

## RIGHTS IN SEXUAL AND REPRODUCTIVE HEALTH FROM AN ANGLICAN PERSPECTIVE

*Interview with Reverend Canon Grace Kaiso, General Secretary,  
Council of Anglican Provinces of Africa (CAPA)*



*Rev. Canon Grace Kaiso speaking at the launch of Faith to Action Network, November 2013, Addis Ababa, Ethiopia*

**C**anon Grace Kaiso is a theologian and an ordained minister with the Anglican Church, who serves as the General Secretary of the Council of Anglican Provinces of Africa (CAPA). He was trained in Uganda, New Zealand and Canada and has been actively involved in the issues of urban Ministry with focus on empowerment of low-income communities. Reverend Grace Kaiso worked with World Vision International as a project manager and facilitator of urban projects in Uganda. While serving as the Executive Secretary of the Uganda National Council of Churches for ten years, he played a key role in advocacy for human rights and good governance in Uganda.

*Canon Grace Kaiso currently serves as the Chairperson of the Faith to Action Network, the global network of faith based organisations promoting family health and wellbeing.*

### **What is your understanding of the term “rights” in sexual and reproductive health?**

The challenge is that sexual and reproductive health and rights and the way it is packaged often has different meanings to different people. I think for faith groups, it is a question of rights for couples to make safe sexual and reproductive choices. For instance, for mothers to decide when to get pregnant, how many children to have and to ensure it is safe for them. Moreover, if we understand rights in terms of opportunities that married people have to plan for their family, it is a responsibility of both the husband and the wife to discuss and agree. Certainly cultural norms make it difficult for couples to have that kind of discussion because sometimes men are overbearing culturally so women appear not to have a choice. Therefore, their rights in the decision making process are violated. They are denied the rights to be able to discuss openly with their husbands and in most cases the health and welfare of the mother and infant is compromised in the process.

### **We have many single parent families, what do you see as their rights in sexual and reproductive health?**

Single parent families have even a greater responsibility to make responsible choices because they understand what it means to bear the burden of parenting singlehandedly. Whatever the causes responsible for their status, they need to be informed of and have access to safe, effective affordable and acceptable methods of family planning.

### **What examples of young people’s sexual and reproductive rights denial could you give?**

I think for young people, a key concern is lack of information to address their sexual and reproductive health needs and a supportive environment. Due to cultural attitudes and insensitivity to the challenges and needs of young people on the part of faith groups, young people are denied access to comprehensive sexuality education in a supportive environment. They are often left to unfiltered sources like the Internet

and have consequently become victims of emotional, mental, physical and social stress due to misleading information. However, as it is often said information is power. Young people need to know how their bodies function. They also need to be aware of their responsibilities to define who they are and who they want to become in life. Increasing their capacity to access correct information which can empower them to make responsible choices is a sure way of enhancing their rights. The institution of the family has a moral obligation to create and nurture an environment where this information is passed on. Unfortunately, this is not always the case because we have a lot of dysfunctional families where children are really left to themselves, especially the girl child. Therefore they might be taken advantage of or make uninformed choices under peer pressure. For many girls their future is derailed by motherhood in childhood. There is also the issue of harmful cultural practices such as female genital mutilation, early childhood marriage and risks of pregnancy before they are fully mature. In this case communities and especially faith communities have a unique role to contribute to a supportive environment for young people in these areas of critical need.

***The age of sexual debut has been found to be less than 13 years in some communities. What should be the sexual and reproductive rights for such young people who have become sexually active?***

If we are talking about 13-year-olds these are really children who do not just need information but also a very supportive legal and pastoral environment.

***How do you see the responsibility of faith groups to address young people's information needs?***

Faith groups have a responsibility to provide safe spaces where young people can explore and express their issues regarding sexuality. Contrary to those who might want to take advantage of young people's needs and interest to discover matters related to their sexuality, faith groups should provide support driven by care and compassion. Existing facilities of faith groups need to be adequately equipped with up-to-date research findings and with a capacity to address the wide range of services that young people need to cope with the challenges around them especially in the area of sexuality.

For this to happen, faith leaders need to educate themselves about the challenges facing young people as they grow up in our world of today, and to develop capacity within the leadership to approach young people's issues with soberness and understanding. In this way they will be able to design programs that empower young people in making responsible choices. They have a role in ensuring that there are youth-friendly programs and services. They can use various fora like Youth clubs and focus group discussions to impart life skills so as to enable young people to have a supportive environment for sexual reproductive health education.

***Talking of safe space, what should be made available to make a space safe?***

A safe space should be easily accessible, secure and manned by people who have experience and understanding of the needs of young people and are able to engage with them without judging but with a spirit of accompaniment.

***In your work within the slums, what sexual reproductive health challenges did you see facing young people?***

The main challenge was lack of information and services. We established a clinic where we provided counseling and family planning and immunisation services. Because we understood reproductive health in terms of total family health and wellbeing, we introduced a breastfeeding club for young mothers and a course on how to start your own business. We also provided skills training programs in tailoring, laundry and hairdressing. We brought in films to illustrate good sanitation and the dangers of witchcraft. We organised community dialogue meetings to tackle issues of responsible parenting and domestic violence.

***What is CAPA's contribution to ensuring young people's rights to information on sexual and reproductive health?***

We have been working through faith-based health institutions. In our Anglican provinces, we have adopted the primary healthcare approach within the framework of our HIV programmes. It is a much more integrated approach to the provision of healthcare within the communities. The church-based health institutions, be they health centers or hospitals provide support in terms of sexual and reproductive health-

related information, counseling and guidance. We also advocate for increased funding for training staff in our health facilities and services and youth-friendly facilities.

Within our strategic plan, we are seeking to increase the role of the Anglican Church in responsible stewardship of the families, the environment and contribute to family economic empowerment. Consequently we are taking interest in the inter-linkages between fertility, family planning, child health and survival and household economic welfare. We are therefore planning to promote community based family planning activities that are in tandem with conservation and alternative livelihood strategies.

### ***What theological and moral arguments from an Anglican or Christian perspective could you bring to promote rights to information on sexual and reproductive health?***

The Christian faith is about enhancing life that reflects dignity and is spent in the service of God and in the welfare of others (Genesis 1, John 10:10). The Bible recognises that the body is the holy temple of God (1 Corinthians 6: 19) and therefore the issues of purity and holiness are the guiding principles in terms of how people manage their bodies and their relationships with others. When we discuss sexual and reproductive health with young people, we help them understand that their body is the temple of the Holy Spirit, therefore they need to know how it functions and that they are accountable to God for their choices and actions (Galatians 5: 16-19). The guidance we get from the Holy scriptures is that sex should be in the context of a marriage relationship which is between a man and a woman. The ongoing role of the Church is to provide teaching and pastoral support to young people as they grow up and as they struggle with what it means to become faithful followers of God and into responsible citizens. It is recognized that people can get derailed for lack of information, so the Church has a moral obligation to ensure people have appropriate information to guide them in their choices and decision making (Proverbs 12:1). With regard to reproductive health, the church has the obligation to teach and support their followers towards responsible stewardship of their bodies and parenthood. The church should also accommodate and reintegrate those that have gone against mainstream and not cast them away.

### ***How about people who do not necessarily follow the above described path?***

Because of our nature, many of us in the society struggle with making responsible choices and need some form of support. It is for this reason that in society, apart from legal frameworks that are meant to keep us along the path of justice and responsible citizenship, there are social service centres and faith institutions that are open to providing information and accompanying people in their areas of struggle. Therefore we should encourage young people to take responsibility for seeking and accessing information and services that are open to them so that they are informed and are able to make better choices. Above all, as already said the church should accommodate and reintegrate those that have gone against mainstream and not cast them away.

*The Faith to Action Network's interview series aims to provide a multiplicity of perspectives on family health and wellbeing<sup>1</sup>, presented in a non-partisan manner that invites open and thorough exploration. It intends to promote knowledge exchange and conceptual debate on diverse faith approaches to family health and wellbeing, recognizing diversity of opinions and promoting productive engagement across the differences. The opinions expressed in the interviews might not necessarily reflect the views of the Faith to Action Network, its Members or its Secretariat.*

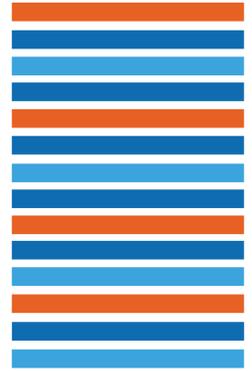
#### **Credits**

*This interview was conducted by Dominika Jajkowicz*

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1. *Our operational definition of family health and wellbeing includes: birth spacing, fertility awareness, safe motherhood, prevention of mother to child transmission, maternal and child health, age appropriate sexuality education, gender equity and prevention of female genital cutting, early marriage and all forms of gender based violence.*



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