

## **Brief Introduction on RH Project for Muslim Population by CFPA**

### **General situation**

There are altogether 10 minority nationalities in China who believe in Islam, they are Hui, Uigur, Kazak, Tongxiang, Kirgiz, Salar, Tajik, Ozbek, Bao'an and Tatar. According to the statistics of National Population Census in 2000, the total Muslim population in China is about 20.32 million. The size of Muslim population of China ranks at 11<sup>th</sup> in the world. Seventy-four percent of Chinese Muslim population resided in the remote and backward western region of China with undeveloped social and economic conditions. Due to constrains caused by poor geographic location, difficult economic, natural and transportational condition, the per capita income of Muslim population is lower than the average national per capita income, the educational level is also lower than the national level.

Compared to the general population in the whole country, improvement of the reproductive health situation of Muslim population constitutes an even bigger challenge in China. The Muslim population is facing with many problems, including the high fertility rate, the high infant mortality rate and high reproductive tract infection. For example, the average infant mortality rate in the whole country in 1990 was 29.4‰. But among the Muslim population, the rate was 75.8‰ in Hui, 84.2‰ in Salar, 99.5‰ in Kirgiz and 108.4‰ in Tajik. The rate of early marriage (Be married before the legal age) was 5% in the whole country in 1990, but the rate was 28.8% and 26.1% in Uigur and Salar respectively.

The lower level of reproductive health among the Muslim population was caused by different reasons.

- Lack of correct and comprehensive understanding to reproductive health and the impact of religion, for example there are more mosques than schools and clinics in remote areas, and the influence of the Muslim leaders are stronger than the officers and the service providers.
- The Alcoran was interpreted and disseminated by local Imam according to their own understanding and traditional ideology. There are many conceptions to reproductive health among the Muslim population, for example "The body should not be exposed" and so on. Such ideologies greatly prevented people to access reproductive health services. The survey showed that only 1.4% of Muslim women ever received the reproductive health service and the reproductive tract infection rate was as high as 70%.
- Due to the lack of service facilities financial support, the coverage of service was very low.

Enlightened by the IEC Project on Reproductive Health among Muslim Religious Leaders by Bangladesh Family Planning Association (BFPA), China Family Planning Association (CFPA) started its investigation among Chinese Muslim population and developed its own project – "*Support to Muslim Religious Leaders for the Promotion of RH/FP among Muslim Community*" and established 4 project pilots respectively in the

Muslim-assembled areas in Litong District and the Suburbs of Yinchuan city of Ningxia Hui Autonomous Region and Shache County, Huocheng County in Xinjiang Uygur Autonomous Region in April 1999. The target group was Muslim leaders – Imam. The project was also involved in the PPD (Partner for Population and Development) coordinated International project for Bangladesh, China, India, Egypt and other countries with financial support from the European Union.

The project conducted various kinds of advocacy activities at project sites, such as holding training workshop for the Imam, inviting the prestigious Imam who had knowledge and understanding & reproductive health to give speeches, inviting the experts on RH to disseminate general information, organizing the religious persons to give speech tours and encouraging them to study, extract and explain the relevant content, in favour & RH in Alcoran and other Religious literature, inviting state experts to develop exchange program with religious leaders in Bangladesh and Egypt to enhance the receptivity of Imam on RH and promotion of project activities.

In 2002, CFPA expanded the experiences of the 4 project pilots into 18 Muslim populated counties. Through various project activities efforts were made to advocate local Imam to participate trainings, invite Imam from project pilots to share experiences, invite Muslim project experts from other countries to introduce the situation of RH promotion activities in their own countries. The Imams in the 18 counties were advocated and motivated to carry out the RH promotion activities.

Since 2007, CFPA had established project pilots in Wuzhong city and Lingwu city of Ningxia, Kashi of Xinjiang and other Muslim populated areas to develop Project of *“Play the role of Religious Leaders to enhance the level of reproductive health and the ability of STI/HIV/AIDS prevention of Muslim Population”* in order to optimize the environment of RH service, advocate reproductive health through Imam, provide service through family planning service centre and through local FP activities to advocate RH conception focus on *“Cleaning before going to bed, Drying underwear after washing, Taking care of your body during the Menstrual period and Cultivating good habits”*. The purpose was to promote a healthy lifestyle and help people to master STI prevention method and give up bad habit. Local Islam religious staff at project sites composed article on reproductive health promotion and lead the healthy life in and outside of Mosque after they learnt related information.

### **Project results**

CFPA had developed the project of *“Support to Muslim Religious Leaders for the Promotion of RH/FP among Muslim Community”* and *“Play the role of Religious Leaders in enhancing the level of reproductive health and the ability of STI/HIV/AIDS prevention of Muslim Population”* successfully in Muslim populated areas of Xinjiang and Ningxia and accumulated rich experiences on RH advocacy and promotion as follows:

Focus on the religious leaders as the first target group. In order to play the role of the

religious leaders, the project developed advocacy and training to them on reproductive health. They could disseminate reproductive health information and knowledge to the local Muslim population and support the development of RH service provision providing in their own areas. Their participation provided support to the project implementation.

In order to popularize reproductive health knowledge among the general Muslim population, the religious leaders carried in-depth research on Alcoran and Hadith and provide annotation to the contents in favor of on reproductive health. These annotations were compiled and disseminated as a kind of advocacy on reproductive health which was easily understood and accepted by the Muslim population.

A working network headed by local FPAs and supported by local family planning commission, religious administrative departments, Islamic Associations and religious leaders was established. The network provided basis for the success of the project, because it is suitable for the situation of Muslim populated area.

In order to meet the requirements of advocacy work on reproductive health, the project carried out various forms of reproductive health services with high quality at project sites. The local FPAs organized family planning service providers to provide door-to-door service including providing free medical examination and medicine, establishing medical cards, setting up counseling rooms. The aim is to promote reproductive health services with high quality among Muslim population.

In order to enlighten and broaden project idea, some internal or international exchange programs was organized. For example inviting the prestigious Imam to give speeches on reproductive health and organize exchange activities for the local Imam, inviting religious leaders and religious educators from Bangladesh and Egypt to visit the project sites and share views and experts with the local Imam, organizing related Imam to visit related international organizations and attend international conferences for updating their thought, widening their thinking and eliminating their concern so as to encourage more Imams to participate in the project activities consciously. From 1999 to 2003, the participation rate of local Imam was raised from 30 to 97%.

In order to ensure full respect to the Islam, reduce possible ideological conflict on ethnic, religious, cultural and other sensitive issues and ensure the successful development of the project, CFPA brought into full play advantage of its NGOs status and adopted a flexible and friendly way during the project implementation.

#### **Sources of Project Financing:**

1. In 1999, CFPA provided project funding to the Ningxia and Xinjiang Family Planning Association for CNY 200,000;
2. From August 2000 to January 2003, the project sites get the project funding for CNY600,000 through international cooperation;
3. From 2000 to 2006, UNFPA provided finance support to project activities for USD

30,000;

4. From 2006 to 2008, Ford Foundation provided project finance for USD 180,000.