



MUSLIM–INITIATED/RELATED POPULATION DEVELOPMENT PROGRAM: Development of a National *Fatwa* on Family Planning and Reproductive Health

“Muslims, about 5 percent of the total population, were the most significant minority in the Philippines”.
(Ronald E. Dogan in his writing “Philippines: A Country Study”)

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I. INTRODUCTION

The Muslims comprise one fifth of the world’s population or over 1.5 billion people, located in around 57 nations. The Muslim world has one of the highest rates of population growth if not the highest, which is attributed to several factors, including the shortage of financial capital and land degradation, causing the Muslim people to use children as a social security system, the only one they think they can afford. In addition, the low status of women in Muslim fundamentalist societies prevents these women from gaining good education and landing competitive jobs, narrowing their life-shaping options and increasing their desired family sizes.

In the Philippines, the Muslims constitute 5.06% or an estimated 3.5 million of the country's population, pegged at 88.6 million (as of August 2007), around 16 million (UNDP 2006) of whom are in Mindanao, with the Muslims totaling around 5 million. Among the various region in Mindanao, the Autonomous Region in Muslim Mindanao (ARMM) has the fastest recorded annual growth rate of 3.86 percent (during a five-year period, from 1995-2000), for a total population of 2.4 million Filipino Muslims in ARMM alone (see Table I).

Based on the latest NSO figures, ARMM (5.46%) once more recorded a population growth rate higher than the national figure of 2.04%, together with 5 other regions, namely, NCR (2.11%), Region III (2.36%), Region IV-A (3.21%), and Region XII (2.41%).

Because of its high rate of population growth, the issue of population planning, coupled with reproductive health, has become a special concern for the ARMM. Official demographic figures reveal that ARMM is the poorest region in the country, with the highest infant and maternal mortality rates, lowest practice of family planning and lowest human development indicators. Forty percent of Filipinos nationwide live below the poverty line, but in ARMM, nearly 70 percent of its population, are poor. As many as 200 to 300 women die each year in the ARMM and in Northern Mindanao from pregnancy-related illnesses and from childbirth. Fifty-five of 1,000 infants born in the two regions die at birth.

Table I: Total Population, Number of Households, Average Household Size, Population Growth Rate and Population Density by Region, Province and Highly Urbanized City: as of May 1, 2000

Region/Province	Total Population ^{1/}	Number of Households	Average Household Size	Annual Growth Rate			Population Density
				1990-1995	1995-2000	1990-2000	
NATIONAL	76,498,735	15,251,545	5.00	2.32	2.36	2.76	255
AUTONOMOUS REGION IN MUSLIM MINDANAO	2,412,159	393,269	6.13	1.80	3.86	2.76	211
Lanao del Sur	669,072	97,104	6.91	2.24	3.42	2.79	174
Maguindanao	801,102	143,669	5.57	0.92	4.16	2.42	163
Sulu	619,668	98,151	6.31	2.50	3.15	2.80	387
Tawi-Tawi	322,317	54,345	5.93	1.78	5.53	3.51	296

^{1/} In 2000, population of disputed areas was reported in the next higher geographic level. For example, the population of Barangay A claimed by both Municipality A and Municipality B will be reflected in the province.

On March 10, 2004, in a rare gathering of religious elders and Islamic scholars across Mindanao, the grand mufti (a legal expert with the power to speak on religious matters) of Central Mindanao, Sheikh Omar Pasigan Mohammad, together with 200 other religious Muslim leaders, declared in Davao City, a national 'fatwa', or religious decree, on family planning -- one meant to assure each and every Muslim infant who will be called to greatness, that he or she is also a "planned Muslim child".

One of those who listened intently to the "fatwa" call for greatness pronouncement was the current Sulu Vice-Governor Nur-Ana Sahidulla who got elected to the position this year. Having an open mind about family planning and reproductive health, she has been looking for an avenue to help her poor constituents in Sulu, one of the five provinces comprising ARMM and where birth control is not being widely practiced. Sulu has been suffering from a comparatively high population growth rate (at 3.15%), high maternal deaths (with 102 deaths recorded in 2006 due to complications related to pregnancy and childbirth), high infant mortality rate (64 infants below 12 months died out of 11,824 live births), high unmet need for family planning, unavailability of family planning paraphernalia and commodities, rising STI cases, and rising violence against women and children (VAWC) cases (89 reported cases in 2006).

Upon her assumption to office, the Sulu Vice-Governor's active mind has been on overdrive, trying to craft a mechanism to disseminate and implement the national "fatwa" on family planning in her province of Sulu. Just a month after she has adjusted to her new role and responsibilities, she immediately called a meeting of her staff to share the exciting plans in her mind and to ask them to benchmark family planning programs in nearby Muslim countries and to research on successful family planning and reproductive health projects in other parts of the world.

Some of her staff's notes included the following:

II. FAMILY PLANNING IN SOME ISLAMIC COUNTRIES

“One should not ignore the fact that the Muslim world has the world’s highest rate of population growth.” Of the 10 countries that achieved the fastest reduction in the total fertility rate between 1980-99, eight were Islamic countries (Times of India, 5/6/2001).

A. THE INDONESIAN FAMILY PLANNING STORY

One of the more interesting features of the Indonesian family planning story was the role played by the private sector. Indeed, an increasing number of donors and developing country health practitioners agree that the private sector should play an expanded role in providing family planning/reproductive health (FP/RH) services. The Indonesian National Family Planning Board (BKKBN) has evolved into a model that has triggered private sector participation in the delivery of family planning and reproductive health services. Formed in 1970, Indonesia’s BKKBN was instrumental in spearheading the nation’s family planning agenda as well as laying the groundwork for an expanded and sustained private sector role in delivering family planning and reproductive services. Beyond the delivery of contraception, the program also set out to change social norms, promote delayed marriage, and improve family welfare. A major feature of BKKBN’s approach was its ability to generate political and social support for its programs.

The Indonesian National Family Planning program succeeded in achieving a rapid decline in total fertility and a rapid increase in contraceptive use. From 1967 to 1987, the average number of children born to an Indonesian woman decreased from 5.6 to 3.3 and then even further to 2.7 in 1997. Indonesia saw a corresponding increase in the contraceptive prevalence rate from 9 percent in 1973 to 48 percent by the mid-1980s to 57 percent by 1997. These accomplishments were attributed to the BKKBN’s capable and visionary leadership, adequate financing, strong political and social/religious support, decentralized design, use of research, and the promotion of normative values around the need for a small and prosperous family. In the mid-1980s, almost 90 percent of all costs related to the National Family Planning program was shouldered by the Indonesian government. With the increasing number of contraceptive users, BKKBN realized that the government could not indefinitely provide free FP services for all. Thus, they structured KB Mandiri as a private sector entity to facilitate and complement family planning services for the public.

KB Mandiri made possible the implementation of the four strategic Ps of the family planning program of Indonesia vis-à-vis an increased private sector’s role, viz: the role of government policy in influencing the private sector to embrace the country’s family planning program; introducing family planning products at affordable prices; having a new kind of caring private sector providers offering family planning services and promotion of the KB Mandiri services to family planning consumers to increase the demand for private sector services and products.

B. THE FEDERATION OF FAMILY PLANNING ASSOCIATIONS IN MALAYSIA

The Federation of Family Planning Associations in Malaysia (FFPAM) incorporated its foundation on 28 February 2007. The foundation’s primary functions are to raise, acquire, receive, apply and administer funds for the purpose of promoting family planning, sexual and reproductive health and responsible parenthood in the country. FFPAM is envisioned to be an effective, caring and self-reliant NGO in the field of population, family planning and sexual and reproductive health and to improve the status of sexual and reproductive health in Malaysia within a strong and resilient family system.

FFPAM is presently implementing its 5As as key strategies to promote its family planning, sexual and reproductive health care program, as follows -- 1) Access to a variety of contraceptives like oral pills (Microgynon ED, Nordette ED, Microlut 35, Marvelon 28 and Trinordiol ED, IUDs, injectables, male

and female condoms, reproductive health services; 2) reaching out to adolescents and young people; 3) activities in communication and advocacies; 4) awareness on AIDS/HIV; and 5) safe abortion.

As a Muslim federalist country, Malaysia has been quite successful in implementing its family planning programs, evidently the main reason for its much reduced population of 16 million Malaysians.

III. THE FAMILY PLANNING STORY AT ARMM

A. The ARMM Population Problem Scenario and TSAP – FP work in the Philippines

The Autonomous Region of Muslim Mindanao, composed of the provinces of Basilan, Lanao del Sur, Sulu and Tawi-Tawi, has a recorded population of 2,412,159, the latest according to NSO 2000 Census. At this magnitude, the region already experienced the highest maternal and infant death rates in the country. Since its inception in 1989, where Maguindanao was still part of the autonomous region, ARMM has been hindered by ongoing unrest, political instability, arm conflict, insurgencies and the sheer difficulty in reaching many remote places. Due to these factors basic social services were not easily available thus resulting to a widespread poverty with an incidence of 71% , twice of the country's average while household income is half as the country's average.

Worse, health indicators are way below national averages. For instance, Vitamin A deficiency is severe at 50 per cent compared to the national average of 71 per cent (NDHS 2003) Even worse, the region also has the lowest immunization coverage (44 per cent versus 71 per cent national rate) for all basic vaccines and the highest infant mortality rate (41 infant deaths per 1,000 live births).

The NDHS 2003 data says, the region has a high population growth rate of 3.9 per cent and lowest contraceptive prevalence rate of 19 percent and 12 percent opting for the modern methods and 9 percent for traditional methods. Likewise, the ARMM has registered the highest proportion of 27.5 percent of women with unmet need for family planning i.e. women who no longer want to have children or want them later but are not using any family planning method, and a total fertility rate of four children per woman.

One reason for this has been the lack of clear guidelines about the role of family planning in Islam. Thus the TSAP- FP work of four years has greatly helped the country in population development by promoting Family Planning as fatwa in Islam. The help of MRLs in massive promotion and advocacy during sermons had greatly influenced Muslim couples.

B. INTRODUCTION OF THE SOCIAL ACCEPTANCE PROJECT – FAMILY PLANNING (TSAP-FP)

The Social Acceptance Project – Family Planning (TSAP-FP), a USAID-funded project to promote public approval and open discussion of family planning, mobilized MRLs to increase social acceptance of family planning in the ARMM. This strategy was guided by the symbolic–interactionist perspective of Blumer (1969) which had the following assumptions: (1) People act toward things based on the meanings those things have for them; (2) These meanings are derived through interaction with other people; and (3) Meanings are managed and transformed through processes of interpretation and self- reflection that individuals use to make sense of and handle the things they encounter. TSAP-FP extended technical assistance to influential MRLs, the *Darul Iftah* or the House of Islamic Opinion, to promote family planning in the ARMM.

Following Blumer's assumptions, TSAP-FP acted on the belief that the *Darul Iftah*, a group of well-educated MRLs, is considered an authority to analyze, interpret meanings and contextualize family planning concepts within the *Qu'ran*, *Hadiths* and Mohammed's teachings. TSAP-FP supported a series of orientation sessions and training workshops to enable members of the *Darul Iftah* to revisit some verses of the *Qu'ran* that support family planning. Information on the most recent scientific evidence on the mechanisms of action of the various modern family planning methods convinced these religious leaders that family planning methods are not abortifacient.

C. CHALLENGES

Vice-Governor Nur-Ana Sahidulla looked at the reports on her table about the numerous religious, cultural and social barriers that prevent the more prevalent use of family planning in the region. A qualitative research (Cabaraban 2004) conducted in the ARMM reported some of these barriers, namely, the widespread belief that Islam prohibits family planning; the cultural preference for large families; the notion that family planning is a means to further reduce the population of the Muslim minority; limited sources of correct information on family planning; myths and misconception as well as fear of side effects about specific family planning methods; and lack of skills among health service providers to address such misconceptions among clients. The husband was identified as a major barrier to the wife's decision to use specific family planning methods. The decision by Muslim couples to have the desired number of children is guided by their being Muslim, not by ethnic affiliation.

In Islam, the family is the basic social unit of society and family formation is a serious responsibility of couples. In Islamic jurisprudence, family relations are specified to achieve the welfare and useful life of its members. Islamic legislation is comprehensive and deals with human needs (Omran 1992). Islam as a way of life is not opposed to the implementation of a family planning program. On the contrary, Islam consistently reminds parents that God entrusts their children to them and as such, they have the responsibility to ensure that children are free from poverty and disease. This suggests that if the parents are confronted by health, social and economic necessities, they may be allowed to practice a desirable reproductive behavior like birth spacing (DOH-UNFPA 1998).

In the Philippines, Muslim religious leaders (MRLs) are recognized for their influence in the political and social affairs of Muslim communities. They serve as important sources of religious information and advice to local people. As a social group of influentials, they are intimately involved in the daily lives of Muslim families. Thus, the MRLs' support for the various health programs, including reproductive health and family planning (RH/FP), is eagerly sought by program planners and implementers.

D. NATIONAL FATWA AS A STRATEGY

Vice-Governor Nur-Ana Sahidulla sadly noted that the lack of clear guidelines about the role of family planning in Islam causes the ARMM region to have the highest maternal and infant death rates in the country for several decades. In addition, ARMM provinces are constantly listed among the top poorest provinces in surveys every year. The poverty situation is mostly attributed to overpopulation.

She recalled that as early as 2003, during the first ARMM Health Congress in Manila, the Muslim Religious Leaders (MRLs) launched the idea of a *fatwa* or religious edict, clarified a common understanding that Family Planning is *haram* or prohibited in Islam. The *fatwa* quotes from the *Qur'an* itself to prove that on the contrary, Family Planning is *halal* or acceptable. The ARMM has the bleakest health statistics in the whole country. High infant and maternal mortality, coupled with low contraceptive utilization, give rise to other health problems

The Assembly of Darul Iftah of the Philippines was confronted with the issue of whether or not reproductive health and family planning programs as implemented in the Philippines are in accordance with teachings of Islam.

TSAP-FP HISTORY

In response to the 2003 ARMM Regional Government convention, The Social Acceptance Program – Family Planning Project (TSAP-FP), was created for a four year project (from August 15, 2002 – August 14, 2006) funded by the USAID in partnership with the Academy for Educational Development (AED).

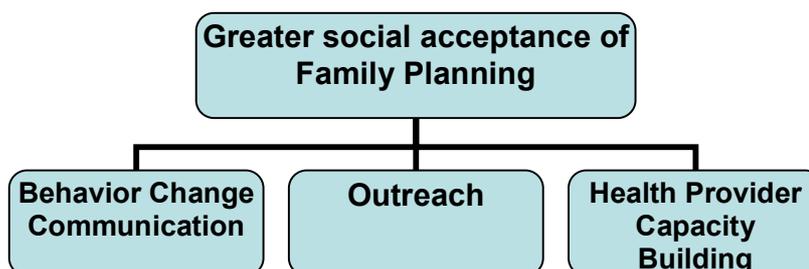
TSAP-FP facilitated the proclamation of the fatwa, thought of making the MRLs as its entry point into the ARMM. Religious leaders have the authority and are often consulted on almost all issues and concerns. They offer the best opportunity to reach the common Muslim. Moreover, it brought together various stakeholders like ARMM government officials, local government officials, provincial health officers and religious leaders advocating family planning and reproductive thru diverse forms.

TSAP – FP MISSION

1. Issuance of a National Fatwa on Family Planning- An Innovative Approach to Promote Family Planning and Reproductive Health

In January 2004, the Assembly of Darul Ifta – the biggest and most influential group of Muslim religious leaders in the country – issued a national fatwa (religious decree) on reproductive health and family planning, a landmark event. Thru the technical assistance from USAID's TSAP-FP, the national fatwa was facilitated. A group of these religious leaders (identified by the jointly by the Commission on Population, USAID's TSAP-FP and the United Nations Population Fund or UNFPA) underwent a series of orientation seminars on family planning and Islam, and then created a draft *fatwa*. In a conference in Davao City in October 2003, the draft fatwa was presented by the Assembly of Darul Ifta to about 80 religious leaders from Mindanao. The conference generated many valuable comments and suggestions, which were used to refine the fatwa, written in English, and later sent by the UNFPA to Egypt for translation in Arabic. On November 23, 2003, both English and Arabic versions were signed by 23 members of the Assembly of Darul Ifta.

2. Project Management Framework and Components:



The TSAP – FP project components included the following:

- a) **Behavior Change Communication (BCC)** – which adequately portrayed family planning as a mainstream health intervention, and influenced the hearts and minds of individuals to make them more pre-disposed to practice family planning and endorse it to their peers.
- b) **Outreach** – which helped influence the creation of a social atmosphere where family planning is an open and relevant topic among influential individuals, groups and communities.

- c) **Health Provider Capacity Building**—which worked with health service providers to improve their knowledge and skills on family planning and helped put in place the necessary protocols that would ensure their sustainability.

TSAP-FP ACTIVITIES AND INITIATIVES

1) *Getting the support of opinion leaders*

TSAP-FP needed to touch base with the most credible MRLs and choose opinion leaders who can exert influence on the individual's behavior through personal contact. Considering this, TSAP-FP conducted an inventory of 57 most influential and credible Muslim religious leaders from the five provinces of ARMM, and from the four other regions of Mindanao (Regions 9, 10, 11, and 12) to gain information on their views and position on family planning.

The inventory revealed that the MRLs are active members of different local organizations in their respective provinces. Their organizations focus on various religious, social, political, and economic issues. Among these organizations, only the *Darul Iftah* of Central Mindanao has an organized structure and membership in every province of the ARMM which exclusively addresses religious issues. These religious leaders hold more conservative attitudes about family planning than the general population. The inventory also revealed that these religious leaders have informal networks.

From the inventory, the *Mufti* of Central Mindanao selected a small number of participants and opened the dialogue about family planning in a series of meetings from October to November 2003 in Davao City. With the *Mufti* of Central Mindanao taking the lead and issuing the invitations, attendance of the most senior, well-respected MRLs from each province was achieved.

Before the end of November 2003, the group developed the national *fatwa* on reproductive health and family planning, a religious edict that supports family planning in the context of Islam. With support from TSAP-FP, these MRLs traveled to Egypt to discuss the draft *fatwa* with Islamic scholars of Al Azar University and secure the endorsement of the Grand *Mufti* of Egypt, Dr. Ali Gomaa, who gave his blessing, orally and in writing, to the *fatwa*.

The *Darul Ifta* of the Philippines officially proclaimed the national *fatwa* on reproductive health and family planning in Davao City on March 10, 2004 with more than 200 senior MRLs in attendance. The primary message contained in this national *fatwa* is that Islam is a religion that promotes and assures the quality of life. The *fatwa* also states that a Muslim family's duty is to limit family size according to the number of children it can comfortably support. The *fatwa* also stipulates that all birth spacing methods of contraception are acceptable. Surgical methods are acceptable as long as a medical professional prescribes them, preferably a Muslim physician, in order to save the life of both mother and child. Henceforth, Filipino Muslims will not be barred from discussing family planning and adopting both natural and artificial methods, under certain conditions.

2) *Breaking barriers among service providers*

A parallel effort was initiated to update the health service providers in the ARMM on the latest evidence-based information on family planning. In partnership with the Philippine League of Government Midwives and the Department of Health-ARMM, 136 public health service providers were trained in batches on evidence-based counseling and the latest evidence on the mechanism of action and safety of contraceptive methods. The intent was to improve these health providers' knowledge and skills in addressing clients' concerns about side effects. A group of private physicians in Cotabato City was oriented on evidence-based medicine in family planning. Technical assistance

was also provided to Muslim non-government organizations (NGOs) to establish community referral networks for family planning services.

3) Reinforcing the message via radio

In July 2004, an NGO from Maguindanao, supported by a TSAP-FP small grant, launched a radio program anchored by MRLs which lasted for six months. The program mainly discussed the national *fatwa* and family planning. The program earned positive feedback based on text messages and phone calls by listeners during the program.

A local radio campaign was implemented in order to expand the dissemination of the *fatwa* to the Muslim population. Radio spots, with the message that “family planning is birth spacing and is acceptable in Islam according to the national *fatwa*,” were aired daily in all local ARMM stations from June to October 2005. These spots were developed by local radio broadcasters and local Muslim NGO partners. They were re-aired from March 13 to May 12, 2006. To complement these radio spots, radio programs hosted by prominent MRLs with other religious leaders as guests were also aired once a week since last week of May 2006 in Lanao Sur, Sulu and Tawi-tawi . These radio programs hosted by MRLs, including others in Cotabato City and Marawi City, were aired for eight weeks.

4) Getting a groundswell of support

Under the small grants program of TSAP-FP, local Muslim NGOs were awarded small grants aimed at expanding *fatwa* dissemination through interpersonal communication channels at the community level from 2005 to 2006. The first grants were awarded to three local NGOs, one each from the provinces of Maguindanao, Lanao Sur, and Tawi-tawi. A second round of grants engaged four Muslim organizations from Maguindanao, Lanao Sur, Basilan and Davao City in *fatwa* dissemination activities.

The MRLs organized themselves into formal groups to conduct local level orientations on the *fatwa*. In each province, the *Darul Iftah* created a team of trainers and spokespersons composed of senior MRLs and a Muslim doctor. The primary audiences were community-based religious leaders or *A’immah* (Imam) who can incorporate information on the *fatwa* in their *madrassahs*’ (schools offering Arabic education) curriculum, radio programs and Friday sermons. The *fatwa* was translated and printed in Maranao, Maguindanao and Tausug (the three most prevalent dialects in ARMM) to make it understandable to most residents in the region.

Consultations on the *fatwa* were also held in 2006 among the Mosque-based *A’immah* (Imam) of Lanao Sur, Marawi City, Maguindanao, Basilan, Sulu, Tawi-tawi, and Davao City. A total of 300 *A’immah* and *Aleema* were oriented on the *fatwa*, on how best to explain the *fatwa* to members of their mosques and on the family planning methods acceptable in Islam. Community leaders, women religious leaders and health service providers from government and private health facilities were also trained on how to conduct community chat group sessions on family planning, involving the partnership of the community leader/volunteer and health service provider. Men and women with unmet needs for family planning are identified and invited by the volunteer to join the chat group session which is held at a community venue and facilitated by a trained health service provider. Chat group participants who signify their intention to use a family planning method are counseled on the method of their choice and provided the service or referred to the nearest health facility. Table 2 shows the coverage and number of chatters involved in these chat sessions.

**Table 2: 829 Chat Sessions Conducted
from February to June 2006 in Eight Major Areas**

AREA	# OF CHAT SESSIONS	# OF CHATTERS
1. Pampanga	250	2,247
2. Bicol	88	1,080
3. NCR	62	687
4. Cebu	90	1,350
5. Samar-Leyte	45	563
6. Davao	81	1,215
7. ARMM	115	1,725
8. NACTODAP	178	1,790
TOTAL	829	10,657

On the other hand, the face-to-face dissemination on the fatwa reached an estimated 1,061 MRLs and 2,315 Muslim residents. The radio campaign reached 54.8% of the population in ARMM. These areas include Bongao, Tawi-tawi, Jolo, Sulu, Lamitan, Basilan, Balindong, Lanao del Sur, Sultan Kudarat, Maguindano and Cotabato City in a Fatwa Awareness Survey conducted on October 6 to 20, 2005.

In September 2006, USAID awarded a consortium of four organizations, led by Helen Keller International, a cooperative agreement to implement the SHIELD project, for sustainable improvement of family health in communities in the Autonomous Region in Muslim Mindanao (ARMM). SHIELD aims to improve access to family planning services in order to decrease unmet need for family planning and increase use of modern contraceptives; increase the proportion of deliveries attended by trained medical providers; increase coverage of fully-immunized children; and, increase the coverage of vitamin A supplementation among children. The other members of the consortium are ACDI/VOCA, Christian Children's Fund and Save the Children. The project will run through September 2011.

IMPACT OF NATIONAL FATWA AWARENESS CAMPAIGN

In October 2005, TSAP-FP contracted a research agency to conduct an initial survey to determine levels and sources of awareness, and understanding of the *fatwa* among a representative sample of Muslim men and women, 20 to 40 years old, single and married, who are regular radio listeners, and Muslim religious leaders or *A'immah*. A follow-up survey was then conducted in June 2006 to measure gains achieved with TSAP-FP's radio campaign and interpersonal communication interventions. More Muslim couples have begun to realize that family planning practice can indeed improve the quality of their lives.

The interventions were effective in improving the consciousness of *A'immah* about the *fatwa* on Family Planning. Results of the follow-up survey showed that 76 percent of *A'immah* were aware of the *fatwa* on Family Planning. More than half of those who were aware strongly agreed to the fatwa and 77 percent said that they are actively promoting it. Likewise, 77 percent of *A'immah* find family planning practice important and 88 percent believe that all birth spacing methods are allowed in Islam while 80 percent of *A'immah* believe that they now have better knowledge of Family Planning. These results indicated an improvement in the attitude of *A'immah* toward the family planning *fatwa* which may be attributed to the interpersonal dissemination efforts supported by TSAP-FP after the initial survey. Further, *A'immah's* high level of awareness and recall of the *fatwa* radio spots (73 percent and 80 percent, respectively) contributed to the overall gains in transforming *A'immah* to become main promoters of the *fatwa* on FP (See Table 3).

Table 3: Results of *Fatwa* Awareness Survey among MRLs – Initial and Follow-up Surveys

KEY INDICATORS	A'IMMAH	
	Initial %	Follow-up %
A. FATWA ON FAMILY PLANNING		
Awareness of the Fatwa on FP*	40	76
Strong agreement with the Fatwa on FP	22	57
Promotion of the Fatwa on FP	17	77
B. AWARENESS OF FATWA RADIO SPOTS		
Awareness of the Fatwa Radio Spots*	70	73
Related Recall of Fatwa Radio Spots	64	80
C. KNOWLEDGE ON FAMILY PLANNING		
Knowledge on FP ("great deal" to "a little")*	41	80
D. ATTITUDES TOWARD FAMILY PLANNING		
Importance of FP Practice	48	77
Agreement with Couples Practicing FP	20	52
E. AGREEMENT WITH FP STATEMENTS		
Refers to birth or child spacing	75	87
Should be based on the principles of responsible parenthood and informed choice	65	88
Does not refer to abortion, neither to birth control	58	90
All methods of contraception are allowed as long as they are in accordance with the Islamic Shariah and approved by a credible physician preferably Muslim	57	88
Significant increase/decrease		

Source: TSAP-FP. 2005 & 2006. *Fatwa Awareness Survey among MRLs –Initial and Follow-up Surveys*

MORE THOUGHTS ON THE FATWA:

Sulu Vice-Governor Nur-Ana Sahidulla talked to other influential personalities in ARMM and got the following insights:

“TSAP-FP successfully gained groundswell of support for family planning among religious leaders. MRLs agree with the messages of TSAP that family planning saves lives as it is anchored in birth spacing”, (Ms. Cecilia Lantican, TSAP-FP Deputy Chief of Party, TSAP-FP Manager.

Ustadz Saukhani H. Kimpa, MRL President of Jolo, told her *“Issues are deeply cultural and tied up to whole sets of belief’s systems. The entire communities are socially excluded from the development mainstream is also tied to traditional type of governance and network of such organizations must be spread throughout Muslim areas starting from the barangays, municipalities, provinces and even at the*

regional levels In the previous years, the MRLs' involvement is to promote RH in the Muslim communities but this time special focus is given to Population Development and Gender perspectives."

Both Lantican and Kimpa agreed that the Fatwa on Family Planning and reproductive health serves as the foundation, and that collaborating with the MRLs is considered to be one of the best practices in Family Planning; mobilization of the male groups called the Y-factor; mainstreaming evidence-based approach in building the capacity of health providers and mobilizing the informal sector to FP in their agenda.

Agnes D. Sampulna, Nurse V and FP/RH Coordinator of DOH - ARMM said, *"At present TSAP-FP practices and innovations are being continued because results cannot be gained overnight. Organizations and practitioners should be patient in addressing the population problem especially in ARMM. Coordination thru proper channels and protocol should be observed to effectively implement any FP/RH programs in the region"*.

Fully convinced that the future of her constituents lies in her active participation in a family planning and reproductive health initiative, Sulu Vice-Governor Nur-Ana Sahidulla put the finishing touches to an ordinance on reproductive health in the Autonomous Region in Muslim Mindanao (ARMM) which will make Sulu the first to pass such an ordinance in ARMM.

GUIDE QUESTIONS:

- 1. Four years after its launching, what support has the local governments of the ARMM given to the fatwa on family planning to ensure its successful implementation?*
- 2. How will the new population bill affect this fatwa?*
- 3. Aside from the information campaign on the fatwa, what other activities can the local governments of ARMM undertake to fast track its implementation?*
- 4. With the issuance of a provincial ordinance, what should be the next moves of Sulu Vice-Governor Nur-Ana Sahidulla?*
- 5. Did the fatwa cover the important aspects of family planning and reproductive health?*
- 6. Will you recommend another issuance to support the fatwa? If so, what would this be?*
- 7. Are there lessons from the fatwa that the Catholic Church can emulate?*
- 8. How would you convince the other provinces in ARMM to likewise issue an ordinance on family planning and reproductive health?*