Religious communities take the lead

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Children constitute a large percentage of the world's poor. There is a strong consensus across most religious traditions about the importance of caring for and supporting them.

Support for children lies at the heart of human progress. Their care and protection serve as a barometer of society's development, well-being, priorities, and values. Religious communities play a key role in responding to poverty and promoting children's health and well-being and are important partners for international organizations such as UNICEF.[1] This essay critically examines some of the opportunities and challenges associated with the role of religious communities supporting children. It provides an overview of child poverty, concrete examples of positive engagement by religious communities to address child poverty, a discussion of a key problematic engagement on behalf of children by religious communities, and some concluding thoughts on how to build on the good work being done, while curbing harmful practices.

POVERTY'S IMPACT ON CHILDREN

Children constitute a large percentage of the world's poor. Poverty is the main underlying cause of millions of preventable child deaths each year and is the cause of tens of millions of children going hungry, missing out on school, or being forced into child labor (UNICEF, 2000).[2] For children, and girls in particular, poverty means limited access to health care, adequate food, and basic education. It often means

violence, abuse, exploitation, or separation from family without recourse to protection or justice. The consequences of poverty can span generations. Poor children often become poor adults, passing poverty along to the next generation in a vicious cycle that is difficult to break.

Because the foundation of an individual's health and well-being is laid during the first years of life, childhood is the most opportune time to break the cycle of poverty. Investing in children is not only a human rights imperative but also a sound economic decision and one of the surest ways for a country to set its course toward a better future (UNICEF, 2008). Spending on a child's health; nutrition; education; and social, emotional, and cognitive development is an investment in a healthier, more literate, and ultimately, more productive and spiritually strong population.

The Millennium Development Goals (MDGs), a development blueprint agreed to by all the world's countries, reflect the importance of focusing on children, especially girls, to eradicate poverty. The eight MDGs — which range from halving extreme poverty to reducing child mortality and to providing universal primary education — relate directly to children. [3]

RELIGIOUS COMMUNITIES AS FRONT-LINE ACTORS

There is strong consensus across most religious traditions about the inherent dignity of every human being and the importance of caring for and supporting children.

With their extraordinary moral authority, religious communities are able to change mind-sets and set priorities for their communities. As leaders within their communities, and as the ones who are often the first to respond to problems, they typically have the trust and confidence of individuals and communities.

With almost five billion people belonging to religious communities, their capacity for action is substantial. From the smallest village to the largest city, through districts and provinces, to national and transnational levels, religious communities offer a large and enduring network for the care and protection of children. In Africa alone, there are an estimated 900,000 religious communities, many of which support vulnerable families and children (Foster, 2006).

The role of religious communities tends to be especially important at the family and community levels, which international organizations and governments are generally less able to reach effectively.

POSITIVE INITIATIVES BY RELIGIOUS COMMUNITIES

Throughout the developing world, religious communities are in the vanguard of promoting actions to ensure that children survive and thrive to adulthood. In clinics and schools; meeting places; youth groups; clubs; and of course temples, churches, mosques, and synagogues, religious communities provide health care for poor families, schooling for vulnerable children, love and support to children and young people affected by AIDS, and skills programs for adolescents. Many of these interventions take place in close collaboration with civil society, governments, and UN agencies such as UNICEF.

Here are a few examples reflecting the diversity of interventions and religious actors:

• During the civil war in El Salvador, the Catholic Church negotiated a cease fire to allow children on both sides of the conflict to be immunized. Similar efforts have been replicated in other conflict-affected countries, such as Sri Lanka and Sudan.

• In Afghanistan, development and humanitarian agencies work closely with religious leaders to promote key programs, including girls' education and child health. Imams regularly promote girls' school enrollment, national immunization days, and other health campaigns through Friday worship across Afghanistan. In areas with limited school and medical facilities, mosques are used as classrooms and immunization centers.

• In the Philippines, the National Coun-

cil of Churches has published Bible-based study guides on children's rights, with numerous parish priests and evangelical ministers integrating child rights into their Sunday homilies.

• Through its Regional Buddhist Leadership Initiative Sangha Metta (compassionate monks), UNICEF has involved a growing number of Buddhist monks, nuns, and lay teachers in the Mekong sub-region and as far away as Bhutan in the Buddhist response to HIV/AIDS prevention and care. What began as a small number of committed monks and nuns has grown into an extensive outreach program. Buddhist leaders are employing ideas and skills they have gained through the initiative to carry out low-cost, sustainable prevention and care activities in their local communities. They have been involved in prevention programs for young people, spiritual counseling, and the support of vulnerable families and children affected by HIV/AIDS.

• In Kenya and Eritrea, development agencies work with religious leaders from different faiths to gain their support and define ways in which they can bring about the abandonment of female circumcision and genital mutilation through sensitization and community mobilization.

• In Egypt, UNICEF and Al-Azhar University (2005) jointly developed a manual, Children in Islam: Their Care, Protection, and Development, designed to underscore how these components are central to Islam. The manual includes research papers and extracts of Koranic verses and hadiths, and sunnas that provide useful guidance on children's rights concerning such things as health, education, and protection.

• In Iran, partnerships with academic institutions, including Mofid University in Qom, Kharazmi University, and Imam Sadegh University, have been devoted to research initiatives exploring the commonalities between Islamic religious teachings and the Convention on the Rights of the Child and have produced a training material on HIV/AIDS for religious leaders.

There are also many global health initiatives, such as the push to eradicate polio, that have benefited significantly from social mobilization activities by religious communities. Several years ago in Nigeria, which is one of the last battlegrounds in the fight against polio, unfounded rumors in northern Nigeria about the safety of the oral polio vaccine stopped the immunization campaign, threatening to undermine the entire global eradication effort. Religious leaders were instrumental in addressing and countering the rumors and getting the campaign back on track.

ORPHANAGES: A MIXED ROLE OF RELIGIOUS COMMUNITIES

As illustrated above, religious communities can play a critical role for children affected by poverty. However, despite the best intentions, religious communities also can have a negative impact on children. One particular area where some religious communities have played a mixed role, especially in relation to addressing poverty, is support of orphanages instead of family- and community-based alternatives for children.[4]

Religious communities are among the groups that have played a significant role in the proliferation of orphanages over the last few decades, particularly in sub-Saharan Africa. In 2003, a study by UNICEF and the World Conference of Religions for Peace of 686 faith-based organizations in Uganda, Kenya, Mozambique, Namibia, Malawi, and Swaziland found that institutional responses — supporting orphanages or shelters for street children — constituted nearly 20 percent of their activities for children (Foster, 2006).

Like Africa, Asia has a large network of faith groups, some of which support orphanages. In Vietnam, for example, Buddhist nuns play an active role in running orphanages (Foster, 2006). A study found that more than 14,575 Vietnamese children (or 11.5% of the total child population without parental care) are residing in several types of institutions in Vietnam. Children in orphanages come from a wide range of backgrounds; lack of family is

rarely the primary reason for admission. Children in orphanages may be street children; children in conflict with the law; or children and adolescents who use or have been using drugs, have been involved in sex work, have been trafficked, or have lost a caretaker (Wijngaarden, 2007).

Religious communities in wealthier countries play an important role in funding orphanages in developing countries. For example, a recent assessment of orphanages by the Malawi Human Rights Commission, following complaints from local communities across the country, found that 70% of orphanages received funding from abroad. The misunderstanding of the word orphan, as explained below, might partially explain why faith-based groups in affluent countries send money for orphanages. Orphanages also present an easy way to "see where the money goes" and, if groups are inclined, to indoctrinate children in a particular faith.

Religious communities, among other proponents of orphanages, have been slow to accept what has become a standard, research-based position among development groups — including the UN, civil society, and governments — that supported and protective family care is the best environment for child development and should be the driving focus of any child-care initiative.

Research shows that family-based care promotes better physical health, stimulation, socialization, and cognitive and intellectual development. As compared with family-based care, orphanages perform much worse on key indicators, negatively impacting the educa-tional, physical, and social development and well-being of children—especially the youngest (Zeanah, Smyke, Koga, & Carlson, 2005).[5] Orphanages also tend to be more expensive than family-based alternatives.[6]

Religious communities, including those in wealthy countries that support initiatives to build and operate orphanages, are sometimes unaware that only a small fraction of the children living in orphanages have lost both parents, which is the common understanding of what it means to be an orphan. International development organizations, including UNICEF, use the term orphan to describe a child who has lost one or both parents. By this definition there are more than 132 million "orphans" in the world today, the vast majority of whom are living with their mother or father.

Organizations and individuals (including faith-based groups) might misinterpret these international statistics, concluding that 132 million children are in need of families and homes and that orphanages are an appropriate response to the "orphan crisis." In fact, the opposite is true. Only a small fraction of children living in orphanages fall into the category of "orphans" that looms so large in the public imagination. The vast majority of children in orphanages — in some cases more than 80%

— have at least one surviving parent; many of these children do not need to be there.

Research has shown that poverty, not the absence of family, is the most common reason for placing children in orphanages. For example, 70% of children in orphanages in Afghanistan were placed because of the loss of a father, although the children still had a mother (the loss of the father generally leads to increased household poverty) (Westwater, 2004). In the poorest communities — where families suffer from chronic hunger, lack of access to basic services, discrimination, and severe health problems, including HIV and AIDS — orphanages are, for the most part, responding to poverty and lack of services, not lack of family.

There are, of course, instances where families are not safe for children. When some form of non-family-based care is necessary (e.g., when older children prefer this option or, in exceptional situations, when there is truly no other option that is in the best interests of the child), residential care should be considered as a last, and temporary, resort and should be integrated with the surrounding community and as family-like as possible.[7]

WORKING TO SUPPORT FAMILY- AND COMMUNITY-BASED ALTERNATIVES

Recognizing the role of faith in Africa and the need to highlight positive ways religious communities can help to alleviate poverty, more than 20 international organizations and faith groups from around the world have developed a guide for religious communities seeking to contribute their resources to support the needs of vulnerable children. The guide, From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa (Olson, Knight, & Foster, 2006), outlines the many ways religious communities can effectively support communities in sub-Saharan Africa to ensure that children remain in family care and, where necessary, implement family- and community-based care interventions.

From Faith to Action recognizes that residential care is sometimes needed as a temporary response or as a last resort for vulnerable children without proper care. The report highlights, for example, the Botshabelo Babies Home in South Africa. Botshabelo was established by the Covenant Life Church to provide services to the poor. Botshabelo operates a children's home for orphaned and abandoned children, many of whom are HIV-positive. The home works toward reuniting children with their families or finding foster families. Rooted in community-based programming, the home has integrated community members to volunteer their time and resources. The project successfully gives immediate care while providing each child with a family and support.

Given the important influence of religious communities and the focus on compassion and understanding in religious teachings, religious communities have the capacity and authority to raise awareness of the importance of keeping children in family care and to promote family-based alternatives when biological families are not willing or able to provide care. Dialogue on family-based alternatives to orphanages is critical to ensure that religious communities have the full range of support and can link with community-based prevention efforts. Technical know-how on how to set up a good foster-care system and ways to effectively promote local adoption is also important.

CONCLUSION

As this essay has demonstrated, religious communities can play a key role for children. Through their vast networks and reach, they are at the forefront in responding to poverty and promoting children's well-being and are critical partners for civil society, governments, and UN agencies. At the same time, even with the best of intentions, religious communities can also have a negative impact on children. It is essential for organizations such as UNICEF to work with religious communities to increase their access to good practice

and evidence-based approaches to support children effectively. The key is to harness one another's strengths to a common vision for supporting children. Such a common vision and partnership can lead to significant results for children, whether related to health care, education, or support for vulnerable children.

NOTES

1. In this essay, religious communities refers to all forms of faith-based actors (e.g., religious leaders, faith-based organizations, religious scholars, etc.). This essay takes a holistic approach to health to reflect the World Health Organization's definition for health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

2. A few statistics (UNICEF, *The State of the World's Children 2009: Maternal and Newborn Health* [2009]):

• Every day more than 25,000 children under 5 die. Most of the 9.2 million children under the age of 5 who die every year are dying from preventable causes like diarrhea, pneumonia, and malaria.

• Some 148 million children under age 5 in the developing world are underweight for their age.

• Some 101 million children of primary school age are not in school.

• More than half a million women still die each year from preventable and treatable complications of pregnancy or childbirth.

3. The eight MDGs focus on poverty and hunger, education, gender equality, child mortality, maternal health, disease, environment, and global partnership for development. For more information go to http://www.unicef.org/mdg/index.html.

4. The word "orphanage" is used to describe any non-family-based care situation that acts as a short- or long-term placement option for vulnerable children. Other similar terms include residential care, institutional care, or group care. Residential care is the preferred term for the type of out-of-home care that conforms to good practice — that is, small, linked with the surrounding community, and situated within a broader child-care system that includes family support services, foster care, and other alternative care options.

5. One study on orphanages in Europe, for example, found that young children (newborn to 3 years old) placed in orphanages were at risk of harm in terms of attachment disorder, developmental delay (i.e., reaching developmental milestones and achieving gross and fine motor skills), and neural atrophy in the developing brain. See EU Daphne Programme 2002–3, "Mapping the Number and Characteristics of Children under Three in Institutions across Europe at Risk of Harm" (Copenhagen: World Health Organization, 2004).

6. In central and eastern Europe and the former Soviet Union, for example, orphanage care is twice as expensive as the priciest alternative (small group homes), three to five times more expensive than foster care, and approximately eight times more costly than providing family and community support services to vulnerable families (Save the Children UK, Protection Fact Sheet: The Need for Family and Community-Based Alternatives to Children's Homes). According to the World Bank, the annual cost for one child in residential care in the Kagera region of Tanzania is more than $1,000 (US), almost six times the cost of supporting a child in a foster home (Mead Over, and Martha Ainsworth, World Bank, "Coping with the Impact of AIDS," in Confronting AIDS: Public Priorities in a Global Epidemic [New York: Oxford University Press, 1997, p. 221, and personal communication with Mead Over.) The text actually reports that institutional care was 10 times as expensive as foster care, but a subsequent review of the data

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indicated that the ratio was closer to six to one.

7. Out-of-home care is a complex issue; however, the vast majority of experts agree that: (1) residential care must be a small part of a range of alternatives and function within a broader child-care system, (2) good gate keeping is needed to ensure that children do not come into residential care unnecessarily, and (3) all other options — family reunification, safe placement with kin, foster care — should be explored before placing a child in residential care and on a regular basis after the child is admitted.

REFERENCES

Foster, G. (2006). Study of the responses by faith-based organizations to orphans and vulnerable children. Available online at: http://www.crin.org/bcn/details.asp?id=8948&themeID=1002&topicID=1016.

Olson, K., Knight, Z. s., & Foster, G. (2006). From faith to action: Strengthening family and community care for orphans and vulnerable children in sub-Saharan Africa: A resource for faith-based groups and donors seeking to help children and families affected by HIV/AIDS. Santa Cruz, CA: Firelight Foundation. Available online at: http://www.faithbased-carefororphans.org

United Nations Children's Education Fund. (2000). Poverty Reduction Begins with Children. New York: UNICEF. Available online at: http://www.unicef.org/nutrition/files/pub_ poverty_reduction_en.pdf.

UNICEF. (2008). The State of the World's Children 2008: Child Survival. New York: UNICEF

UNICEF. (2009). The State of the World's Children 2009: Maternal and Newborn Health. New York: UNICEF.

UNICEF Egypt & Al-Azhar University. (2005). Children in Islam: Their Care, Protection, and Development. New York: UNICEF.

Wijngaarden, J. (2007). Assessment of HIV/AIDS Vulnerability, Responses, and STI/HIV Prevention, Care, and Support Needs of Institutionalized Children in Vietnam. New York: UNICEF. Available online at: http://www.crin.org/bcn/details.asp?id=12691&themeID=1004&topicID=1025.

Westwater International Partnerships. (2004). Children Deprived of Parental Care in Afghanistan: Whose Responsibility? Afghanistan Ministry of Labour and Social Affairs & UNICEF Afghanistan. Available online at: http://www.crin.org/bcn/details.asp?id=13698&themeID=1001&topicID=1006

Zeanah, C., Smyke, A., Koga, S., Carlson, E. (2005). Attachment in Institutionalized and Community Children in Romania. Child Development 76, 5, 1015–1028.

Liberation and Healing
Jean Vanier

To have a mission means to give life, to heal, and to liberate.... And we can become people of liberation and of healing because we ourselves are walking along that road toward inner healing and inner liberation. Healing begins here, in myself.