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# 7 How Societies Change Family Planning and Cultural Norms

## *The Challenge*

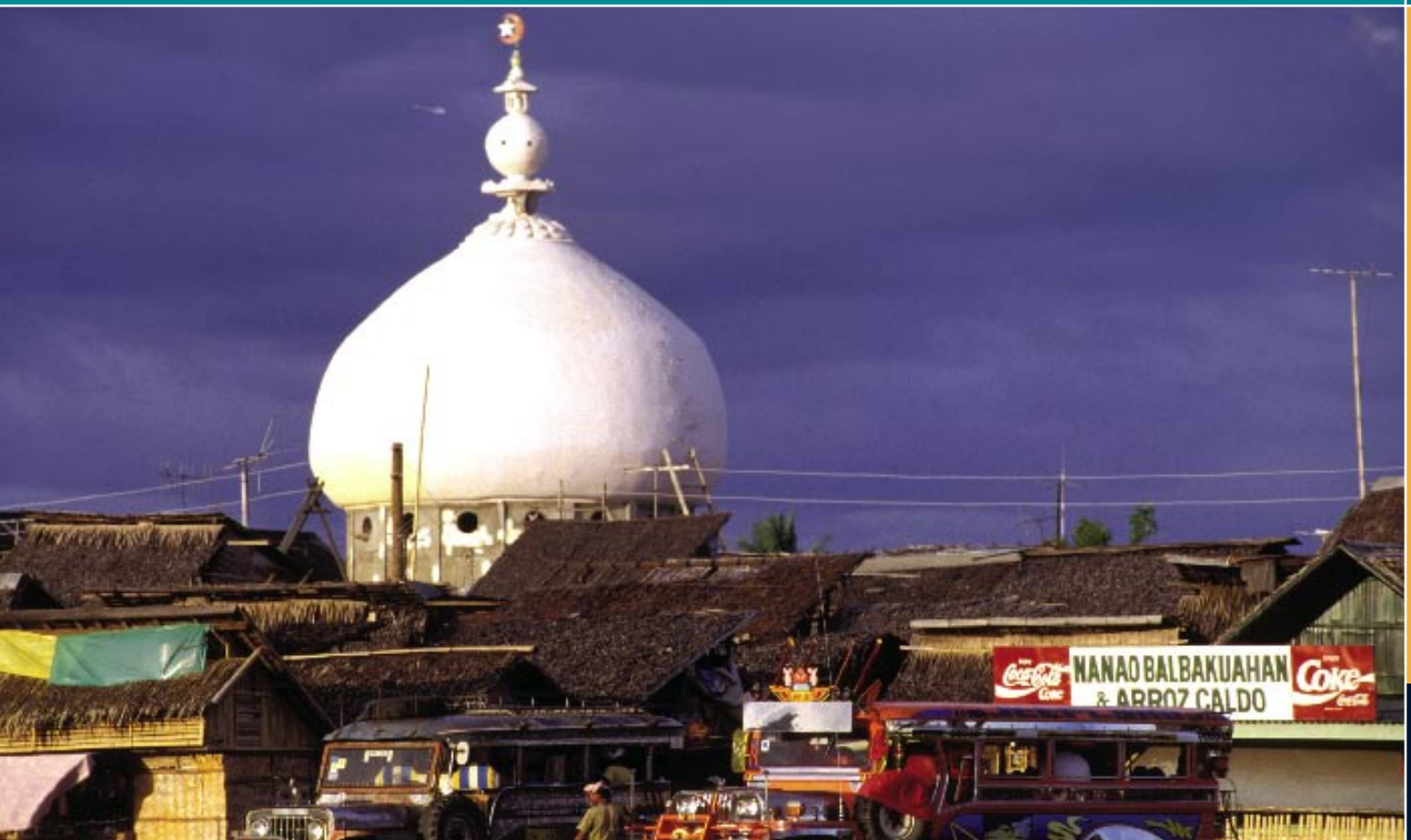
Only about 12 percent of married women in the Autonomous Region in Muslim Mindanao use modern contraceptive methods. More than three times as many women use such methods in other parts of the Philippines. Nearly seven times as many do in the East Asia region as a whole.<sup>1</sup>

A health practice such as family planning relies on products and services. But family planning is as much a social or *cultural norm* as a health practice. And one of the underlying influences on family attitudes and decisions in the Autonomous Region in Muslim Mindanao, or ARMM, is certainly religion.

In 2002, when USAID invited the Academy to support communication about family planning in the Philippines, ARMM was just beginning to emerge from several decades of armed conflict between Muslim separatists and central government forces. Security is still an issue in the region. There are also other reasons to move cautiously. In Muslim communities, any interest by “outsiders” in family planning can easily be seen as a politically-motivated effort to limit the population.

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<sup>1</sup> *Demographic and Health Surveys, 2003.*



High fertility in ARMM, however, is part of a complex pattern of poor health and economic indicators (see box). The Philippine government views family planning as part of its strategy to promote the well being of families and as a means to prevent high-risk pregnancies, maternal deaths, and abortion.

AED's assistance during the last three years has not looked like a typical population program. There have been no ads about condoms or pills. No promotions of local clinics or incentives to providers. Not even a calculation of "family planning acceptors" to gauge success. Instead, the program (known as TSAP, or The Social Acceptance of Family Planning Project)<sup>2</sup> has made itself available to ARMM's Muslim religious leaders—the arbiters of society's norms—as a scientific resource, as a promoter of dialogue, and even as a link to religious leaders in other countries.

The assumption behind this process has been that social change is not the equivalent of "new behaviors by many people," but of new directions deep within society.

## Understanding Social Influences

The program began with two very traditional steps in health communication: audience research and joint planning. Neither of these turned out to be very traditional.

Qualitative research was conducted in all five provinces and one chartered city. Xavier University's Research Institute for Mindanao Culture interviewed reproductive aged men and women, as well as Imams, about their beliefs regarding family planning and the social costs and benefits of different behaviors. This was the first time Muslim clerics in ARMM had ever been formally interviewed on such topics.



Muslim clerics were interviewed for the first time regarding their views on family planning issues.

## Life in the Autonomous Region in Muslim Mindanao

The Autonomous Region in Muslim Mindanao was formed in 1990 through an agreement between the Government of the Philippines and representatives of the country's largest minority group. The region's five provinces and one chartered city have a population of around 2.9 million (Philippine Census 2000).

ARMM is a land of promise. With just 4 percent of the Philippines total land, it has nearly 39 percent of the nation's forest cover, 48 percent of its gold production, and 63 percent of its nickel reserves. But Muslim ethnic groups have been marginalized by much of the post-colonial development. The 2003 Philippine Statistical Yearbook estimates that as of the year 2000, 57 percent of families in ARMM lived below the poverty line.

The five provinces of ARMM also have the country's lowest health indicators. Infant mortality is 41 per 1,000 live births (compared to a national average of 30). Most women deliver at home. Only 49 percent receive prenatal care. The maternal mortality ratio is 320 per 100,000 live births compared to a national average of 180 (National Statistics Office, 1995). Marriages are early and usually arranged. Women have children soon and often, resulting in a total fertility rate of 4.2 (compared to the national rate of 3.5—already one of the highest in Southeast Asia).

The social, economic, and health situation in ARMM is the result of a complex array of factors. As in all communities, but especially those that have been torn apart by conflict, change of any kind must build on the community's strengths, their shared values, and the leadership of those they trust.

Source of health statistics: 2003 National Demographic and Health Survey

<sup>2</sup> TSAP is funded by USAID and managed by AED. AED's subcontractor, The Futures Group, Inc., has led many activities in ARMM. Other USAID projects in ARMM support NGOs in family planning and skills training for providers. Work with Muslim religious leaders in ARMM has also been supported by the UNFPA and the Ford Foundation.

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The study showed that men have a stronger decision-making role, and religious beliefs have a stronger influence on family planning than elsewhere in the Philippines.<sup>3</sup> Men as well as women speak of children as a blessing and a means to salvation. A woman who does not produce a child soon after marriage may be divorced, or her husband may take a second wife.

Many respondents believed that family planning is against the teachings of Islam. However, Imams themselves differed. Some equated family planning with “responsible parenthood.” They did not necessarily consider it a sin to prevent conception. Some practiced family planning themselves.

The research also uncovered many misconceptions about modern contraceptives and widespread fear of side effects. Many people were suspicious of the pill as well as the IUD, thinking they could lead to tumors and other problems. Some people thought tubal ligation and Depo Provera were forbidden by Islam. At the same time, many people were very familiar with herbal contraceptives, which can actually be abortifacients.

Most couples relied on their health providers for information about family planning, rather than religious leaders. But their beliefs and behaviors were both influenced by what they thought were the teachings of Islam.

## Who are the “Stakeholders?”

In June of 2003 the project supported the first regional health congress ever held in ARMM, to encourage collaboration among different government agencies, donors, and non-governmental groups and articulate a joint agenda for reproductive health.

During the meeting, participants remarked that Egypt, Indonesia, Malaysia, Pakistan, and even fundamentalist Iran have strong family planning programs. These are supported by their countries’ religious leaders. Why has ARMM been different?

One reason is the ethnic and tribal diversity of the ulama (or scholars and interpreters of Islamic law) in ARMM. There is less likelihood they will speak with one voice, and also little mechanism for them to do so. Another reason is they have not benefited from the resources available to most strong majority Muslim populations, or the organizational structures. Only in the 1990s did Muslim religious leaders create the Darul Iftah, or “House of Islamic Opinion,” in several provinces. And these are generally convened to clarify questions—rather than introduce new ideas.

The real challenge for family planning in ARMM has not been the opposition of religious leaders, but rather their lack of consensus and a strong voice. It was time for them to be in the room with other stakeholders.

## The Ulama Take the Lead

A new phase of the program began optimistically. AED and its partners in the TSAP project worked with the UNFPA and the Philippines Commission on Population (POPCOM) to organize a meeting for Muslim religious representatives from ARMM and four additional majority-Muslim regions in Mindanao. More than 130 key religious leaders attended; 85 percent of the regions sent their Muftis, or highest leaders.

However, the meeting seemed to become an opportunity for expressing differences (more often ethnic than religious) rather than finding “common ground.” At the end of the day participants agreed to send 22 representatives to a smaller workshop to see if they could find areas of agreement.

The Darul Iftah of Central Mindanao led this follow up. The group was joined by a professor from the University of the Philippines/Manila with a background in Sharia, and a Muslim medical advisor from the project. The members reached a consensus that family planning is birth spacing and is allowed by Islam. They also began the process of writing a national *fatwah*, or edict, covering the major points of agreement.

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<sup>3</sup> *Family Planning and the Muslim Way of Life: An In-depth Inquiry into Muslim Beliefs and Practices in the ARMM. The Social Acceptance Project - Family Planning in the Philippines. Academy for Educational Development. May 2004.*

The draft was sent to Egypt for translation into Arabic. On November 20, 2003, the *fatwah* was signed by a core group of 20 religious leaders including the Grand Mufti of the Darul.

The project then organized a trip for a small sub-group to travel to Egypt and vet the *fatwah* with Imams at Al-Azhar University. The group also made site visits to the Egyptian reproductive health program. The culmination of the trip was an audience with the Deputy Grand Sheik Dr. Mohamad Imbabi and Grand Mufti H.E. Dr. Ali Gomaa. The Grand Mufti corrected some details about age of marriage and age at first pregnancy, and then signed his endorsement of the national *fatwah*.

## Disseminating the Fatwah

The project helped ARMM's religious leaders in disseminating this powerful communication tool. A public launch entitled *Tanzim al Ushr*, or "A Call to Greatness" was organized for more than 200 Muslim leaders in Davao City in March 2004. Government and non-government representatives and the media also attended.

Members of the Darul Iftah of Central Mindanao conducted orientations on family planning in the context of the national *fatwah* to teams of ten Muslim religious leaders from each ARMM province and Davao City. These teams reached approximately 125 leaders at the municipal and barangay levels. Local Imams in turn were encouraged to explain the *fatwah* in Friday prayers and to disseminate the published document.



The official ruling, or *fatwah*, on reproductive health and family planning.

The TSAP project provided the latest medical evidence on the mechanisms and side effects of different methods so the leaders could speak with confidence on the science and help dispel misconceptions. Two Muslim medical doctors (male and female) also gave scientific updates to around 300 ARMM doctors.

The program offered small grants to Muslim groups who developed plans for outreach. These ranged from face-to-face activities such as community assemblies and academic discussions, to support for a youth camp for Muslim peer advocates and a program on reproductive health for adolescents in madrasses.

TSAP also provided support for a guidebook on family planning for use in pre-marriage counseling. A core group of religious leaders from four provinces wrote different chapters. Because a larger percentage of Imams officiate at weddings than engage in counseling, they also developed a resource book for the ceremony with useful messages about responsible parenthood.

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## Radio and Social Change

Nearly three years into the project and after mobilizing religious leaders, TSAP turned its attention to the mass media. Radio was selected as the main channel for the mass media campaign because a national survey in 2003 showed that radio was the most popular medium among men and women in ARMM. A much smaller percentage had access to television. Low literacy levels made print materials a problem.

The project conducted two workshops in early 2005 attended by ten ARMM radio broadcasters and station managers of the top-rating stations in the area, to share results of the qualitative research and the content of the *fatwah* and develop radio messages.



Radio served as the main channel for the mass media campaign.

The broadcasters worked together to determine target audiences and develop messages. Noting the perception of radio as primarily an entertainment medium, they produced spots in a mini soap opera format. These were translated into the major dialects of ARMM (Sama, Yakan, Tausug, Maranao and Maguindanao). TSAP helped to pretest these radio spots with the different ethnic groups. Beginning in July of 2005, 101 spots were broadcast every day from all 11 stations based in ARMM and one popular radio station in Zamboanga city that covers all of Mindanao island. After just six weeks of broadcasting, research in seven areas of ARMM showed that 55 percent of the population had heard the broadcasts, and 28 percent were aware specifically of the fatwah.<sup>4</sup>

The classic principle of a health communication campaign is to deliver a small number of actionable messages. The radio strategy broke this convention. The spots focused on a single concept: “Family planning is birth spacing and is acceptable in Islam as cited in the national *fatwah*” (see box). Rather than immediately aim at explicit changes in behaviors, AED and its partners in the TSAP project concentrated on making change *socially acceptable* and *medically understandable*. Such shifts may not be sufficient to immediately produce a measurable rise in modern contraceptive use in ARMM, but they are clearly necessary ones.■

<sup>4</sup>Research conducted in October, 2005, by TNS TRENDS for the TSAP Project.

## Ask Your Imam—Radio Spot

*(Loud knocking on the door and a woman groaning)*

Husband: Peace be with you Babu.

Babu : Peace be with you too, Ama-Iran.  
(Health provider) You’re out of breath, what happened?

Husband: It’s Jarija, she’s so weak from bleeding after giving birth to our fourth child.

Babu: Why? Aren’t you practicing family planning while your wife is still young?

Husband: But isn’t that prohibited in our religion?

Babu: Why don’t you bring her in first. When she’s well, you can pay the Mufti or Ustadz a visit and ask them about family planning, okay?

*(Recitation of the Call to Prayer)*

Husband: Peace be with you. Could you explain to me what family planning is all about? Is this acceptable in Islam?

Ustadz: Peace be with you too. According to the national *fatwah*, an edict on family planning proclaimed by the Assembly of the Darul Ifta of the Philippines on March 10, 2004, family planning is birth spacing and its practice is in accordance with the teachings of Islam. Family planning is good for the health of the mother and child.

Ustadz: Based on the teachings of Islam, it is the responsibility of parents to raise healthy and godly children.

Ask your Imam or Ustadz about the *fatwah*. And visit the health center for further information on family planning.