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China Culture and Development Partnership Framework

Maternal and Child Health in Ethnic Minority Areas

ADVOCACY TOOLKIT

English Version – December 2010

MDG ACHIEVEMENT FUND IN CHINA

Introduction

UN-China Joint Programme Culture and Development Partnership Framework (CDPF)

The China Culture and Development Partnership Framework is a 3-year (2009-2011) joint initiative of the UN and the Chinese Government, coordinated by the Ministry of Commerce, the State Ethnics Affairs Commission and UNESCO, and funded by the UN-Spain MDG Achievement Fund. Its objectives are to design and implement policies that promote the rights of ethnic minorities, to empower them to better manage their resources and thus to benefit from culture-based economic and social development. The joint initiative is implemented in 6 counties in Yunnan, Guizhou, Qinghai Provinces and Tibet Autonomous Region, jointly agreed upon by the Government of China and the UN system.

Health Component of CDPF: improve Maternal and Child Health in ethnic minority areas

In the framework of the CDPF, the Ministry of Health (MOH), the National Population and Family Planning Commission (NPFPC), UNICEF, WHO and UNFPA are collaborating to develop and test at community level an innovative approach to health care and service provision among ethnic minorities in South West China. The intention is to understand cultural factors influencing health, especially Maternal and Child Health (MCH) seeking behaviour and MCH programmes/services, and to address those for improved health outcomes.

Target audience of the Advocacy Toolkit

The toolkit is primarily designed for health care managers and providers operating in ethnic minority areas. As it encourages culturally-sensitive innovations in MCH programmes, it is secondarily designed for MCH policy makers.

Purpose of the Advocacy Toolkit

The purpose of this toolkit is to encourage the adoption of culturally sensitive approaches in the MCH programmes in ethnic minority areas as per the scope of the programme. It provides basic information on ethnic minorities in China, reviews the main findings of the baseline surveys conducted in 2009 and advocates for relevant implementation of culturally sensitive approaches based on those findings.

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ONE

Miao women and girl, Leishan county, Guizhou – MUC

Dong women, Congjiang county, Guizhou – Congjiang Population and Family Planning Bureau

Section One. *Background and commitments of the UN-China Culture and Development Partnership Framework.*

The 2009-2011 *China Culture and Development Partnership Framework (CDPF),* a joint initiative of the UN and the Government of China, is grounded in the plans and policies of the Government of China, which has targeted ethnic minority development as a high priority.

1. Ethnic Minorities in the International and Chinese Legal Framework

The rights of ethnic minorities (EM) are covered in international Conventions and Declarations (see table 1 below), in particular the 1992 *Declaration of the General Assembly on the Rights of Persons Belonging to National or Ethnic, Religious or Linguistic Minorities,* which summarizes the provisions concerning minorities contained in previous international instruments. This Declaration calls States to protect the existence of minorities and to encourage conditions for the promotion of minority identity. Persons belonging to minorities have the right, among other things, to enjoy their own culture, use their own language and practice their own religion. China has ratified major international instruments pertaining to minority rights:

Table 1. Major international instruments pertaining to minority rights ratified by China	
International Convention on the Elimination of All Forms of Racial Discrimination – 1966	Ratified in 1981
International Covenant on Economic, Social and Cultural Rights – 1966	Ratified in 2001
CEDAW / Convention on Elimination of All Forms of Discrimination against Women – 1979	Ratified in 1980
Convention on the Rights of the Child – 1989	Ratified in 1992
ILO 111 Discrimination (Employment and Occupation) Convention – 1958	Ratified in 2006
ICPD POA / International Conference on Population and Development Programme of Action – 1994	Signed
UN Declaration on the Rights of Persons Belonging to National or Ethnic, Religious or Linguistic Minorities – 1992 *Not legally binding*	Decl. adopted without a vote
Beijing Declaration and Platform for Action – 1995	Signed
UN Declaration on Rights of Indigenous People - 2007 *Not legally binding*	Vote in favor

Sources: 1. Website of UN Human Rights Council; 2. 2009 "State of the World's Minorities and Indigenous People" from Minority Rights Group International

In addition, China has emphasized the rights of 56 official Nationalities in its National Constitution, which guarantees that ethnic minorities enjoy the same political and economic rights as the majority Han population and are also entitled to freedom of religious belief, the right to use and develop their own spoken and written languages and the freedom to preserve – or change – their cultural traditions and customs. These rights have been reconfirmed in the 2001 *Law on Regional National Autonomy.*

Furthermore, ethnic minority development has been identified as **a high priority in the overall development framework of China,** and since 2000 several important national plans have been launched. These include among others the 2001-2010 *Ten Year Rural Poverty Alleviation and Development Plan, the Western Development Initiative* (which covers 80 percent of the ethnic minority population), the *Development Plan for Small Ethnic Minorities and the 11th Five Year Plan on the Development of Public Affairs for Ethnic Minorities.* Likewise, the recent 2009-2010 *National Human Rights Action Plan of China* lists the additional measures to protect the rights and interests of ethnic minorities.

2. Socio-economic challenges for Ethnic Minorities in China

Ethnic minorities in China comprise **8.5 percent of the national population** – a population of nearly 106 million. Like the rest of the population, they have made definite progress in overall socio-economic and political development; nonetheless ethnic minority regions contain nearly **52.5 percent of the country's poor.**[1] Due in part to the challenge of addressing the needs of those living in rural and especially remote rural areas, they belong to the underserved populations in terms of national health expenditure per capita and medical insurance coverage. Their **lower levels of education and health** are shown by generally poorer social indicators.

A UN-China *Review of the Maternal and Child Health Survival Strategy in China* (2007) found in particular that the maternal, infant and under-5 mortality rates in the 12 Western provinces[2] are significantly higher than the national average. Because they primarily live in remote areas, it is more difficult for health programmes to reach EM effectively. Consequently, they often lack access to good quality and affordable health services, lack knowledge of available services and have higher rates of sickness and nutritional deficiency. Although similar challenges also apply to the Han population living in remote areas, **the uniqueness of the cultures and languages of the EM means that there are additional complexities,** for instance when there is a lack of health information available in ethnic languages.

Miao Woman, Leishan county, Guizhou – MUC

Jingpo woman working and taking care of her child, Congjiang county, Guizhou – Congjiang Health Bureau

Grandmother and her grandchild, Gyamda county, Tibet AR – UNFPA China

[1] Living with less than 1$ per day
[2] A high percentage of the populations living in the Western Provinces are ethnic minorities. These Provinces include Yunnan, Guizhou, Qinghai and Tibet Autonomous Region

3. Objectives and commitments of the CDPF

The CDPF aims to address the task of integrating culture into development specifically for China's ethnic minority population. This is done through building government capacity to undertake rights and culture-based development in the selected sites and through supporting China in designing and implementing policies that promote the rights of its ethnic minority groups.

A main component of the CDPF focuses on Maternal and Child Health (MCH) care. It intends to pilot a modified approach to health care and service provision which includes culturally appropriate strategies developed and tested at the community level, using a participatory approach. The goal is first to understand the intricate relationship between culture and successful achievement of health targets per site, and second to formulate successful results into models to be integrated into health care policy in ethnic minority areas.

The context for MCH is provided by the *2007 Review of the MCH Survival Strategy,* which provides a key foundation for a focus on ethnic minorities by highlighting the prevailing disparities in health indicators in the rural areas where most minority communities are located. The Review concluded that the main determinants of poor MCH in China were poverty, poor education, gender imbalances, financial and cultural barriers to service access. It recommended *"the delivery of a culturally adapted, essential package of MCH-focused health interventions in priority rural areas".*

Central and local level partners have committed to address the herein mentioned aims and issues. The distribution of roles and responsibilities outlined in the Joint Programme Document is as follows:

- **Ministry of Commerce (MOFCOM):** overall coordination of the Programme.
- **State Ethnic Affairs Commission (SEAC):** lead role on coordination of technical aspects of the Programme and implementation of certain Components.
- **United Nations Educational, Scientific, and Cultural Organization (UNESCO):** lead UN agency for coordination and implementation of the programme.
- **Ministry of Health (MOH):** lead national partner of the MCH Component; overall responsibility to work with provincial and local level health bureaus to implement the MCH Component.
- **National Population and Family Planning Commission (NPFPC):** co-implementing partner of the MCH Component; overall responsibility to work with provincial and local level FP bureaus to contribute to the MCH Component.
- **United Nations Children Fund (UNICEF, lead UN agency for MCH Component), World Health Organization (WHO) and United Nations Population Fund (UNFPA):** co-funding UN agencies; provide financial and technical support, advocate on MCH and culturally sensitive programming.
- **Academic institutions:** they are mobilized by national and UN partners to conduct specific researches and provide technical assistance, based on requirements.

TWO

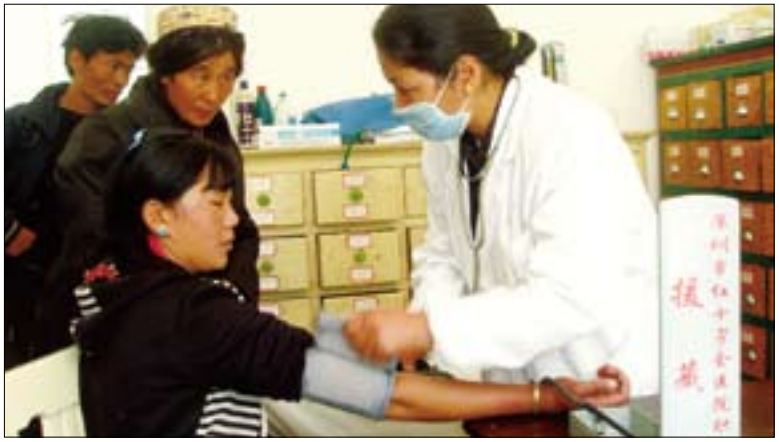
Section Two. *Culturally sensitive programming in the health sector: why is it important?*

Miao women at local health service station, Leishan county, Guizhou – MUC

A culturally-sensitive approach is a policy and programming approach aiming to transform practices from within by using societies and communities' own dynamics of change. It calls for 'cultural fluency': familiarity with how cultures work and how to work with cultures.

1. In the health sector, Culture matters

Culture is "*the set of distinctive spiritual, material, intellectual and emotional features of a society or a social group; in addition to art and literature, it encompasses lifestyles, ways of living together, value systems etc.*"[3] It relates to beliefs, attitudes, norms, behaviors and traditions that are learned and shared in the process of membership and socialization in groups. Cultures are dynamic, responding to change and internal and external stimuli. People are not only products of their cultures, but also active actors who can contribute to change. Not surprisingly, culture deeply influences people's health practice and behavior.



Tibetan woman receiving health care in local health Service station, Gyamda county, Tibet AR – MUC

[3] UNESCO definition

Culture consists of both material and non-material aspects	False assumptions in relation to culture
Material aspects • Settlements and land use • Buildings and monuments • Local design of housing • Crafts and skills • Performing arts • Food **Non Material aspects** • Values and beliefs • Rituals, traditions • Behavior • Language • Folklore and oral tradition	• All communities are homogeneous • Government and local communities share the same goal for development • Availability of health services lead to their use • Knowledge leads to desire behavior change • Traditional forms of health care are easily replaceable

Given the influence of socio-cultural factors, decision making on health issues is not an individual process and health seeking behavior is shaped by social relations at local level. Thus, **the simple availability of health services doesn't**

International good practices have shown that MCH strategies that are sensitive to cultural values can reduce harmful practices and increase service utilization: MCH practitioners need to have a better understanding of the way people think,