Religious and cultural influences on clients’ ability to make informed decisions about their sexual and reproductive health

a research among Catholic service provider

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Background

Study carried out in 2009
Cordaid’s Informed Decision Making (IDM) policy:
**Complete & accurate information on SRH and referral**
Catholic service providers have an extra challenge
Catholic Church position – Public Health guidance
Get insight of programme practice
Guidance for policy and follow-up activities
Main questions:

• To what extent do Catholic organisations facilitate IDM among clients accessing SRH services?
• What are the factors that influence the ability of organisations to facilitate IDM among clients?
Methodology

9 health service delivery

- **South Africa** - Nazareth House, St Joseph and Tapologo
- **Malawi** - St Joseph, St Montfort and ECC
- **DRC** - Kinsasha, Kananga and Mbuyi-Mayi

Number of people interviewed 478
Staff members 99
Clients 379
Methodology

The research methods:
Client surveys; Client focus group discussions; Direct observation; Semi-structured interviews with staff; and Participatory workshops with staff

Self assessment diagram

Five key elements for informed and voluntary decision making – Engender Health (2003)
**Availability** - a range of FP and SH options need to be accessible

- Comprehensive services not available
- South Africa one organisation openly promoted condoms.
- DRC - irregular supplies of some commodities
- Effectiveness of referral
- Differences in local context
Voluntary — clients make decisions whether or not to use a service without coercion or constraint

- Young people lack of services
- Women make no decision without their husbands consent. Family influence
- The amount of time staff has available is seen as a hindrance

“We don’t notice any differences between people of different faiths or beliefs. They all treat us with respect and don’t try to push their values”

FGD, South Africa
Information – clients have complete and accurate information – to understand their personal risk

- Lack of knowledge among staff
- Lack of materials
- Confusion of staff around position of organisation
- Values and opinions of staff might prevent accurate information
**Communication** - effective interaction between client and service providers

- Myths, low levels of education presents problem in understanding
- Staff personal views
- Sex is still a taboo issue – diversity
- Language barriers
External environment – the wider social and rights context should promote autonomous decision making

• Religious - Church doctrine and leadership
• Cultural - Societal taboos about sexuality, stigma and HIV, gender inequality

“donors impose their ideological views by spending huge amounts on condoms, that could be better spent on activities which promote human dignity”

partner organisation, DRC
Recommendations and follow up

Recommendations:
- Clarify concept of IDM
- Start dialogue with faith leaders
- Support (improvement of) referral mechanism
- Support training of staff – family planning and values

Follow-up:
- Guidelines and contractual agreements developed
- Information material developed
- Country level trajectories
Thank you

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