

Approaches to family planning in Muslim communities

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Abstract

Addressing the cultural and religious beliefs around the issue of family planning has been a big challenge for the international development community. The concept of family planning has raised some concerns regarding its acceptability within Muslim populations. While some Muslim states and organisations have adopted a rather cautious approach to the issue, others have gone to the extent of inviting religious leaders to present religiously sound interpretations (fatwa) on the subject. Alongside these deliberations are some alarming statistics on maternal health. The World Health Organization estimates that worldwide 211 million women become pregnant each year and that about two-thirds of them deliver live infants. The remaining one-third of pregnancies end in miscarriage, stillbirth or induced abortion. Some 200 million women in developing countries have an unmet need for effective contraception. These statistics and the ongoing discussion surrounding family planning in the Muslim communities raise legitimate questions. How is

family planning perceived within the Muslim community? Does Islam address the issue of family planning? Is it permissible? How should appropriate family planning programmes within Muslim settings be developed and applied? This article seeks to present the ongoing debate on family planning within the Muslim community and offer recommendations to organisations for effective strategy implementation of family planning programmes within Muslim settings. The article provides a brief background on the historical development of family planning in the Muslim community, and outlines Muslim perceptions on this issue. It concludes with recommendations for non-governmental organisations on how to effectively implement acceptable family planning programmes within Muslim settings.

Keywords cultural beliefs, family planning, international development community, Muslim, religious beliefs

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Introduction

Addressing the cultural and religious beliefs around the issue of family planning has been a big challenge for the international development community. The concept of family planning has raised some concerns regarding its acceptability within certain Muslim populations. While some Muslim states and organisations have adopted a rather cautious approach to the issue, others have gone to the extent of inviting religious leaders to present religiously sound interpretations (known as a fatwa, a religious opinion on Islamic law issued by an Islamic scholar) on the subjects.

Poor reproductive health jeopardises the achievement of the Millennium Development Goals, which require improving antenatal, delivery, postnatal, and newborn care; providing services for family planning; eliminating unsafe abortion; combating AIDS, sexually transmitted infections, and harmful practices; and promoting sexual health education.

The ongoing discussion surrounding family planning in the Muslim community raises legitimate questions. How is family planning perceived within the Muslim community? Does Islam address the issue of family planning? Is it permissible? How should appropriate family planning programmes within Muslim settings be developed and applied? This article seeks to present the ongoing debate on family planning within the Muslim community and offer recommendations to organisations for effective strategy implementation of family planning programmes within Muslim settings, drawing largely on the experience of Islamic Relief in Bangladesh and Pakistan [Note 1].

Background

Historical development of family planning in the Muslim community

For the past four decades, the international Muslim community has engaged with the issue of reproductive health and family planning. From the 1971 Rabat conference on 'Islam and Family Planning' to the 1990 Indonesian Congress on 'Islam and Population Policy', Muslim states such as Egypt, Morocco, Bangladesh and Indonesia have been trying to find appropriate and acceptable strategies for family planning programmes to improve maternal and child health in their respective countries. However, the key milestone in the debate over reproductive health was the 1994 International Conference on Population and Development (ICPD) (the 'Cairo Agreement'), a landmark meeting of 179 nations including Islamic states, where a comprehensive programme of action to ensure universal access to reproductive health was agreed.¹ The holistic programme of action envisions a health system and social structure that makes reproductive health choices available to all. The overarching aim is to ensure universal voluntary access to a full range of reproductive health care services and information by 2015, integrated in primary health systems. Many Muslim countries endorsed the Programme of Action set by the ICPD, accepting that it complies with their Islamic laws and their own national legislations [Note 2].

Since the adoption of the ICPD Programme of Action, there has been significant progress in the field of maternal health. Access to information and services related to family planning has been widespread and more accessible in developing countries. Muslim countries such as Bangladesh, Egypt and Indonesia have seen a decline in their fertility rates and an improvement in the health and welfare of their citizens. However, progress has not been consistent. There are still many Muslim countries that do not have access to reasonable family planning information and services. Yemen, for instance, with 42% of its population living below the poverty line, has the highest fertility rate in North Africa and the Middle East and is one of the poorest countries in the Arab world. One reason for the high population rate in many poor countries is the

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substantial “unmet need” for family planning methods/contraception, which affects 10–40% of married women of reproductive age in developing countries. For all developing countries, the total number of women with unmet need is estimated at 150 million.² The lack of access to and/or use of family planning methods are often caused by the socioeconomic, religious and cultural influences on people’s attitude towards family planning.

Perceptions of family planning in the Muslim community

In common with many societies, religious orientation and culture have played a crucial role in shaping people’s attitudes within the Muslim community. The level of awareness remains low, and there are many misconceptions related to family planning. Resistance to family planning has also been driven by health concerns regarding side effects of contraceptive methods and opposition from family members, particularly husbands.³ Also, research has shown that contraceptive methods such as the contraceptive pill and intrauterine device (IUD) are feared by women as being harmful to health. In Pakistan and Kenya, for instance, both men and women consider the IUD to be a foreign object, which could harm a woman’s body.^{4,5}

Additionally, within Muslim communities, there is a common concern that family planning is deemed to be a Western ideology or ‘conspiracy’, which aims to limit the size of the Muslim population. Speakers at a recent July 2009 conference for young Indonesian Muslims entitled ‘Young Muslims, Save Indonesia with Sharia and the Caliphate’, denounced family planning methods and the government family planning programme as being part of a “genocide conspiracy” to weaken the country’s population. It was stated that the Indonesian government’s family planning programmes on ‘Teenage Reproductive Health’ had allowed teenagers to learn about sex and practise sex freely, and that the information the programmes gave about abortion had given rise to the idea that it was acceptable not to have children, which was an attempt to weaken the country.⁶ However, it should be noted that Indonesia, which has the largest Muslim population of any country in the world, has seen a fertility decline in the past three decades, and hence the attitudes of this group should not be viewed as representative.⁷ For example, Indonesia has pioneered the introduction of contraceptive implants into routine service delivery.

Religious traditions in many Muslim countries have also played an important role in influencing people’s attitudes towards family planning. An interview with a focus group of local men was conducted by Islamic Relief in the northern region of Azad Kashmir in Pakistan in September 2006 to discuss issues related to family planning. There was a consensus that large families were good, as it helps the family survive and is in line with Islamic teachings. Indeed, the men – although aware of family planning methods – felt it would be un-Islamic to reduce the size of the family. One individual had 10 children, whom he felt were gifts from God. All the men interviewed were, however, knowledgeable about the Qur’an’s teaching on birth spacing, namely that 30 months should be left between children to allow the mother to recover. When the men were asked how to guarantee this gap their response was unanimous: that it is impossible for a woman to fall pregnant while she is breastfeeding.

Research conducted in rural Pakistan has revealed similar findings. In the rural areas of Pakistan, for example, the ‘religious factor’ was extremely important in the decision by men not to make use of contraceptive methods.⁸ The majority of married men interviewed

thought that Muslim leaders were against fertility control, and 29% cited religion as a reason for their non-use of modern contraceptives, which illustrates the ability of Muslim leaders to influence the attitudes of the community towards family planning in Pakistan.

Such views are not restricted to men; indeed a high percentage of Yemeni women believe that Islam is against family planning. A survey in 1997 found that two-thirds of Yemeni women who were not using contraception did not intend to use it in the future, with 17% of those interviewed stating that religion didn’t permit family planning.⁹

These examples clearly demonstrate how religious perception and culture can affect people’s behaviour towards family planning services, and indicate that this must be addressed in the implementation of family planning programmes. One approach considered effective when working in Muslim areas is to involve religious and community leaders who have an influence on the community.¹⁰ Research conducted by Islamic Relief with leading reproductive health experts in Bangladesh and Pakistan unanimously confirmed this: the most effective programmes are those that actively involve local Muslim leaders because of their religious influence on family planning.

The Islamic perspective on family planning Family and procreation in Islam

It is clear from the Qur’an and the hadiths [i.e. reports of the sayings or actions of the Prophet Muhammed (Peace Be Upon Him) or his companions, together with the tradition of its chain of transmission] that Muslims have a responsibility to inhabit and develop the earth, and in order to do this people are ordained to multiply. Thus, according to the Qur’an, one of the principal purposes of marriage is procreation: however one must not overlook the other very important objectives of marriage, which are enjoying the company of one’s spouse and saving oneself from fornication.

“He brought you forth from the earth and delegated you to inhabit and develop it.” (Qur’an 11:61)

“O mankind! Be careful of your duty to your Allah who created you from a single soul, and from it created its mate, and from them twain, has spread a multitude of men and women.” (Qur’an 4:1)

There are also a number of relevant hadiths addressing this issue:

“Marry women who are loving and fertile, for I will be proud of your great number before the other nations on the Day of Resurrection.” (Abu Dawud 21 1754)

“O young men, whoever among you has the ability, let him marry.” (Bukhari 5065, Muslim 1400)

Looking at these texts, some Muslims have concluded that family planning goes against the objective of procreation in marriage. Furthermore, children are viewed as a source of mercy and a gift given by God. The Qur’an states:

“And Allah has made for you spouses of your own kind and has made for you, from your wives, sons and grandsons, and has bestowed upon you good provisions.” (Qur’an 16:72)

“Wealth and children are the adornment of the life of this world.” (Qur’an 18:46)

The Qur’an has warned about killing one’s children out of fear of poverty:

“And kill not your children for fear of want. We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin.” (Qur’an 17:31)

Based on the above verses, some Muslims consider family planning as a form of killing their children, even though Islamic scholars have concluded that these verses were revealed to forbid the pre-Islamic Arab practice of killing or burying alive a newborn child (particularly a girl).¹¹

However other Muslims view Islam as a religion of mercy, which does not decree anything that is beyond the capacity of humankind. According to their interpretations, fertility can be controlled for birth spacing purposes if it compromises the quality of life of the mother or the child, or the ability of the parents to raise their children.¹² The Qur’an states:

“Allah charges no soul except to its capacity.” (Qur’an 2:286)

Many religious scholars and Muslim authors have supported this argument. They argue that if excessive fertility leads to proven health risks to the mother and children, and/or if it leads to economic hardship or embarrassment for the father, or if it results in the inability of parents to raise their children according to religious traditions, and educate them socially, then Muslims would be allowed to regulate their fertility in such a way that these hardships are warded off or reduced.^{9,12} Maulana Abul Kalam Azad, one of the most famous and well-known Islamic scholars in Bangladesh, and Chairman of the Masjid Council for Community Advancement (MACCA), has supported this position statement. Furthermore, the biggest discussion of family planning and birth control was undertaken in 1988 by 23 scholars representing various schools of thought at the Majma al-Fiqh al-Islami. They concluded that: *“it is permissible to control the timing of births with the intent of distancing the occurrences of pregnancy or to delay it for a specific amount of time, based on mutual consultation and agreement between them”*.

The question of family planning

Islam deals with the question of family planning through the issue of birth spacing. It is important to emphasise the nuance between birth spacing and limiting the number of births: the latter is not permissible in Islam. Limiting the number of births through a population control policy (i.e. a law which stipulates that couples are only able to have one or two children) or encouraging small families is not permissible as it goes against Islamic teachings on procreation.¹³

However, importantly there is a consensus among scholars based on a verse in the Qur’an, which clearly states that a distance between children should be observed. Mothers are advised to breastfeed their children for 2 years, during which time the woman should not become pregnant. This is according to the following verse:

“The mothers shall give such to their offspring for two whole years, if the father desires to complete the term.” (Qur’an 2:233)

“And we have enjoined on man (to be dutiful and good) to his parent. His mother bore him in weakness and hardship, and his weaning is in two years.” (Qur’an 31:14)

There is a consensus among religious scholars, who have agreed that the mother requires one further year to recover. Hence, 36 months is advised for birth spacing. It is noteworthy that this is the same advice that the World

Health Organization provides, which states that after a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, prenatal and infant outcomes.¹⁴

Nevertheless, there is some disagreement about the types of contraception that are acceptable in Islam. Azl (coitus interruptus) a form of contraception practised at the time of the Prophet Muhammed, is considered by the majority of religious scholars to be permissible. Today, many Muslims use this method of family planning on the grounds that it is Islamically permissible. This is in accordance with the following hadiths: [Note 3]

“We [the Companions of the Prophet] used to practise al-azl [coitus interruptus] during the time of the Prophet while the Qur’an was revealed.” (Bukhari 4911, Muslim 1440)

“We [the Companions of the Prophet] used to practise coitus interruptus during the lifetime of the Messenger of Allah. The Messenger of Allah came to know it and he didn’t forbid us from practising it.” (Muslim 1440)

From these hadiths, the four schools of Islamic thought [Note 4] agreed that coitus interruptus is permissible, provided that the wife authorises the husband to do so. The wife has this authority because of her right of enjoyment and to have children.^{12,15} This is in accordance with the following hadith:

“On the authority of Abu Huraira the Prophet said al-azl is not allowed without the consent of the wife.” (hadith reported by Abu Dawood)

The four schools of thought accept that any scientific (modern) methods of contraception – such as the pill, condoms, injections and IUDs that aim to achieve the same result as azl – are also acceptable [Note 5]. Nevertheless, it is important to mention that Muslims believe that azl, breastfeeding and any other methods of contraception mentioned here are not 100% reliable and cannot interfere with Allah’s creation and believe that if Allah wants to create a soul, nothing can stop it:

“We [the Companions of the Prophet] used to practise coitus interruptus. So we asked the Prophet about it and he said: ‘So you really practise it?’ He said this thrice and then said, there is no soul that is destined to exist but will come into existence, until the Day of Judgment.” (Bukhari 4912)

Hence, the issue of family planning is neither new to Islamic societies nor is it a conspiracy from the West. Islam gives a clear definition of family planning and advises on the extent to which it is permissible. Although these teachings are open to different interpretations, they have been used by many Muslim countries in the past to frame their population policies.

Implications for family planning programmes in Muslim settings

Recommendations

As indicated above, family planning is a sensitive issue, particularly amongst certain Muslim communities. However, this does not mean that family planning should be neglected and not given attention. Research has consistently demonstrated both the severity of this issue, and the enormous improvements in women’s health that relatively minor investments can bring about.

In view of the sensitivities related to family planning, NGOs should adhere to certain principles before implementing any family planning programmes. Due to the sensitivity of the topic, family planning activities should be

preceded by an inclusive process of consultation and sensitisation with the local communities, imams and community leaders. This process can be lengthy, although research has shown that community leaders do nearly always agree on the importance of addressing reproductive health issues once the relevant information is made available to them.

Furthermore, it is important to recognise the sensitive nature of family planning, and propose any interventions accordingly. This means a preparedness to change and modify interventions that might be seen as too sensitive for a community, and using teaching materials that have been developed with this perspective in mind. There are many useful learning aids, manuals and toolkits that have been carefully designed for this purpose. An observation made by the author when undertaking field research in Bangladesh was that NGOs don't hesitate to remove pages from training tools (that are specially designed to have removable pages for this very purpose) when they are viewed as being too controversial by the local communities.

NGOs working in the field of family planning should meet the reproductive health needs of Muslim communities in a culturally sensitive and religiously sound manner and, most importantly, support responsible voluntary decisions about child bearing and methods of family planning. Organisations should not advise people to limit their family size or make judgments on their family size; rather they should provide people with the information and means required to make their own choices and decisions. An interview with Islamic Relief community health workers in Pakistan confirmed this. All those interviewed agreed that to make a positive impact within the community, one should respect people's choices related to child bearing and raise awareness about health issues.

When determining the type of family planning project, organisations should never use a 'one-size-fits-all' approach. Instead, they should utilise country- or even community-specific research to ensure that projects are both appropriate and meaningful.

Health and education should work in tandem

To ensure that family planning interventions address both behaviour and health problems, NGOs should, wherever possible, ensure that their education and health programmes adopt an integrated approach. A field visit to an Islamic Relief Mother and Child Health (MCH) care centre in Bangladesh and Pakistan confirmed this. The provision of health services in the MCH care centre in Pakistan was remarkable, and it had sufficient health equipment to respond to the needs of the intended beneficiaries. However, little attention was given to sexual health education programmes, due to the sensitivity of this programme within the community. In Bangladesh, there was little focus on the provision of health – due to poor funding – but more attention was given to sexual health education, often called a 'life skill' programme. Most Islamic Relief sexual health education programmes target young women and girls in the 15–25-year-old age group. Both health and education programmes should ideally work hand in hand. Without sufficient health education, people are susceptible to health problems and vice versa.

Furthermore, organisations should make family planning services affordable and accessible to poor families, particularly in rural areas where the fertility, maternal and child mortality, and morbidity rates remain high. However, efforts to increase access to family planning methods are not sufficient or effective when

introduced in isolation. Organisations should also take into account the quality of health care services. The quality of care that many poor women receive is still low, and the potential side effects of certain contraceptive methods such as the pill and the IUD are not well managed.

In terms of education, comprehensive family planning information should be provided as a holistic approach to family planning in order to effectively address individuals' health, social and economic concerns. Approaches can include raising awareness about family planning through community and religious leaders; working with schools to present culturally appropriate ways of increasing knowledge; providing counselling and advice about practices of safe delivery; and engaging in advocacy work through local and mass media.

Target group

Women and girls are disproportionately burdened by reproductive health problems and should therefore be the focus of family planning programmes. As many traditional sources of information (e.g. newspaper articles or sermons) do not reach women and girls, considerable creativity is required. A number of Islamic Relief's peer education programmes in Bangladesh focus specifically on young women and girls. The idea is to educate young women about these health issues so that these individuals return to their friends, family and community and disseminate the knowledge they have acquired. Research has found that young people feel more comfortable talking about these issues among their peers. Importantly, to become a member of the peer educator group, Islamic Relief staff had to ask for the consent of the parents first, and ensure that no group was set up without the full consent of the community.

While it is important to focus attention on women and girls, men's participation in family planning programmes, which is often limited, can also be crucial. An observation made by several organisations in Pakistan was that one of the main reasons why women do not use contraception is that their husbands do not allow them to do so [NB. This observation was made during interviews conducted in September 2006 by Islamic Relief researchers and several organisations working in the field of family planning. Those organisations include Family Health International, the Population Council Office, the National Institute of Population Studies, the World Population Foundation Office and the National Programme for Family Planning.] Men can play a vital role in suggesting or approving family planning methods, which can protect and improve the reproductive health of their wives.

Many adolescents lack information and services regarding family planning. As a result, adolescents may be at risk of unwanted pregnancies or suffer health problems associated with early pregnancy. Thus, organisations should ensure that comprehensive information and services related to reproductive health are available to this group.

In some Muslim communities, for example, the rural areas of Pakistan, teaching young people about sexual health education is still seen as controversial, due to the cultural sensitivity surrounding the subject. However, adopting a 'life skill' programme was perceived by Islamic Relief community health workers as most appropriate and more acceptable by the community. These life skill programmes deal with many aspects of a girl's life, including primary health matters, of which reproductive health can form a part. The programme title is less controversial and therefore more easily accepted within the local community.

Conclusions

Over the last few decades, much debate has surrounded the issue of family planning. Interpretations of family planning differ from one Muslim community to another, and some Muslims still perceive it as un-Islamic or a threat to one's health. However, family planning was discussed in Muslim communities hundreds of years ago, beginning in the Prophet Muhammad's time. Islamic teachings clearly demonstrate under which conditions family planning is allowed and what methods are permissible.

Furthermore, although there is a discrepancy between what Islam says and what Muslims believe and do, religion is not the only major obstacle to family planning. Lack of education, socioeconomic factors and culture also play a crucial role in shaping people's behaviour. In many cases, local culture, for instance, can have a strong influence on people's attitudes. Therefore, NGOs working in Muslim communities should adopt a culturally sensitive approach when implementing family planning programmes. Changing the title of 'family planning' to a more acceptable title like 'birth spacing' may have a positive effect within the community. Most importantly, NGOs should not try to downsize the number of children per family but instead respect responsible voluntary decisions about child bearing and methods of contraception, and give advice on family planning options that are acceptable from an Islamic perspective. In addition, NGOs should present family planning as a way of improving and protecting the health of women and children and of ensuring the general well being of the family.

Working with partner organisations respected in Muslim communities is crucial. Given their presumed cultural proximity to Muslim communities, some have suggested that compared to other organisations, faith-based organisations (FBOs) (i.e. Islamic NGOs) might be relatively well-equipped to work in culturally and religiously sensitive ways within Muslim communities. Such organisations could be well placed to work jointly with Muslim leaders, who often – as mentioned earlier – have an important role in influencing people's attitudes towards the use of family planning methods.

The improvement of maternal and child health in many Muslim countries has been encouraging and these efforts should not be neglected. However, more efforts still need to be made, particularly in those Muslim communities where family planning per se is rejected by the local community.

Statements on funding and competing interests

Funding None identified.

Competing interests None identified.

Notes

- 1 Islamic Relief is an international relief and development charity, which aims to alleviate the suffering of the world's poorest people. It is an independent non-governmental organisation (NGO) founded in the UK in 1984.
- 2 The Cairo Programme of Action states that: "clear recognition is given to the fact that the implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with its national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights". (ICPD declaration, Part I, Chapter II).¹
- 3 This is the view of many religious scholars, who issued the following fatwas to show their support for contraceptive methods: In 1964 Sheikh Abdullah Al-Qalqili, Mufti of Jordan, issued a fatwa in which he stated:
 - "There is agreement among the exponents of jurisprudence that coitus interruptus, as one of the methods for the prevention of childbearing, is allowed. Doctors of religion inferred from this that it is permissible to take a drug to prevent childbearing, or even to induce abortion. We confidently rule in this fatwa that it is permitted to take measures to limit childbearing".¹⁶

● In 1980, Sheikh Yusuf al-Qaradawi, Professor of Islamic Studies at Qatar University, confirmed that modern contraceptive methods are similar in purpose to azl and are allowed by analogy.¹²

In 1971, at the Rabat Conference, Sheikh Mahammad Mahdi Shamsuddin argued that Islam wants his followers to be healthy, safe and happy and anything that may endanger this goal should be avoided: this includes frequent pregnancies, unwanted children and large families.¹²

- 4 Muslims have four major school of jurisprudence, namely Hanafi, Maleki, Hanbali and Shafeei. All these four school of thoughts have different interpretations of Islamic Shariah Law.
- 5 Sheikh Faysal Mawlawi, Deputy Chairman of the European Council for Fatwa and Research based in Dublin, stated: "In addition, the majority of Muslim scholars agree that any scientific means that help achieve the same result gained through al-azl is permissible, especially when resorting to this scientific means is driven by a religiously acceptable reason. However, if the wife agrees not to beget children, then all forms of al-azl become permissible according to all scholars".¹³

References

- 1 United Nations International Conference on Population and Development (ICPD), Cairo, Egypt, 5–13 September 1994. <http://www.iisd.ca/Cairo.html> [Accessed 6 September 2009].
- 2 Bulatao RA. *The Value of Family Planning Programmes in Developing Countries* (RAND Monograph Report). Santa Monica, CA: RAND Corporation, 1998. http://www.rand.org/pubs/monograph_reports/MR978 [Accessed 10 September 2009].
- 3 Finger WR. Unmet need affects millions. *Network Summer 1999; 19*(4) (Family Health International publication). http://www.fhi.org/en/RH/Pubs/Network/v19_4/unmet.htm [Accessed 14 September 2009].
- 4 Eber M. Comprehensive approach to IUD promotion in Pakistan. USAID, March 2006. http://www.maqweb.org/iudtoolkit/marketing_comm/pakistaniudpromotion.shtml [Accessed 14 September 2009].
- 5 Melngailis I. Challenging myths and barriers to IUD use: the "Truth" Campaign. USAID, March 2006. http://www.maqweb.org/iudtoolkit/marketing_comm/truthcampaign.shtml [Accessed 10 September 2009].
- 6 Wisnu A. Population control: 'a weapon of the West'. *The Jakarta Post*, 27 July 2009. <http://www.thejakartapost.com/news/2009/07/27/population-control-%E2%80%98a-weapon-west%E2%80%9999.html> [Accessed 6 September 2009].
- 7 Amal SH, Novriaty S, Hardee K, Eggleston W, Hull T. *Family Planning and Women's Empowerment: Challenges for the Indonesian Family* (Final Report prepared for the Women's Studies Project, Family Health International). November 1997. <http://www.fhi.org/NR/rdonlyres/evzfxaywljouktqda4orenbc54kbwttc4lji5cz7b2otvtpztni5ku4r3pt7bxnoliuuv3vfhvn/indo1f.pdf> [Accessed 9 December 2009].
- 8 Ali M, Ushijima H. Perceptions of men's role of Muslim leaders in reproductive health issues in rural Pakistan. *J Biosoc Sci* 2005; **37**: 115–122.
- 9 Roudi-Fahimi F. *Islam and family planning*. Washington, DC: Population Reference Bureau, 2004. <http://www.prb.org/pdf04/Islam&FamilyPlanning.pdf> [Accessed 14 September 2009].
- 10 Bigalke R. Sexual and reproductive health in Islamic contexts. In: *Development Cooperation in Muslim Countries: The Experience of German Technical Cooperation* (Ganter E, ed.). Baden-Baden, Germany: Nomos, 2006; 65–74.
- 11 Akbar KF. Family planning and Islam: a review. *Hamdard Islamicus* 1974; **17**(3). <http://muslim-canada.org/family.htm> [Accessed 30 November 2009].
- 12 Omran AR. *Family Planning in the Legacy of Islam*. London, UK: Routledge, 1992.
- 13 al-Kawthari MA. *Birth Control and Abortion in Islam*. Santa Barbara, CA: White Thread Press, 2006; 13–68.
- 14 World Health Organization. *Report of a WHO Technical Consultation on Birth Spacing, Geneva, Switzerland, 13–15 June 2005*. http://whqlibdoc.who.int/HQ/2007/WHO_RHR_07.1_eng.pdf [Accessed 9 December 2009].
- 15 Obermeyer CM. Islam, women, and politics: the demography of Arab countries. *Popul Dev Rev* 1992; **18**: 33–60.
- 16 Gupte P. *The Crowded Earth, People and Politics of Population*. New York, NY: WW Norton and Co.; 1984; 349.

Editor's note

Journal readers interested in the topics explored by this article may also wish to read a review of an Arabic book, *Top Secret: Sexual Guidance for Married Couples* (4th edn) (Arabic title: *Sirri Lil Ghaya*) by Widad Lurah, on page 42 of this issue.