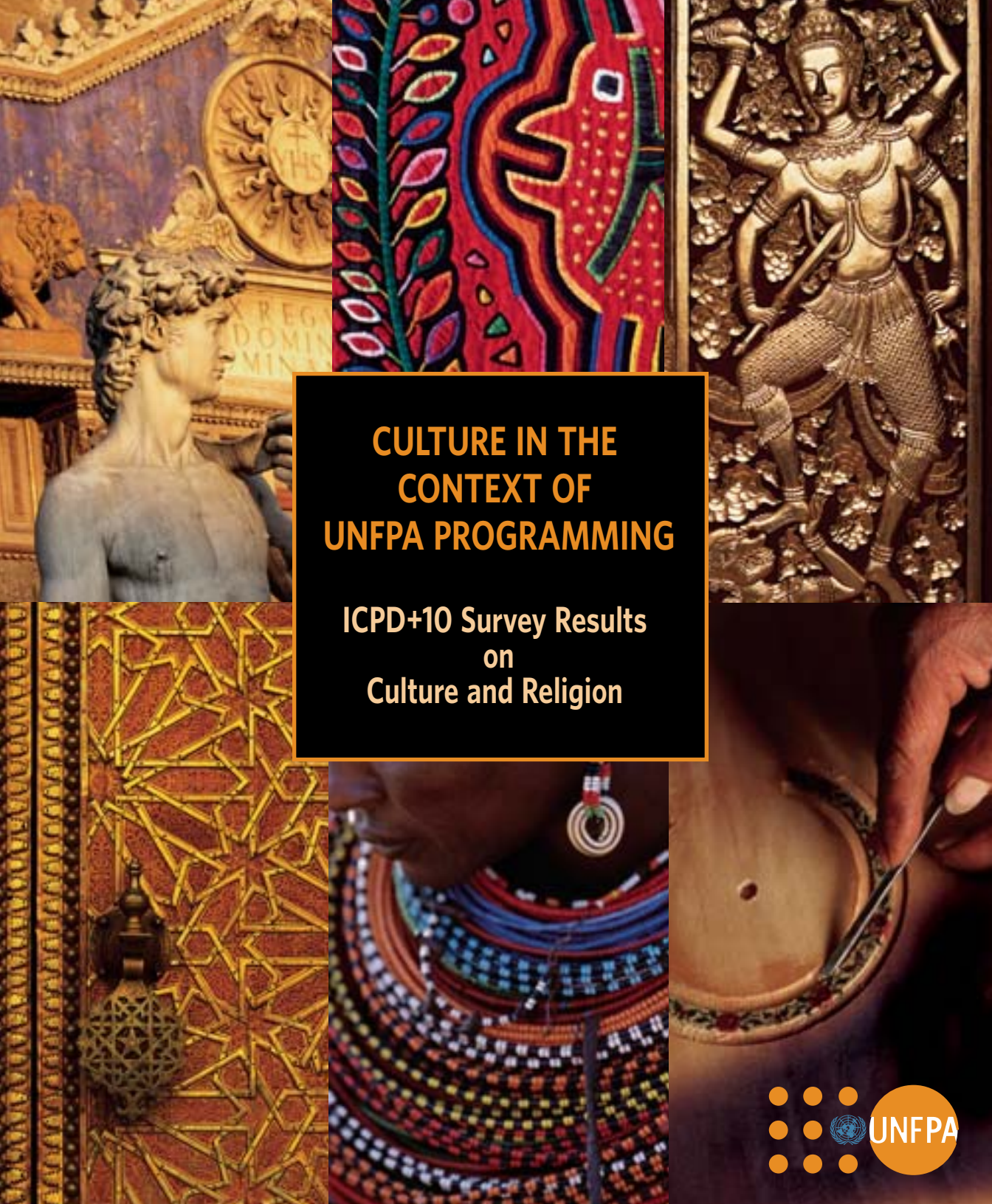

CULTURE IN THE CONTEXT OF UNFPA PROGRAMMING

ICPD+10 Survey Results on Culture and Religion

UNFPA

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A more detailed analysis of survey results, including country-specific responses, is available from the culture, gender and human rights branch, technical support division, UNFPA. Contact Maysoon Melek at melek@unfpa.org

CULTURE IN THE CONTEXT OF UNFPA PROGRAMMING

ICPD+10 Survey Results on Culture and Religion

FOREWORD

The review provides an in-depth analysis of responses to questions on culture and religion in the ICPD+10 survey conducted in 165 countries in 2004, ten years after Cairo. It examines the impacts of culture on programming in four key areas: gender equity and equality, reproductive health and rights, adolescent reproductive health, and HIV/AIDS, with the objective of detecting regional trends that could help geographic divisions and UNFPA Technical Support Teams target their interventions at the programmatic level.

Following are some of the more important findings of this analysis:

- *At the regional level, each region produced a very specific profile.* Africa produced a very complex profile where cultural factors were entry points and constraints. The Arab region considered culture a constraint because customs and traditions have a great impact on social behaviour. Eastern Europe and Central Asia revealed a profile where the impact of culture was less complex than other regions. Asia's major cultural constraint was patriarchy, while in Latin America, religion; patriarchy and the culture of machismo were cited as keys cultural barriers.

- *Religion as practiced and interpreted is a powerful force, with both positive and negative impacts on programming.* In some areas, religious leaders, institutions, and beliefs work toward the same ends as does UNFPA, for example, in reducing rate of maternal mortality and HIV/AIDS prevalence, while in other areas religious interpretations were seen by most countries as a constraint, for instance by prohibiting the use of condoms and increasing the stigmatization of those with HIV/AIDS.

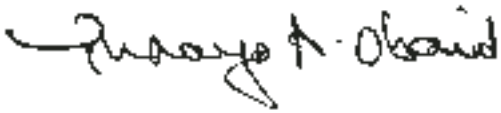
- *Sex and sexuality are widely regarded as taboo,* especially where adolescents are concerned; this taboo is a constraint to adolescent reproductive health.

- *A number of cultural practices related to marriage were identified as harmful,* among them early marriage, FGC/FGM, and widow inheritances.

The report's recommendations include building alliances with community leaders as well as faith and faith-based organizations around areas of common concern, helping to break the wall of silence around young people and reproductive health and raising awareness on the harmful effects of various cultural practices.

It is my firm belief that policy-making and programming informed by an understanding of these realities will enhance our effectiveness.

Finally, I wish to thank the team that produced this research. In particular, Maysoon Melek, Culture Advisor-TSD-CGHR Branch for initiating and leading this research, Rita Raj, the Consultant who worked on the raw data from the survey and developed the preliminary results, Lois Jensen who edited it and Nan Oo Kyi who followed up on coordinating the research and formatting and printing this report.



Thoraya Ahmed Obaid
Executive Director
United Nations Population Fund

THE 1994 INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT WAS A MILESTONE IN WOMEN'S RIGHTS.

The conference adopted a 20-year Programme of Action, signed by 179 countries, that addresses issues ranging from gender equality and violence against women to ensuring women's ability to control their own fertility.

Ten years later, what difference has the ICPD really made? To answer that question, UNFPA developed and administered a survey to assess countries' progress in implementing the Programme of Action.

This publication focuses on the impact that culture has had on the achievement of ICPD goals. More specifically, it analyses the responses to four questions included in the UNFPA survey that attempted to gauge the influence of culture on UNFPA programming. The questions asked how the cultural context in which UNFPA programmes operate either contributes to or constrains progress in four areas: gender equity and equality and women's empowerment; reproductive rights and reproductive health; adolescent reproductive health; and HIV/AIDS. Countries were asked to provide detailed responses to all four questions.

The objectives of the analysis are twofold: to identify global, regional and thematic trends that could help UNFPA target its assistance more strategically, and to help the organization sharpen its 'culture lens' at the policy and programming levels.

SUMMARY OF GLOBAL FINDINGS

The survey was administered in 165 developing countries and countries in transition with a response rate of 92 per cent or 151 countries, out of which 146 countries provided responses to the questions on cultural context.

The majority of these 146 countries considered culture to be a constraint in implementing the ICPD Programme of Action in all four areas of inquiry. However, in many cases, culture was viewed as both a contributing factor and a constraint.

Following are key global findings:

- **Religion is a powerful cultural force, with both a positive and negative impact on programming.** Religion was cited as a key cultural factor by all regions in all four areas of inquiry. In some respects, religion was regarded as a positive influence: religious leaders and institutions of all faiths support UNFPA programmes. Moreover, norms on sex and sexuality associated with various religions tend to discourage premarital sex and promote monogamy and fidelity. Individual country responses also referred to the fact that religious precepts urging compassion for those less fortunate contributed to the care and support of people living with HIV or AIDS.

  However, religion was also seen by most countries as a constraint in several respects: by prohibiting the use of condoms (in some cases, even among spouses), discouraging the education of adolescents on reproductive health matters, and increasing the stigmatization of those living with HIV or AIDS.

  This finding suggests that forging partnerships with religious leaders and groups should be a priority area for UNFPA, both to build upon those aspects of religion that promote the ICPD Programme of Action and to begin a dialog around those aspects of religion that are holding progress back.

- **Talking about sex and sexuality is widely regarded as taboo, especially where adolescents are concerned.** Countries in all regions mentioned taboos surrounding the discussion of sex and sexuality as a constraint to adolescent reproductive health. Early marriage is prevalent in many of these societies, making it even more difficult to meet the needs of young people.

  This finding points to the urgent need to break the wall of silence surrounding young people and reproductive health.

- **Patriarchal attitudes and machismo values, which are rooted in culture, were regarded as a constraint in all regions.** Conversely, matriarchy was considered a positive force in a number of countries in Africa, the Caribbean and Oceania.

  The findings indicate that further research on the influence of patriarchal attitudes and machismo values on gender and human rights programming could yield significant benefits.

- **Cultural and religious factors sometimes encourage stigmatization of people living with HIV or AIDS.** Many countries across the globe indicated that cultural and religious values encourage the stigmatization of people living with HIV or AIDS, who are often perceived as leading sexually immoral and deviant lives. On the other hand, religious and traditional family values were also cited as contributing to their care and support.

  Education is crucial in addressing stigma and discrimination. Religious leaders and groups as well as extended families are key sources of support for people living with HIV or AIDS.

- **A number of cultural practices related to marriage were identified as harmful.** Many African and some Asian countries cited various practices associated with marriage as constraints. These included early marriage (Africa and Asia), polygamy (Africa), and widow inheritance (Africa and Asia), all of which contribute to the transmission of HIV and other reproductive health problems.

  Raising awareness, especially among elders and community leaders, about the potentially harmful effects of these practices is one means of addressing them. More immediate measures include counselling men and women on HIV prevention and promoting the institutionalization of welfare benefits to support widows and their children.

- **Female genital mutilation/cutting is detrimental to the health of girls as well as a violation of their rights.** Countries in Africa and some Arab States indicated that the practice is a serious constraint to progress in gender and reproductive health.

  UNFPA should continue its efforts to create an enabling environment that supports the elimination of this harmful practice. This could include dialog with traditional and religious leaders, opinion leaders and politicians on the health impact of female genital mutilation/cutting. At the same time, by working through traditional and community leaders, alternative rituals could be encouraged that build on the positive cultural values associated with the practice.

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FINDINGS BY REGION

Culture and religion are perceived differently in every region:

Africa

The cultural profile of Africa appears far more complex than that of other regions, based on the number of cultural factors – both positive and negative – cited by responding countries. A number of cultural factors were mentioned only by African countries, including pronatalism (an attitude or policy that encourages childbearing), polygamy and customary law. Religion, per se, did not appear to be as strong a cultural factor in Africa as in most other regions, although the influence of religious organizations was significant. Customs and traditional practices appeared to have a greater impact in areas relevant to UNFPA.

Arab States

Culture was considered more of a constraint than a contribution to UNFPA programming in the Arab States. The major factor cited as a positive influence in response to all four questions was religion, or the involvement of religious groups. Religion was rarely regarded as a constraint.

In contrast to every other region surveyed, culture was considered more of a contributing factor than a constraint in the fight against AIDS. Certain Islamic beliefs and advocacy and awareness-raising on the part of religious leaders and groups were cited as positive cultural factors.

Eastern Europe & Central Asia

Compared to other regions, the impact of culture in Eastern Europe and Central Asia is seemingly less complex. Only a handful of cultural factors were mentioned as either contributing to or constraining the ICPD Programme of Action. These included religion, patriarchal social structures and attitudes, taboos surrounding discussion of sexuality, traditional values, and stigmatization of people living with HIV or AIDS. One reason behind this could be the relatively low response rate to questions about culture in the region.

Asia

Customary laws in Buddhist cultures contribute to gender equity and equality and to women's empowerment, according to survey results. The main constraint in this area is patriarchy, which was cited as a barrier by all 16 Asian countries that responded to this question. Other negative factors

included purdah (concealing or secluding women by means of a veil or curtain), dowries, son preference and child marriage. Many religions traditions – Buddhist, Hindu, Muslim – were viewed as contributing to reproductive rights and reproductive health. These faiths, in addition to Catholicism, were also seen as cultural factors contributing to progress against AIDS, mainly by promoting care and compassion for those affected and discouraging premarital and extramarital sex. However, as in other regions, religion was regarded as both a positive and negative influence.

Oceania

The high status accorded to women in several Pacific Island countries, resulting from customary practices and a matriarchal social structure, was cited as a key factor in gender equity and equality and women's empowerment. In fact, the positive contribution of culture in this regard served as an equal counterbalance to cultural constraints. In every other region, cultural factors were considered more of a hindrance than an incentive to gender equality and equity.

Latin America

In Latin America, culture is overwhelmingly regarded as a constraint to UNFPA programming, according to the survey results. Religion (most of the countries are predominantly Catholic), patriarchy and the culture of *machismo* were cited as the main barriers.

The Caribbean

Culture was regarded as more of a constraint than a contributing factor to progress in areas of UNFPA concern, but not overwhelmingly so, as in Latin America. Religion was a strong factor in the Caribbean, with both a positive and negative impact.

Patriarchy was regarded as a barrier to gender equality by all eight countries in the Caribbean that responded to the question. However, as in a number of Pacific Island countries, matriarchal social structures and cultural practices that elevate the status of women in society were moderating influences.

FINDINGS BY THEMATIC AREA

The four areas explored in the questions on culture were gender equity and equality and women's empowerment; reproductive health and rights; adolescent reproductive health; and HIV/AIDS:

Gender Equity and Equality and Women's Empowerment

Cultural factors that were cited as contributing to gender equity and equality were matriarchy, customary laws and religion. A major hindrance was patriarchy, which was cited as a constraint by 63 per cent of all responding countries, representing every region except the Arab States. The other constraint globally, except in Oceania, was religion, though it was of less concern than patriarchal attitudes. As shown in Table 1, 27 percent of responding countries indicated that culture contributed to the promotion of gender equity and equality, and women's empowerment; 90 percent felt that culture was a constraint.

Table 1: Cultural Context in relation to gender equity, equality and women's empowerment

REGION	CONTRIBUTED TO	CONSTRAINED
Africa	7	39
Arab States	5	8
Asia	5	16
Oceania	7	7
Eastern Europe & Central Asia	3	12
Latin America	2	13
Caribbean	2	8
Total number of countries responding: 114	**31*** **(27% of total)**	**103*** **(90% of total)**

* *The percentage of countries responding adds up to more than 100 percent in this table as well as in the tables that follow because some countries answered that culture is both a contributing factor and a constraint.*

A number of factors were cited as contributing to gender equity and equality. They include matriarchy, customary laws and religion (see Table 2).

A major constraint to gender equity and equality is patriarchy, which was cited as a constraint by every region except the Arab States (see Table 3). The other constraining issue globally, except in Oceania, is religion, though it is of less concern than patriarchal attitudes. The responses suggested that culture is often interpreted — or its values manipulated — by men, to the detriment of gender equity and equality.

Reproductive Rights and Health

The most pervasive aspects of culture that contribute to reproductive rights and health, according to the survey, are religion and support from religious and cultural NGOs. In fact, countries in all regions, except the Caribbean, men-

Table 2: Cultural factors that contributed to gender equity and equality and women's empowerment

CULTURAL FACTORS	AFRICA	ARAB STATES	ASIA	OCEANIA	EASTERN EUROPE & CENTRAL ASIA	LATIN AMERICA	CARIBBEAN	TOTAL
	Total number of countries responding							
	7	5	5	7	3	2	2	31
General	1	4	3		1	1		10 (32%)
Matriarchy/matrilineal social structure	3			2			1	6 (19%)
Customary law				4				4 (13%)
Religion		1			2			3 (10%)
Support of religious and cultural NGOs	2							2 (6%)
Family values	2							2 (6%)
Other			3	1		1	1	6 (19%)

Table 3: Cultural factors constraining gender equity and equality and women's empowerment

CULTURAL FACTORS	AFRICA	ARAB STATES	ASIA	OCEANIA	EASTERN EUROPE & CENTRAL ASIA	LATIN AMERICA	CARIBBEAN	TOTAL
	Total number of countries responding							
	39	8	16	7	12	13	8	103
General	17	5	1		2	5		30 (29%)
Patriarchy	18		16	6	9	8	8	65 (63%)
Religion	2	1	2		1	1	1	8 (8%)
Early marriage	5	1	1				1	8 (8%)
Customary laws	5		2					7 (7%)
Widow inheritance	4							4 (4%)
Machismo, acceptance of male promiscuity						1	2	3 (3%)
Son preference			3					3 (3%)
Forced marriage, including abduction	3							3 (3%)
Female genital mutilation/cutting	2							2 (2%)
Polygamy	2							2 (2%)
Dowry			2					2 (2%)
Conservatism		2						2 (2%)
Other	8			2		3		13 (13%)

Table 4: Cultural context in relation to reproductive rights and reproductive health

REGION	CONTRIBUTED TO	CONSTRAINED
Africa	7	39
Arab States	7	8
Asia	8	12
Oceania	4	8
Eastern Europe & Central Asia	4	8
Latin America	2	14
Caribbean	2	11
Total number of countries responding: 112	**34*** (30% of total)	**100*** (89% of total)

tioned the beneficial impact of religion or of religious and cultural NGOs in this regard.

At the same time, religion was also seen as the most significant barrier to reproductive rights and reproductive health. Countries in all regions, except the Arab States, cited religion as a constraint. Taboos surrounding the discussion of sex and sexuality were regarded as limiting factors in about a quarter of the countries responding, followed by patriarchy. As can be seen in Table 4, 30 percent of countries felt that culture was a contributing factor in the

Table 5: Cultural factors contributing to reproductive rights and reproductive health

CULTURAL FACTORS	AFRICA	ARAB STATES	ASIA	OCEANIA	EASTERN EUROPE & CENTRAL ASIA	LATIN AMERICA	CARIBBEAN	TOTAL
	Total number of countries responding							
	7	7	8	4	2	2	2	32
General	1	2	1					4 (12%)
Religion		3	6	1		2		12 (35%)
Support of religious and cultural NGOs	4			2	3	2		11 (32%)
Matriarchy/matrilineal social structure	3						1	4 (12%)
Traditional family values & support	1		2					3 (9%)
High esteem accorded to women				2				2 (6%)
Sexual norms & importance of virginity	2							2 (6%)
Traditional family planning methods	1							1 (3%)
Other		2			1		1	4 (12%)

promotion of reproductive rights and reproductive health; 89 per cent felt it was a constraint. The Arab States had an almost equal number of countries indicating that the cultural context in which UNFPA operates was both a contributing factor and a constraint.

Aspects of culture that contribute to reproductive rights and reproductive health are religion and support from religious and cultural NGOs, as seen in Table 5. This was true in all regions except the Caribbean. This finding emphasizes the importance of collaborating with these organizations to increase the effectiveness of UNFPA programmes.

Religion was also seen as the most significant barrier to reproductive rights and reproductive health (see Table 6).

Table 6: Cultural factors constraining reproductive rights and reproductive health

CULTURAL FACTORS	AFRICA	ARAB STATES	ASIA	OCEANIA	EASTERN EUROPE & CENTRAL ASIA	LATIN AMERICA	CARIBBEAN	TOTAL
	Total number of countries responding							
	39	8	12	8	8	14	11	100
General	8		1					9 (9%)
Religion	6		4	1	5	12	8	36 (36%)
Taboos against discussing sex	11	3		3	2		7	26 (26%)
Patriarchy	11	1	5	2		3	1	23 (23%)
Female genital mutilation/cutting	10	2						12 (12%)
Pronatalism	12							12 (12%)
Early marriage	9						1	10 (10%)
Customary laws	5							5 (5%)
Widow inheritance	4							4 (4%)
Forced marriage, including abduction	2							2 (2%)
Polygamy	4							4 (4%)
Early pregnancy	2							2 (2%)
Son preference			2					2 (2%)
Arranged marriage	1							1 (1%)
Other		4	5	1	2	1	3	16 (16%)

Countries in all regions cited religion as a constraint, except in the Arab States. Taboos surrounding the discussion of sex and sexuality were regarded as constraints in about a quarter of the countries responding (none of which were in Asia or Latin America). This was followed by patriarchy, which was an issue in 23 per cent of responding countries (none of which were in Eastern Europe or Central Asia).

Adolescent Reproductive Health

Forty percent of responding countries (most of them in Africa and Asia) mentioned traditional family values and sexual norms and values as positive factors in adolescent reproductive health. Religion was also mentioned as a positive influence by more than a third of responding countries, most of them in the Arab States.

The major constraints highlighted in the survey were sensitivities and taboos around the discussion of sex and sexuality with adolescents (mentioned by 67 per cent of responding countries, representing every region). Another major barrier (cited by a quarter of responding countries in every region, except the Arab States) was religion, related mainly to forbidding discussion of such issues, especially with adolescents. Early marriage was mentioned as a constraint by 14 per cent of responding countries, most of them in Africa.

As shown in Table 7, 32 per cent of responding countries felt the culture was a contributing factor in the promotion of adolescent reproductive health; 85 per cent felt it was a constraint. More countries in the Arab States indicated that culture was a contributing factor to adolescent reproductive health, rather than a constraint.

As shown in Table 8, traditional family values and sexual norms and values were considered the main cultural factors that contributed to the promotion of adolescent reproductive health (except in the Arab States, Latin America and the Caribbean). Religion was also mentioned as a

Table 7: Cultural context in relation to adolescent reproductive health

REGION	CONTRIBUTED TO	CONSTRAINED
Africa	7	38
Arab States	7	6
Asia	8	14
Oceania	3	7
Eastern Europe & Central Asia	4	7
Latin America	0	16
Caribbean	3	10
Total number of countries responding: 115	**32*** (28% of total)	**98*** (85% of total)

Table 8: Cultural factors contributing to adolescent reproductive health

CULTURAL FACTORS	AFRICA	ARAB STATES	ASIA	OCEANIA	EASTERN EUROPE & CENTRAL ASIA	LATIN AMERICA	CARIBBEAN	TOTAL
	Total number of countries responding							
	12	7	8	3	4	0	3	37
General		1	1					2 (5%)
Sexual norms and values; traditional values	7		6	1	1			15 (41%)
Religion		6	2		3		2	13 (35%)
Cultural practices	1			1			1	3 (5%)
Support of religious and cultural NGOs				2				2 (5%)
Community involvement			1					1 (3%)
Other	6	1					1	8 (22%)

Table 9: Cultural factors constraining adolescent reproductive health

CULTURAL FACTORS	AFRICA	ARAB STATES	ASIA	OCEANIA	EASTERN EUROPE & CENTRAL ASIA	LATIN AMERICA	CARIBBEAN	TOTAL
	Total number of countries responding							
	38	6	14	7	7	16	10	98
General	4		1				3	8 (8%)
Taboos against discussing sex and sexuality	25	4	14	4	3	7	9	66 (67%)
Religion	4		3	3	2	8	5	25 (26%)
Early marriage	10	1	2				1	14 (14%)
Female genital mutilation/cutting	9							9 (9%)
Patriarchy, machismo		1				2		3 (3%)
Traditional values			1		2			3 (3%)
Early sexual relations	3							3 (3%)
Forced marriage, including abduction	1							1 (1%)
Multiple partners	1							1 (1%)
Other	12	2		2		2		18 (18%)

positive influence in the Arab States, Eastern Europe and Central Asia, the Caribbean and Asia.

The major constraint highlighted in the survey is sensitivity –and taboos – surrounding discussions of sex and sexuality with adolescents (see Table 9). This was true in all regions. Religion was another major barrier, except in the Arab States. Early marriage was cited as a constraint to adolescent reproductive health by 14 percent of responding countries.

HIV/AIDS

More than a third of responding countries regarded the support of religious and cultural NGOs as beneficial in addressing the epidemic. More than a quarter mentioned the positive impact of traditional family values and sexual norms and values.

The major constraints highlighted in the survey were taboos surrounding the epidemic and the stigmatization of people living with HIV or AIDS and those perceived as high-risk groups. This was true for all countries responding in the Arab States (100 per cent), and for the majority of responding countries in Asia (94 per cent), Eastern Europe and Central Asia (87 per cent), the Caribbean (85 per cent), Oceania (67 per cent), and Latin America (61 per cent). Religion was also mentioned as a constraint by countries in all regions, including more than half of the countries responding in Latin America.

As shown in Table 10, 38 percent of responding countries felt that culture was a positive force in the fight against HIV/AIDS; 87 per cent felt it was a constraint. This pattern reversed itself only in the Arab States, where ten countries indicated that culture was a contributing factor, and only six countries regarded it as a constraint.

More than a third of responding countries regarded the support of religious and cultural NGOs as a positive factor in the fight against HIV/AIDS. More than a quarter mentioned traditional family values and sexual norms and values as helpful in addressing the pandemic (see Table 11).

Table 10: Cultural context in relation to HIV/AIDS prevention

REGION	CONTRIBUTED TO	CONSTRAINED
Africa	15	38
Arab States	10	6
Asia	10	16
Oceania	3	9
Eastern Europe & Central Asia	3	8
Latin America	1	13
Caribbean	3	10
Total number of countries responding: 115	**45*** (38% of total)	**100*** (87% of total)

Table 11: Cultural factors contributing to HIV/AIDS-related activities

CULTURAL FACTORS	AFRICA	ARAB STATES	ASIA	OCEANIA	EASTERN EUROPE & CENTRAL ASIA	LATIN AMERICA	CARIBBEAN	TOTAL
	Total number of countries responding							
	15	10	10	3	3	1	3	45
General		2	3					5 (11%)
Protection of girls	7		6	1	1			15 (40%)
Religion			7					7 (15%)
Support of religious and cultural NGOs	6	5		2	2	1		16 (35%)
Sexual norms and values; traditional family values	6	2	3		1			12 (27%)
Other		1	3				2	6 (13%)

The major constraint highlighted in the survey was the stigmatization of people living with HIV or AIDS and those perceived as high-risk groups. This was true for all countries responding in the Arab States, and the majority of countries in Asia, Eastern Europe and Central Asia, the Caribbean, Latin America and Oceania. Religion was also mentioned as a constraint by most regions, including more than half the responding countries in Latin America (see Table 12).

Table 12: Cultural factors constraining HIV/AIDS-related activities

CULTURAL FACTORS	AFRICA	ARAB STATES	ASIA	OCEANIA	EASTERN EUROPE & CENTRAL ASIA	LATIN AMERICA	CARIBBEAN	TOTAL
	Total number of countries responding							
	38	6	16	9	8	13	13	103
Stigma, prejudice	14	6	15	6	7	8	11	67 (65%)
Religion	5	1	2	3	3	7	3	24 (23%)
Patriarchy, machismo	5		2			3	2	12 (12%)
Sexual practices including wife-sharing, frequent divorce, multiple partners, 'cleansing' through virgins	10							10 (10%)
Polygamy	11							11 (11%)
Wife inheritance	11							11 (11%)
Tattoos and scarification	6							6 (6%)
Female genital mutilation/cutting	5							5 (5%)
Misconceptions about the causes of HIV/AIDS	5							5 (5%)
Pronatalism	4							4 (4%)
Early marriage		1						1 (1%)
Other	8	2	2	3		3	1	19 (18%)

RECOMMENDATIONS FOR FUTURE ACTION

The findings from this survey provide field-based evidence that UNFPA can use to increase the effectiveness of its programmes – either by developing culturally sensitive approaches that can help remove cultural barriers to the implementation of the ICPD Programme of Action or to build upon cultural factors that reinforce it. The findings can also be used by UNFPA to develop more targeted policies and advocacy efforts.

Additional research may be necessary – in selected countries in each region, on a pilot basis – to devise specific policy and programme interventions. Areas of inquiry, suggested by survey responses, include stigmatization of people living with HIV or AIDS, taboos surrounding discussion of sex and sexuality, and the cultural and economic reasons behind early marriage.

UNFPA geographic divisions, together with the culture, gender and human rights branch, could also develop regional advocacy strategies to target specific cultural practices highlighted in the survey. Advocacy campaigns could involve local power structures that are able to work from within to break down barriers and resistant institutions.

Devising country-specific recommendations on how to strengthen UNFPA alliances with formal and informal power structures at the local level, including religious and cultural leaders, women's organizations and human rights groups, could also be carried out on a pilot basis.

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