

## THE COMMITMENTS OF FAITH COMMUNITIES IN KENYA ON THE ICPD25



### Introduction

We the religious organizations from the Christian, Muslim and Hindu faiths represented by the Kenya Conference of Catholic Bishops (KCCB), National Council of Churches of Kenya (NCCCK), Supreme Council of Kenya Muslims (SUPKEM), Evangelical Alliance of Kenya (EAK), Hindu Council of Kenya (HCK), Seventh Day Adventist (SDA), National Muslim Leaders Forum (NAMLEF), Shia Ithnasharia and Organisation of African Instituted Churches (OAIC) in Kenya, playing a key role in the aspirations and development of our great nation, especially in the areas of Health, Family, Education and Governance —we collectively observe that:

### The ICPD agenda is detrimental to Kenya wherein:

- a) ICPD assumes that a large population/family is a liability to development, while available data clearly show that the institution of the family is key to development and our people are our nation's greatest asset.
- b) The ICPD25 agenda, ironically being pushed in Kenya by nations that are themselves facing near or below replacement fertility declines, would further decrease Kenya's fertility rate that already is in decline and is one of the lowest rates in East Africa, with serious long-term negative consequences to the wellbeing of Kenyan society.
- c) Morality, which is an indispensable societal good underpinning national development is being undermined by the ICPD25 agenda. The agenda is particularly problematic with regard to "rights and choices" for adolescents in sexual matters and "comprehensive sexuality education," which pushes promiscuity under the deceptive banner of "sexual and reproductive health rights" in ways that violates the rights of Kenyan parents and undermining the moral fabric of our nation.
- d) The provision in the ICPD Principles (paragraph 1) calling for "full respect for the various religious and ethical values and cultural backgrounds" of a nation's people in implementing ICPD is being completely ignored in the ICPD25 agenda.

- e) The definition of health by the World Health Organization (WHO), which was used to develop the ICPD definition of reproductive health, left out the essential elements of “spiritual” and “family wellbeing”. Therefore the ICPD definition is deficient as it does not recognize the role of spiritual and family wellbeing in development.
- f) The provisions in ICPD prohibiting the use of abortion as a method of family planning (paragraph 8.25) and calling upon nations to discourage abortion (paragraph 7.24), are not just being overlooked, but they are intentionally being ignored in favor of an aggressive abortion rights agenda as part of the ICPD25 events to be held in our great nation.

**We the Faith Sector in Kenya** strongly believe that the dignity of the human person is inherent and derives from the fact that we are created in the image and likeness of God. Human dignity should therefore be respected from conception to natural death. It is not man's law that gives us such dignity and the law cannot abuse or take away the human dignity of the preborn person. In fact, binding international law provides children “special safeguards and care, including appropriate legal protection, before as well as after birth” (Convention on the Rights of the Child Preamble). ICPD itself states that “everyone has the right to life (chapter ii, Principle 1).

We also believe that God gave us the gift of procreation and this is best realized between a man and a woman committed to each other in marriage. Children, who are the product of this gift, should therefore grow in a secure environment, benefitting from different teachings and lessons from the father and the mother, making marriage a critical pillar of family life.

### **ICPD 25 Nairobi Summit**

The first International Conference on Population and Development (ICPD) held in 1994 in Cairo, Egypt produced a consensus document (declaration of political will) called the Programme of Action (PoA). We know that this is not a treaty and declare that it is non-binding on Kenya.

**Our understanding is that the ICPD 25 Nairobi Summit goal is to help meet the following “three zeros”**

1. Zero unmet need for family planning.
2. Zero preventable maternal death.

### 3. Zero gender-based violence and harmful practices against women, girl and youth.

While we find these goals commendable (if they are implemented with full respect for our culture and religious values), we are deeply concerned by the commitments being proposed for adoption at the ICPD25 as the means for achieving these goals. These proposed commitments are oriented to institutionalize and propagate sexual and reproductive health rights (SRHR). According to the WHO's in 2015 document entitled Sexual health, Human Rights and the Law, co-published with the Human Reproduction Programme consisting of UNDP, UNFPA, and the World Bank, the term sexual health (which is a key component of SRH/SRHR) encompasses:

- Access to abortion;
- Acceptance of the diversity of sexual behavior and expression (homosexuality, transgenderisms);
- Legalization of sex work (prostitutions);
- Legalization of same sex unions;
- Access to gender reassignment surgery and cross sex hormones;
- Comprehensive sexuality education (CSE) as a crucial component of sexual health; and
- Access to sexual and reproductive health services for adolescents (10-18 years of age) without parental consent and these services include contraceptives and abortion.

SRH/SRHR is an ideology /doctrine that is counter to Kenyan culture and inconsistent with our faith and beliefs. If adopted and committed to by our government, it will lead to the destruction of innocent preborn lives, mutilated men and women, the destruction of the family unit, and moral decadence and a collapse of the human population. We therefore reject the SRH/SRHR ideology/doctrine in total.

We also recognize that:

1. The UN 2030 Agenda encompassing the Sustainable Development Goals (SDGs) is a separate consensus agreement with its own processes. The ICPD summit needs to remain within its original agreement.
2. Family planning is not equal to contraception, as natural family planning is a viable option. Many women don't use contraception by choice or may not want them because of health, religious or ethical concerns; therefore, no amount of contraception will meet their fictitious "unmet need for family planning." Uptake of

family planning can therefore not be measured through the uptake of contraceptives.

3. The leading causes of maternal mortality in Kenya are bleeding, infection and hypertensive diseases in pregnancy. Therefore what Kenya really needs to reduce maternal mortality and what the ICPD agenda should prioritize is the provision of the necessary infrastructure, supplies and equipment, effective referral systems, human and health resources, increased number of skilled birth attendants, higher quality of care and increased access to prenatal and postnatal care for mothers, and particularly for women living in rural settings.
4. Universal Health Care is a major programme that is already being addressed in other policy spaces and need not to be part of ICPD. We hence see no need to highlight reproductive health services in UHC strategies, policies and programmes.
5. Although the term "age appropriate" is often used as a qualifier in the matter of adolescents and youth accessing information, many comprehensive sexuality education (CSE) programmes that are labeled "age-appropriate" contain highly inappropriate materials for youth of any age. We oppose all CSE materials, including those being promoted in the International Technical Guidance on Sexuality Education, which teach children of minor age that they have a right to have sex, a right to abortion, or to sexual choice, or that teach children about sexual pleasure, gender identity ideology, or a right to explore sexual behaviors of any kind (whether homosexual or heterosexual). We denounce such teachings as harmful to our children and offensive to the moral sensibilities and cultural values of most Kenyans.
6. Gains made so far as a result of the **ICPD Programme of Action** have tended to ignore areas that affirm human life, the human family, parental rights, immigrants, etc.
7. Even at a time of great need and vulnerability such as during humanitarian and fragile contexts (for example, refugee camps), international law requires that the host country's laws be respected. We therefore strongly oppose the imposition of highly controversial SRHR policies into such contexts.
8. The WHO definition of abortion is deficient. We hold that abortion is the deliberate killing of an innocent preborn person regardless of who performs it or where it is performed. Therefore it does not make any sense to refer to abortion as "safe" or "unsafe". There are always health risks to the mother, regardless of the circumstances under which abortions are perpetrated and abortion always ends in the death of the child.

We therefore recommend that the UNFPA “commitments” be contextualized as follows:

1. Intensify our efforts for the full, effective and accelerated implementation and funding of the original ICPD Programme of Action, ensuring that implementation is guided by the original ICPD provisions calling for respect for national sovereignty and religious and cultural values and that the ICPD caveats discouraging abortion are emphasized.
2. Zero unmet need for family planning with the understanding that many women need and want support and help with pregnancy and childbirth, not help to prevent pregnancy.
3. Zero preventable maternal deaths, and maternal morbidities, with the understanding that abortion shall never be considered a method of maternal mortality prevention as it is never necessary to intentionally kill a baby to save the mother. Although it may be necessary to deliver a child early to save the mother, we declare that in such cases, every effort should be made to save both mother and child.
4. Ensure access for adolescents and youth to human dignity education that affirms chastity and sexual risk avoidance to shield them from all of the negative mental and physical health consequences of early sex.

**Address violence against women, men, boys and girls and the harmful practices of child, early and forced marriages and female genital mutilation, by committing to strive for**

5. Zero violence against women, men, boys and girls, especially sexual violence and zero child, early and forced marriage, as well as zero female genital mutilation in order to realize each individual's potential as a positive contributor to society – both socially and economically.

**Mobilize the required financing to finish the ICPD Programme of Action by**

6. Using national budget processes, increasing domestic financing to ensure full, effective and accelerated implementation of the ICPD Programme of Action, and doing what is in our power to increase the percentage of official development aid (ODA) specifically earmarked to ensure full, effective and accelerated implementation of the ICPD Programme of Action, within the scope of the original

ICPD Programme of Action with all of its caveats and protections for life and religious and cultural values.

**Draw on demographic diversity to drive economic growth and achieve sustainable development**

**Therefore we commit to:**

7. Harness the demographic dividend by investing in the health, education, wealth creation and employment opportunities of young people.
8. Build peaceful, and just and moral societies, where all people, including the old and the young, people with disabilities, ethnic minorities and indigenous peoples, can participate in a society where they feel valued and are able to shape their own destiny and contribute to the prosperity of their societies.
9. Protect the rights of parents, recognized in the International Convention on Economic, Social, and Cultural Rights, to “ensure the religious and moral education of their children in conformity with their own convictions.” (Art. 13(3).)

**Uphold health care in humanitarian and fragile contexts by**

10. Ensure the basic humanitarian needs of affected populations are met.

In order to enhance our collective strength and to further supplement our government’s commitment to health, we have organized pro-family and pro-life, faith-based side events to network and showcase what we are currently doing in our different spheres of influence while remaining consistent with our faith, beliefs and cultural values. At the end of the event, we will identify programmes that we will run collectively and that are geared towards meeting the three zeros for the good of this country.



Signed on this 31<sup>st</sup> day of October 2019 at Roussel House (Donum Dei), Karen, Nairobi.

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