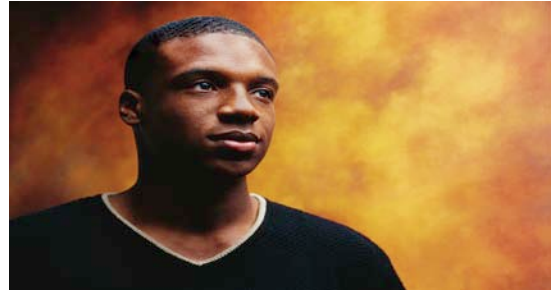




Fact Sheet on the Church and Male Sexual and Reproductive Health behaviour

August, 2010



Introduction

This fact sheet seeks to provide a link between the programmes of the Church and Male Sexual and Reproductive Health behaviour. Behaviour, in essence is dependent on our interactions with the family, our friends, as well as observations of the behaviour of others. Behaviour can best be explained through the concept of social learning. According to Baron and Byrne (2004), social learning is “the process through which we acquire new information, forms of behaviour, or attitudes from other persons.”

The behaviour individuals adopt therefore can be both positive and negative in nature dependent of the influencers of the behaviour. The Church can therefore impact social learning depending on the influence it has on the lives of particular individuals, especially through Family Life Education taught from a Christian perspective.

The Church and its attitude to sex in Jamaica

According to Dr. Pauline Russell-Brown, “this area of sexuality has not been a subject that the church has always willingly embraced....increasingly however, many pastors are realising the need to respond more directly to both the spiritual and sexual needs of adolescents, as well as to deepen their own knowledge and understanding of Adolescent Reproductive Health issues.”

Does Religion Affect Sexual Behaviour?

The National Family Planning Board, 2008 Reproductive Health Survey (RHS) indicates there is a relationship between how often young adults go to church and their level of sexual experience as, of young adult males between the ages of 15 and 24, those who attend church at least once per week, 59.9 percent have had sexual relations, compared with those who attend less than once per month (72.8 percent) and those who stated they never go to church (80.2 percent). The Church therefore plays a role in delaying sexual activity and prolonging the period of primary abstinence, which is positive as it gives individuals more time to get the necessary information to make informed decisions about their Reproductive Health.

What can Churches do to maintain the Reproductive Health of their youth?

According to Family Health International's publication, *Family Life Education: Teaching Adults to Communicate with youth from a Christian perspective* (2006), "In the public health field, research has found that a connection to religion is a protective factor for youth in terms of healthy behaviors in the future. Youth often go to church and expect direction and leadership from adults; yet, many adults in Christian communities need training and resources in order to feel prepared to provide guidance to youth about reproductive health, including the prevention of HIV."

Family Life Education, in this publication is taught to adults through a series of workshops which explore topics such as: communicating with young people, growing and changing, prevention of Sexually Transmitted Infections and HIV, safety and your future, family life as well as resources, responsibilities and next steps.

It may be beneficial for the church community in Jamaica to use a publication such as this to develop workshops along the same lines, providing key members of the church community with the tools and knowledge they need to address Sexuality and Reproductive Health in an effective way.

There are various activities the church community can develop to ensure Christian Family Life Education is a part of church life. Some of these may include:

1. Providing support for parents through group discussion sessions- ensure parents are equipped with the basic facts regarding Sexual and Reproductive Health and are comfortable communicating this information with their children;
2. Teaching and facilitating techniques -engage the services of a facilitator or trainer to teach key members of the church community how to disseminate this information in an effective way;
3. Have workshops for parents- these can include topics such as *motivating children for positive behaviour patterns* and *maintaining a healthy family life*;
4. Have focus groups and workshops for adolescents and adults- these can include topics such as *self esteem and decision making*, *dispelling myths and telling the facts* as well as *Reproductive Health information*; and
5. At the close of the programme, develop an action plan for youth outreach activities.

Did you Know?

According to the 2008 RHS, of males aged 15 to 24 years:

- ✓ The average age that males stated they had their first sexual intercourse was at 14.5 years compared to 13.5 years in 2002. This shows that young adult males are waiting longer to have sex;
- ✓ Of males who had sex in the last 12 months, 39.2 percent have had multiple sexual partners in the last three (3) months and 57.1 percent have had multiple sexual partners in the last 12 months; and
- ✓ 96.1 percent of males who had sex in the last 12 months had sex with a non union partner.

Note: A copy of this publication can be downloaded from the Family Health International website at:

www.fhi.org

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5 Sylvan Avenue Kingston 5, Monday to Thursday between 9:00 and 5:00 pm and on Fridays between 9:00 am and 4:00 pm. Phone us at: 968-1627-31.