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 (mohda baqna 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 favorable 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-