



CCIH
Christian Connections
for International Health

Adolescent Sexual and Reproductive Health Guide

FOR CHRISTIAN FAITH ACTORS

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Acronyms

ASRH	Adolescent Sexual and Reproductive Health
GBV	Gender-Based Violence
STI	Sexually Transmitted Infections
CAG	Community Action Groups
CSE	Comprehensive Sexuality Education
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization

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Introduction

The CCIH Adolescent Sexual and Reproductive Health (ASRH) Task Force chose to focus on sensitive and misunderstood topics within faith communities regarding adolescents from 10 to 19 years of age. Adolescents, especially those in marginalized or crisis situations, often struggle to access accurate information and essential health services tailored to their stage of life, including those who are married before 19 years of age. Faith leaders and organizations can offer guidance, create supportive environments, and promote the health and dignity of adolescents.

As of September 2024, the global population is slightly over 8 billion people, with around 3 billion under the age of 25, including adolescents aged 10–19.¹ Adolescence is a critical period of personal growth and development, marked by significant physical, mental, emotional, and neurological changes as individuals transition from childhood to adulthood. For adolescent females aged 15–19, the leading causes of death are maternal health conditions, followed by self-harm, road injuries, diarrheal diseases, and tuberculosis. For males in the same age group, the leading causes of death are road injuries, interpersonal violence, self-harm, drowning, and HIV and AIDS.²

Genesis 1:27 reminds us, "So God created mankind in His own image, in the image of God He created them; male and female He created them," affirming the inherent value of all people, including adolescents, and the importance of ensuring their holistic well-being and tailored care.³

Adolescence brings rapid change and growth, making this age group particularly vulnerable. During this time, adolescents face challenges in many aspects of their lives, not just in their bodies but also in their social and physical environments. These changes affect their health and development across areas such as education, economic opportunities, sexual and reproductive health, nutrition, and mental health, influenced by factors at the individual, family, and community levels. A [recent analysis](#) provides more information on trends from 2010 to 2024.⁴

This guide aims to help faith actors discuss ASRH and share effective program interventions that have been successful in both majority and non-majority Christian contexts. We hope this guide sparks discussion within your organizations. Whether your team agrees, disagrees, struggles, or is ready to take action, we hope it encourages you to help our adolescents thrive.

1. Meaning of Adolescent Sexual and Reproductive Health

What is Adolescent Sexual and Reproductive Health?

ASRH refers to an adolescent's overall health and well-being affected by physical, mental, social, and emotional changes.

Specific aspects of ASRH can include:

- **Reproductive Health:** Includes physical, mental, and social well-being relating to the reproductive system, its functions, and processes.⁵
- **Sexual Health:** Includes a positive and respectful approach to sexuality and sexual relationships. This can include the possibility of pleasurable and safe sexual experiences free from violence, coercion, and discrimination.⁶
- **Access to Services:** Adolescents should have access to SRH information, resources, services, and support without discrimination, coercion, exploitation, or violence.

Specific services may include:

- **Adolescent-led services**, such as “peer-to-peer counseling, volunteers assisting health providers, providing care to people living with HIV, and expanding access to quality reproductive health services for their peers at the community level.”
- **Comprehensive sexuality education** (we recognize this term can lead to misunderstanding); we define it as an age-appropriate curriculum that uses scientifically accurate information and covers topics such as life skills, respect, consent and abuse, anatomy, puberty and menstruation, contraception and pregnancy, family planning, and sexually transmitted infections.
- **Services to prevent, diagnose, and treat** sexually transmitted infections.
- **Counseling in family planning** and healthy timing and spacing of pregnancies.
- **Empowering young people** to know and exercise their sexual and reproductive health rights (including the right to delay marriage and refuse unwanted sexual advances).⁷

Common ASRH Gaps and Challenges

There is a need to integrate faith-based perspectives effectively and compassionately into ASRH efforts to close the gap between ASRH services and the role of Christian faith leaders. These services seek to provide adolescents with health information, resources, and education; however, cultural and religious barriers can introduce views that are in opposition to services and limit their effectiveness, particularly in Christian faith communities. Adolescents may face several challenges when accessing ASRH services, such as:

- **Lack of Information:** Many adolescents are not given accurate ASRH information because churches, schools, communities, and parents often avoid these topics. There is a common concern that discussing sexual and reproductive health might encourage sexual activity, leaving adolescents making uninformed decisions.
- **Focus on Married Individuals:** In many faith-based settings, discussions around sexual and reproductive health are typically reserved for those who are married. This leaves unmarried adolescents without essential knowledge, increasing their risk of unintended pregnancies and STIs.
- **Judgment at Health Facilities:** Unmarried adolescents seeking ASRH services may face negative or judgmental treatment from healthcare providers, which can discourage them from seeking care.
- **Lack of Support and Safe Spaces:** Many adolescents do not have a safe space where they can discuss ASRH issues openly.



2. Role of Christian Faith Leaders in ASRH

More than four-fifths of the world's population is affiliated with a religious group.⁸ Communities highly trust faith leaders and often turn to them for sources of information and leadership. Central to the Christian faith is a God who came into this world as a human infant, totally vulnerable, limited, and enfleshed.

God's becoming human implies that our bodies are worth attention, care, and understanding and that all aspects of our humanity, including our fleshly and embodied existence, are sacred. Christians believe every person is created in the image of God. This means every person, at any age, bears inherent dignity and worth. From this belief, Christians are called to treat all people with care and concern, especially those marginalized by unjust social structures.

Not all social structures appear just or fair. In some situations, young girls are removed from school or church when they become pregnant due to a combination of cultural and religious norms. Girls do not get pregnant by themselves, yet they are often shamed and blamed for the situation they find themselves in. This contrasts with how Christ treated women in the Gospels: with dignity, compassion, and empowerment, never with shame or exclusion.

Throughout his ministry, Christ uplifted and included women, even those marginalized or shunned by society, and called on his followers to do the same. Churches should reflect on whether they embody this Christ-like approach of hospitality and inclusiveness, particularly when ministering to young women facing challenges.

Rather than perpetuating messages of judgment and exclusion, Christian faith leaders should engage all adolescents and their peers in holistic conversations, demonstrating Christ's love and care. The church's message should not isolate or shame individuals but offer hope, healing, and dignity, just as Christ did.

Luke 18:16 reminds us, "But Jesus called the children to him and said, 'Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these,'" underscoring the Christian calling to nurture and protect young people rather than neglecting or excluding them from critical dialogue.³

By treating adolescents as valued and loved community members, churches can become trusted spaces where youth feel safe bringing their questions, concerns, and struggles.

Faith leaders should not shy away from discussions on sensitive topics like sexual and reproductive health. We challenge Christian communities to transcend popular cultural definitions of these terms and engage in compassionate, Christ-centered dialogues that help adolescents thrive spiritually, emotionally, and socially. By doing so, adolescents can experience Christ's love and see faith leaders as approachable and trustworthy.

Be purposeful. Encourage open conversations about these issues involving all congregation members, including those who are not adolescents. Create environments where modern-day adolescents struggling with challenges from media influences, bullying, and societal pressures can find support and understanding.

Are there conversations a team of adults can initiate with your church's youth and community using a vetted curriculum to encourage discussions and build trust?



3. Addressing Traditional Practices

Early and Child Marriage

Early marriage, defined as a marriage where one or both individuals are under the age of 18, poses significant risks to the health and well-being of adolescents.⁹ Various factors contribute to early marriage, including social barriers (such as limited access to health and education services), economic pressures (e.g., using marriage as a financial solution), and religious influences.¹⁰

Young girls who marry early often face limited access to educational opportunities and are at higher risk for health issues, including high-risk pregnancies and emotional distress.¹¹ Additionally, adolescents entering early marriages may lack essential knowledge and understanding of SRH, which can lead to unintended pregnancies and pose serious health risks, especially for those who are not yet physically mature. Therefore, efforts should prioritize both preventing early marriages and protecting adolescents already in, or unable to leave, such situations from the health risks and challenges associated with early pregnancies.

Given these drivers of early and child marriage, Christian faith leaders can actively engage in culturally relevant interventions that address social norms affecting adolescents. Interventions should aim to protect children from being married before they are physically and mentally prepared, while also promoting dignity, compassion, and the protection of the vulnerable through appropriate laws and social norms.

World Vision's Mission to End Child Marriage

World Vision partners with faith leaders, families, schools, and governments to create community-based interventions that protect children's rights and promote education as an alternative to marriage. Faith leaders can model these efforts by advocating for policies that ban child marriage under the age of 18, supporting initiatives that provide better educational opportunities for girls, and encouraging families to keep their children in school.¹²

Impacts of Female Genital Mutilation

The World Health Organization defines female genital mutilation (FGM) as the injury or removal of the external female genitalia for non-medical reasons, which can result in severe health risks like bleeding, infections, childbirth complications, and lifelong harm.¹³ It is frequently performed by traditional practitioners on young girls between infancy and adolescence, affecting over 200 million girls and women globally.

Although no religious texts endorse this practice, FGM is often deeply embedded in cultural norms. In some cases, local faith leaders may support or perpetuate it when it is associated with religious or community traditions. This highlights the importance of educating and sensitizing Christian faith leaders about the harm caused by FGM so that they can become strong advocates against it. Proverbs 31:8-9 highlights the importance of educating and sensitizing Christian faith leaders to advocate against harmful practices, including child marriage and FGM, ensuring that girls are protected and empowered.³

Christian leaders and faith communities can play a key role in opposing FGM by emphasizing its inconsistency with Christian values such as bodily integrity and respect for God's creation.

Ugandan Churches Use Scriptures to End FGM

In 2019, the Uganda Joint Christian Council (UJCC) and the Inter-religious Council of Uganda actively worked to eradicate FGM through training and empowering religious leaders to advocate against the practice. Using a combination of biblical teachings, legal awareness, and community dialogues, UJCC partnered with local churches and government bodies to educate communities on the impacts of FGM.¹⁴

4. Prevention and Education Strategies

Sexual Health and STIs

Christian faith leaders can collaborate with healthcare providers and educators to provide adolescents with factual, age-appropriate sexual health education and raise awareness about STIs.¹⁵ It is worth noting that sexual health education does not have to conflict with messages of abstinence. Faith-based approaches can encourage abstinence while also providing information on contraception, testing methods, and sexual health education to equip adolescents with the tools they need to make informed, responsible choices. Such balanced education has been shown to reduce risky sexual behaviors among youth.¹⁶

However, abstinence-only education, when delivered without additional supportive education, may leave young people unprepared for situations where abstinence is not maintained. This lack of preparation can increase their vulnerability to sexually transmitted infections and unintended pregnancies.¹⁷ Addressing the risks of unprotected sex, promoting the importance of consent, and encouraging responsible sexual behavior can help adolescents make informed decisions. Additionally, engaging parents in their children's health education and providing resources to support open discussions at home further strengthens these efforts. This promotes communication, supports adolescents' rights to health and protection, and aligns with Christian values.

Lea Toto Adolescent Program at Children of God Relief Institute in Kenya

The Lea Toto Adolescent Program, in partnership with faith-based organizations, supports adolescents living with HIV by offering treatment, mentorship, and life skills training. The program aims to reduce stigma and increase adherence to HIV treatment while promoting values of faithfulness in line with Roman Catholic teachings.¹⁸

Chabahiva Trust and the Field Band Foundation in South Africa

The Chabahiva Trust and the Field Band Foundation developed a youth program to train peer educators in South Africa, which increased HIV and AIDS awareness among adolescents. Funded by local businesses and supported by the Waldensian Church, the project expanded to include new youth music bands, highlighting the effectiveness of peer education in raising awareness and promoting safer behaviors.¹⁸

Faith leaders also have a unique opportunity to challenge behaviors and cultural practices that contribute to violence and gender inequality through sermons, counseling, and outreach. Creating safe spaces, such as weekly youth clubs, and expanding youth ministries to include peer support groups can further support open, faith-based conversations about health and relationships. As a result, developing tailored programs on health, consent, and emotional well-being can increase awareness and use of available services among adolescents and youth.¹⁹



Embrace Trusted Sources to Promote Family Planning

Christian faith leaders can effectively facilitate health-promoting behaviors when provided with accurate information. For example, a church-based educational seminar in rural Tanzania addressed interpersonal and intrapersonal barriers to family planning among Protestant church leaders.²⁰ The approach changed the leaders' perspectives and led them to actively teach these perspectives to their communities, promoting a renewed understanding of family planning.

Use Faith-Based Messaging to Overcome Barriers to ASRH

A common challenge is the belief that family planning and certain sexual health practices contradict the Christian faith. Tension often arises from the perception that topics such as contraception and sexual health conflict with biblical teachings on morality, leading many to view these topics through a lens of "right" and "wrong."²¹

This perspective can especially affect young women, who often face societal and religious pressures within their communities. Feelings of stigma, embarrassment, and fear can also prevent adolescents from seeking essential care, leaving many without adequate support and information.²²

Faith leaders can address these concerns by sharing accurate, faith-based messages that respect Christian values; they can create an environment where adolescents feel understood and supported. This approach does not compromise core religious teachings but shows that caring for every person's health and dignity is consistent with Christ's teachings. Through their influence, faith leaders can promote community acceptance of services such as contraception counseling, HIV testing, and violence prevention, making these resources more accessible and reducing stigma.

The **following page** provides examples of how to connect with adolescents and support their SRH needs while aligning with Christian values.

Approaches for Working with Very Young Adolescents (10-14 Years Old)

If you are working with very young adolescents, consider approaches that reflect differences in how they learn and develop. Additionally, engaging multiple sectors, such as health, education, and community programs, helps reinforce key messages and ensure activities are age-appropriate and impactful.²³

Examples:

- *Strengthening Very Young Adolescents in Gender Equality in Bangladesh*²⁴ and *Lessons from Partnering with Faith-Based Organizations in Very Young Adolescent Programming*²⁵ share initiatives to promote gender equality and health for very young adolescents in Bangladesh. These efforts utilized the “Choices, Voices, Promises” approach to challenge gender norms, delay early marriage, and expand access to education and reproductive health services.
- *My Changing Body Manual* educates boys and girls ages 10 to 14 about puberty, building confidence, healthy habits, and a positive self-image as they navigate these changes.²⁶

Community Engagement Through Faith-Based Institutions

If you want to encourage community engagement, then consider a partnership approach like that used by Cordaid, Faith to Action Network, and Al Azhar University in Sud Kivu, Democratic Republic of Congo (DRC), which involved:

1. Engaging faith champions within religious institutions.
2. Developing an interreligious curriculum that combines religious, medical, and sociocultural perspectives.
3. Facilitating interfaith dialogues and training to build understanding and commitment among religious leaders.
4. Publicly declaring commitments through places of worship and media channels to promote awareness and action.²⁷

An additional resource comes in the form of a Sunday School Guide, which Sunday school teachers have used in the “Eglise Du Christ Au Congo” to guide meaningful conversations with adolescents between 14 and 17 years of age about sex education.²⁸ Please note that this guide is currently only available in Swahili Kongo.

Promoting Young Women's Leadership and Advocacy

Explore initiatives like *Young Women for Awareness, Agency, Advocacy, and Accountability* (YW4A) from the Netherlands Government's Ministry of Foreign Affairs. The program includes civil society capacity building, building awareness among young women, and advocating for and monitoring policies that support women's rights.²⁹

Challenging Traditional Masculinity Concepts

The *Transforming Masculinities* project is a model where religious organizations and leaders:

1. Encourage community-led discussions on masculinity and positive alternatives.
2. Provide faith-based support for family planning and sexual health education.
3. Create an environment where adolescents can explore and learn about their sexuality without stigma.³⁰

Preventing Gender-Based Violence

The Tearfund and HEAL Africa project, *Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities*, demonstrates practical approaches to gender-based violence prevention:

1. Organize small-group community conversations to encourage members to reflect on gender equality and positive masculinities through guided discussions, with the goal of challenging beliefs and practices that perpetuate GBV.
2. Create or join Community Action Groups (CAGs) that provide support and advocate for GBV survivors. CAGs offer counseling, referrals, and community outreach to reduce stigma and promote healing.³¹

The Bible is not silent on the realities of GBV. 2 Samuel 13 shares the story of Tamar, daughter of King David, who suffers sexual violence and is met with silence.³ The story highlights the deep harm caused by both abuse and inaction, calling faith communities to break the silence and promote justice, compassion, and care.

Adolescents with Disabilities

Stigma, discrimination, and systemic barriers present significant challenges for adolescents with disabilities in accessing ASRH. Despite having the same rights and needs as their peers, they are often excluded from essential health services and education. Christian faith leaders and community advocates can support these adolescents in receiving the information and support they need.

Kupenda for the Children created the *Sexual and Reproductive Health Needs of Adults and Youth with Disabilities* fact sheet, which addresses the following:

1. Barriers like inaccessible clinics, non-inclusive materials, and provider bias.
2. An increased risk of sexual violence, often compounded by dependence on caregivers and limited access to reporting mechanisms.
3. Restrictions on making decisions about relationships, marriage, and family planning.³²

Adolescent Mental Health

Adolescent mental health is a growing concern, with many young people struggling with anxiety, depression, and suicidal thoughts.

In *HOPE: A Guide for Faith Leaders to Help Prevent Youth Suicide*, the National Action Alliance for Suicide Prevention offers faith leaders practical strategies to support youth mental health and prevent suicide.³³ The guide covers:

1. The role of faith communities in suicide prevention.
2. Recognizing warning signs and guiding those with suicidal thoughts.
3. Supporting families after a suicide loss.

Related Resource:

- *Nae Disha III* from the Emmanuel Hospital Association³⁴
- *Practical Principles to Help Parents and Leaders Guide the Faith Formation of Their Teenage Kids* from World Vision³⁵

Addressing Sensitive Issues Among Adolescents

Understanding and compassion help adolescents thrive. The story of the Samaritan woman at the well (John 4:1-42) shows how Jesus met someone with respect and care despite societal judgment.³ Faith leaders can follow His example by offering love, listening without judgment, and affirming the God-given value of every adolescent. We recognize the sensitivity of the topics below and encourage you to approach them with openness and thoughtfulness.

Caring for LGBTQ+ Adolescents

Adolescents identifying as LGBTQ+ face unique challenges. Faith leaders can provide care and support in these situations by:

1. Having private, respectful conversations with adolescents and their families to listen and emphasize shared values of kindness and respect.
2. Seeking resources to better understand the experiences and challenges these adolescents may face while remaining grounded in a holistic view of relationships derived from our shared faith.
3. Providing pastoral care by offering a listening ear and affirming their inherent value as individuals created by God.
4. Partnering with organizations or individuals who can offer training and resources to address these sensitive topics in a way that aligns with faith values.

Related Resource:

- *Arcus Foundation's Report on Faith-Based Efforts in East Africa*³⁶

Addressing Sensitive Issues Among Adolescents

Addressing Health Risks

Adolescents may face health risks, including those related to unsafe sexual and reproductive health practices. Faith leaders can respond thoughtfully and offer guidance:

1. Encourage open, respectful conversations with adolescents and their families about reproductive health.
2. Understand that unsafe practices can harm health and are often made worse by stigma or lack of information.
3. Use faith teachings to promote trust and open communication in families.
4. Work with local healthcare providers and community groups to help adolescents access safe, appropriate care within the framework of faith and local laws.

Related Resource:

- *Religious Leaders' Handbook on ASRH and Rights* from INERELA+, Save the Children Sweden, and UNESCO³⁷

Addressing Intersecting Identities

Various identities, including race, gender, class, etc., intersect and create unique experiences of oppression and privilege. To effectively respond to these social issues, the ISJA model provides a faith-rooted approach that encourages reflection and transformative action.

The Intersectional See, Judge, and Act (ISJA) model is a faith-based framework co-created by the Tikvah Centre in Kenya that examines social issues through an intersectional lens and helps unmask theological barriers and empowers communities to reclaim faith as a transformative tool for advocacy and equity.³⁸

5. Conclusion

Adolescence comes with many challenges, and young people need guidance, support, and clear information to make responsible choices. Christian faith leaders can create a safe space where adolescents feel supported and valued by starting conversations, addressing harmful practices, and promoting their overall well-being. Proverbs 22:6 teaches, "Start children off on the way they should go, and even when they are old they will not turn from it."³ This verse reinforces that the wisdom and biblical guidance imparted by faith leaders have profound, lifelong impacts on young hearts.

The CCIH Adolescent Sexual and Reproductive Health Task Force developed this guide to provide practical ways to engage young people, discuss complex topics with care, and integrate Christian principles into health education and advocacy. Although challenges exist, we know that faith communities can make a real difference. Every young person deserves to be treated with dignity and respect.

We urge you to consider how your organization can respond.

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