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SEXUAL REPRODUCTIVE HEALTH EDUCATION AND INTERVENTIONS (SRHEI): COUNSELLING PRACTICES IN DELIVERANCE CHURCH, KENYA

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Abstract

The literature usually overstates the complex relationship between religion and sexual and reproductive health education for young adults, particularly when it comes to church-based initiatives. This study aimed to comprehend the nature and approach of Deliverance Church of Kenya programmes within their various belief systems in order to guide the development of successful programmes. Interpretive descriptive design was employed. Information was collected at the Mosocho Deliverance church in Kisii region. In-depth interviews were conducted with young adults, pastors and church members. Focus groups were held with parent and youth church groups in addition to youth groups from Technical and Vocational Education and Training (TVET) colleges. The data was analysed using Atlas.ti v.23. Church-based interventions, which are in line with dominant moral beliefs, mostly focus on providing information and abstinence until marriage. These interventions are carried out by integrating them into already-existing church initiatives and working with other parties in specialized fields like contraception. A reductionist focus, a single information-sharing approach, ineffectiveness, superficiality, impracticality, conflicts between religious doctrine and daily reality, and a lack of pastor comprehension and transparency regarding SRHEI were among the limitations noted. Churches have alliances and important communication channels that could be used to support SRHEI initiatives. However, this study raises serious concerns regarding the overall effectiveness of church-led SRHEI projects by highlighting a biassed focus on church teachings and notable conflicts between idealized techniques and real-world implementation.

Keywords: religion, sexual, reproductive health education, youth

INTRODUCTION

Adolescent and youth sexual and reproductive health (SRHEI) and religion have a complicated relationship (Ajuwon et al., 2016). It involves opposing points of view. Effective service delivery may be hampered by these divergent viewpoints. This observation is supported by a number of investigations. For example, Abdulla discovered that married couples' sexual and reproductive health behaviors in rural Kenya are significantly influenced by their religious convictions. Crucial elements include hostility to contraception, faithfulness, and abstinence (Maticka-Tyndale & Tenkorang, 2010). The behaviors of their followers are also greatly influenced by religious leaders. Numerous issues pertaining to religion and SRHEI are regularly brought to light by studies. These consist of religious and moral convictions. They also deal with the stigma attached to delicate subjects (Odimegwu & Mkwananzi, 2019). Along with different interpretations and hierarchy within religious systems, gender roles and conventions also play a role. These difficulties are additionally exacerbated by cultural and societal considerations, as well as resistance to change.

Religious moral systems frequently place a strong emphasis on abstinence (Oduro & Boakye, 2015). When talking about abortion, contraception, and premarital sex, this might cause conflict. Stigma originates from taboos around issues like abortion, contraception, and sexual diversity. Access to healthcare and candid discussion are hampered by this stigma. In religious environments, traditional gender norms can exacerbate inequality, particularly for women and girls. Discussions over SRHEI

are made more difficult by varying interpretations of religious doctrine and hierarchical structures (Abdulla, 2014). The execution of evidence-based programming may be slowed down by religious institutions' resistance to change. Religion and culture are closely related in many African communities. This makes treating SRHEI much more difficult. Researchers emphasize the value of enlisting communities and religious leaders as partners in order to overcome these obstacles (Paltzera & Taylorb, 2021). It is essential to clear up misunderstandings, emphasize common ideals, and present fact-based information. Effective AYSRH interventions must respect religious views while promoting the rights and welfare of young people (Pfeiffer et al., 2023).

Religious health assets (RHAs) are the subject of a large body of research on the role that religious organisations play in SRHEI. RHAs are resources within religious organisations that can be utilized for public health or development, according to Schmid et al. (2018). Anything that enhances health and well-being is considered a health asset, according to Morgan and Ziglio (2017). The African Religious Health Assets Programme has been the focus of RHA research, especially in Africa. Strengthening faith-based health initiatives is the goal of this programme. Churches are an important subject for research because a significant portion of the population in sub-Saharan Africa is Christian (Akerman et al., 2020; Karisa et al., 2025).

The significance of religious institutions, particularly churches, in promoting AYSRH (adolescent and youth sexual and reproductive health), has frequently been explained in broad strokes. Instead of being supported by concrete facts, these descriptions are based on conjectures regarding their possible worth. This method may exaggerate the health advantages of faith-based organisations (FBOs), according to Tomalin et al. (2019) Research based on actual SRHEI therapies in churches is severely lacking (Idler, 2022). According to Van Bortel et al., (2019) further research is required to identify, theories, and assess the value and necessity of religious health resources, such as SRHEI programmes run by churches. According to Olivier and Wodon (2020), the data in this case is inconsistent. It also contains disparities in perspectives, knowledge gaps, and frequently opposing viewpoints and objectives. Effective policy suggestions are hampered by the absence of reliable and compelling supporting data (Karam et al., 2019).

Empirical research is essential to comprehending practical situations and going beyond theoretical assertions. The purpose of this study was to categorize and explain the types of SRHEI services that are offered in churches. It acknowledges how critical it is to comprehend the many viewpoints of everyone concerned. To make sure that treatments resonate with the local population, it is crucial to comprehend precise habits, beliefs, and viewpoints. Adolescents' perceptions of SRH are shaped by authority figures, including parents and other carers who are impacted by regional religious views. Thus, it is crucial to consider church-based SRHE interventions from the perspectives of parents, youth, church leaders (pastors), and other stakeholders, such as government representatives and educational institutions. Church leaders might think that their actions are significant SRHE interventions because they are consistent with their beliefs. Younger folks, however, can have a different perspective on things. The focus on abstinence, for instance, may appear impractical. There may be contradictory messages on contraception in both church and school settings.

Golo et al. (2019) draw attention to the ongoing balancing act between information acquired from peers and other sources and that which is learnt at family, church, and school. This demonstrates that even well-meaning efforts may be disregarded or turned down. Van Bortel et al. (2019) draw attention to the ambiguity of services based on religious health. What constitutes SRHE services is not well defined, and it is not apparent who makes these decisions. The precise nature and significance of faith's role in healthcare are not fully known, as noted by Karam et al. (2019). Cochrane highlights the need of investigating the inner workings of religion. This entails comprehending faith-based groups' commitments, behaviors, attitudes, and motivations in light of their own knowledge and convictions.

Although most Religious Health Assets (RHA) debates are theoretical, numerous research look at actual church-based AYSRH therapies. Research and initiatives such as the HOPE Project (SAFFI),

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CCMP (Malawi), Faith to Action Initiative (Uganda), church-based Adolescent Sexual and Reproductive Health Project (Kenya), and PACT Faith-Based Initiative (Nigeria) investigate SRHE within congregations, building on the work of Cochrane and others. Understanding church interventions at the congregational level is what this study seeks to advance (Oman, 2018). The study investigates SRHE interventions carried out by churches where the programme aligns with their values and religious views. The objective is to comprehend the interventions that churches themselves believe are pertinent in light of their own knowledge and perspective.

Research Questions

a) What services or interventions do churches appear to be offering in accordance with their doctrine and practices?

b) In what ways are these interventions carried out?

Aim of the Study

The aim of the study is to comprehend the existing role that churches play in SRHEI and to determine how to best utilize their interventions to improve the health of young people.

METHOD

A qualitative research approach was used in this study. It employed an interpretative description research approach and purposive sampling within a pragmatic paradigm, as Thorne (2016) explains. Data collection by the first author took place between February and March of 2026. The study was conducted in Kenya's Kisii area, specifically in Mosocho. The sample population comprised key stakeholders pertinent to Adolescent and Youth Sexual and Reproductive Health (AYSRH). It included, in particular, ecclesiastical leaders (pastors) who carry out AYSRH interventions in religious contexts, parents from church groups who have opinions and expectations about church-based SRHEI programmes, school administrators from nearby schools who watch and interact with youth on SRHE issues in the school setting and who are connected to local churches, young students from local churches and college students in the target communities who are exposed to both collegiate and community-related issues and who also participate in church activities.

Two pastors, twenty-five church members and twenty-nine youths were interviewed in-depth as part of the data gathering process, which was based on the aforementioned purposive sample. Focus group discussions (FGDs), were also held among ten parents and three youth groups leaders. As recommended by Creswell, the qualitative method of data analysis was in line with interpretive description. Atlas.ti v.23 was used to analyze the qualitative data. A qualitative data analysis method was used to examine the gathered information. The analysis adhered to this approach's principles because the study was interpretive descriptive in character. According to Thorne (2016), data analysis using an interpretive descriptive methodology concentrates on the phenomena and the practice field's context (Creswell & Poth, 2016). Data was coded into similarities and differences, patterns and linkages, and associations were made utilizing methods such as constant comparative analysis. These trends were then turned into conclusions, which included suggestions for enhancements, modifications to the law, instructional materials and ways for professionals to become more knowledgeable and sensitive.

FINDINGS

This study investigated at how religious beliefs and practices influence SRHE therapies provided by churches in order to better understand and utilize these interventions for increased efficacy.

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Church SRHE Interventions

Thematic map (Figure 1) provides a summary of the seven different types of treatments that were found.

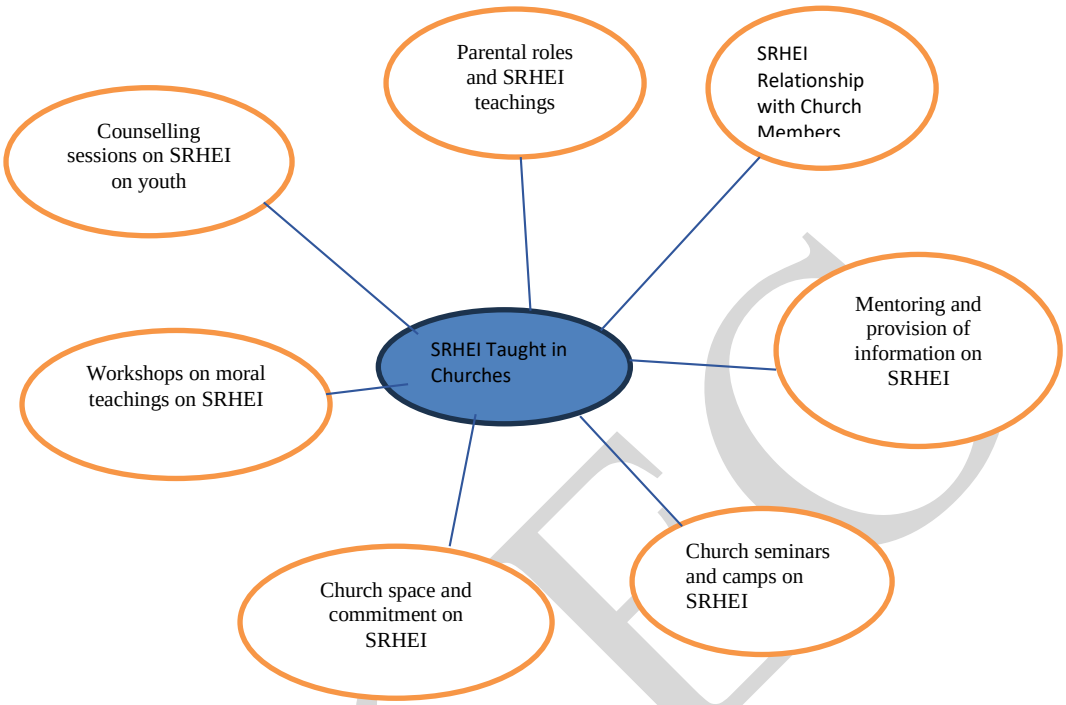

Figure 1. SRHEI services offered by the Church

As can be seen from Figure 1, Church SRHE Interventions are "Parental roles and SRHEI teachings", "SRHEI Relationship with Church Members", "Mentoring and provision of information on SRHEI", "Church seminars and camps on SRHEI", "Church space and commitment on SRHEI", "Workshops on moral teachings on SRHEI", and "Counselling sessions on SRHEI on youth".

Mutual SRHEI Service Partnerships with Stakeholders

Churches establish collaborations with various stakeholders in their community to offer SRHEI services. Four types of partnerships exist.

Churches and non-governmental organisations (NGOs) form the initial collaboration. Men on Track is one example of an NGO that was cited. In this collaboration, the NGOs supply the different kinds of interventions or services that pastors are unable to handle and the subjects that pastors believe are too contentious to discuss, while the churches supply the meeting space (venue) and the youth (participants) attend the SRHEI sessions. Teaching girls about womanhood and respecting boys, and teaching boys about qualities of manhood and respecting girls, are some of the interventions (Cochrane, 2016). The NGO's senior personnel with experience and peer-trained staff often conduct the teaching. Along with ensuring that controversial and problematic matters are addressed by an outsider to maintain the pastors' legitimacy and prevent controversy inside the church, the partnerships allow churches and church leaders to overcome their capacity restrictions on some SRHEI concerns. As follows, one preacher eloquently explained what other pastors had also said:

> "Although some of the initiatives, including instructing young people use condom, go against church doctrine, my church collaborates with NGOs to offer SRH programmes to youth. The NGO is partnered with my church. They conduct youth programmes on problems related to sexual and reproductive health. Boys' and girls' programmes are also offered. Boys receive instruction on respect for girls and elders, sexual and reproductive health issues, and manhood. The programme occasionally together young girls

> and boys to empower them in all matters pertaining to youth. The church program's facilitators are knowledgeable about youth concerns and can provide the young people with trustworthy information about public health services."

Even though the NGO tackles contentious SRHEI issues, there is still tension and hostility between them and the church. "Some of the teachings, like condomizing, are in conflict with church teachings and beliefs," the same priest clarified. As the children provide their parents with criticism regarding the lessons, this causes discomfort for the members (Morgan, 2017). Though slightly different, the second type of cooperation is comparable to NGO partnerships. In order to provide SRHEI information sessions, churches in this cooperation use the services of professionals from local government or private health facilities, such as church-affiliated doctors or nurses. One pastor made the following claim:

> "By bringing in additional knowledge that the pastors lack from their training at theological colleges, our church works with health experts. Since sexual and reproductive health isn't even covered in the theological college curriculum for pastors, churches should collaborate with experts in the field and invite them to mentor our young people in the church."

Another pastor also mentioned collaborating with government health facilities, saying:

> "Officials from the Department of Health help us to properly educate young people about abstinence and the negative effects of risky sexual behaviour. They also provide workshops for parents to teach them how to talk to their children about SHREI. Because they like to spiritualize things and place more emphasis on victims than prevention, Christian parents find it extremely challenging to have conversations with their children regarding SHREI. When anything goes wrong, Christian parents discuss SHREI with their children."

This partnership's benefit is that, despite the reluctant acceptance of contentious topics, the services and activities are sensitively facilitated by knowledgeable individuals, reducing tension and conflict. One pastor, for example, said:

> "Experts in their respective age groups lead the conversations. It is the responsibility of the pastors who work with the church programmes to lead these youth events with a prayer before motivating the young people with the Bible verses that will be pertinent to the topic of discussion that day."

The mutual relationship that churches and their pastors build with organisations that work with youth, such schools, is the third type of cooperation (Tomalin, 2019). As part of the relationship, teachers in churches supply and supplement SRHEI information, while pastors speak to schoolchildren on certain SRHEI subjects. By tackling subjects that churches find awkward to discuss, this partnership allows some stakeholders to supplement the churches' SRHEI knowledge. One school administrator, for example, said the following:

> "Churches find it difficult to handle [sex discussions] because to their sex-related behaviors and beliefs. Church doctrine promotes abstention. And the church will tell you that it is wrong to have sex before marriage because the Bible says it is sin. The majority of young people desire to have sex, despite the fact that it is sinful, and they do it purely for the experience. What's wrong if I had it before getting married? they'll ask. Many of them do not refrain from having sex because they consider it sinful. However, we tell them here at school that if they do it, they will become sick, have a child, and ultimately be unable to attend school and be left to fend for themselves. Additionally, you will be raising the child alone if the person who pregnant you choose not to marry you, which will have a significant psychological impact on the girl."

A pastor gave an explanation of the relationship between pastors and schools. He said the following:

> "The problem of SRHEI is multifaceted. There are other young outside the church, such as those in schools, who need help for SRHEI, but the church can only address the issues facing the youth within the church. Therefore, collaboration with other stakeholders, such as schools, is necessary."

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The fourth area, which talks about churches and church leaders playing a public role relating to SRHEI, can be connected to the third area of partnership (Turner and Gotmark, 2023). Church leaders play a public role in public institutions like schools and in public gatherings where SRHEI problems are discussed, rather than concentrating solely on church members:

> "As a pastor, schools occasionally ask me to speak to the youth about SRHEI issues. Though they cover a range of topics, morality and leading a decent life as a young person are among them."

Churches hold their own specialized workshops in addition to forming partnerships to offer a range of SRHEI services. The church seminars' main goal is to talk about delicate SRHEI topics using a "biblical SRHEI package" that is found in the Bible (Mbarushimana et al., 2019). The goal of the conversations is to increase churchgoers' understanding of how to handle SRHEI concerns, "particularly sex issues." This is meant to guarantee that church sermons are suitable. However, throughout the workshops, sex-related topics are not publicly discussed. One parent clarified during a focus group discussion that:

> "The pastor of our church offers seminars on the biblical concept of sex on a regular basis. Young people can raise questions in this setting, but the church does not go into depth about the conversations because of its [lack of] transparency around sexual matters."

The severe realities of sexual irresponsibility are shown to young people via programmes, particularly those involving minors (Greyling et al., 2016). In order to illustrate the detrimental repercussions of making an early sexual debut, failing to refrain from having sex until one is married, and not having safe sex, people who are homeless are occasionally interviewed and recordings are exhibited. One pastor gave the following description of the events at his church:

> "I am using the homeless people's testimonies to change the lives of the young people at my church. Almost every Sunday, we walk out onto the streets with the young people to provide homeless individuals with assistance. We ask the homeless young boys and girls about their experiences here. The majority of these homeless people's experiences tell us that their lives weren't horrible to begin with, but they made poor decisions. Thus, the young learned to behave responsibly in all areas of life, including sexual matters, by being exposed to the results or repercussions of the lives of homeless people, which began well but are now going bad."

By educating children about healthy sexual behaviour as an act of self-love and self-worth and overcoming the pressure of transactional sex, churches also aim to protect young people from engaging in such behaviors (Ashriady et al., 2024). Young people from the community, both church-going and non-church-going, participate in these activities in mixed groups. What they emphasize in the SRHEI and sex teachings is explained by one preacher:

> "We teach self-value, or respecting oneself, to young people in our church and community. We invite non-Christian youths to participate in these church programmes. Take care of yourself, respect your body, and don't give yourself away for a single man or woman because you are valuable. Maintain sexual purity for your own good."

Parental Roles and SRHEI Teachings

Churches help parents become better equipped to deal with SRHEI. Building parents' abilities by teaching them how to communicate effectively with their children is known as capacity development (Ahmed et al., 2025). This guarantees that parents will be better equipped to talk to, counsel, and respond to their children on various SRHEI issues in a way that is both culturally and biblically grounded. There are events in the church to address this, and one pastor emphasized that parents need to be prepared to handle SHREI in their families. She said the following:

> "We hold regular meetings for both men's and women's groups. Do they have to preach together all the time? The purpose of SRHEI is also to educate parents on the subject. A few of the parents are parents without children. Without sending his daughter to an aunt, how can a widower African father discuss her first menstruation with her? It is imperative that the church take more action. As a result, we have these many conversations at our church."

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The necessity of expanding and strengthening parents' ability to talk about SRHEI issues outside of the church setting and in the context of the home was also emphasized (Thorne, 2016). Parents must be proficient in this area since the house was found to be a crucial location for SRHEI knowledge. According to one preacher, said the following:

> "Giving parents the tools they need to discuss SRHEI issues with their kids at home is crucial. The importance of "communication, communication, and communication" should be understood by everyone. The pastor and parents, as well as the church elders and parents, ought to have more discussions regarding SRHEI. Like a friend to a friend, parents should talk to their kids in the house. This implies that the church should place a strong focus on biblical truth and assist parents in understanding God's biblical views on sexuality. This will enable parents to start biblical discussions with their kids and encourage them to talk to their friends. We conduct our church parenting and family discussions in this manner."

Finding children without parents in the church and assigning them to parental carers is another aspect of church parent education (Mertens, 2019). Young people without parents can get parental care and biblical counsel on various AYSRH difficulties when they are assigned parents in the church. One participant in a parent FGD mentioned the following:

> "For children whose parents are not members of the church, the church offers an adoption programme. Families inside the church adopt children whose parents are not churchgoers in order to raise them in a Christian family environment. This gives them a chance to learn about the expectations of the church about sexual matters, something these young people may not learn from their households if they do not attend church."

Mentoring and Provision of Information on SRHEI

Young people are receiving SRHEI mentoring from their churches. The goal of this coaching is to help the young people develop skills that will help them avoid sex and get ready for marriage (Denzin and Lincoln, 2018). In order to fulfil the SRHEI duty, church leaders prioritize upholding moral principles and chastity as essential attributes. The following is how one pastor described the mentoring:

> "As a mentorship and accountability tool, we have one-on-one talks with the young people. This promotes constructive discussions about sexual matters. The young person needs to be vulnerable by talking to the pastor or another church leader about their issue. The leaders will then direct him to a biblical resource. The leaders are accessible to the young people in order to help and motivate them to maintain abstinence. And for young people to open up, it needs bravery."

However, because young people don't always come out or open themselves to receive help, the pastors admit that mentoring is a challenging assignment (Saldana, 2021). Despite the call to mentorship, young people find it difficult to share SRHEI difficulties with pastors. According to one pastor, said that:

> "Pastors find it difficult to get young people to open up. They find it awkward to divulge their secrets to them. It takes guts for young people to confide in church leaders, particularly the pastor."

Some pastors use their churches as information hubs to help ensure that young people in the churches have easy access to SRHEI information. One pastor, for instance, said the following:

> "Although it's not much, we serve as an information hub at our church. The church offers a youth desk where young people can obtain information about sexual and reproductive health issues. Youth may easily obtain information about sexual and reproductive health as well as many other topics, such drug usage, thanks to the youth desk."

Counselling Sessions on SRHEI on Youth

Platforms for mentorship include open dialogue, one-on-one counselling, and church settings. To assist young people who present with difficulties, some church leaders have one-on-one conversations and meetings with them (Barbie, 2021). Young people are able to open up about various associated SRHEI difficulties thanks to these conversations. According to one pastor said that:

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> "To try to lessen the harm I would have observed, I have chats with unmarried males. These young people come to me with issues, such as having gotten a girl pregnant and not knowing what to do. I therefore constantly strive to assist and counsel them based on God's Word."

Additionally, some churches engage in ad hoc, nondirective, open dialogues with youth. The talks are conducted as part of parent-child dialogues, church programmes, youth groups, and mentorship discussions (Koletic et al., 2021). They are also held as a follow-up after young children or family exhibits symptoms of a problem. In a FGD, a parent said the following:

> "In our church, we have a mentorship scheme where older Christian men meet with young boys to discuss personal development and occasionally sexuality-related topics. They occasionally attend a father-son camp where sexuality-related topics are discussed. Sexuality concerns between mothers and daughters or fathers and sons are often covered during Youth Day. In many traditional African households, having sex is frowned upon. Unless there are exceptional circumstances, sex-related matters are handled on an as-needed basis."

Workshops on Moral Teachings on SRHEI

Though their emphasis on SRHEI activities varied, all church leaders stated that they take part in public youth events (Li et al., 2016). SRHEI is frequently discussed by pastors throughout National Youth Month, which ends with the celebration of the June 16 holiday (National Youth Day) and the Day of the African Child. These events and activities aren't well-organized, though. According to one pastor, said the following:

> "Our feet are not on the pedals. Our SRHEI events are not always organized or carried out in a methodical manner. During June's National Children Month, we attempt to highlight SRHEI issues with a greater emphasis on children."

Church Space and Commitment on SRHEI

Church-specific SRHEI initiatives, such as SRHEI material development and material provision to discourage transactional sex, are carried out by churches (Wilkinson, 2019). Sundays are set aside for discussing SRHEI-related topics. Some churches have created activities expressly dedicated to SRHEI in addition to receiving assistance from NGOs or conducting their regular church youth programmes. Churches have created materials specifically for SRHEI. This is what one preacher said:

> "Young Adult, a programme run by our church, uses a manual that emphasizes abstinence while also covering life skills topics like safe sex, teen pregnancy, drugs, and alcohol. In addition to carrying out events under a particular plan, churches hold special Sunday services, such "a Wellness Sunday," to talk about SRHEI issues. These Wellness Sundays invite experts to speak to the congregation about issues relating to SRHEI. "Specialists or pastors share their knowledge on SRHEI and guide parents and youth in church" for instance, on Youth Sundays or Wellness Sundays."

In order to keep young, impoverished females from using transactional sex as a means of survival, churches frequently offer material resources. Participants in a parent focus group discussion described what their church provides:

> "Providing certain disadvantaged young girls with food, education, clothing, and shelter in order to prevent them from turning to transactional sex as a means of meeting their material requirements. Because it goes against the church's core tenet of no sex before marriage, transactional sex is seen negatively by the church. Additionally, it exposes females to unintended pregnancies and STIs like HIV/AIDS, which can damage their schooling and careers."

Church seminars and camps on SRHEI

Church youth camps and youth seminars on youth sex and life skills are held in addition to church capacity in the shape of buildings and workshops (Mutie, 2019). One church's parent FGD reported that:

> "Hold youth camps where some aspects of sexuality are effectively addressed."

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A young people's focus group discussion also mentioned attending camps and hosting seminars where they talk about SRHEI concerns. As a church:

"We recently held an indaba where professionals were invited to come and address our youth on such sexual concerns", according to the young people's focus group discussion.

DISCUSSIONS, CONCLUSION, and RECOMMENDATIONS

According to this study, churches are actively participating in Adolescent and Youth Sexual Reproductive Health (SRHEI) interventions in a variety of areas by using their locations to provide a range of services and events. Church members frequently carry out these multidimensional initiatives both directly and in partnership with outside parties including non-governmental organisations, public health facilities, and educational institutions (Magezi, 2018). From mentoring young people getting ready for marriage and giving resources and information to prevent dangerous sexual behaviour, to offering individual and group counselling through seminars and youth camps, the approaches cover a wide range. Additionally, churches are using a variety of strategies, such as emphasizing the harmful effects of unsafe sex, setting up youth centers, teaching parents how to communicate better with their kids, and starting mentorship programmes to foster parent-child relationships around SRHEI issues (Prata & Weidert, 2020). Along with providing care and direction to orphaned adolescents on sexual concerns within a theological framework, they also host special talks and specialized youth services at camps and take part in national events to address issues such as teen pregnancy.

Even with these admirable efforts, there are still issues and problems with AYSRH activities being implemented in churches. Some survey participants stated that certain churches did not offer any AYSRH services at all, while others thought the services that were offered were ineffective or meaningless (Engel et al., 2019). Concerns were expressed that the material offered would be unworkable and unrelated to the real-life experiences of young people, and that the interventions might only touch on the surface of problems without conducting in-depth follow-up. Partnerships may also be hampered by a perceived discrepancy between AYSRH services provided by government and international organisations and those provided by churches (Kim, 2017). A trend towards a reductionistic approach that focuses exclusively on biblical interpretations of morality and particularly emphasizes abstinence and sex inside marriage was also noted by critics. Along with a lack of clarity or silence on important issues like the efficacy of condoms in Christian message, the survey also revealed an apparent inability to manage the tension between religious aspirations and the realities of young people's sexual activity. Furthermore, the interventions were frequently criticized for their reliance on a single strategy centered on religious teachings and for some pastors' limited knowledge of SRHEI, which can result in a lack of transparency and uncertainty in their engagement with these delicate issues and, ultimately, a narrow view of AYSRH that is primarily focused on sex and sexuality.

However, this study also discovered that church practices continue to emphasize abstinence until marriage, with opposition to condom usage promotion since it is thought to be impossible. This viewpoint surfaced in a variety of church programmes and communication channels, including as sermons, camps, youth groups, and gender-based organisations. Positively, churches prioritize moral and biblical teachings that are consistent with their spiritual mission. Their main function in SRHEI interventions is information sharing, which is frequently included into customary practices including Bible study, catechism, and discipleship. Religious leaders have power because of their teachings and the admiration they receive. The exclusive emphasis on communication has drawbacks, such as preaching without taking social reality into account, but it also provides predictability when forming alliances with churches.

This study separates the church's operations into spiritual and practical facets, revealing a duality in its approach to health. While churches focus their spiritual activities on clergy responsibilities, they also oversee hospitals and schools on a practical level. Their management of healthcare facilities and their

spiritual teachings frequently diverge as a result of this separation (Wilkinson, 2019). As a result, nothing is known about health interventions at the "congregational ecology level" (Wilkinson, 2019). This study adds to the body of research on churches at the grassroots level by illuminating the congregational ecology of health services (Mutie, 2019; World Health Organization (WHO), 2020)].

Church interventions don't fit into complete SRHEI frameworks and aren't diverse enough. According to the WHO (2020), UNFPA (2019), the International Conference on Population and Development (1994), and the Universal Declaration of Human Rights, SRHEI includes social, mental, emotional, and physical well-being in all facets of sexuality and reproduction. In addition to preventing illness, ASRH programmes seek to provide adolescents with rights-based access to services (Thorne, 2016). By disseminating SRHEI information in a variety of contexts, churches are already involved in creating demand, but they do not support the supply side. Their position might be improved by stepping up their communication efforts and growing their alliances with healthcare providers. This study examines current services, draws attention to their shortcomings, and offers chances to improve SRHEI interventions using cooperative methods.

Conclusion

This study examined how SRHEI therapies used by churches aligned with religious practices and beliefs in order to find ways to improve the efficacy of these interventions. Based on the moral principles of chastity, the study found a number of unique AYSRH initiatives, most of which were focused on promoting abstinence until marriage and disseminating knowledge. Two main strategies were used to deliver these interventions: cooperative relationships with outside stakeholders and pastor-led programmes included into church programmes. These collaborations make it easier to implement interventions that address contentious issues that pastors see as outside of their purview, such family planning and condom use. According to this study, churches' established partnerships and information and communication platforms are important assets that can be used to support SRHEI programmes. This study highlights the conflicts between idealized techniques and real-world application while validating findings from previous research on church-based SRHEI. It also offers subtle insights into the narrow emphasis of church teachings. This conflict calls into doubt the general effectiveness of SRHEI initiatives run by churches.

Recommendations

Based on the study's findings, the following practical recommendations are proposed to enhance the effectiveness and real-world impact of church-based Sexual and Reproductive Health Education/Information (SRHEI) programs:

- ✓ Empowering Church Leadership: Church leaders should be provided with science-based education on reproductive health to enable them to competently discuss real-world topics alongside theological and moral teachings.
- ✓ Fostering Strategic Partnerships: Formal, trust-based collaborations should be established with healthcare professionals and non-governmental organizations (NGOs) to address sensitive subjects, such as family planning, objectively.
- ✓ Creating Safe Spaces: Confidential and non-judgmental platforms should be institutionalized within the church environment, allowing youth to seek information and ask questions without fear of social stigma.
- ✓ Curriculum Adaptation: Program curricula should be tailored to address contemporary youth behaviors and prevalent health risks, while carefully maintaining alignment with the core faith values of the community.

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Ethics and Conflict of Interest
All ethical rules were observed at each stage of the research. The author declares that he acted in accordance with ethical rules in all processes of the research. The author declares that they do not have any conflict of interest with other persons, institutions or organizations.

Data Availability
The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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