

Islamic Precepts and Family Planning: The Perceptions Of Jordanian Religious Leaders and Their Constituents

By Carol Underwood

Context: Muslim religious leaders are often viewed as real or potential obstacles to family planning. Research is needed to understand more fully their knowledge, attitudes and beliefs about family planning and how they differ from those held by the general public.

Methods: Two nationally representative surveys, one of 1,000 married women aged 15–49 and the other of 1,000 men married to women aged 15–49, and a census of all Muslim religious leaders in Jordan collected information on knowledge, attitudes and beliefs regarding family planning, and sources of information about it.

Results: Eighty percent of men, 86% of women, 82% of male religious leaders and 98% of female religious leaders believe that family planning is in keeping with the tenets of Islam. Among religious leaders, 36% reported that they had preached about family planning in the year preceding the survey. Seventy-five percent of women and 62% of men in the general public said that they had spoken about family planning with their spouse, and 9% and 17%, respectively, reported having spoken with a religious leader. On a scale of 0–10 measuring agreement with statements regarding the benefits of family planning (with 10 being complete agreement), women averaged 9.4 and men 8.8, while male religious leaders averaged 6.5 and female religious leaders 7.2. Among the general public, 74% of women and 58% of men said that deciding to practice contraception is a joint decision between husband and wife. About 90% of religious leaders agreed or agreed strongly with the statement that contraceptive decisions should be made jointly by husband and wife. Women were significantly more likely than men to believe that specific contraceptive methods are permitted under Islam, and male religious leaders were more likely than were men in the general population to find specific methods acceptable. Only 26% of men cited interpersonal communication as a source of family planning information, compared with 66% of women, 73% of male religious leaders and 89% of female religious leaders. Almost three-quarters of men and women said they want to know more about family planning.

Conclusion: Although Islamic religious leaders in Jordan cite different reasons than the general public to justify the use of contraceptives, they are as likely as others in the population to approve of family planning.

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Background

Religion and Family Planning

Studies concerning the family planning beliefs of religious leaders are rare and, when conducted, have typically relied on small samples. A study of the family planning attitudes and practices of Ethiopian elites was conducted with a sample of 99 Orthodox Christian priests and 86 Muslim religious leaders.² The authors found that 24% of Orthodox Christian and 80% of Muslim religious leaders had heard of family planning. Among those who were married (89% and 92%, respectively), 6% of the Orthodox Christians and 26% of the Muslims practiced contraception. Religious leaders were found to be less favorably disposed toward family planning than other elite groups (such as teachers and community leaders), but the authors did not compare religious leaders' responses with those of the general population.

In a survey of 81 African Independent Church leaders and 40 Muslim religious leaders residing in the Yoruba area of southwest Nigeria, 12% of the former and 78% of the latter reported having preached against family planning.³ Questions regarding family planning knowledge and

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Muslim religious leaders are often assumed to hold more conservative attitudes than the general population about family planning, yet a review of the literature finds no research that has specifically compared the two groups. Indeed, Muslim religious leaders' stance toward family planning is often misinterpreted. While they can be expected to refer to religious texts for guidance as they seek to interpret the acceptability of new ideas, religious leaders may prove no more opposed than other members of society to innovation, unless a new idea is perceived to contravene religious tenets.

Muslim religious leaders in Jordan, who as members of social networks are intimately involved in the everyday lives of their congregations, probably share ways of thinking that are prevalent within their community. A social group can be expected to have a single worldview, yet the

level of sophistication each individual brings to it can vary.¹ For example, religious leaders may have a more nuanced understanding of family planning than the lay public because they tend to be better-educated and are involved in wider social networks. Indeed, religious scholars, who have a fuller understanding of religious texts than the general public, may be better able to disentangle traditional views of family planning from religious precepts regarding fertility regulation.

Specifically, this article examines four interrelated questions. First, do Jordanian religious leaders believe that family planning is acceptable? Second, what is their stance regarding the acceptability of specific contraceptive methods? Third, what are their primary sources of information regarding family planning? Finally, how similar are their views to those held by other men and women within their community?

use were not included in the study and, again, there was no comparison with the larger society.

The attitudes of political and social leaders are important and should not be assumed when examining fertility trends.⁴ Some authors have done just that regarding religious leaders' attitudes toward family planning, however. In a recent article contrasting the divergent paths of Bangladesh and Pakistan, the authors argue that Bangladeshi religious leaders sided with Pakistan in the war for independence and therefore undermined their credibility with the general public.⁵ In contrast, the Islamic party remained a strong political force in Pakistan. The authors' underlying assumption is that religious leaders stand in the way of a public that is favorably disposed toward family planning. The authors of another article argue that Bangladeshi religious leaders opposed contraceptive use in the early 1980s, but that advocacy and orientation workshops led this group to become more favorably disposed to family planning programs.⁶

The family planning literature often promulgates the message that religious leaders must be convinced of the appropriateness of contraceptive use and that they may be more resistant to it than the general public. Increasingly, religious leaders have been invited to participate in seminars and workshops with the goal of increasing their family planning knowledge, of improving their attitudes about contraceptive use and of motivating them to advocate publicly for family planning to help make it socially acceptable.⁷

This suggests that religious leaders should not be ignored as potential proponents of family planning. Indeed, some studies have shown that religious leaders, as respected members of the community, can be effective advocates for family planning. The Islamic Republic of Iran, for example, has developed a highly successful family planning program in the past decade, and much of this success has been attributed to the support and guidance provided by the country's religious leaders.⁸

The views of religious leaders should be studied before assumptions are made about their position on family planning. Furthermore, it is vital to understand more fully religious leaders' social roles and the obligations that are integral to the fulfillment of these roles. Not only may religious leaders be able to be guided by policy and programs, they also may be able to guide them.

The notion that religious leaders are less favorably disposed than the general pub-

lic toward family planning is not unique to scholars and policymakers. A study conducted among Egyptian married couples found that 85% of men and women personally approved of contraception, but that only 65% thought their local religious leader would do so⁹—even though Egypt's Grand Mufti has publicly proclaimed that "Islam is for family planning."¹⁰

A study of the family planning knowledge, attitudes and practices of Jordanian men and women indicates that many of them are convinced that their religious leaders would not approve of contraceptive use, even while they themselves do so.¹¹ Even so, the data also show that the consonance of Islam with family planning, as well as with specific contraceptive methods, is important to Jordanians. Given that Islam is a vital force in Jordanian society and that Muslim clergy, as interpreters of Islamic principles and laws, are an important source of information and advice for many Jordanians, it is important to examine the family planning perceptions of religious leaders and to contrast these with those of the general public.

Contraception and Islamic Doctrine

The interpretations of the *Shari'a*, or Islamic law, set forth in this article reflect those of the respondents, all of whom are Sunni Muslims and most of whom abide by the *Hanifiya* or *Shafiya* schools of thought in their exegesis of Islamic law. (A greater range of scholarly opinions regarding family planning can be found within the body of Islamic hermeneutic writings than is presented here.)

With respect to contraception, Muslim scholars universally accept the legitimacy of a *hadith* (or one of the collected sayings of the Prophet Muhammed) in which the Prophet, when asked, noted that withdrawal is permitted, for "if God wanted to create something, no one could avert it."¹² By analogy, this has been interpreted to imply that all nonpermanent methods are in keeping with Islam.* Furthermore, a number of *Qur'anic* verses emphasize the notion that God does not wish to burden believers, with the implication that the quality of children overrides concerns about quantity. Additionally, marriage is portrayed in the *Qur'an* as a source of companionship and mutual protection, rather than as primarily for procreation (*Sura* 30:21).¹³

Theory

In the 1980s, some experts identified three preconditions for a clear pattern of fertility decline: fertility regulation must be

within the calculus of conscious choice; reduced fertility must be considered (socially and economically) advantageous; and effective techniques of fertility reduction must be available.¹⁴ Others subsequently amplified this argument, stating that cognitive changes, and not economic considerations, are the primary driving force behind the decline in fertility.¹⁵ The authors stressed that social norms and shared moral values are important in terms of ideation (i.e., the prevalent ways of thinking of a given population) in the fertility decision-making process.

Common language and geographic proximity allow for communication, which often serves to reinforce shared beliefs, values and social norms. Yet such communication may also broadcast beliefs, values and social norms that have been reconstructed as a result of the introduction of new ways of thinking.¹⁶ Ideation, these authors suggest, has historically influenced and continues to influence the demand for contraception. Specifically, they maintain that the moral acceptability of birth control, in tandem with the acceptability of particular methods, influences the timing of the transition from natural fertility to fertility regulation.

Since the mid-1970s, average family size in Jordan has decreased and contraceptive use has increased. In 1976, use of any contraceptive method stood at 23%; the rate increased to 35% in 1990 and to 50% in 1997.¹⁷ During the same period, the total fertility rate for women aged 15–49 dropped from 7.1 to 4.3 lifetime births per woman.¹⁸ Given these changes, one would expect the ideational atmosphere in Jordan to be favorable toward family planning. To assess the family planning climate in Jordan, the knowledge, attitudes and behaviors of religious leaders are compared with those of men and women in the general public, from the perspective of the three preconditions outlined above.

*Permanent methods are permissible when additional pregnancies pose a threat to a woman's health. Some Muslim clergy have argued further that, given the right conditions, tubal ligation and vasectomy are reversible and are therefore permitted. Both methods are available—and encouraged for couples with three or more children—in the Islamic Republic of Iran, among other Muslim nations (Source: Underwood C, Child health under revolutionary regimes: the case of the Islamic Republic of Iran, unpublished dissertation, Department of Sociology, Johns Hopkins University, 1993).

†Prolonged breastfeeding is excluded as a contraceptive method in this presentation of trends because no question was asked about this method in the 1976 survey. When prolonged breastfeeding is included in the calculations, contraceptive prevalence reached 53% in 1997.

Methods

Data

The data on which this article is based come from two nationally representative surveys and a census. One sample comprised 1,000 married women aged 15–49; the other sample included 1,000 men married to women aged 15–49. The census was designed to include all Muslim religious leaders employed by the Jordanian state.

The population-based sample surveys were stratified by governorate, with the number of blocks or sampling clusters per governorate roughly proportional to its size. Data were collected over a three-week period in November 1996. Weights were computed to render the sample nationally representative at the household level, and findings are reported accordingly.

The census of religious leaders employed by the Government of Jordan was conducted in the summer of 1997. In Jordan, the vast majority of religious leaders (96%) are government employees. Indeed, all but 70 of the 1,880 *Imams* (Friday prayer leaders) and *Khatibs* (religious leaders who deliver the Friday sermon) are government employees.¹⁹ Approximately 92% of male religious leaders (1,594) and 75% of female religious leaders (61) who are employed by the government participated in the study. The 70 *Imams* and *Khatibs* who are not employed by the government were not interviewed.

As this is a census, all differences are, by definition, real. Therefore, the single criterion for determining relevance is the substantive meaningfulness of the findings. In comparisons among the three data sets, however, tests of significance are used.

Questionnaires

For the population-based survey, a structured questionnaire, consisting primarily of closed-ended questions, was designed to collect information about current family planning knowledge, attitudes, intentions and practices. The questionnaires for men and women were essentially identical, except for a short section about reproductive health that was included in the women's survey instrument. Data were collected in face-to-face interviews, with interviewers and subjects matched by gender.

*It is important to note that there are three major categories used to evaluate the appropriateness of an action in Islam: *mubah* (acceptable), *makrouh* (not forbidden, but undesirable) and *haram* (religiously proscribed). Therefore, those who do not perceive family planning as religiously acceptable do not necessarily believe it to be forbidden.

†Throughout the text, the terms men and women refer to the general population. All references to religious leaders indicate their clerical status.

To examine the extent to which Jordanians perceive fertility control as morally acceptable, a battery of questions regarding family planning attitudes and beliefs was included in the survey. The first of these questions asked whether the respondent thought that family planning was consonant with Islam.

The questions were phrased somewhat differently for the two populations, however. Members of the general public were asked whether, in their opinion, family planning is *halal*. This is an Arabic term that means something that is recommended by Islam, but it is widely used by the general public to imply acceptability. The Arabic term that actually means acceptable (*mubah*) was used in the census with religious leaders.*

The purpose of the census was to enhance our understanding of religious leaders' family planning knowledge, attitudes and beliefs, as well as to establish what factors are related to their advocating for family planning and counseling about it. A panel of research specialists, including representatives from the ministries that employ religious leaders and experts from academic settings, developed the questionnaire for the religious leaders. Although questionnaire development was guided by the format used in family planning knowledge, attitudes and practices surveys, it differed markedly in one important respect: Religious leaders were queried only about their family planning teaching and advocacy. The research team, convinced that family planning would be a sensitive topic among religious leaders, was reluctant to pose questions regarding their personal use of contraceptives.

The religious leaders' survey was self-administered in meeting halls located throughout Jordan. The voluntary nature of participation was explained in the invitation letter and was reemphasized before questionnaires were distributed. A team of supervisors, trained to clarify instructions without influencing or directing responses, fielded the survey.

Data Analysis

For all three data sets, a 10-point Likert-type summative scale was used to tally responses on attitudinal statements. Scores of 0–10 were assigned to each of the responses to reflect the strength and direction of the attitude expressed in a particular statement, with zero reflecting a strongly negative attitude toward family planning and 10 indicating a strongly positive attitude.

As most statements were highly correlated with several other statements, a prin-

cipal-components factor analysis, using Kaiser's varimax rotation, was conducted. When a group of statements was found to be both statistically and logically related, they were considered a factor. By averaging the responses to a given series of related statements, factor scores were developed. To evaluate the internal consistency of the newly created factors, Cronbach's alpha coefficient was computed.

Respondents were asked to register their level of agreement with the following statements: "Begetting many children can be harmful to the health of the mother"; "Family planning gives parents enough time to take care of the needs of their family"; and "Family planning improves the family's standard of living." Using factor analysis, a "benefits of family planning" scale was developed from these statements. (Alpha reliability scores for this scale were .69 for the general public and .73 for the religious leaders' survey.)

Factor analysis also was conducted on four statements that measured preferences for a large family. Respondents were asked to register their level of agreement with the following statements: "Begetting many children is proof of *uzwa* [status] in the social context"; "Begetting many children is important for a man to prove his masculinity/virility"; "Begetting many children is important for a woman to prove her fertility"; and "The family that has all girls should keep having children until they have at least one boy." These four statements loaded together to constitute a single factor on a scale of 0–10, with 10 indicating strong agreement (alpha .79 for the general public and .74 for religious leaders).

All groups were asked whether they obtain information about family planning from the radio, television and a variety of print sources. Men and women from the general public also were asked whether they had received family planning information from a clinic, physician, nurse or social worker. Religious leaders were asked whether they had received information on family planning from any of four interpersonal sources (seminars, workshops, lectures and conferences). As a result, the queries on interpersonal communication differed for the two groups; the general public was asked about one-to-one communication and religious leaders reported on group discussions.

Results

Thirty-six percent of women were younger than 30, 38% were 30–39 and 26% were 40–49 (Table 1).[†] Among men, 13%

were younger than 30, 38% were 30–39 and 49% were 40 or older. Thirty-six percent of male religious leaders were 30–39 and 40% were 40 or older. The majority of female leaders (69%) were 30–39 years old. Among both men and women, roughly half had a primary school education or less, and half had a secondary school education or higher. The dichotomy in educational achievement reflects the high level of literacy that has been achieved among Jordanians in the past two decades. The nonliterate or semiliterate are almost exclusively from the older age-groups. Religious leaders, on the whole, are better educated than the general public. Male religious leaders were less likely than their female counterparts to have pursued their studies beyond secondary school (75% vs. 95%).

Almost all Jordanians have heard of family planning, and therefore are aware that fertility can be regulated. The meanings they attach to the phrase family planning (*tanzim al-osra*) differ somewhat by group (Table 2). When religious leaders use the term, most are talking about increasing the birth interval between children (i.e., birthspacing). In contrast, 58% of men and 44% of women think the term family planning includes economic, education and contraceptive decision-making (i.e., planning family life). To indicate pregnancy prevention, roughly four-tenths of the general public prefer the term temporary pregnancy prevention (*al mana'a al moaqqat lil haml*), which highlights temporary methods and cannot be confused with others that imply a permanent decision. Almost half of male religious leaders and two-thirds of female religious leaders prefer the term family planning.

A clear majority of respondents—80% of men, 86% of women, 82% of male religious leaders and 98% of female religious leaders—believe that family planning is consonant with Islamic precepts (not shown). These results indicate that religious leaders are at least as likely as the general public to believe that family planning is *mubah*, or acceptable within the tenets of Islam. Only 8% of men, 5% of male religious leaders and 4% of women—and no female religious leader—reported that family planning is *haram* (that is, forbidden by Islam).

It is important to remember, however, that religious leaders on average are better-educated than the general public, and that increased educational attainment is positively correlated with approval of family planning. Among religious leaders, education is positively associated with

the understanding that Islam permits family planning; nearly 93% of those with a postgraduate education hold this view, compared with 70% of those who did not continue their formal education beyond secondary school. Among the general public, too, educational attainment and approval of family planning were positively correlated. When the analysis was restricted to those who had earned a university degree, male religious leaders were less likely than other men to believe that family planning was acceptable (82% vs. 91%). There were no differences between well-educated women in both groups.

When religious leaders were asked their level of agreement with the statement, "Other religious leaders ask me for advice or counseling about family planning," about 73% of male and 83% of female clerics agreed or strongly agreed. Roughly 70% agreed that the mosque was an appropriate venue for family planning lectures and that family planning issues should be discussed in the mass media.

Nearly 86% of religious leaders reported that they agree or strongly agree with the statement, "People from my community ask me for personal advice or guidance about family planning," or stated that they had discussed family planning with their peers, or both. Among those who had conversed with their constituents or peers about family planning, 91% said that they believe it is consonant with Islam and only 2% argued that family planning is *haram*. About 91% of male and 98% of female religious leaders reported that they encourage intracouple discussions about contraception. More than 90% of religious leaders who had discussed family planning matters with their community stated that they are comfortable with the role of counselor.

Table 1. Percentage distribution of the general population and of religious leaders, by selected background characteristics, 1996 and 1997, Jordan

Characteristic	Population		Religious leaders	
	Men (N=992)	Women (N=967)	Men (N=1,594)	Women (N=61)
Age				
<30	13	36	24	2
30–39	38	38	36	69
≥40	49	26	40	29
Education				
<primary	38	36	0	0
Primary	13	16	0	0
Secondary	21	27	25	5
>Secondary	28	21	75	95

Note: All differences by sex are significant at $p < .01$.

Seventy-five percent of women and 62% of men reported that they had discussed family planning with their spouse, and 9% and 17%, respectively, that they had spoken about it with their *sheikh* (the religious leader in their community). Among men who considered their sheikh's opinion of family planning to be very important, 53% had engaged in such conversations.

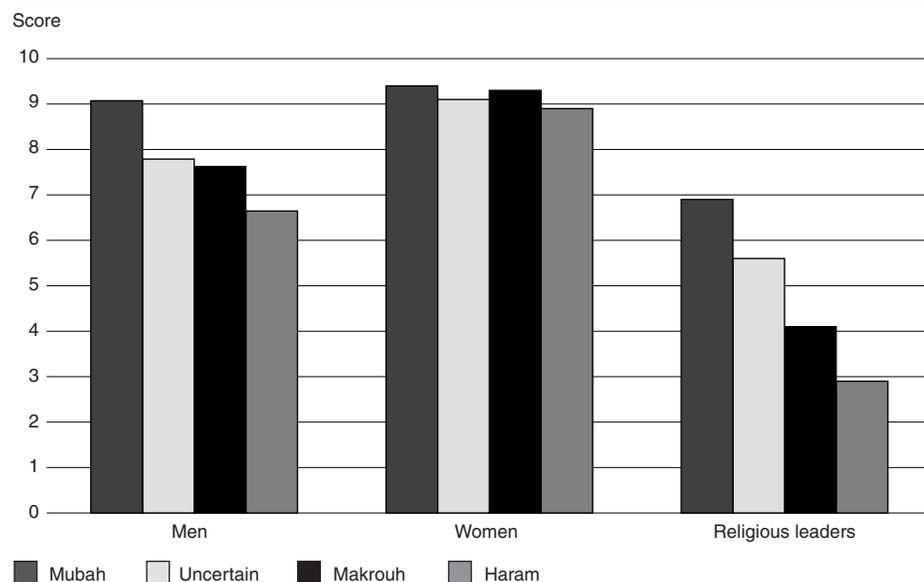
Respondents from the general public were asked whether they had spoken with family, a friend or other members of their community about family planning within the past year. When religious leaders were asked about their private conversations, however, no time limit was set. Therefore, the results presented here give an overall sense of the level of family planning communication in Jordan, but the

Table 2. Percentage distribution of respondents, by meaning they give to the term "family planning," and percentage distribution of respondents, by the term they prefer to indicate pregnancy prevention, according to population and gender

Term	Total	General population		Religious leaders	
		Men	Women	Men	Women
Family planning	(N=3,270)	(N=756)	(N=938)	(N=1,516)	(N=60)
Temporary pregnancy prevention	5	3	5	5	3
Birthspacing	61	33	43	87	83
Birth control	7	6	8	6	12
Shari'a-breastfeeding for 2 years	1	0	0	2	2
Planning family life	26	58	44	0	0
Pregnancy prevention	(N=3,427)	(N=859)	(N=964)	(N=1,543)	(N=61)
Temporary pregnancy prevention	26	43	40	9	5
Permanent pregnancy prevention	0	0	0	1	0
Birthspacing	31	23	27	37	20
Family planning	35	24	23	47	67
Birth control	5	6	3	6	8
Don't know	3	4	7	0	0
Total	100	100	100	100	100

Note: The term "birthspacing" includes the terms "delivery spacing" and "pregnancy spacing."

Figure 1. Mean score on benefits of family planning scale, by religious interpretations of family planning, according to study group



Notes: Scores range from 0 (for strongly negative) to 10 (for strongly positive). Mubah means acceptable within the tenets of Islam. Makrouh means undesirable but not forbidden. Haram means forbidden by Islam.

two groups cannot be compared.

Religious leaders also were asked about their public pronouncements regarding family planning, to which 36% replied that they had preached about family planning in the year preceding the survey. About 32% of all religious leaders reported that they had lectured four or more times in the past year about family planning–related issues. When asked to elaborate on the themes of their homilies, 63% stated that they had preached about family planning in general; 14% about population growth and Islam; 9% about women, health concerns and family planning; and 8% about intracouple relationships and Islam.

These themes were extracted from religious leaders’ responses to a series of open-ended questions, so it was often difficult to ascertain whether they spoke favorably about family planning. Yet, only 11 individuals—or less than 1%—said both that they believe family planning is prohibited by Islamic law and that they had discussed family planning at public gatherings.

On the benefits of family planning scale (with zero reflective of disagreement and 10 of complete agreement), women scored an average of 9.4 and men 8.8. It is worth noting, however, that men and women reported an average ideal family size of four children. The meaning of a small family must therefore be considered in this context. Female and male religious leaders registered somewhat lower, but still positive, scores (7.2 and 6.5, respectively). When

those who believe that Islamic tenets forbid family planning were asked whether contraception is permitted when it does not harm a woman’s health, 20% said that it is. (Religious leaders were not asked whether contraception should be permitted in instances when childbearing would endanger the health of the mother.)

Among all groups, those who said they believe that family planning is in keeping with Islam registered significantly higher scores ($p < .001$) on the benefits of family planning scale than did those who said that it is *makrouh* or haram or those who were uncertain (Figure 1). While this correlation was anticipated, the relatively low scores registered by religious leaders seems to contradict the hypothesis that religious leaders hold attitudes similar to those of the general public.

Respondents in the general public were asked who decides whether a couple will practice contraception. Among women, about 74% said that it is a joint decision, 12% that their husband decides, 12% that they are the sole decision-maker and 2% that they do not know who makes the decision (not shown). Some 58% of men stated that it is a joint decision, about 8% that it is up to their wife, nearly 20% that it is their decision and 20% that they do not know. Educational attainment was positively correlated with joint decision-making. Among men who had gone beyond secondary school, the proportion who said that family planning decisions are made

in consultation with their wife rose to 65%.

When religious leaders were asked who should make the decision about contraceptive use, fully 90% agreed or strongly agreed with the statement that these decisions should be made jointly by husband and wife. Among those who reported that they believe that family planning is haram, the proportion drops to about 70%. Indeed, about 20% of those who said that they consider family planning to be haram also said that they believe that the decision should be made by the man alone. Religious leaders indicated a higher level of agreement with the statement regarding joint decision-making—a mean of 8.3 on a 10-point scale—than they did for any other group of statements. Male religious leaders aged 50 and older registered the highest level of agreement with the statement regarding joint decision-making (92%), although the youngest group was not far behind (at 88%). Similarly, there was strong and consistent disagreement with the statements that the husband or the wife alone should be responsible for decisions regarding family planning.

All groups were asked to report their level of agreement with the following statement: “A family with only daughters should continue childbearing until they have at least one son.” Both religious leaders and the lay public registered slightly above the midpoint on this statement, indicating a modest level of agreement with the statement. There were no statistically significant differences between men and women or between religious leaders and the public. Those who believe family planning is forbidden, however, were significantly ($p < .01$) more likely to agree with the statement than were those who are uncertain or who hold that Islam countenances family planning. Education was negatively associated with the statement, while age was positively associated with it.

On the scale measuring respondents’ preference for large families (with 10 indicating a high level of agreement), male religious leaders scored an average of 4.6 and their female counterparts 3.5; men from the general public scored 3.9 and women scored 3.5 (not shown). Women in the general public registered strong agreement (9.4 on a 10-point scale) with the statement, “Too many children can harm a woman’s health” and their male counterparts scored slightly lower (8.6). Among religious leaders, the scores were significantly lower; male religious leaders scored 5.9 and female religious leaders scored 6.8.

In the general public, 97% of women

and 90% of men could spontaneously recall at least one contraceptive method. All female religious leaders and all but seven male religious leaders recognized at least one contraceptive method. A clear comparison between the contraceptive knowledge levels of religious leaders and the general population is not possible; the latter were asked to name all of the methods they could remember, while religious leaders were given a list of all methods and asked to check off those that were known to them. Women spontaneously mentioned an average of five methods, while men recalled about three methods. Among religious leaders, women were familiar with about 10 and men with about eight contraceptive methods. Among women who were not using a contraceptive method at the time of the survey, only 1% cited difficulty of obtaining a method or cost as a reason for nonuse.

All respondents were asked to evaluate from an Islamic perspective each contraceptive method that they recognized. Although eight out of 10 respondents said that family planning is in keeping with Islamic law, the proportions of respondents who reported that they believe specific methods to be permitted in Islam are much smaller (Table 3). Women were significantly more likely than men to say they believe that specific methods (except tubal ligation) are permitted, and male religious leaders were more likely than their lay counterparts to say so for all methods except tubal ligation and injectables. Among men reporting on the acceptability of specific modern methods, 36% reported the pill to be acceptable, 40% the IUD, 18% tubal ligation and 33% injectables. Among women, in contrast, 65% said the pill is ac-

ceptable, 70% the IUD, 16% tubal ligation and 63% injectables.

There appears to be considerable uncertainty among religious leaders and the lay public alike about the acceptability of some modern contraceptive methods in Islam. Among religious leaders who knew of the IUD and contraceptive implants, uncertainty about the permissibility of these methods within an Islamic worldview varied from 20% for the IUD to 50% for implants (not shown). The data consistently show that little-known methods are less likely than well-known methods to be considered *mubah*, even though questions regarding the Islamic perspective on specific methods were asked only of those who recognized these methods.

Traditional methods (breastfeeding, withdrawal and the calendar method) are considered to be permitted by the majority of respondents who are aware of these contraceptive methods (Table 3). The favorable attitudes toward breastfeeding and withdrawal may be attributable to the fact that these methods are mentioned explicitly and favorably in Islamic jurisprudence. The calendar method was spontaneously mentioned by about 25% of men and some 40% of women, the majority of whom believe that it is permitted. About 62% of religious leaders recognized this method, and roughly 88% considered it to be acceptable within an Islamic worldview. In all groups, education was positively associated with the number of methods considered *mubah* (not shown). Other factors positively correlated with the number of methods considered *mubah* were the belief that family planning is consonant with Islam and a sense of ease about discussing family planning matters with their con-

gregants.

When asked why specific methods were *halal*, the primary reason given by the general public was that family planning “provides a better quality of life for the family.” About 30–35% of men and 45–55% of women gave this reason for the permissibility of specific modern methods. The reason most widely cited by religious leaders for a method’s acceptability (given by 35–55% for specific methods) was its safety and its being in keeping with Islamic be-

liefs. Among all groups, those who designated some methods *makrouh* or *haram* were likely to associate long-term health problems and side effects with those methods.

Religious leaders reported higher levels of exposure to informational sources regarding family planning than did the general public (Figure 2, page 116). Whereas only 26% of men cited interpersonal communication as a source of information on family planning, 66% of women, 73% of male religious leaders and 89% of female religious leaders did so. Mass media were reported to have provided information to 58% of men, 72% of women, 83% of male religious leaders and 95% of female religious leaders.

Among religious leaders, access to a broad range of information sources is positively associated with the belief that family planning is *mubah*; those who believe family planning is consonant with Islam were exposed, on average, to four sources, compared with three sources among those who held other views (not shown). Moreover, exposure to family planning information sources is also strongly correlated with the number of methods considered *mubah*; those who believe no method is *mubah* have access to an average of three sources, while those who believe all 13 contraceptive methods are *mubah* listed an average of five information sources.

The Jordanian public indicated a strong interest in obtaining more family planning information—72% of men and 73% of women said they would like to know more about family planning. Fully 98% of male religious leaders and all female religious leaders said they would welcome more information from a range of sources.

Discussion

The data show that four of five Jordanians—religious leaders and the general public alike—believe that family planning is consonant with Islam. Perhaps religious leaders are comfortable with the term family planning because they equate it with increased birth intervals, and not with birth control. This is consonant with the tenets of Islam as interpreted by religious leaders in Jordan,* which permit temporary or reversible measures and do not permit permanent or irreversible ones in other than extreme cases (e.g., when the woman’s life is endangered). Important-

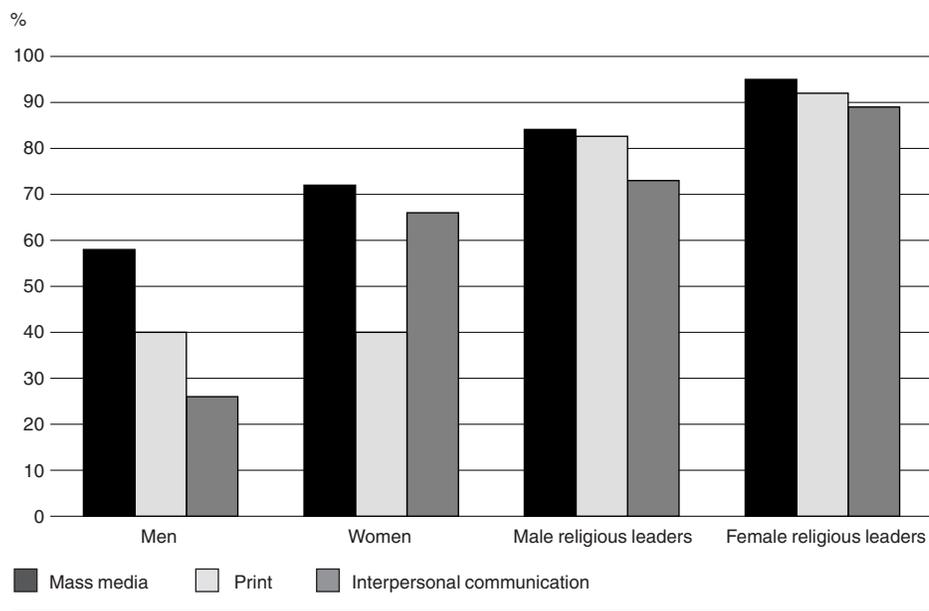
*Iran, Turkey and Tunisia are among the Muslim countries that allow both tubal ligation and vasectomy. Religious leaders in Jordan, Egypt and other Muslim countries argue that Islamic law forbids these permanent methods.

Table 3. Number of respondents who recognized selected contraceptive methods, and percentage who believe the method is consonant with Islamic precepts

Method	General population				Religious leaders			
	Men		Women		Men		Women	
	N	%	N	%	N	%	N	%
Modern								
Pill	761	36	880	65	1,450	44	61	74
IUD	741	40	869	70	1,460	53	61	70
Tubal ligation	125	18	339	16	1,239	18	60	22
Injectables	140	33	394	63	763	33	46	46
Traditional								
Withdrawal	186	65	417	70	1,332	80	56	95
Breastfeeding	104	77	458	92	1,295	95	59	100
Safe period	229	73	369	83	968	88	56	96

Notes: All differences between men and women in both groups are significant at $p \leq .01$. Differences between men from the general public and male religious leaders are all significant at $p \leq .01$, except regarding tubal ligation. Differences between women in both groups are all significant at $p \leq .05$, except regarding breastfeeding. Respondents from the general population were asked what contraceptive methods they could spontaneously recall. Religious leaders were given a list of methods and asked to indicate those that were known to them.

Figure 2. Percentage of respondents, by reported sources of information on family planning, according to study group



ly, this demonstrates that most religious leaders interpret family planning to represent an action that is permitted within the Islamic worldview.

The general public, however, preferred the term that explicitly refers to the temporary nature of modern methods (temporary pregnancy prevention). The data collected in this survey do not illuminate why Jordanians are more comfortable with this term. Yet, focus-group research conducted in the country in 1996 found that people often distinguish between family planning (*tanzim al-osra*), which they interpret as a conscious decision to limit future childbearing, and birthspacing (*moba'da bayna al wiladat*), which to them means to delay the next pregnancy. Participants indicated that while a woman might practice contraception to prevent pregnancy until she is menopausal, she must leave open the potentiality of childbearing until the end of her reproductive cycle so as not to contravene the will of God.²⁰

The moral acceptability of family planning in Jordan is further demonstrated by how routinely family planning is discussed among family, friends and peers. Nearly nine of 10 religious leaders reported that they had discussed family planning with their congregants or their peers, and 36% noted that they had spoken in public about it within the past year. Although religious leaders were not asked what they discussed, it is reasonable to assume that their conversations were favorable or reasonably favorable toward the practice of family planning, since 91%

of those who reported that community members seek their advice regarding family planning believe that it is in keeping with Islamic precepts.

While a clear majority of the general public had spoken about family planning with their spouses, only 17% of men and 9% of women reported that they had spoken with a religious leader about it within the past year. Since questions regarding family planning communication were different for religious leaders and for the general public, it would not be appropriate to conclude that their responses are contradictory. For example, questionnaire design might have encouraged community members to report that they had spoken with a religious leader about family planning only if they had had a private conversation about the issue. In contrast, religious leaders might have answered affirmatively about communication, even if it had occurred in a public meeting.

The public perceives family planning as a way to improve the quality of family life. Religious leaders, however, were somewhat reluctant to justify fertility regulation for pragmatic reasons. A Qur'anic verse makes clear that God will provide for all offspring, and religious leaders may not want to suggest otherwise, even though most do not contest the acceptability of contraception. The leaders, however, were particularly supportive of methods that they perceive to be physically harmless. The safety of specific methods was a major concern of religious leaders, and the most common reason given

to avoid certain methods was the potential for negative health effects. That they tended to only moderately agree with the statement "Too many children can harm a woman's health" should not be read to imply that they are indifferent to women's health. Rather, they may be reluctant to suggest that the birth of a child under physically normal conditions could be harmful.

Most respondents disagreed with statements that championed large families, thereby indicating a predisposition to limiting family size. Though male religious leaders were somewhat more likely to agree with statements favoring large families, no group registered above the midpoint on the scale. It could be concluded, therefore, that social norms supportive of large families are waning in Jordan.

Although the levels of awareness about specific contraceptive methods between religious leaders and the general population seem strikingly different, the nature of the questioning varied, and a large gap between spontaneous recall and prompted recognition of methods should be expected. In the 1995 Egypt Demographic and Health Survey, for example, respondents spontaneously recalled an average of three methods, but recognized 9–10 methods when aided.²¹ Therefore, it is reasonable to assume that levels of awareness are similar between the two comparison groups, with women somewhat more knowledgeable than men about contraceptive methods.

Religious leaders were significantly more likely than their counterparts in the general public to report that they had obtained family planning information from the mass media. The clear majority of religious leaders also had access to seminars, workshops or other public meetings where family planning was the central topic. Therefore, public forums are available to religious leaders, whether through the ministries where they work or through other venues, to discuss family planning issues. This may explain their relatively high levels of awareness about contraceptives as well as their overall positive view of family planning. Indeed, those exposed to more than the average number of sources, as well as those who were comfortable discussing family planning matters, were statistically more likely to believe that family planning is *mubah*, as well as to assess more methods as *mubah*.

The data confirm the assumption underlying the ideational framework—namely, that religious leaders and their congregants are likely to share views re-

garding family planning as members of the same local communities. The literature is thick with evidence that acceptance of family planning is correlated with strong agreement about the benefits it provides. But few studies have been conducted among Muslim religious leaders to ascertain the circumstances under which they believe that family planning is permitted. Here, the data demonstrate that religious leaders give different weight to the benefits of contraception, but are no less likely than the lay public to approve it. It is possible that the factors correlated with positive family planning perceptions among religious leaders have not been adequately measured.

The findings reported here confirm that the ideational atmosphere in Jordan is favorable toward family planning. Yet, knowledge about modern contraceptive methods is insufficient among the religious and lay populations alike in Jordan. Specific information about modern methods needs to be more widely disseminated if steady, measurable gains are to be made in contraceptive prevalence. While contraceptive use has increased significantly over the past decade in Jordan, usage of modern methods stood at 37% and usage of traditional methods at 14% in 1997.²² The acceptability of well-established and widely used methods, such as the pill and the IUD, within an Islamic worldview needs to be more firmly established. Methods that are not widely known, such as injectables and implants, are less likely to be perceived as acceptable from a religious standpoint.

In addition, the current atmosphere in Jordan is conducive to a broader dissemination of accurate information regarding specific methods and their acceptability according to Islamic law. When asked, Jordanian men and women alike reported that this is information they seek. Religious leaders constitute an important and credible channel for further family planning information. They too need detailed information about methods and want to know which methods are acceptable within an Islamic worldview. Family planning programs should respond by communicating to these different audiences through all appropriate communication channels.

Religious leaders and, to a lesser degree, the public in Jordan favor the use of contraceptives to increase birth intervals and not, for the most part, to limit family size. At some point, nonetheless, policymakers will have to address this difficult issue. Despite the decline over the past two decades in Jordan's total fertility rate, the

desire for relatively large families persists. This article suggests that the average Jordanian perceives four children to be ideal. Policymakers will need to discuss the implications—at both the familial and the societal level—of large families. Jordan's young age structure and relatively high population growth rate, both indicators of built-in population momentum, can be expected to swell the labor force for several decades to come. While changes in the total fertility rate today will not have an immediate effect on the growth of the labor force, Jordan's stationary population size is dependent upon the point at which its population growth rate reaches replacement level. The sooner this can be established, the more likely it will be that the size of the labor force will be commensurate with the country's capacity for job creation. Given the vital role religious leaders play in policy development, as well as in the everyday lives of Jordanians, this issue should be taken up as part of family planning programs developed with the religious community.

In sum, the findings reported here contradict the notion that Muslim religious leaders are more resistant to family planning than is the broader community in which they live. As Islamic texts are widely interpreted to support family planning, it has been traditional ways of life—rather than religious tenets—around which barriers to contraceptive use have been constructed. In particular, the notion that family planning contradicts the Islamic way of life has been widespread. This belief and other barriers, however, have been considerably reduced. Religious leaders, as scholars of religious texts, are particularly well-positioned to separate tradition from religion—a role they have played very successfully in Jordan. Such religious leaders will continue to provide ethical guidance to their communities as together they confront the changes that scientific and technological innovations bring. It is vital to develop a full understanding of the interpretations that religious leaders share with their congregants regarding innovations, as the tenor and text of their communication may well influence the place of family planning within the community.

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Islamic Precepts and Family...

(continued from page 117)

Resumen

Contexto: Los líderes religiosos musulmanes con frecuencia son vistos como obstáculos reales o potenciales de la planificación familiar. Es necesario investigar para conocer mejor las diferencias que existen entre ellos y el público en general con respecto a su nivel de conocimiento, actitudes y creencias acerca de la planificación familiar.

Métodos: Mediante dos encuestas representativas a nivel nacional, una de 1.000 mujeres casadas de 15–49 años, y otra de 1.000 hombres casados con mujeres en edad reproductiva, y un censo de todos los líderes religiosos musulmanes de Jordania, se recopiló información sobre el conocimiento, actitudes y creencias acerca de la planificación familiar y sobre sus fuentes de información con respecto a este tema.

Resultados: El 80% de los hombres y el 86% de las mujeres aprobaron la planificación familiar, en tanto que el 82% de los líderes religiosos y el 98% de las líderes religiosas consideraron que la planificación familiar era acorde con los principios del Islam. Entre los líderes religiosos en general, el 36% indicaron que durante el año previo habían predicado sobre la planificación familiar. El 75% de las mujeres y el 62% de los hombres del público en general indicaron que habían hablado con sus cónyuges sobre la planificación familiar, y el 9% y 17%, respectivamente, indicaron que habían hablado sobre este tema con un líder religioso. En una escala de 0 a 10 para medir el nivel de acuerdo con respecto a los beneficios que aporta la planificación familiar (considerando 10 como acuerdo total), las mujeres presentaron un promedio de 9,4 y los hombres 8,8, en tanto que los líderes religiosos alcanzaron un promedio de 6,5 y las líderes religiosas 7,2. Entre el público en general, el 74% de las mujeres y el 58% de los hombres indicaron que la decisión de practicar la anticoncepción es un

acuerdo que debe haber entre ambos cónyuges. Aproximadamente el 90% de los líderes religiosos estuvieron de acuerdo, o muy de acuerdo, en que la decisión de usar anticonceptivos debe ser adoptada en forma conjunta por ambos cónyuges. Las mujeres eran significativamente más proclives que los hombres a considerar que el uso de métodos anticonceptivos específicos se permite en el Islam, y los hombres líderes religiosos eran más proclives que los hombres del público en general a considerar aceptables algunos métodos específicos. Solamente el 26% de los hombres del público mencionaron que su fuente de información de planificación familiar era a través de la comunicación con otras personas, en comparación con el 66% de las mujeres, el 73% de los líderes religiosos y el 89% de las líderes religiosas.

Conclusiones: Si bien los líderes religiosos musulmanes de Jordania citan diferentes razones que el público en general para el uso de anticonceptivos, ellos son tan proclives como la población general a aprobar la planificación familiar.

Résumé

Contexte: Les dirigeants religieux musulmans ont souvent la réputation de présenter de réels ou potentiels obstacles au planning familial. La recherche permettrait de mieux comprendre leurs connaissances, perceptions et croyances au sujet du planning familial et leurs différences par rapport à celles de la population générale.

Méthodes: Deux enquêtes nationalement représentatives, ayant porté, l'une, sur 1.000 femmes mariées de 15 à 49 ans et l'autre, sur 1.000 hommes mariés à des femmes âgées de 15 à 49 ans, et un recensement de tous les dirigeants religieux musulmans de Jordanie, ont servi à la collecte d'informations sur les connaissances, les perceptions et les croyances relatives au planning familial, et sur les sources d'informations afférentes.

Résultats: Quatre-vingt pourcent des hommes et 86% des femmes approuvent le

planning familial. Parmi les dirigeants religieux, 82% des hommes et 98% des femmes estiment le planning familial conforme aux principes de l'islam. Des dirigeants religieux, 36% ont déclaré avoir parlé du planning familial à leurs fidèles durant l'année précédant l'enquête. Soixante-quinze pour cent des femmes et 62% des hommes de la population générale ont dit avoir parlé du planning familial avec leur conjoint, et 9% et 17%, respectivement, ont indiqué en avoir parlé avec un dirigeant religieux. Sur une échelle de 0 à 10 mesurant le degré d'accord avec différents énoncés relatifs aux avantages du planning familial (la valeur 10 représentant l'accord le plus complet), les femmes ont atteint une moyenne de 9,4, les hommes, une moyenne de 8,8, et les dirigeants religieux, une moyenne de 6,5 pour les hommes et de 7,2 pour les femmes. Parmi la population générale, 74% des femmes et 58% des hommes ont déclaré que la décision de pratiquer la contraception appartenait, de commun accord, aux conjoints. Environ 90% des dirigeants religieux ont exprimé leur accord ou accord total avec l'énoncé selon lequel il convenait de laisser cette décision au commun accord des époux. Les femmes étaient significativement plus susceptibles que les hommes de croire que certaines méthodes contraceptives étaient admises par l'islam, et les dirigeants religieux masculins étaient plus susceptibles que les hommes de la population générale de trouver certaines méthodes acceptables. Seuls 26% des hommes ont mentionné la communication avec autrui comme source d'informations sur le planning familial, par rapport à 66% des femmes et, parmi les dirigeants religieux, 73% des hommes et 89% des femmes.

Conclusion: Bien que citant d'autres raisons pour justifier la pratique de la contraception, les dirigeants islamiques religieux de Jordanie sont tout aussi susceptibles que les autres représentants de la population d'approuver le planning familial.