



FROM POLICY TO PRACTICE

EVANGELICAL LUTHERAN CONVERSATIONS TO BETTER SERVE GIRLS AND BOYS IN ESWATINI



'COME NOW, LET US REASON TOGETHER' IS AN INVITATION THAT IS PARTICULARLY RELEVANT WHEN ADDRESSING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE CONTEXT OF HIV

REVEREND ZWANINI SHABALA, ELCSA AND COUNCIL OF SWAZILAND CHURCHES

INTRODUCTION

In 2019, the Evangelical Lutheran Church in Southern Africa (ELCSA) joined interfaith dialogues on sexual and reproductive health and rights and religion in Southern Africa. It co-created three interfaith briefs on sexual and reproductive health and rights (SRHR), gender-based violence (GBV) and teenage pregnancies. The ELCSA has many progressive policies on SRHR and comprehensive sexuality education (CSE). However, these policies are largely unknown to its leaders and have not been used by its members. Leaders have drawn on their personal beliefs and opinions when discussing SRHR and sexuality education, rather than on existing ELCSA policies and positions. To address this gap, the ELCSA initiated a reflection on the church's position and articulated efforts to raise awareness and knowledge of the church's policies. The ELCSA facilitated a session on SRHR with 36 faith leaders. In turn, the faith leaders have sensitized 645 congregants on adolescent SRHR during church gatherings and Sunday Mass.

SYMBIOSIS: MAKING USE OF LINKAGES

The ELCSA was formed in 1975, bringing together 5 regional Lutheran Churches that represented the different Mission Societies in South Africa. ELCSA has seven dioceses in eSwatini, Botswana and South Africa, with about 580,000 followers. It is a member of the Lutheran Communion (Lutheran World Federation) and the World Council of Churches.

The ELCSA has an HIV/AIDS programme unit, which leads the church's response to HIV/AIDS. The HIV/AIDS programme unit equips church leaders and members with information, knowledge and skills to comprehend the reality of HIV/AIDS, oppose stigma and discrimination, and promotes open discussions on sex and sexuality, as well as HIV prevention. The ELCSA actively promotes linkages with other faith-based organizations that seek to eliminate HIV/AIDS and with other service providers to promote holistic care and support.



Having the highest HIV prevalence globally of 27 percent among 15-59-year-olds,¹ eSwatini faces major health and development challenges. Similarly, the adolescent birth rate stands at 87 per 1000 adolescents, and teenage pregnancy is one of the main

factors contributing to school dropouts in the country.² The challenge of teenage pregnancy is made more complicated by social norms that define pregnancy as a sign of real womanhood. This belief has contributed to adolescent girls and young women actively seeking to become pregnant to confirm their womanhood.

BEGIN WHERE YOU ARE



IN OUR CONTEXT, WE NEED TO CREATE AN ENABLING ENVIRONMENT FOR A LINKED ASRHR AND HIV RESPONSE

ASHMEER JOSEPH, DIRECTOR, ELCSA DEVELOPMENT SERVICE

The Lutheran communion has many life-affirming approaches on adolescent SRHR and preventing teenage pregnancies. These include promoting dialogues on these matters, encouraging sermons that are progressive and realistic, as well as inviting social workers to equip adolescents and youth with life skills.

Having attended a series of interfaith dialogues, Bishop Absalom Mnisi realized that many faith leaders did not know about these approaches and lacked the skills to effectively engage adolescents and young people on the subject of teenage pregnancy.



I BELIEVE THE CHURCH COULD PLAY A ROLE IN IMPROVING ADOLESCENTS' HEALTH IN ESWATINI BY RAISING AWARENESS OF SRHR ISSUES AMONGST PARENTS AND GUARDIANS LEVERAGING ITS MULTIPLE PLATFORMS

BISHOP A.M. MNISI

Bishop Mnisi supervises seven parishes in eSwatini. He recognised that institutions and leaders in these parishes—the 15 Lutheran primary and high schools as well as the women's, men's young adult, and youth league members—were formidable conduits through which congregants could be reached with life-affirming information. He believed that the church could play a role in improving adolescents' health in eSwatini by raising awareness amongst parents and guardians through leveraging its multiple platforms.

First, the ELCSA contextualized its existing SRHR policies and tools using the interfaith briefs developed collectively in 2019. It also decided to increase awareness of sexual and reproductive health and rights information and services amongst congregations and community members.

To date, the ELCSA has organized two training sessions. The first involved 13 clergy members (Parish Pastors, Vicars, Dean and Bishop). The second included 13 representatives from church leagues and six parishes in the Eswatini Circuit. Religious leaders were provided with relevant information, materials and tools for creating dialogues with people of different age groups. Training session outcomes included:

- Enhanced knowledge among church leaders of the current national and international policies that address adolescent SRHR and identification of gaps in implementing these policies.
- Dissemination of adolescent SRHR training manual / handbook and toolkits, such as the UNESCO Religious Leaders Handbook, along with the interfaith briefs which provide an overall framework.



ONE FINGER CAN'T PICK UP A STONE.

MAMPRUSI PEOPLE, GHANA

ELCSA recognises the necessity and value of community and collaboration. SRHR work in the church is therefore, as already mentioned, co-ordinated through existing church networks and organizations as well as strategic partnerships. The workshops held helped the church leaders to gain confidence in talking about adolescent SRHR matters during league gatherings. Leagues are dedicated church organizations that bring together women and men for joint social and religious activities including parties, celebrations and educational events.

The ELCSA partnered with the Ministry of Education and UNESCO to provide accurate public health information. While the interfaith briefs explained adolescent SRHR from a religious perspective and enabled discussion leaders to break the ice, the UNESCO

handbook and toolkit provided medical information as well as tips on reaching adolescents, youth and parents with adolescent SRHR information and services.

To date, church leaders have reached 645 congregants with adolescent SRHR information during church gatherings and identified league gatherings as the ideal platform for reaching members with adolescent SRHR messages. Faith leaders also requested speaking slots at other community events to share adolescent SRHR information, such as World Aids Day



commemoration events as well as during the 16 Days of Activism Against Gender Based Violence.

Institutionally, this work is entrusted to the ELCSA's HIV and AIDS desk to complement its HIV/AIDS activities and has shown promising results. Community members have a better understanding of adolescent SRHR in particular and human rights in general. Their responses while interacting with adolescents and young people demonstrate that they now possess higher levels of knowledge.

There has been a clear indication that men (from the leagues as well as male ministers) are now taking a leading role in ensuring that they give relevant SRHR information to both boys and girls. Previously the men had remained aloof, considering this to be a task to be accomplished by women. There has also been an increase in the reporting of gender-based violence cases and parents are now better equipped to engage their children on issues of drug abuse and SRHR.

TOWARDS THE FUTURE

After the training, the participants returned to their different congregations to sensitize members on the concepts covered in the training, mainly teenage pregnancy, child marriage, GBV, menstruation and drug abuse. The second stage reached participants through their various league meetings, such as the youth, Young Adult League (YAL) Prayer Women's League (PWL), Prayer Men's League (PML) and Sunday schools. Ms Nozipho Dlamini, a lay member of the ELCSA Young Adult League, further reached adolescents and parents individually especially where GBV cases were suspected. Reverend P.M. Kunene, a minister in ELCSA engaged with the youth in groups as well as individuals on GBV, drug abuse and teenage pregnancy.

While there is evidence of success from these advocacy efforts, there have been some challenges. To expand the outreach to church leaders, additional resource materials need to be developed, published and circulated and more facilitators are needed. An additional challenge that was observed is the absence of youth-friendly centres or environments to facilitate open engagement.

CONCLUSION

Planning is underway to establish online systems for ongoing engagement with leaders and target groups beyond the in-person training sessions. Access to online training, interaction and resources helps to mitigate the impact of government restrictions on movement and other public health measures to contain the Covid-19 pandemic. There is a commitment to develop youth-friendly centres and create safe spaces for adolescents and youth to access SRHR information and services. An era of vibrant church engagement with SRHR in eSwatini beckons.

REFERENCES

¹ <https://www.unicef.org/eswatini/hivaid#:~:text=Eswatini%20has%20the%20highest%20HIV,15-59%20year-old>.

² <https://eswatini.un.org/en/33126-eswatini-launches-lets-talk-campaign-end-early-and-unintended-pregnancy>

ELCSA participated in a series of interfaith dialogues on women's rights and gender equality facilitated by Faith to Action Network and ACT Ubumbano. On that occasion, 12 faith organisations from seven countries in Southern African countries declared "We can no longer be silent as we are called to uphold human dignity for all creation." Coming from Bahai, Christian, Muslim, and Traditionalist faiths, they developed three Interfaith briefs on sexual and reproductive

health and rights; Interfaith brief on gender-based violence; and Interfaith brief on teenage pregnancy. They also identified opportunities in engaging more effectively within their faith communities. Faith to Action Network and ACT Ubumbano supported their action plans through micro-grants and technical assistance, contributing to the inspiring results documented in this case study.

CONTACT US

Faith to Action Network

Peter Munene

Email: petermunene@faithtoactionnetwork.org

Mobile: +254 722 443 306

Website: faithtoactionnetwork.org

ACT Ubumbano

Zanele Makombe

Email: zanele@actubumbano.org

Mobile: +27 71 575 9336

Website: www.actubumbano.org

ACT UBUMBANO

