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...