing of the whole family including, economic wellbeing.

“Too much population in India is causing competition among people as there is lack of opportunity, so population control is crucial and can be done by proper counselling on family planning” - Interfaith

“We generally address birth control and family planning to control the population (...)”-Interfaith

“Women are most vulnerable in our community with very less access to the basic facilities, so are children (...)” - Interfaith

“If we can take care of our women the entire family can be balanced automatically without putting extra effort”.—Hindu

“Many pregnant women die during the time of child birth because of poor health. Educating the mother with the family about pregnancy is one of the most important interventions we do in our work and results are satisfactory”. – Hindu

“We have separate wing for women to educate and empower them to become self-dependent and earn money for them and their families.” – Hindu

While the majority of participating FBOs did not explain why they do not work in the area of sexual and reproductive rights, a voice brought up the issue of LGBTs indicating they are not so much engaged on this matter since it is considered controversial.

“We are not focusing much on LGBT issue as they are not accepted by all the community people yet but if they come for help we definitely help them and do not discriminate.” —Interfaith

Type of SRHR activities and main beneficiaries

Most participating organisations reported addressing SRHR through education and information, counselling and capacity development (38, 33 and 31 respondents respectively), though these categories were not mutually exclusive (for example education and information could also be provided through counselling, trainings etc.).
Although the interviews revealed diverse patterns of SRHR-related practices by FBOs, the overwhelming majority of interventions seemed to centre around awareness raising around SRHR-related issues. It has also turned out that SRHR is not a direct focus for them. It is often addressed indirectly or integrated into other activities that aim to serve the overall purpose of physical, social and spiritual betterment.

“We chose potential young volunteers to spread the awareness from door to door by distributing leaflet and basic educational material. The content includes nutrition, information on reproductive and psychological health.” – Interfaith

Surveyed FBOs identified women as well as young people as their primary target. Men (apart from young males) were not considered a direct target, but they were involved to ensure women’s participation.

“Our women are most vulnerable and to secure their reproductive health we prefer closed room sessions with woman social worker about how to deal with the reproductive health.” – Muslim

“Women in their pregnancy do not get better food and so there is malnutrition both in mother and child. So, helping them in understanding importance of nutrition and hygiene is our one of the motto we are following in our service delivery” – Buddhist
“Educating only women is not of much use in our community as they are not the decision makers in the family and mostly deprived. In such circumstances, including men and other members in the process can help as they are the key person” – Islam

Participating organisations reported that they conduct awareness raising activities (such as; public speaking, active question and answer sessions etc.) in order to help communities maintain a healthy, disease-free lifestyle.

Equally, community outreach through volunteers, counselling at own training centres, were cited by FBOs as examples on how they address sexual violence, unintended pregnancies and other topics as part of general physical and psychological wellbeing. Though some answers were vague, not revealing the exact nature or extent of information provided.

“We deliver a transparent training to make the boys and girls about how to handle reproductive health and sexual life; how to handle unwanted situations and unavoidable circumstances with practical way out.” – Hindu

None of the interviewed FBOs owned or run an established health facility. However, a number of them provided basic healthcare through mobile medical camps, and referral to other service providers if, required.

“We organize various educational camps, medical camps, food distribution camps on regular basis to help the poor of the community.” – Hindu Faith

“Monthly twice we try to conduct any sort of medical camp for the needy and help out them with free medicines and vitamin-mineral supplements.” – Interfaith

“Regular camps are conducted by us to provide general health check up to the community people; also referral is recommended by the medical officer if there is any requirement.” – Hindu Faith

While discussing advocacy efforts, it has turned out that for most FBOs, their advocacy was centred around community engagement; creating awareness and providing information on the SRHR issues. While doing so, some of them collaborated with local NGOs. Available data gives no evidence of any other types of advocacy engagement by interviewed FBOs.

“HIV is one of the important diseases we work on [awareness raising] by collaborating with the local NGOs.” – Interfaith

Few participating FBOs conducted research activities. Some concrete examples emerged from the interviews. For instance Prajapita Brahma Kumaris researched issues related to maternal and newborn health. The organisation conducted survey through community
health representatives to identify risk factors for pregnancy-related complications and diseases. After collecting data, they collaborated with the local government in designing and executing interventions to promote safe delivery and prevent maternal and child mortality. Another organisation, a Muslim FBO did baseline studies to inform their interventions around gender equality. However, it did not come out very clearly what was the exact SRHR component of their research. An interfaith FBO administered baseline and endline assessments to measure the levels of knowledge amongst female beneficiaries of their educational campaigns.

“Our grass root workers try to find out the extent of safe delivery in mothers in the community along with the primary health workers. Periodic door to door survey is conducted to get the data. Generally we experienced massive maternal death during child birth, so we have taken the initiative to understand the situation first and then support the health system in fighting the same.” – Brahmakumari’s

“We are focusing on youth population of our community as they are the key population to fight for gender equality and rights. To understand the mental aspect and enthusiasm in youth, baseline study is needed and then the strategy should be formulated.” – Muslim

“The women though participated in our educational campaigning, but it was important to check their level of understanding by several ways and we adopted questionnaire and quiz contest for that.” – Interfaith

Guidelines for SRHR delivery

Most activities centred on education and awareness raising, and the extent of SRHR information provided by FBOs was guided by the mission of their organisation and their religious values, therefore it varied from one FBO to another. This was especially the case for “contentious issues” such as abortion. While, for example, some FBOs discussed family planning as means of preventing unsafe abortions, others shied away from both subjects. When interviewing the latter we faced lots of apathy and unwillingness to take part in this particular discussion.

“In our religion abortion is not allowed, so we do not have an opportunity to discuss on that, but we talk about safe sex, barrier methods and basic hygiene during sexual intercourse.” – Christian

“Unsafe abortion is the cause of death in early aged pregnant women. Our work is to educate the mothers about unsafe abortion and use of pills for controlling birth rather than killing foetus.” – Hindu
Besides abortion, another topic regarded by FBOs as contentious concerned services to LGBT community. Only “Art of Living” admitted that they took up this issue by providing LGBT groups with information on safe sex and use of barrier methods for preventing sexually transmitted infections. According to other interviewed FBOs this was a very sensitive subject and not addressed very often, even by the Government of India. However the respondents admitted that LGBT community was not discriminated against in service delivery programs, though FBOs had no specific interventions targeting these groups.

“We address the LGBT community with due concern and make sure that they are having a safe sexual and reproductive health with no presence of infections and other hazards.” (Interfaith)

Perceived challenges to SRHR work

According to participating organisations the sensitivity of SRHR issues, compounded by poor education of women and high levels of female illiteracy were major factors hindering smooth implementation of SRHR interventions. In addition patriarchal norms, reinforced by family members, and difficulty in engaging men, due to their preoccupation with daily work, were also considered as obstacles by interviewed FBOs.

“The women of our society, specifically from the poor families are not well educated and don’t get permission from their family members to attain any educational or awareness generation program. Though after long counselling and repeated request we are successful in pulling them together and creating general awareness on issues related to sexual and reproductive life.” – Interfaith

“Barely the women get a chance and permission from getting out of their home and not allowed to attend any program other than family function.” – Hindu

“The male members of the community are busy in earning their daily wages, so accessing them for creating awareness wasn’t practically possible for us.” – Hindu
Sources of funding for (SRHR) work

The programs of participating FBOs were mainly funded by the donations received from the followers and some for-profit organisations. Most of the interviewed FBOs executed their activities independently or sometimes conducted joint programmes with other FBOs or NGOs. For example, Guru Singh Sabha, a Sikh FBO carried out annual awareness generating interventions for adolescent girls in collaboration with local NGOs. Partnership with the Government was rather uncommon. However, an Ram Krishna Mission, a Hindu FBO, reported being involved jointly with the Government of India in educational programmes in Kolkata.

Provision of SRHR in the faith-based context

The majority of participating organisations either strongly agreed or agreed that their organisational vision and mission is built upon faith values (51.3% and 30.8% respectively). Equally, faith dimension was regarded as central and integral part of SRHR interventions by the majority of participating FBOs (33.3% strongly agreed with this statement while nearly 36% agreed). Although the overwhelming majority of interviewed FBOs agreed with the statement, most of them had difficulty in providing detailed explanation (or concrete examples) on how faith is reflected in their SRHR interventions.

Chart 5: Organisational vision and mission built upon our faith values

Chart 6: Faith as a central and inseparable part of health/ sexual and reproductive health programmes

Data Source: Own Research
However, a few recurring patterns emerged from the interviews. Faith and religion was considered to have a positive impact on human well-being, self-confidence and inner peace, thus enabling a freer and informed choice regarding one’s own SRHR. Equally faith and religion was seen as basis of moral and ethical believes that supports the equality between men and women and, as put forward by one Muslim voice, “helps prevent men from engaging in polygamy practices”. However, the same voice also emphasised that using contraception is not needed if a person has faith in God, thus implying that contraception is not supported by them.

“Belief in lord can lead us to guilt free, holy life style and can give an independent life to all with their own choices. The choices decide what is good or bad in our sexual life.” – Hindu

“Faith based morality has direct impact on our health and rights, and teaches our men how to give importance to the decision of the women to lead an integrated and peaceful lifestyle. Women should take their own decision in family planning, take equal part in deciding when and how they need a child to be born and also how to prevent an unwanted pregnancy. This directly affects our social system and women empowerment.” – Interfaith

“Faith can bring mental peace and so make our physical wellbeing also healthy. Having peace of mind is crucial in executing a healthy sexual and reproductive life without committing any bad practice. Also it helps in restricting the men in having polygamy practices.” – Muslim

“Controlling birth with contraception is not at all required when you are having faith on Allah” – Muslim

The responses also implied instrumental use of religion to achieve (SRHR) objectives; for example use of religious discourse for coercive purposes that is to make the followers conform out of fear of God’s punishment after death. According to the interviews this was an effective way of presenting SRHR issues to communities who were unwilling or unable to understand scientific concepts.

“While promoting birth control by condom, explaining scientifically was of not much use. But, when we have quoted, killing embryo is a sin the community people have accepted it quickly because of their fear in committing sin and going to hell as per the ‘Sashtra’.” – Hindu
“In India religion plays a major role in shaping up the lifestyle of the people. Due to lack of scientific knowledge and illiteracy people are not able to understand the scientific perspective of using condom in controlling birth and stop unnecessary foeticide as the process affects the mother’s health to a severe extent. In this case, we have to talk about killing embryo is a sin and the sinner is punished by the God after death. In this way of course faith plays a positive part in executing our SRHR related topics.” – Interfaith

Equally some interviewed FBOs felt that incorporation of faith aspects in their (SRHR) work is done dogmatically and should not require explanation.

“We are delivering all the counselling related to sexual and reproductive health and people take up the lessons when we take reference of Allah, though I do not know exact reason behind this. May be it’s the strong belief or may be its fear. Not clear. And unless everything is going good there is no need of so much explanation.” – Islam Faith

“If the belief in God is doing the right work, I do not need to understand how and why as every question does not have proper explanation. We just have to do as he said.” – Hindu Faith

Other activities

Apart from SRHR focused activities, FBOs conducted many other interventions at interface of health and education. These included; general medical check-ups, free distribution of medicines and foods, provision of scholarships and basic education, group counselling to resolve diverse personal difficulties etcetera. Many organisations offered mediation services well as stress relief workshops to support physical and mental well-being of community members. Another common are of interventions by participating FBOs was emergency services i.e. provision of immediate assistance during, flood, draught and other natural disasters.

“We are specially focusing into youth education and scholarship distribution. Medical check-up is also our focus area where we distribute free medicines, free specs, free vitamins and mineral supplementations to the community people. Along with these we also focus on elderly population and provide then rehabilitation as and when possible.” – Sikh

“Arranging group discussion to address general family and work issues is one of our activities. People take part and talk their problems in the forum. Based on the responses we try to solve their problem.” – Hindu
“We distribute hot cooked food to the poor and needy population on weekly basis. Also on the occasion of Guru Nanak’s birthday we distribute food on mass scale irrespective of economic condition. We also distribute clothes to them. We are always ready for fighting any emergency situation and help people as much as possible” – Sikh

“We conduct regular meditation class (Yoga), teach ways to remove stress from life and try to provide mental and physical wellbeing to the participants. Meditation is the best form of concentration and can lead the community to take a right decision and chose a right path.” – Interfaith
CONCLUDING REMARKS AND RECOMMENDATIONS

As demonstrated through the mapping exercise “on the ground” SRHR activities by FBOs were characterised by diversity, though the overwhelming majority of interventions seemed to centre on education and awareness raising, primarily around the issues of adolescent health, family planning and maternal and new-born health. While SRHR per se was not an explicit focus for them, it was, nevertheless, often addressed indirectly or integrated into other activities that aim to serve the overall purpose of physical, social and spiritual betterment. The extent of SRHR information provided through awareness raising was influenced by religious values. For example, while Christian and Muslim groups did not discuss abortion as part of their activities, Hindu did, though framing it within the context of family planning and prevention of maternal mortality.

Many Hindu FBOs avoided classifying themselves as belonging to a Hindu faith tradition; instead they felt more comfortable using the terms such as “interfaith”, “spiritual” or “secular”, seemingly reflecting Hindu’s notion of inclusiveness or echoing India’s notion of secularism based on equal treatment of all religions. Since identification with religious affiliation in India can be considered a politically-charged statement, thus some Hindu FBOs might have wanted to avoid it.

Among Hindu/Interfaith groups the language of family planning echoed the discourse of overpopulation and population control. Family planning was thus first seen by them as means of achieving nation-wide prosperity through reducing population growth rates. Equally, addressing women’s vulnerability was seen as means of assuring the wellbeing of the entire family. This might have not necessarily implied a rejection of the rights-based approaches in favour of population control but alternative framing of the issue, placing emphasis on collective wellbeing in line with Hindu’s notion of unity and interrelatedness of all existence. Moreover, due to India’s demographic challenges as well as its cultural diversity, population matters remain an integral part of public discourse which could have been reflected in FBOs’ responses.

Women were considered the main target of SRHR-related interventions; however, FBOs indicated that in order to effectively reach out to them, other family members had to be approached, because often women were not the primary decision makers.

None of the interviewed FBOs owned or run a health facility, though a number of them provided basic healthcare through mobile medical camps, and referral to other service providers. The partnership with the government was rather uncommon and mostly centred on the awareness raising and educational interventions.

The link between (SRHR) service provision and religious affiliation was generally assumed and taken for granted, rather than defined or explained. For FBOs religious identity was an integral element of human wellbeing in any context, including SRHR. Though for Hindu groups the primary focus was on spirituality, and not necessarily religion per se. In some instances, religion was used for coercive purposes; i.e. to make the followers conform to certain SRHR behaviour out of fear for God’s punishment after death.
Apart from SRHR activities, FBOs undertook diverse interventions bordering health and education sectors such as general medical check-ups, free distribution of medicines and foods, provision of scholarships and basic education as well as stress relief workshops to support mental well-being of community members. Many were also active in the provision of post-disaster emergency aid.

Based on the above observations drawn from the analysis of primary data, the following recommendations are put forward:

- **Development of more nuanced SRHR language and approaches:** International language of SRHR is person-centred which might result in lack of understanding or rejection of the language and approaches. Alternative framing should take into account Hindu’s notion of collective wellbeing as well as existing gender and family dynamics (in settings where the well-being of women is framed by traditional family beliefs and women are primarily identified by their relation to family members). Though potential risks of reinforcing gender (or other forms of discrimination) while adapting culturally relevant approaches need to be taken into account.

- **Creation of “entry points” for discussing “sensitive” or “contentious” issues:** Since (emerging) issues such as LGBT rights or abortion have become topical as far as SRHR is concerned, FBOs and religious leaders should be supported in developing faith-based conversations and argumentation in this regard. While many of them might not be willing to explicitly discuss these issues, they could be approached from alternative angles, such as the principle of non-discrimination or prevention of maternal mortality.

- **Involvement of FBOs for effective mainstreaming:** FBOs have a potential to effectively mainstream SRHR not only as part of health but also education, youth affairs or emergency relief. Thus they should be considered by other development actors as key partners in SRHR mainstreaming.
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ANNEX 1: INTERVIEW QUESTIONS

1. General information:

1. What is your job title in the organisation?

................................................................................................................................................

2. What religious affiliation does your organisation identify with?

1. I___I  Bahá’í Faith
2. I___I  Buddhism
3. I___I  Christianity
4. I___I  Confucianism
5. I___I  Hinduism
6. I___I  Islam
7. I___I  Jainism
8. I___I  Judaism
9. I___I  Sikhism
10. I___I  Interfaith
11. I___I  We are not faith-affiliated but we partner with faith-based organisations/
    religious leaders
12. Other (please specify) ..............................................................................................................

3. Where is your organisation based?

a. City/ Town ..............................................

b. Country ....................................................

4. My organisation works:

1. I___I  Only at the national level
2. I___I  At both the national and regional level
3. I___I  At the national, regional and international level
4. Other (please specify) ..............................................................................................................
5. Which of the following best describes your organisation?

1. I___I  A religious congregation (church, mosque, synagogue, temple and other house of worship)

2. I___I  An organization, program, or project sponsored/hosted by a religious congregation

3. I___I  A non-profit development organisation with historic ties to a faith tradition

4. Other (please specify) 

2. SRHR provision

6. Do you currently run projects or implement activities in the following areas of health and sexual and reproductive health and rights? [MARK ALL THAT APPLY]

1. I___I  adolescent health

2. I___I  HIV/AIDS

3. I___I  sexually transmitted diseases other than HIV/AIDS

4. I___I  gender-based violence

5. I___I  reproductive health

6. I___I  maternal and newborn health

7. I___I  family planning

8. I___I  sexual and reproductive rights

9. I___I  Any other programmes or activities in the area of health or sexual and reproductive health and rights (please specify) 

7. What type of projects/ activities are they? [MARK ALL THAT APPLY]

1. I___I  delivery of services  

2. I___I  policy and advocacy

3. I___I  capacity development/ trainings

4. I___I  counselling

5. I___I  education and information

6. I___I  research
7. Other (please specify) ..............................................................................................................................................

What sort of guidelines, if any, do you follow in your service delivery work?

8. Who are the main beneficiaries of your interventions in health and sexual and reproductive health and rights? [MARK ALL THAT APPLY]

1. I___I Newborns and Children (0-9 year-old)
2. I___I Adolescent Girls (10-19 year-old)
3. I___I Adolescent Boys (10-19 year-old)
4. I___I Women (above 19 year-old)
5. I___I Men (above 19 year-old)

9. Briefly describe the programmes/ activities that you have indicated in the health and sexual and reproductive health and rights. Include a short explanation of their objectives, partners involved, key success stories, challenges and lessons learnt.

3. faith-inspired SRHR provision:

10. To what extent do you agree with the following statements:

a. Our organisational vision and mission is built upon our faith values.

1. I___I Strongly disagree
2. I___I Disagree
3. I___I Neither agree nor disagree
4. I___I Agree
5. I___I Strongly Agree
6. I___I Not sure

b. Faith is a central and inseparable part of our health/ sexual and reproductive health programmes.

1. I___I Strongly Disagree
2. I___I Disagree
3. I ___ I Neither disagree nor agree

4. I ___ I Agree [IF RESPONDENT PICKS THIS ANSWER GO TO QUESTION 12 OTHERWISE GO TO QUESTION 13]

5. I ___ I Strongly Agree [IF RESPONDENT PICKS THIS ANSWER GO TO QUESTION 12 OTHERWISE GO TO QUESTION 13]

6. Not sure

11. How is faith reflected in your programmes on health and sexual and reproductive health and rights?

12. Consider your health and sexual and reproductive health and rights work. How does the religious affiliation of your organisation affect your organisational ability in the following areas? [TICK APPROPRIATE RESPONSE]

<table>
<thead>
<tr>
<th></th>
<th>Brings more disadvantages than advantages</th>
<th>Disadvantages and advantages are more or less the same</th>
<th>Brings more advantages than disadvantages</th>
<th>It has no influence</th>
<th>I don’t know</th>
<th>We are not faith-affiliated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reaching beneficiaries with services</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>4I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
<tr>
<td>2. Reaching beneficiaries with information and education</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>5I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
<tr>
<td>3. Securing funding from donors</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>4I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
<tr>
<td>4. Building partnerships with faith-based organisation from the same faith</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>4I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
<tr>
<td>5. Building partnerships with faith-based organisations from different faiths</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>4I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
<tr>
<td>6. Building partnerships with secular NGOs</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>4I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
<tr>
<td>7. Advocacy with political decision makers</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>4I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
<tr>
<td>8. Advocacy with religious leaders of the same faith</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>4I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
<tr>
<td>9. Advocacy with religious leaders of different faith</td>
<td>1___</td>
<td>2I___</td>
<td>3I___</td>
<td>4I___</td>
<td>5I___</td>
<td>6I___</td>
</tr>
</tbody>
</table>

Provide a brief explanation of your responses.
13. Please give the name of your organisation if you wish.


14. Thank you for providing your responses. We highly value your confidentiality and will not publish any information on your organisation unless you give us permission to do so. Please indicate to what extent you allow us to disclose your organisational data.

1. I___I  You can publish the name of my organisation next to individually quoted responses and in the annex featuring a list of all respondents

2. I___I  You can publish the name of my organisation in the annex featuring a list of all respondents but please do not disclose it next to individually quoted responses

3. I___I  Please do not publish the name of my organisation anywhere

Thank you for your responses!
ANNEX 2: LIST OF PARTICIPATING ORGANISATIONS

AAMAN Foundation
Al-Amin Mission
Art of Living
Art of Living
Art of Living
Baba’s Satsang Prayer Group
Bharat Sevashram Sangha
Bhikkhusangha’s United Buddhist Mission
Bonded Labour Liberation Front
Divyajyoti Jagruti Sanstha
Holiday of Remedy Church
INERELA
ISKCON
ISKCON (International Society for Krishna Consciousness)
Islamia Medical Institute and Mosque
Islamic Awareness Society
Jamia Milia Islamiya
LakshaPrerna Divine Foundation
Mahalaxmi Temple
Narayan Seva Trust
Prajapita Brahma Kumari’s Ishwarya Vishwavidyalaya
Prajapita Brahmakumais institute
Prem Prakash Mandal
Ramkrishna Mission Seva Pratishthan
Ramkrishna Vedanta Mission
Religious Harmony Foundation
Sawankrupal Ruhani mission
Sher-e-Punjab Gurdwara
Shri Guru Singh Sabha
Shri Mata Amritanandamayi Devi (Amma Charitable Trust)
Shri Narayan Divyadham
Shri RadhaMadhav Seva Trust
Shri Subhramaniyam Samaj
Siddhivinayak Temple
Sikh Welfare Association
<table>
<thead>
<tr>
<th>Organization</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swami Vedatmavesh Organization</td>
<td>Delhi</td>
</tr>
<tr>
<td>VishvaKalyan Mission Trust</td>
<td>Delhi</td>
</tr>
<tr>
<td>Vishwa Hindu Parishad</td>
<td>Mumbai</td>
</tr>
<tr>
<td>Vishwa Jagruti Mission</td>
<td>Delhi</td>
</tr>
</tbody>
</table>
AC KNOWLEDGMENTS AND DISCLAIMERS

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The opinions expressed in the report are those of the author and, where indicated, of the participating faith-based organisations and might not necessarily reflect the views of the Faith to Action Network.

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