

CULTURE IN THE CONTEXT OF UNFPA PROGRAMMING

ICPD+10 Survey Results on Culture and Religion





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A more detailed analysis of survey results, including country-specific responses, is available from the culture, gender and human rights branch, technical support division, UNFPA. Contact Maysoon Melek at melek@unfpa.org

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FOREWORD

The review provides an in-depth analysis of responses to questions on culture and religion in the ICPD+10 survey conducted in 165 countries in 2004, ten years after Cairo. It examines the impacts of culture on programming in four key areas: gender equity and equality, reproductive health and rights, adolescent reproductive health, and HIV/AIDS, with the objective of detecting regional trends that could help geographic divisions and UNFPA Technical Support Teams target their interventions at the programmatic level.

Following are some of the more important findings of this analysis:

- At the regional level, each region produced a very specific profile. Africa produced a very complex profile where cultural factors were entry points and constraints. The Arab region considered culture a constraint because customs and traditions have a great impact on social behaviour. Eastern Europe and Central Asia revealed a profile where the impact of culture was less complex than other regions. Asia's major cultural constraint was patriarchy, while in Latin America, religion; patriarchy and the culture of machismo were cited as keys cultural barriers.
- Religion as practiced and interpreted is a powerful force, with both positive and negative impacts on programming. In some areas, religious leaders, institutions, and beliefs work toward the same ends as does UNFPA, for example, in reducing rate of maternal mortality and HIV/AIDS prevalence, while in other areas religious interpretations were seen by most countries as a constraint, for instance by prohibiting the use of condoms and increasing the stigmatization of those with HIV/AIDS.
- Sex and sexuality are widely regarded as taboo, especially where adolescents are concerned; this taboo is a constraint to adolescent reproductive health.

• A number of cultural practices related to marriage were identified as harmful, among them early marriage, FGC/FGM, and widow inheritances.

The report's recommendations include building alliances with community leaders as well as faith and faith-based organizations around areas of common concern, helping to break the wall of silence around young people and reproductive health and raising awareness on the harmful effects of various cultural practices.

It is my firm belief that policy-making and programming informed by an understanding of these realities will enhance our effectiveness.

Finally, I wish to thank the team that produced this research. In particular, Maysoon Melek, Culture Advisor-TSD-CGHR Branch for initiating and leading this research, Rita Raj, the Consultant who worked on the raw data from the survey and developed the preliminary results, Lois Jensen who edited it and Nan Oo Kyi who followed up on coordinating the research and formatting and printing this report.

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Thoraya Ahmed Obaid Executive Director United Nations Population Fund

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THE 1994 INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT WAS A MILESTONE IN WOMEN'S RIGHTS.

The conference adopted a 20-year Programme of Action, signed by 179 countries, that addresses issues ranging from gender equality and violence against women to ensuring women's ability to control their own fertility.

Ten years later, what difference has the ICPD really made? To answer that question, UNFPA developed and administered a survey to assess countries' progress in implementing the Programme of Action.

This publication focuses on the impact that culture has had on the achievement of ICPD goals. More specifically, it analyses the responses to four questions included in the UNFPA survey that attempted to gauge the influence of culture on UNFPA programming. The questions asked how the cultural context in which UNFPA programmes operate either contributes to or constrains progress in four areas: gender equity and equality and women's empowerment; reproductive rights and reproductive health; adolescent reproductive health; and HIV/AIDS. Countries were asked to provide detailed responses to all four questions.

The objectives of the analysis are twofold: to identify global, regional and thematic trends that could help UNFPA target its assistance more strategically, and to help the organization sharpen its 'culture lens' at the policy and programming levels.

SUMMARY OF GLOBAL FINDINGS

The survey was administered in 165 developing countries and countries in transition with a response rate of 92 per cent or 151 countries, out of which 146 countries provided responses to the questions on cultural context.

The majority of these 146 countries considered culture to be a constraint in implementing the ICPD Programme of Action in all four areas of inquiry. However, in many cases, culture was viewed as both a contributing factor and a constraint.

Following are key global findings:

 Religion is a powerful cultural force, with both a positive and negative impact on programming. Religion was cited as a key cultural factor by all regions in all four areas of inquiry. In some respects, religion was regarded as a positive influence: religious leaders and institutions of all faiths support UNFPA programmes. Moreover, norms on sex and sexuality associated with various religions tend to discourage premarital sex and promote monogamy and fidelity. Individual country responses also referred to the fact that religious precepts urging compassion for those less fortunate contributed to the care and support of people living with HIV or AIDS.

However, religion was also seen by most countries as a constraint in several respects: by prohibiting the use of condoms (in some cases, even among spouses), discouraging the education of adolescents on reproductive health matters, and increasing the stigmatization of those living with HIV or AIDS.

This finding suggests that forging partnerships with religious leaders and groups should be a priority area for UNFPA, both to build upon those aspects of religion that promote the ICPD Programme of Action and to begin a dialog around those aspects of religion that are holding progress back. Talking about sex and sexuality is widely regarded as taboo, especially where adolescents are concerned. Countries in all regions mentioned taboos surrounding the discussion of sex and sexuality as a constraint to adolescent reproductive health. Early marriage is prevalent in many of these societies, making it even more difficult to meet the needs of young people.

This finding points to the urgent need to break the wall of silence surrounding young people and reproductive health.

 Patriarchal attitudes and machismo values, which are rooted in culture, were regarded as a constraint in all regions. Conversely, matriarchy was considered a positive force in a number of countries in Africa, the Caribbean and Oceania.

The findings indicate that further

 Cultural and religious factors sometimes encourage stigmatization of people living with HIV or AIDS.
Many countries across the globe indicated that cultural and religious values encourage the stigmatization of people living with HIV or AIDS, who are often perceived as leading sexually immoral and deviant lives. On the other hand, religious and traditional family values were also cited as contributing to their care and support.

Education is crucial in addressing stigma and discrimination. Religious leaders and groups as well as extended families are key sources of support for people living with HIV or AIDS.

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