"Bridging Beliefs: Integrating Social Accountability and Religious analysis tools to Enhance SRHR Understanding in marginalised Youth"

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While many studies have demonstrated that many religious discourses intersect with other factors such as cultures, policy, and legal frameworks to serve as barriers for access to sexual and reproductive health and rights (SRHR) information and services, some organizations are utilizing religious messaging in curating innovative and inclusive approaches to navigate these religious barriers. In this study, we explore such a religious based approach that acknowledges the critical role of religion and spirituality in many communities and leverages on it to underscore the importance of social accountability in improving SRHR outcomes. This kind of study is important because it concretizes previous findings that demonstrated that the integration of religious perspectives with community engagement strategies led to promising results in improving access to Sexual and Reproductive Health and Rights (SRHR) services for marginalized youth populations.

In that regard, our study seeks to outline a novel approach that combines the Intersectional Community Score Card (ICSC) with the "See-Judge-Act" (SJA) methodology, a tool for analysing religious texts to inform social action. By engaging health workers and community leaders in a process that challenges and reevaluates religious beliefs concerning SRHR, this initiative has facilitated a significant transformation in the provision of health services to young people. In the context of communities where religious beliefs strongly influence social norms and access to health services, the See-Judge-Act methodology offers a structured approach to engage with religious texts critically. This process encourages participants to "See" the realities of marginalized youths' access to SRHR services, "Judge" these realities in the light of religious teachings and ethical considerations, and "Act" by developing actionable strategies to improve service delivery and accessibility.

Simultaneously, the Intersectional Community Score Card serves as a participatory tool that empowers communities to assess and improve health service delivery. By integrating these two methodologies, our initiative within the

Make Way program have created a powerful mechanism for dialogue and action that respects and incorporates religious values while promoting social accountability. Our results indicate a marked improvement in health workers' willingness to provide SRHR services to young people, a demographic traditionally marginalized due to prevailing religious and cultural norms. This shift demonstrates the potential of combining religious engagement with community accountability mechanisms to address complex barriers to service access.

We have found that linking religious engagement with social accountability tools offers a replicable model for other contexts facing similar challenges. Furthermore, it highlights the importance of addressing religious and cultural dimensions as integral components of strategies aimed at improving health outcomes for marginalized populations, particularly in settings where religion plays a significant role in shaping social norms and behaviors.