

**Reverend Dr. Carlton Veazey, President and CEO,
Religious Coalition for Reproductive Choice
Remarks for the Launch of The State of World Population 2008
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The United Nations Population Fund (UNFPA) 2008 report recognizes that religion is central to many people's lives and influences their most intimate decisions and actions. In terms of world population issues, it is important to note that there is universal support among the world's major religions for family planning.

Many religions hold that God has made humanity a partner in the work of creation and that planning one's family is an important aspect of that responsibility. Some also hold that it is a basic human right to plan one's family. Others teach that family planning affirms and protects the life of the woman and the existing children. It allows women to continue their education, thereby improving their economic status and the well-being of their families and their communities. Also, it is critical in preventing unintended pregnancies and in helping to achieve the blessing of every child being a wanted child. Clergy are very supportive of family planning and other reproductive healthcare services, although they may not be supportive of reproductive rights.

Reproductive health concerns and decisions involve a person's religious beliefs, and religious leaders and institutions should be involved in helping to guide people to achieve reproductive health and rights.

Culturally sensitive approaches determine what makes sense to people and work with that knowledge. The 40 denominations and religious organizations that make up the Religious Coalition for Reproductive Choice bring more than 3,000 years of religious thought to bear on the issues of human reproduction. Each religious tradition is the product of a particular culture with particular values and circumstances, yet we all support family planning as consistent with our religious principles and our commitment to social justice.

Religious meanings of reproduction and reproductive health differ, even within religions. As the UNFPA report makes clear, religious traditions have diverse views about reproductive issues and about women's status. Some are staunch advocates of abstinence before marriage. Others acknowledge that most people are sexually active before marriage and encourage safe sex practices. Some do not allow women to be ordained while others encourage full equality in all aspects of worship.

Religions have diverse views on human personhood and diverse views on when or whether abortion is permissible. There has always been strong support for the view that

life does not begin until live birth. Organized groups that have taken a formal position on the abortion issue have generally regarded abortion as a matter for the conscience of the individual and her family. These and other views are based on holy texts and teachings and should be respected, even if they are disagreed with.

It is important to understand rights within their contexts. Organizing in faith communities for reproductive health requires a thorough understanding of each community's views about reproduction. Clergy who may at first be disinterested or antagonistic may become involved once they understand that many people in their congregation have had reproductive health concerns - be it an unwanted pregnancy, infertility, a reproductive loss such as a stillbirth, the desire to adopt, or an issue related to sexuality. Reproductive health concerns and decisions involve a person's religious beliefs and deepest hopes for the future, and religious leaders and institutions should be involved in helping to guide people to achieve reproductive health and rights.

RCRC programs take great care to work within the context of a community's or tradition's culture and with the community's leaders. Our National Black Church Initiative and La Iniciativa Latina are conducted in communities with strong conservative religious beliefs and a tradition of early childbearing. A third program is international: our South Africa Initiative, which is an HIV/AIDS education and prevention project in Cape Town.

Religious leaders are cultural agents of change. Clergy are leaders of their congregations and in the much larger community of the denomination or tradition. Speaking out on reproductive health and rights may be difficult for clergy unless they have the support of the congregants.

Our Clergy for Choice Network is a national registry for clergy, with about 2,500 participants of all faiths. It offers a forum for clergy to discuss reproductive health and justice issues and provides information on issues. Each clergy member brings his or her own faith perspective to the discussion. Some clergy who speak publicly in support of reproductive rights fear they will alienate members of their congregation, and the Clergy for Choice Network provides support from others who have had similar challenges. Clergy who may at first be disinterested or even antagonistic may become involved once they understand that many people in their congregation have had reproductive health concerns - be it an unwanted pregnancy, infertility, a reproductive loss such as stillbirth, the desire to adopt, or an issue related to sexuality or sexual health.

Gender equality is a human right. As the report says, women are entitled to live in dignity and freedom. But women are still treated as second-class citizens in some religious traditions. This includes forbidding women to control their fertility, which often leads to unintended pregnancy. Most faith groups in the United States teach that women and men are equal in the eyes of God. Faith groups that support women's equality on religious grounds also promote women's empowerment and family planning. Clergy in these traditions are natural allies in advancing reproductive health and rights.

Culturally sensitive approaches work when they are appropriate for a community.

In communities where the rates of teen pregnancy and sexually transmitted diseases have been high, sexuality education is often the means to begin to talk about reproductive health. Our faith-based sexuality education dialogues incorporate Christian biblical values and emphasize abstinence while providing the information that young people need to keep themselves healthy if and when they become sexually active.

Our National Black Church Initiative began in 1997 to break the silence about sex and sexuality in African American communities. The process of breaking the silence about sex and sexuality involved building relationships and establishing trust through personal conversations. The legacy of slavery – lack of bodily integrity and loss of basic humanity – made it difficult at times to talk openly about reproductive health and rights. It was important to earn the support and involvement of clergy.

At first, we surveyed Black clergy about their interest in the issues. Over time, we held small clergy forums in several hundred Black churches across the country. These were a safe space to discuss topics that were formerly taboo. We established an advisory committee of prominent clergy and religious leaders. Each year we hold the National Black Religious Summit on Sexuality at a highly respected institution – the Howard University School of Divinity - where African American clergy, lay leaders, religious educators, youth and others talk about issues such as reproductive health, domestic violence, and homosexuality; some receive training in clergy counseling for women with an unintended pregnancy. This is all done within the context of African American religion, values and culture – the preachers, the music, the program, the issues, all are developed and chosen by representatives of the community.

It is important to make alliances with opinion leaders. National Black Church Initiative programs have been implemented throughout the country. Our "Keeping It Real" faith-based youth sexuality education program has been introduced in over 800 churches, with more than 10,000 youth graduating. We do extensive faith-based outreach to keep the program growing, including attending dozens of denominational conferences as well as bringing a religious perspective to secular reproductive health conferences. We partner with numerous organizations working in African American communities, including faith-based organizations working on HIV/AIDS, community-based health organizations, and organizations for clergy and for women.

In 2001, we started a similar project in Cape Town, South Africa, where we have now worked with more than 30 denominations and educated more than 29,000 youth. We started by visiting key clergy such as the Anglican bishop of Cape Town. A lifelong resident of Cape Town who had a firm grounding in her religious community became the project director. The teens we worked with in the middle-class neighborhoods of Cape Town and those we worked with in the impoverished townships had very different outlooks and opportunities, and our program had to be tailored to meet their needs.

Male involvement is important. Our Latino program – La Iniciativa Latina – was modeled on the Black Church Initiative. It too addresses reproductive health issues in the

context of the values, religion and culture of the community it serves. Latino churches are a source of power in the Latino community, which makes it essential to organize around churches for reproductive health. Family is very important in the Latino community, and motherhood is highly regarded. Male involvement is critical in enabling families to practice birth control; in our experience, men are willing to participate in workshops and conferences. Whole families often come to La Iniciativa Latina events, from toddlers to grandparents.

Culturally sensitive approaches are essential for reaching the MDGs - Millenium Development Goals- including Goal 5, to improve maternal health. The numbers of women worldwide dying as a consequence of pregnancy and childbirth are essentially unchanged since the 1980s, at about 536,000. Between 10 and 15 million suffer injury or illness. For the world, infant mortality declined significantly between 1960 and 2001 - from 126 in 1960 to 57 in 2001. However, the infant mortality rate is higher in less developed countries - in 2001, it was about 10 times as large as it was for more developed countries. For the least developed countries, the rate is 17 times as high as it is for more developed countries. Reductions among less developed countries are, on average, much less than those among the more developed countries.