

**FACTORS AFFECTING THE PRACTICE OF FAMILY PLANNING AMONG
MUSLIMS. A CASE STUDY OF MAJENO, NAIROBI, KENYA.**

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DECLARATION

This research project is my original work and has not been presented for any academic award in any other University.

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DEDICATION

This project is dedicated to my parents, Ali Ibrahim and Sahara Ibrahim; for their continuous support, care, prayers and encouragement.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS: Acquired Immunodeficiency Syndrome

ARMM: Autonomous Region in Muslim Mindanao

CNN: Cable News Network

FP: Family Planning

HIV: Human Immunodeficiency Virus

ICPD: International Conference on Population and Development

IUDs: Intrauterine Device

MOH: Ministry of Health

MOHFW: Ministry of Health and Family Welfare,

SOFDEPI: Society for Family Development and Education of the Philippines

SPSS: Statistical Package for the Social Sciences

USA: United States of America

DEFINITION OF OPERATIONAL TERMS

Al-'Azl: also known as *coitus interruptus*, is the practice of having sexual intercourse with a woman but withdrawing the penis before ejaculation.

Cervical laceration: a deep cut of the cervixes.

Contraceptive: also known as birth control and fertility control are methods or devices used to prevent pregnancy

Fatwa: a legal opinion or an Islamic religious ruling, a scholarly opinion on a matter of Islamic law.

Fertility differentials: it measures the total number of live births per year per thousand persons in any given population.

Fitrah: the natural predisposition for good and for submission to the One God, the concept of *fitrah* offers a hopeful and positive outlook for the Muslim, the doctrine of original sin is fraught with negative connotations and complex dogma.

Mufti: A muslim scholar who interprets the shariah and gives legal opinions.

Rizq: all forms of Allah's bounties, which are essential for the prosperity of man in this world and the hereafter. Money or wealth is only one form among many forms of sustenance.

Shiah: denomination of Islam which holds that the Islamic prophet Muhammad's proper successor as Caliph was his son-in-law and cousin Ali ibn Abi Talib.

Socioeconomic Assimilation: is when a different society takes charge in economic progress.

Socioeconomic Differential: this is the relationship of different societies in economic progress.

Sunnah: The way of Islam prescribed as normative based on the teachings and practices of prophet Mohamed (peace be upon him) and on exegesis of the *Quran*.

Sunni: denomination of Islam which holds that the Islamic prophet Muhammad's first Caliph was his father-in-law Abu Bakr. Sunni Islam primarily contrasts with Shia Islam, which holds that Muhammad's son-in-law and cousin Ali ibn Abi Talib, not Abu Bakr, was his first caliph.

Tawakkul: The Islamic concept of reliance on God or "trusting in God's plan

Tawhid: Belief in the oneness of Allah.

Uterus Laceration: A deep cut of the uterus.

Zakāt: Obligatory alms-giving and religious tax in Islam.

ABSTRACT

The Muslim community continues to face various challenges with regard to family planning. This study assessed the extent to which Islamic culture influences the use of contraception among Kenyan Muslims, the level of knowledge on family planning among Kenyan Muslims, the extent to which Islamic faith affects family planning practices among Muslims and determined various challenges facing Muslims on the use of family planning. Social Cognitive Theory was used to examine the challenges of family planning on Muslims in Majengo Nairobi, Kenya. A sample of thirty couples and sixty youths were exposed to Questionnaires. Interview was applied to the Religious leaders and the Imam. The data collected was descriptively analysed using tables, quantitative data was entered and analysed using Statistical Package for social sciences (SPSS) software programme. Islamic culture influences the use of family planning and male involvement is very crucial in the practice of Family Planning among the Muslims. Majority of the respondents opined that the use of contraception. It was evident from the findings that a moderate number of Muslims in Majengo lacked basic concept on contraception. It was further discovered that some residents did not know what method was appropriate. A few did not know where to get contraceptive services. The findings established that most Muslims in Majengo used the family planning natural method. Majority of them never used modern contraceptive methods such as Vasectomy, Female Condom, Pills, implants and IUDs. Due to the poverty level in the area many Muslims could not acquire certain family planning methods because the government had failed to provide such methods in its public health centres. Muslims in Majengo are no different from the rest of the world. They aspire to reach their developmental goals by improving the health of their women and children. Islam should not be a barrier to this endeavour. The Kenyan government, Islamic religious leaders and Non-governmental Organisations should support and provide contraceptive methods to the residents of Majengo. Such efforts could go a long way in helping to prevent unplanned pregnancies and maintain an optimum family size.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

This chapter presents the background of the study, statement of the problem, the objectives, literature review, theoretical framework, the hypotheses, the research methodology and finally the chapter summarises the challenges of Kenyan Muslims on family planning with a case of Majengo slum.

In recent years, much attention directed at the high fertility of Muslim societies. In the popular press, a recent CNN report stated that the worldwide Muslim population is on a sharply increasing rate. Soon, Muslims are expected to comprise 25% of the world population, while today Muslims make up about 20% of the world population, around 1.25 billion people.¹ This growth stems from the typically higher level of fertility among Muslim populations. This is assumed to derive from limited access to, or acceptance of, family planning and contraceptive services.

However, there is little empirical consensus on the relationship between Islam and family planning, as Muslim scholars, writers, demographers, economists, and health planners throughout the world continue to debate the stance of Islam on family planning. For instance, a paper by Omran questions the tendency to frame the debate on this issue along a simplistic “either/or” choice that implies

¹ Roudi-fahimi, F. (2004). Islam and Family Planning. pp, 1–8. Retrieved from <http://www.prb.org/pdf04/islamfamilyplanning.pdf>

that Islam could only be “for” or “against” family planning.² As Wood emphasizes, “Unlike Catholicism, Islam does not have a central authoritative structure of religious interpretation. Instead, this religion plays out differently across cultures, and various schools of law and religious sects offer diverse understandings about how Islam should be practiced”. This is quite evident in the debate on family planning, and in the diversity of arguments on either sides of the matter.

Opponents of family planning in the Muslim community cite a wide variety of reasons why family planning is not in accord with Islam. They maintain that family planning programs are an attempt to decrease the Muslim population to the idea that contraceptives promote immoral behaviour to the idea that contraception is *wa'd*, or murder.³ Proponents of family planning cite equally varied arguments. This includes the idea that spacing births prevents human suffering to the fact that the Prophet Mohamed used *coitus interruptus*, or withdrawal, as a method of birth control, setting a permissive precedent.⁴

Family in Islam includes both the nuclear and extended family and special laws govern family relations. The issue of family planning has often generated diverse views across society and scholars of Islam. It is a very controversial subject and people support their claims based on the *Quran* and Sunnah of the prophet, yet the

² Abdul, F.M. (1991). Abortion, Birth Control and Surrogate Parents An Islamic -Perspective: America: American Trust Publications.pp. 2-4

³ Omran A, R. (2000). Family Planning in the Legacy of Islam. London and New York: Routledge.

⁴ Ibid p. 1

views generated are varied and diverse. As a result of the difference in the understanding of societies with regard to family planning, a good number of Muslims in the World, especially those in Africa do not practice family planning.

Musallam, (1983) in warding off the risks posed to the health of mothers and children by additional pregnancies is the most common reason for accepting contraception in Islamic jurisprudence. Legal scholars interpret the *Quran's* recommendation of two years of breast-feeding and the prophet's recommendation against pregnancy during lactation as an endorsement for child spacing. Rather than avoiding intercourse for two full years, couples can use contraception.⁵

The majority of Muslims perceive that children are the gift of God hence, the practice of establishing large families. Meanwhile, the care is left to the mercy of the Almighty Allah. Islam attaches much importance to giving birth to many children but, the responsibility of their upbringing is neglected.⁶

There is therefore a reluctant attitude by Muslim parents towards birth control or family planning. Muslims feel that Allah imposes burden on them by blessing them with children which they have to bear. However, the Holy *Quran* states: "On no soul doth Allah place a burden greater than it can bear." (2:286).⁷

⁵ Musallam, B.F., (1983). *Sex and Society in Islam*. Cambridge: Cambridge University Press.p.8

⁶ Sayed, A.R.(1984). *Nahj al-balagah (peak of eloquence)* 3rd edi. Elmhurst: tahrike tarsile. p. 291

⁷ *Quran* (2:286)

It is apparent in this verse that Allah will accept from each soul just such duty as it has ability to offer but does not punish a soul for what it cannot bear. This attracts our attention to investigate into these issues hence, the need for this research.⁸

1.2 Statement of the Problem

Family planning is a controversial concept among many Muslims who are often ignorant about it and tend to avoid it in their daily life experiences. High birth rate is a common feature which has caused a lot of economic hardships, social and psychological problems on the parents; particularly on the Muslim women.⁹ Muslim women do most of the manual chores, go to market to trade while their husbands spend most of their time chatting and debating on political, social and religious issues.

It is the responsibility of the male Muslim to take care of his wife and the children. Unfortunately this is not so within Majengo. Some men have abdicated their responsibilities resulting into negative effects to their families. Most women provide basic needs to their children which include; payment of school fees, providing school uniforms and helping to offset utility bills. However, women take care of the household and in training their children, Muslims in Majengo slum give birth to many children without considering the family's welfare. Family planning is regarded by the people to be an evil act a sin against God and hence

⁸ Buckley, S., (2001). Islamic parenting. U.S.A: Baker Book House Company. p. 38

⁹ Ibid 2,p 45.

un-Islamic .This has resulted into high birth rates in Majengo causing social and economic concerns such as school dropouts, street children, teenage pregnancy, alcoholism, drug abuse, high rate of abortion cases and the high level of poverty.

¹⁰ This research project analyses the challenges that the Majengo Muslims face in regard to family planning.

1.3 Objectives of the Study

This study was guided by the following objectives:

1. To assess the extent to which Islamic culture influences the use of contraception among Kenyan Muslims.
2. To investigate the level of knowledge on family planning among Kenyan Muslims.
3. To investigate the extent to which Islamic faith affects family planning practices among Muslims.
4. To determine various challenges facing Muslims on the use of family planning.

1.4 Scope and Limitations of the Study

This research was carried out among Muslim residents of Majengo in Nairobi. It focused on the knowledge of Muslims on the practice of Family planning and the Islamic view on the use of modern contraceptives.

¹⁰ Khan, M.E. (2009). Family Planning Among Muslims in India. New Delhi: Manohar Publications. p. 12.

The study was limited by the following factors: First, in Kenya, the use of contraceptive in Islam has not been adequately researched on or well documented. It follows that studies done outside the country were mainly relied upon. Second, the traditional Ulama; who have authoritative ownership of religious issues have limited understanding of the topic.

1.5 Justification and Significance of the Study

This research has explained the extent to which the Muslims in Majengo are knowledgeable about the role of Islam in family planning. It emphasises on the need and importance of family planning which is crucial in improvement of the health of mothers and of their children. Many people especially Muslims believe that family planning is prohibited. Thus, it should be addressed as one of the challenges facing the Muslims. The compelling high rates of maternal mortality, anaemia in women of reproductive age and high rates of malnutrition in children under the age of five explain the need to practice Family Planning.

This work may serve as a reference for students who want to do research on related topic. It may also be useful for resource persons who to do scholarly work and presentation on Islam and family planning. This research will benefit the individuals in the society by educating them on the Islamic perspective on family planning. It will also help the policy makers to adopt proper policies and programmes for the progress and development of the country.

1.6 Review of Literature

Though many books have been written on family planning and Islam, abortion and birth control, there is no single work focussing on Islam and family planning in Kenya. Books have also been written on marriage and parenting but none on Islam and family planning in Majengo.

Islam is not merely a religion, but, it is also a social system, culture and civilization. As such, it has values, ideals and goals which it regards as the culmination of human perfection in all aspects of life. The question of family planning and birth control has been discussed and researched on by several learned scholars. Islam is very sympathetic to family planning if spacing pregnancies and adjusting their number will make the mother more physically fit and the father more financially at ease, as long as it is not antagonistic to any categorical text of prohibition in the *Quran* or in the prophet's tradition.¹¹ There are no books written to tackle how good a Muslim's life should be in line with what is happening in the contemporary society as Islam is considered to be a way of life. While procreation is expected in marriage to maintain the human race, sexual relations in marriage need not always be for the purpose of having children. Thus, contraception helps families achieve tranquillity by having children when they want them and when they are prepared to have them. Because

¹¹ Abdel Rahim Omran. (2000). *Family Planning in the Legacy of Islam*. London: Routledge p102.

of the importance of family in Muslim societies, legal scholars from various localities have given considerable attention to contraception.¹²

Islam is a religion of moderation and points to the principles of liberty or permissibility in Islam. Abdul (1991) suggests that, everything is lawful unless explicitly designated otherwise in the *Quran* or in the prophet's tradition. The *Quran* does not prohibit birth control nor does it forbid a husband or wife to space pregnancies or limit their number. Thus, the great majority of Muslim jurists believe that family planning is permissible in Islam. The silence of the *Quran* on the issue of contraception, is not a matter of omission by God, as He is All knowing and Islam is understood to be timeless. The proponents of family planning also note that *coitus interruptus* or withdrawal was practiced at the Prophet Mohamed's time by his companions. The five major traditional schools of thought agree that withdrawal is permissible with a wife's consent.¹³

There are a number of justifiable reasons under which Islam allows the use of contraception. Mairiga, (2007) states that Muslims may use contraception to avoid health risks to a breast-feeding child from the 'changed' milk of a pregnant mother or avoid health risks to the mother that results from repeated pregnancies, short birth intervals or young age. More Muslims advocate for contraception to avoid pregnancy in an already sick wife. In other instances, contraception can be

¹² Abdul, F, M. (1991). *Abortion, Birth control and surrogate parenting: an Islamic perspectives*. USA: American Trust Publication.p 35.

¹³ Abdul, F, M. (1991). *Abortion, Birth control and surrogate parenting: an Islamic perspectives*. USA: American Trust Publication. p. 35.

used by Muslims to avoid transmission of disease from parents to their offspring.¹⁴ It is also being adopted by many Muslims to avoid the economic hardships of caring for a larger family (Sharif, 2006). Parents may resort to illegal activities or exhausting themselves to earn a living in order to cater for the growing number of their children. Some Muslims question the economic justification for family planning on the grounds that it contradicts the Islamic beliefs of reliance on God and provision by God.¹⁵ This was agreed upon by both the opposers and the proposers of family planning. The reason being that Allah is the provider and sustainer of everything. There is a knowledge gap on how Islamic faith practices family planning.

A *fatwa* was done to determine the position of Islam on family planning. SOFDEPI (2009), birth spacing “promotes the health of the mother and the child” and therefore “enables the couple to ensure the wellbeing of the family, education of the children, and quality life”. The *Fatwa* accepts vasectomy and *az’l* (withdrawal) and other modern methods of family planning. The prophet Mohammad did not allow the two methods for lack of medical advantage, anyway. Because of the *Fatwa* the Society for Family Development and Education of the Philippines, Inc. did not hesitate to train a team of trainers and spokespersons in every province in ARMM on Reproductive Health and Family Planning. They developed training materials. They involved the *aliyma* (women religious groups), the community leaders and the health providers in the

¹⁴ Mairiga, G., (2007). *Knowledge, perceptions and attitudes of Islamic scholars towards reproductive health programs*. African Journal of Reproductive Health, 11, pp. 98–106.

¹⁵ Sharif, C. (2006). *Family Planning in Islam*. India: Adam Publishers.p.56.

dissemination of the information on Reproductive Health and Family Planning. Actually, they involved everybody including the *Madaris* (Arabic schools) the Society for Family Development and Education of the Philippines (SOFDEPI). Thus, the whole community was able to correct the misinformation on family planning methods and the negative attitude of some of their Muslim brothers and sisters towards the Family Planning program of the Government. The organization is addressing the lack of Family Planning services¹⁶.

There is no written literature on the knowledge of Kenyan Muslims on Family planning hence the research will fill that gap. A lot of research has been on the use of contraception in other parts of the world including Europe, Asia and some parts of Africa but none on Kenyan Muslims, particularly those in Majengo, Nairobi.

In Islam contraception is mainly addressed within the context of marriage and family. Abdel Rahim,(2000), the *Quran* views marriage as sacred and identifies the husband and wife as the principals of family formation¹⁷. The *Quran* has a number of references to marriage, including the following: And one of God's sign is that He has created for your mates from yourselves, that you may dwell in tranquillity with them and has ordained between you love and mercy. Al- Roun (30:21).¹⁸

¹⁶ Dr.Tato Usman,(2009). Fatwa on Reproductive Health and Family Planning. Cotabato City:Jean Justimbaste.

¹⁷ Abdel Rahim Omran,. (2000). *Family Planning in the legacy of Islam*. London: Routledge.

¹⁸ Quran(30:21)

It is He who created you from single soul and there from did make his mate that he might dwell in tranquillity with her. Al Arafat (7:189).¹⁹

And God has made for you mates from yourselves and made for you out of them, children and grandchildren. AL-Nahl (16:72).²⁰

The above verses suggest that tranquillity is an important purpose of family life and is achieved through marriage. In Islam, a wife has the right to both sexual pleasure and reproduction. In all its institutions and regulations, Islam addresses itself to reason and keeps in harmony with man's natural character. It never fails to demonstrate its great compassion for its people not does it ever seek to impose undue burden and intolerable restrictions upon them. Tahir, (1977) specifically refers to the following quotes from the *Quran*: Allah desires for you ease;

He desires no hardship for you. Al-Baqara (2:185),²¹
and has not laid upon you in religion any hardship. Al-Hajj (22:78),²²
Allah desires to lighten your burden, for man was created weak. AlNisaa'(4:28)²³.

There is a Islamic jurist who opposed family planning and use of contraception on two grounds. Ibn Hazm, (1352AH) first believed of that withdrawal or any practice that prevents pregnancy is infanticide, which is repeatedly condemned and prohibited in the *Quran*. Second, the opponents of family planning, whether jurists or non-jurists, believe that the larger the number of Muslims and the higher their population growth rate, the greater their power. These advocates claim that a large population is ordained by religion and that failure to achieve it deviates from

¹⁹ Quran(7:189)

²⁰ Quran(16:72)

²¹ Quran(2:185)

²² Quran(22:78)

²³ Quran(4:28)

the right path. They find support for their views not only in the holy *Quran*, but also in Prophet Mohamed's tradition. Hence, they oppose family planning, especially if it becomes community or government policy. They also claim that family planning programs, having originated in the west, represent a conspiracy to reduce the number of Muslims and diminish their power.²⁴

It is not uncommon for family planning programs to become politicized in Muslim societies (Donohue and Esposito, 1982). In recent history, opposition groups in a number of countries have rejected their governments' organized family planning program as a political move, invoking Islam in support of their position. History has shown that pragmatism eventually prevails. Within days of the Islamic revolution in 1979, for example, Iran's new leaders dismantled the country's family planning program on the grounds that it was a Western plot. Ten years later, however, as Iran struggled to provide for the basic needs of its growing population, its Islamic government reversed the policy and established one of the most successful family planning programs in the developing world²⁵. It is heartening to note therefore that Islam takes consideration in the promotion of the health of the mother and the child through the Reproductive Health and Family Planning Program of the government.²⁶ As in Majengo, not much has been done and there was need to research on the matter.

²⁴ Ibn Hazm, (1352AH), *Al-Muhalla*. Beirut: Dar AlKotob al-Ilmiyah. pp 66-67.

²⁵ Donohue, J.J. and Esposito, J.L. (Eds.). (1982). *Islam in Transition: Muslim Perspective* (pp. 16-17). New York: Oxford University Press.

²⁶ Tahi, M. (1977). *Family planning; The Muslim View point*. New Delhi: Vikas publishing house prt ltd. p.293.

1.7 Theoretical Framework

The study utilised the social Cognitive Theory which has been recognized widely to understand human behaviour.

1.7.1 Social Cognitive Theory

The Social cognitive theory centres on the prominent role of social modelling in human motivation, learning, thought and action. In this theory, the “social” aspect of the title acknowledges the social origins of human thought and action while the “cognitive “ aspect recognizes the influential contribution of cognitive processes to human motivation, affect, and action.²⁷ The Social cognitive theory is rooted in the perspective that people are self-organizing, proactive and self-regulating. Human behaviour is the product of an active interplay of personal, behavioural and environmental influences social cognitive theory assumes that if one is motivated to learn a particular behaviour, then that particular behaviour would be learned through clear observations.²⁸ By imitating these observed actions, the individual would solidify that learned action. The Social cognitive theory is based on the ideas that people learn by watching what others do and that human thought process are central to understanding personality. This theory is concerned with how humans operate cognitively on their experiences and how these cognitive

²⁷ Bell, M (2007). “Barriers in the provision of family planning information from social workers to their clients”, Ph.D thesis submitted to the Graduate Faculty of the School of Social Work, University of Pittsburgh.

²⁸ Shahidullah,(2002). Family Planning in Islam: First Indian Conference, International planned Parenthood Federation. East Pakistan: Decca.pg 13-18

operations then come to influence their behaviour.²⁹ People are believed to abstract and integrate information that is encountered in a variety of experiences. From this abstraction and integration, people can represent their environments and themselves in terms of certain crucial classes of cognitions but not limited to attitudes and values. These cognitions are believed to affect the behaviours of individuals.³⁰

The fertility differentials among religious groups are a result of socioeconomic differentials. What may seem to be a religious influence often reflects the fact that the members of any denomination are typically concentrated in a very few places in the social structure as defined by occupation, education, income, or any other of the usual indices (Petersen, 1969)³¹. According to the social cognitive theory, fertility differentials would disappear when controlling the socioeconomic status or the result of modernization and socioeconomic assimilation.³²

1.8 Research Hypotheses

The study sought to test the following hypotheses:

²⁹ Shahidullah(2002).Family Planning in Islam:First Indian Conference, International Planned Parenthood Federation.East Pakistan:Decca.p29.

³⁰ Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, N.J: Prentice Hall p.22

³¹ Petersen, W. 1969. Population. New York: Macmillan pp. 101-102

³² Zhang, L. 2008. "Religious affiliation, religiosity, and male and female fertility." Demographic Research. Volume 18, Article 8, pp. 233-262.

1. Muslims lack appropriate approaches in dealing with the contemporary issues of family planning in Islam.
2. Muslims continue to suffer in ignorance with regard to the use of family planning.
3. Muslims are unable to practice family planning due to misinterpretation of the Quranic teachings leading to poor quality of life for the family.
4. Muslims face challenges due to the controversies that exist as related to family planning in Islam.

1.9 Research Methodology

The research methodology employed in this study is discussed under the following sub-headings: research design, location of the study, target population, sampling procedures, research instruments, and data collection procedures.

1.9.1 Research Design

This study adopted the descriptive survey design and data was collected through interviews and questionnaires. This design is preferred because very large samples are feasible, making the results statistically significant even when analysing multiple variables. Surveys are important in description of a large population. Additionally, high reliability is easy to obtain by presenting all

subjects with a standardized stimulus which ensures that observer subjectivity is greatly eliminated.³³

1.9.2 Location of the Study

This study was carried out in Majengo, Kamukunji location, and Pumwani sub-county in Nairobi County. This area was selected because it has a large Muslim population.

1.9.3 Target Population

A target population is the total number of respondents in the total environment of interest to the researcher.³⁴ In this study, the target population comprised Muslim adults living in Majengo. The population of interest to the researcher is approximately 1000 people and respondents were drawn from different groups, who included;

- a) Imam and committees in the Majengo mosque who provided spiritual guidance and support to Muslims in the area.
- b) Muslim couples; The Muslim couples are approximately 300 couples.
- c) Muslim Youth; the targeted youth population is 600 people. For those who already have families, they may be hesitating to use family planning

³³ Mugenda, O.M. and A.G. Mugenda (2003) Research methods: Quantitative and Qualitative Approaches. Nairobi: Acts Press p. 2-8.

³⁴ Mugenda, O.M. and A.G. Mugenda (2003) Research methods: Quantitative and Qualitative Approach. Nairobi: Acts Press p5.

methods either because they are ignorant about what Islam says on the practice or they opt not to involve themselves in controversial issues.

1.9.4 Sampling Procedures

The quality of any research is influenced by the appropriateness of methodology, instrumentation and suitability of the sampling strategy that has been adopted.³⁵

Researchers such as Gaya state that the sample size for descriptive studies should be between 10%-20% of the population.³⁶

In this study, a samples of 100 respondents was selected using the stratified and random sampling method which comprised 10 Islamic leaders and Imams in Pumwani, Muslim Couples were 30 respondents and 60 respondents of the Muslim youths.

1.9.5 Research Instruments

The study used the open and closed ended questionnaires to determine the challenges of family planning on Muslims of Majengo.³⁷ Interviews were also administered to the Imams.

³⁵ Manion, M. (2001)"Contraception and Religiosity in Bangladesh," in The Continuing Demographic

³⁶ Gaya (2003). Birth Control.(n.p) Muhammad (S. W.A) (S. W.A) Ibn Ismaeel al Bukhari, Sahih . p. 10.

³⁷ Ibid p.15.

1.9.6 Data Collection Procedures

The researcher used a questionnaire because the responses were gathered in a standardized way and was more objective as compared to other tools of data collection. Self-administered questionnaires were distributed to married couples, Muslim youth and religious leaders. Interviews were conducted on the Islamic religious leaders and Imams.

1.10 Ethical Issues,

Approval for the study was sought from Majengo Mosque, while verbal information was provided to the respondents to make informed choices on whether to participate in the study or not. No incentives were used to entice respondents or a way to motivate them to participate in the study, because they agreed to take part willingly.

CHAPTER TWO

ISLAMIC FAITH AND FAMILY PLANNING

2.1 Introduction

This chapter analyses the historical background of Islamic faith and family planning. It discusses the global overview of Islamic faith and family planning. The Islamic jurisprudence and justifications for sanctioning family planning, God and humanity in Muslim world, the Islamic families and contraception, Islamic faith and family planning, Muslim faith and opposition to family planning are also discussed before making concluding remarks.

2.2 Global Overview of Islamic Faith and Family Planning

Religion is meant to shape moral, spiritual values and human behaviour. Contraception has a long history in Islamic religion in relation to marriage and sexuality.³⁸ In this religious marriage is not merely linked to procreation, because Allah gives humanity the ability to procreate children and also denies others. In the Islamic view of marriage, an individual has the right to sexual pleasure which is independent of one's choice to have children. This approach to sexuality is compatible with a more tolerant approach to contraception and family planning. Various Islamic legal schools have overwhelmingly supported *coitus interruptus*, called *azl*.³⁹ This form of contraceptive technique was practiced by

³⁸ Babbie (2005). Family planning; The Muslim Viewpoint. New Delhi: Vikas Publishing House Pvt Ltd..p. 17.

³⁹ Cleland, J., Bernstein, S., Ezeh, A., Faundes, A., Glasier, A., & Innis, J. (2006). Family planning: the unfinished agenda. Lancet. doi:10.1016/S0140-6736(06)69480-4.

pre-Islamic Arabs and continued to be used during the time of the Prophet Mohamed (peace be upon him). The only condition the Prophet Mohamed (peace be upon him) attached to accepting this practice, which was reiterated by Muslim jurists, was a husband should secure the permission of the wife. Since the male sexual partner initiates this technique, there needs to be consensual agreement about its use by both partners for two primary reasons. First, the wife is entitled to full sexual pleasure and *coitus interruptus* may diminish her pleasure. Second, the wife has the right to offspring if she so desires. These requirements emphasize the priority given in Islam to mutual sexual fulfilment, as well as the decision making process between a married couples and family planning.

The developments of modern contraceptives, organized family planning programs, and international agreements on family planning have given new impetus to old debates. These include; are Muslim individuals and couples permitted to use family planning? Can governments be involved in providing family planning information and services? This report gives an overview of Muslim countries' policies on and support for family planning and modern contraception.⁴⁰ Family planning programs that provide modern contraceptives and related services have become increasingly common. These programs are aimed at improving the health of women and children, it has also facilitated a slow population growth in countries where rapid population growth has been seen

⁴⁰ Aghajanian, A., and Amir H. Mehryar (2009) Fertility, Contraceptive Use and Family Planning Program Activity in the Islamic Republic of Iran. *International Family Planning Perspectives* 25(2):98 –102. Bureau of Alien and Immigrant Affairs

as a barrier to socioeconomic development. The United Nations 1994 International Conference on Population and Development (ICPD) and the 2000 Millennium Development Summit called for universal access to family planning information and services.⁴¹

Obermeyer(2010) states that Islamic countries attending the ICPD generally endorsed the conference's Programme of Action with the reservation that they could interpret and adopt its recommendations in accordance with Islam. It was necessary for Muslim countries to take the conference recommendations to their countries for implementation. Obermeyer further argues that the ICPD's Programme of Action focuses on human development and provides a holistic framework towards slowing population growth and improving people's lives.

The Programme calls for a wide range of investments to improve health, education, and rights particularly for women and children. It also provides family planning services in the context of comprehensive reproductive health care. A central recommendation of the Programme is universal access to a full range of safe and reliable family planning methods. Islam's position on family planning and the circumstances under which it can be practiced has a direct bearing on how Muslim countries can achieve their development goals, which includes the ICPD goals. The ICPD Programme of Action acknowledges that the implementation of its recommendations "is the sovereign right of each country, consistent with

⁴¹ Obermeyer, C.(2010) Reproductive Choice in Islam: Gender and State in Iran and Tunisia. *Studies in Family Planning* 25(4):41–51.

national laws and development priorities, with full respect for the various religious, ethical and cultural background of its people, and in conformity with universally recognized international human rights.⁴²

While medical manuals listed the different female contraceptive options and their relative effectiveness, legal positions differed on whether the consent of the husband was necessary or not with the use of female contraceptive.⁴³ In classical Islamic law which informs contemporary Islamic jurisprudence, the majority position in eight out of the nine legal schools permit contraception.

2.3 Islamic Faith and Family Planning

Many myths persist in the Western world about Islam. For example, women are not allowed to leave their homes. They were forced into arranged marriages, could be executed for adultery and are prohibited to practice family planning.⁴⁴ Although Islam permits women to work, there are some instances where it is necessary because men have neglected their responsibilities and left the women to take care of their family, it becomes difficult for women to just stay at home and watch their children suffer. This is why they go out and seek for a job in order to satisfy the basic needs of their families.

Societies are dynamic and so are Muslim societies throughout the world. Islam supports family planning, and many Muslim women work, participate in public

⁴² Ibid

⁴³ Yount, Kathryn M.(2005) Women's Family Power and Gender Preference in Minya, Egypt. The Emory Center for Myth and Ritual in American Life Working Paper, 42. *Journal of Marriage and Family* 67(2):410.

⁴⁴ Ahmad al Sharabassi. (2013). *Islam and Family Planning*. New York: Olivia Schieffelin

affairs, and make free and informed choices about their reproductive health. Although many Muslim countries in Africa, Europe, the Middle East, and Southeast Asia have governments that support family planning programs, there is still tremendous need for these services to be sensitized among those who have not yet recognized the practise. According to Mistry,(1999), Islam does not have one central authority for making religious interpretations. Islamic texts do not generally oppose family planning. In fact, there exist a long history of contraception in Islam. From pre-Islamic times to the prophet Mohamed's time where his companions are said to have used the *coitus interruptus*.⁴⁵

In the past document which emphasises on a tradition of using herbs for pregnancy prevention, regardless of whether the available medical literature they support making sharia the official law of the land Muslims around the world agree that in order for a person to be moral, one must believe in God.They also agree that certain behaviours such as suicide, homosexuality and consuming alcohol are morally unacceptable. However, Muslims are less unified when it comes to the morality of divorce, birth control and polygamy. Those who want to enshrine sharia as the official law of the land do not always line up on the same side of these issues.⁴⁶

A study done by MOHFW, (2001) revealed that the survey asked Muslims if it is necessary to believe in God to be moral and have good values. A majority of

⁴⁵ Ibid p. 45

⁴⁶ Mosha, I., Ruben, R., & Kakoko, D. (2013). Family planning decisions, perceptions and gender dynamics among couples in Mwanza, Tanzania: a qualitative study. BMC Public Health, 13, 523. doi:10.1186/1471-2458-13-523.

them, the answered in the affirmative. Median percentages of roughly seven-in-ten or more in Central Asia (69%), sub-Saharan Africa (70%), South Asia (87%), the Middle East-North Africa region (91%) and Southeast Asia (94%) agree that morality begins with faith in God. In Southern and Eastern Europe, where secular traditions tended to be strongest, a median of 61% agree that being moral and having good values depend on belief in God. In only two of the 38 countries where the question was asked – Albania (45%) and Kazakhstan (41%) – do fewer than half of Muslims link morality to faith in God? (The question was not asked in Afghanistan).⁴⁷

Muslim communities believe that there are many misconceptions about family planning and the level of awareness is low.⁴⁸ Health concerns regarding side effects on contraceptives have raised opposition especially by the males. According to the Qur'an and the hadiths Muslims are ordained to multiply and develop the earth. It is recorded in the Quran that. "He brought you forth from the earth and delegated you to inhabit and develop it." (Quran) "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." (Qura 4:11)⁴⁹

⁴⁷ MOHFW (Ministry of Health and Family Welfare) (2001). Annual Report 2000–01. New Delhi: Government of India, Ministry of Health and Family Welfare.

⁴⁸ Ibid p56

⁴⁹ MOHFW (Ministry of Health and Family Welfare) (2001). Annual Report 2000–01. New Delhi: Government of India, Ministry of Health and Family Welfare.

There are relevant verses that acknowledge this issue such as: “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.” “O young men, whoever among you has the ability, let him marry.”⁵⁰ In the above quotations children are viewed as a source of blessings and family planning disregards the objective of procreation. Five benefits of marriage according to Islam include: production of children, defeating the carnal lust, giving calmness to one self, brings settlement to the heart and self-discipline he regards the survival of the offspring as the most important advantages.⁵¹

Sexuality is highly valued by Muslims.⁵² However, There are gender differentials as to the number of partners allowed at one point in time, Men can marry a maximum of four wives while women only allowed to have one husband.

Family planning and children spacing are not only allowed, but are also practiced by the followers even during Prophet’s lifetime. It’s argued that to give room for the mother to fully recover from the previous childbirth and to also allow the infant to enjoy the company and care from the mother.⁵³ Early marriage is not prohibited by Islam as long as its consummation could be delayed until the time

⁵⁰ Waris, M. R. (2000). *The Marriage Guide*. New York: Hamper Colling publisher.

⁵¹ Nasir, J. A., Tahir, M. H., & Ghazali, S. A. (2012). Contraceptive Perceptions among Arab and Non-Arab Muslim Males, 5(2), 297–303. Doi:10.1285/I20705948v5n2p.297

⁵² El Hamri, N. (2010). Approaches to family planning in Muslim communities. *The Journal of Family Planning and Reproductive Health Care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists*, 36(1), 27–31. doi:10.1783/147118910790291019

⁵³ Khalifah Abdul- Hakim (1959). *Islam and Birth Control*. Pakistan: Lahore.

the wife was mature for sexual intercourse. An example is the Prophet's marriage to Aisha whom he married at the age of nine but did not consummate the marriage until she is matured, Most of the scholars were of the opinion that family planning is not permissible in Islam, While others argued it is only allowed that in certain scenarios. For example, if pregnancy threatens the life of the mother or the health of an un-born baby if there is a defect in foetal development. Scholars shared the same opinion that family planning or child spacing should not be based on economic consideration, that is tying it to the issue of poverty; they argued that it is only God who enriches and straightens. To support the argument, they quote the following from Q'uran.

“...And no moving (living) creature is there on earth but its provision is due from Allah.” (*Quran*, Chapter 11: Verse 6)⁵⁴

Abdel Rahim Oman,(2000) added that each child comes to this world with his own destiny or fate as such it is not the number of children that makes a man poor or rich. He cited a hadith of the Prophet that states that each child, right from the mother's womb, has his destiny decided for him/her.” He also recited the verse from the *Quran*:

Kill not your children because of poverty we provide sustenance for you and for them (Qur'an, Chapter 17: Verse 31).⁵⁵

⁵⁴Quran (11:6)

⁵⁵ Mawdudi (1976), Birth Control.(n.p) Muhammad (S. W.A) (S. W.A) Ibn Ismaeel al Bukhari, Sahih

2.3.1 Sex before Marriage and Sex within Marriage

In Islam, rules regarding pre-marital relations are prohibited between sexes. While both the Jewish and Catholic religions allow courtship. In Islam, marriage occurs through family involvement, prayer, and careful thought and consideration. When an individual feels that they are ready to marry, they approach their family who will set about finding them a potential mate. Once a suitor is chosen, a chaperoned meeting is arranged so that a man and woman may get to know each other. A chaperone is necessary so that neither will be tempted to behave inappropriately during this meeting. If either the man or the woman is not happy with the potential suitor selected, they can choose to call off the marriage and their family will set off to source for another match. Therefore, since no relationships of opposite sex are carried out among youth (single) Muslims then any kind of contact with contraception are considered a sin.⁵⁶

Like the Jewish and Catholic faithfuls, Islam views sexual relations between a wife and husband as an ideal expression of love. Hence, Sex between married spouses is meant for sexual pleasure and procreation.⁵⁷ This is why, all forms of sexual expression, ranging from intercourse to caressing and kissing, are encouraged between partners. It is however in the Qur'an that intercourse should not take place while a woman is menstruating, other forms of sexual pleasure are allowed, as long as a woman's genitals are avoided. There is some disagreement

⁵⁶ Balogun, K.A. (2000). Islamic viewpoint on Family Planning. Nigeria: Ben Olucashman

⁵⁷ Daneshpour, M. (2008). Muslim families and family therapy. *Journal of Marital and Family Therapy*, 24, pp355–368.

among Islamic scholars as to whether or not the Qur'an allows abortions to take place and, if so, when. The cause for the confusion lies in the following verse:" You should not kill your children for fear of want" (17:31).⁵⁸

Some Muslims have interpreted this verse to mean that all birth control and abortion should be banned. Surgical sterilization (unless it is medically necessary) is viewed as a form of castration while withdrawal method to interrupts a woman's pleasure and prevents pregnancy.

Sex before and outside of marriage is treated very harshly. In some cases, the Sharia Law (the governing and religious laws behind Islam) calls for the execution by stoning of individuals who have sex outside of marriage. It is important to note that not all countries with a predominately Muslim population is capable of enforcing this sentence.⁵⁹ Many Muslim countries have gotten rid of it all while others keep it on the books but do not enforce it. While some countries still strictly follow Sharia Law, there is increasing pressure from other countries, as well as from other Muslims, to stop these practices.

2.3.2 Islam and Opposition to Family Planning

Islamic groups opposing family planning and contraceptive use do so on two grounds. First, they believe that withdrawal or any practice that prevents pregnancy is infanticide, which is repeatedly condemned and prohibited in the

⁵⁸ Quran(17:31)

⁵⁹ Best, W.J and Khan, J,V .(2000). Research in education.(6th edition).Eaglewood Prentice Hall Inc.

Quran. Second, the opponents of family planning, whether jurists or no jurists, believe that the larger the number of Muslims and the higher their population growth rate, the greater their power.

These advocates claim that a large population is ordained by the religion and that failure to achieve it deviates from the right path. They find support to their views not only in the holy book, but also in the Prophet's tradition. Hence, they oppose family planning, especially if it is a community or government policy. They claim that family planning programs, having originated in the West, represent a conspiracy to reduce the number of Muslims and diminish their power.

It is not uncommon for family planning programs to become politicized in Muslim societies. In recent history, opposition groups in a number of countries have rejected their governments' organized family planning program as a political move, invoking Islam in support of their position.⁶⁰ History has shown that pragmatism eventually prevails. Within days of the Islamic revolution in 1979, Iran's new leaders dismantled the country's family planning program on the grounds that it was a Western plot. Ten years later, as Iran struggled to provide for the basic needs of its growing population, its Islamic government reversed the policy and established one of the most successful family planning programs in the developing world. During the 10 years after the revolution that there was no organized family planning program in Iran, the government was not restricting

⁶⁰ Khan, M.E. (2009). *Family Planning Among Muslims in India*. New Delhi: Manohar Publications

access to family planning services, and such services were available in public clinics as part of Iran's overall health care system.

Contraception and family planning contradict some of the very basic premises of an Islamic worldview.⁶¹ Despite the kind of perspective that Mawdudi (1976) represents, it would appear that the right to family planning is certainly part of the contemporary scholarly Islamic discourse. Based on sociological fieldwork in Morocco, many of the local religious leaders who oppose contraception have relatively limited education in Islamic scholarship and their views are in sharply contrasted with those who come from the more educated *ulama* class. Given the Islamic scholarly legacy as well as the demands of the current period, opponents of family planning are not only inadequately informed but are also lacking in judgment and the ability to articulate a dynamic and socially relevant Islamic response to challenges of the time.

In summary the contemporary need for family planning in the Muslim world is highly calling. In fact smaller families reduce hardships on the family, on national resources and support the conditions for the flourishing of human life.

2.3.3 God and Humanity in the Muslim World

In order to explore the Islamic perspective on family planning, contraception and abortion, it was necessary to have a broader grasp of some of the fundamentals of Islam, which inform such thinking. some of the essential Islamic teachings about

⁶¹ Mawdudi (1976), Birth Control. Muhammad (S. W.A) (S. W.A) Ibn Ismaeel al Bukhari, Sahih

God and humanity, that forms the basis for an Islamic approach to addressing ethical concerns and contemporary challenges of population growth, family planning and human wellbeing.⁶²

The belief in the oneness or unity of God, known to Muslims as the principle of *Tauhid*, is the center from which the rest of Islam radiates. It is a foundational ontological principle anchored within the deepest spiritual roots of the religion throughout different areas of Islamic learning that includes theology, mysticism, law and ethics in varying ways. Transience, finitude and dependence define everything else; God is the only independent source of being. God is primary understandings the very meaning of reality and constitutes of the ultimate integrity of human beings.⁶³

The Quran explains that, human beings are uniquely imbued with the spirit of God and in their created nature have been granted privileged knowledge and understanding of reality. Human weakness on the other hand, is presented primarily as the tendency to be heedless and forgetful of these realities. God's revelations through the various prophets in history are an additional mercy intended to remind one about what is already ingrained at the deepest level of one's humanity. Mediating between faith and heedlessness is the human capacity for volition and freedom of choice.

⁶² Ejibi. M.A., (2006). Women's Rights and Responsibilities in Islamic System. U.S.A: Ministry of Culture and Islamic organization Publishers.

⁶³ Ibid.

This uniquely endowed human constitution with an inborn capacity for discernment is called the *fitrah*. Within Islam while humanity is primed for goodness, our moral agency is bound to the freedom of choice and the active assumption of responsibilities that ensue from such agency. This understanding of human purpose and potential is reflected in a pervasive Quranic concept called *khilafah* that can be translated as trusteeship, moral agency or vicegerency where the subject of this activity, the human being, is referred to as the *khalifah* that is the trustee and the moral agent. This core Qur'anic concept provides the spiritual basis for understanding ethical action in Islam. Each individual as well as every community is responsible for the realization of a just and moral social order in harmony with God's will. In Islam, enacting one's moral agency is intrinsic to a right relationship with God.⁶⁴

2.4 Level of Knowledge on Family Planning Among Muslims

Islam is strongly pro-family and regards children as a gift from God.⁶⁵ Muslim sexual ethics forbid wedlock sex. It's teachings on birth control should be understood within the context of husband and wife. There is no single attitude on contraception within Islam; however eight of the nine classic schools of Islamic law permit it. (hanbili, shafii, maliki.....and the rest)

⁶⁴ Sharma, A.K. (2009). Muslim fertility in urban UP: A qualitative study. Demography

⁶⁵ Sahidullah. (1962). Family Planning in Islam: First Indian Conference, International Planned Parenthood Federation. East Pakistan: Decca.

Resistance to birth control was reflected in 2005 when a conference involving 40 Islamic scholars from 21 countries urged fresh efforts to push population planning and better reproductive health services. Although all the participants were in favor of promoting the use of contraceptives for married couples, they were reluctant to make it part of their joint declaration for fear of reprisals from the more conservative Islamic scholars in their respective countries.

In Islam, contraception is mainly addressed within the context of marriage and the family. As a social system, culture, and civilization, Islam considers the family as a basic unit of the society. Rai (2008)⁶⁶. In the *Quran*, marriage is viewed as sacred and identifies the husband and wife as the principals of family formation.

The *Quran* has a number of references to marriage, including the following:

And one of [God's] signs is that He has created for you mates from yourselves that you may dwell in tranquillity with them, and has ordained between you Love and Mercy. AL-Roum (30:21),⁶⁷

It is He who created you from single soul and there from did make his mate, that he might dwelling tranquillity with her. AL-A'raf (7:189)⁶⁸

And God has made for you mates from yourselves and made for you out of them, children and grandchildren. AL-Nahl (16:72).⁶⁹

⁶⁶ Rai, B. (2008). Demographic Aggression against India: Muslim Avalanche from Bangladesh. Chandigarh, India: B.S. Publishers.

⁶⁷ Quran (30:21).

⁶⁸ Quran (7:189).

⁶⁹ Quran (16:72).

These verses suggest that tranquillity is an important purpose of family life and is achieved through marriage. While procreation is expected in marriage to maintain the human race, sexual relations in marriage need not always be for the purpose of having children. On this point, Islam departs from some other religions where procreation is the exclusive purpose of sexual relations. From the Islamic point of view, when procreation takes place, it should support and endorse tranquillity rather than disrupt it. Contraception helps families achieve tranquillity by having children when they want them and when they are prepared to have them. Because of the importance of family in Muslim societies, legal scholars from various Islamic schools of jurisprudence and from various locales have given considerable attention to contraception.

2.4.1 Sources of Knowledge of Family Planning Methods

Communication plays a vital role in ensuring the knowledge for choice of family planning methods. Effective communication empowers people to seek what is best for their own health and to exercise their right to good -quality health care. Buckley (2001), People make many of their biggest family planning decisions, including whether to control their fertility and whether to use a family planning method, before ever seeking contraception⁷⁰. In order to make informed choices, most people need to know a lot about family planning long before they decide to visit a health care provider. Orkocka (2004), The sources of information for women on contraceptive are magazine, personal relations,

⁷⁰ Buckley, S. (2001). Islamic parenting. U.S.A: Baker Book House Company.

mass media and health personnel.⁷¹ The major source of knowledge on family planning methods among Muslims are the Mass media (35.0%) followed by health personnel (31.3%), magazines (20.0%) and personal relations i.e. spouse friends and relatives (13.8%). These limit the number of people to accessing the information about contraception especially those residing in slums. The majority of Muslims do not have any information concerning the use of family planning. ORG (2010), Most Muslim youths lack basic ideas on contraception since they are not allowed to come into contact with them.⁷²

Amin (2007, It is clear from the foregoing discussion that knowledge on family planning methods among Muslim female respondents living in slums is low.⁷³ The majority of Islamic women have negative attitude towards family planning. There is, however, a wide gap between the knowledge and the practice of contraception among Muslim women. Female sterilization still appears to be the most popular contraceptive method for limiting the family size.

The need for family planning should be tackled by couples rather than the women alone. Ali (1946),The authors opine for strong political will and commitment of the people along with improved socio- economic condition, vigorous implementation of family planning strategies through mass campaign and

⁷¹ Orgocka *, A. (2004). Perceptions of communication and education about sexuality among Muslim immigrant girls in the US. Sex Education. doi:10.1080/1468181042000

⁷² ORG (Operations Research Group). (2010). Family Planning Practices in India: Third All India Survey. Baroda: Operations Research Group.

⁷³ Amin, S., Diamond, I., & Steele, F. (2007), "Contraception and Religiosity in Bangladesh,"in The Continuing Demographic Transition, G. W. Jones et al., eds., Clarendon Press, Oxford, pp. 268-289

adequate supply of family planning materials. Education appears an important predictor for increasing family planning programme in Muslim world.⁷⁴

2.4.2 Justification for Contraception in Islamic Jurisprudence

Islam as a religion of moderation upholds the principles of “liberty” or “permissibility” that is; everything is lawful unless explicitly designated otherwise in the *Quran* or in the Prophet Mohamed’s tradition (*sunnah*).⁷⁵ The *Quran* does not prohibit birth control, nor does it forbid a husband or wife to space pregnancies or limit their number, the silence of the *Quran* on contraception is not a matter of omission by God, as he is “All-Knowing” and Islam is understood to be timeless. Therefore, Muslims must refer to the Sunnah of the prophet as the second source of Islamic *shariah*. Musallam (1986).The proponents of family planning also note that *coitus interruptus*, or withdrawal, was practiced at Prophet Mohamed’s time by his Companions.⁷⁶

The majority of Muslim theologians from diverse schools of Islamic jurisprudence agree that withdrawal is permissible with a wife’s consent. In Islam, a wife has the right to both sexual pleasure and reproduction. Some jurists argue that ejaculation is essential for a woman to have orgasm, therefore it is necessary to have prior consent from a wife before practicing withdrawal. In all its

⁷⁴ Ali, Y.A., (1946). The Holy Qur’an, English translation of meaning and commentary. Clarendon Press, Oxford, p. 21.

⁷⁵ Mazharul Islam, M., & Saidul Hasan, A. H. M. (2000). Mass media exposure and its impact on family planning in Bangladesh. *Journal of biosocial science*, 32(04), 513-526.

⁷⁶ Musallam, B. F. (1986). Sex and society in Islam: Birth control before the nineteenth century.

institutions and regulations, Islam addresses itself to reason and keeps in harmony with man's natural character (*fitrah*). It never fails to demonstrate its great compassion for its people, nor does it ever seek to impose undue burdens and intolerable restrictions upon them.”

Balogun, (2007) specifically referred to the following quotes from the *Quran*:

Allah desires for you ease; He desires no hardship for you. AL-Baqara (2:185) ⁷⁷ and has not laid upon you in religion any hardship. AL-Hajj(22:78) ⁷⁸

Allah desires to lighten your burden, for man was created weak. Al-Nisa (4:28).⁷⁹

Islam could be sympathetic to family planning if spacing pregnancies and limiting their number made the mother more physically fit and the father more financially at ease. Since these actions do not violate any prohibition in the *Quran* or in the Prophet Mohamed's tradition (*Sunnah*). If excessive fertility leads to proven health risks for mothers and children, or economic hardship and embarrassment for the father, or the inability of parents to raise their children properly, Muslims would be allowed to regulate their fertility in such a way as to reduce these hardships. Some Muslims question the economic justification for family planning on the grounds that it contradicts the Islamic beliefs of *tawakkul* (reliance on God) and *rizq* (provision by God). Balogun,(2007)⁸⁰ argued that the jurists found no

⁷⁷ Quran (2:185).

⁷⁸ Quran (22:78).

⁷⁹ Quran (428).

⁸⁰ Balogun, K.A. (2007). Islamic viewpoint on Family Planning. Nigeria: Ben Olucashman.

such relationship and made the economic reasons legal. Regarding the health justification of family planning, Abdul Rahim Oman, (2000) wrote,

“Warding off the risks posed to the health of mothers and children by additional pregnancies is the most common reason for accepting contraception in Islamic jurisprudence.”⁸¹

Legal scholars interpret the *Quran*'s recommendation of two years of breastfeeding and the Prophet's recommendation against pregnancy during lactation as an endorsement for child spacing (Ebrahin, (1994). Rather than avoiding intercourse for two full years, which would be a hardship, couples can use contraception. Legal scholars who interpret Islam as permitting contraception assume that the method would be safe and practiced only for good reasons. For example, it does not allow the use of contraception to avoid female offspring. It should also be noted that while the great majority of the theologians believe contraception is sanctioned in Islam, they limit the practice to temporary methods of family planning. Fazlur Rahman, the Director of the Islamic Research Institute, Khalifa Abdul Hekim and Muhammed Sahidullah have approved the use of modern contraceptives and have expressed some reservations regarding the permanent methods of female and male sterilization.

Sayyid Abu al A'la Mawdudi and Shafi Darul- uloom, who oppose sterilization as a family planning method consider the practice as interfering with God's will and attempting to change what God has created. Griffiths (2001), Some Muslims

⁸¹ Abdel Rahim Oman, (2000) . Family planning in the legacy of Islam. London: Routledge.

disapprove of male sterilization in particular based on its mistaken analogy to castration, which is prohibited by *Sunnah*.⁸²

2.5 Islamic Culture and Contraception among Muslims

Despite the wide range of effective contraceptive options available to women in developed countries, unintended pregnancies continue to occur in large numbers and rates of sexually transmitted infections remain high. A number of factors can affect a woman's access to, or effective use of, contraception. The barriers to effective use of contraception have been well documented. Hakim (1959). Among these barriers are personal beliefs and values that can be shaped by both religion and culture.⁸³

Sahidullah(1962) says that, the introduction of modern contraceptives, the restructuring of family planning (FP) programmes, and endorsements and international agreements on birth spacing, all have given new impulses to old paradigms on the subject. In this context of introducing modern Family Planning, Muslims and Islamic countries have always been under debate and critique.⁸⁴ In Pakistan, for instance, Family Planning programme has not delivered the results desired and the common perception is that it is perhaps due to culture/religion. The Pakistan Demographic and Health Survey showed that six percent of women were restrained from using any FP method because of cultural reasons or

⁸² Griffiths, P. & Stephenson, R. 2001, "Understanding Users' Perspectives of Barriers to Maternal Health Care Use in Maharashtra, India", *Journal of Biosocial Science*, vol. 33, pp. 339-359.

⁸³ Hakim, K. A.-. (1959). . *Islam and Birth Control*. Pakistan: Lahore. India, 23(1-2): 41-49.

⁸⁴ Khalifah Abdul- Hakim (1959). *Islam and Birth Control*. Pakistan: Lahore.

interpretations. These interpretations and misconceptions have been propagated to declare FP a sin. The major role in this regard indubitably is of the local clergymen.

There are several Islamic countries that have not only presented many success stories in this regard, but have achieved control over their fertility rate and population growth rate. Maharishi (2004) noted that governments around the world including many in the Islamic world, endorse FP programmes to facilitate individuals and couples to decide for themselves the number and timing of their children.⁸⁵ These FP programmes have carried the slogan of improving the health of women and children besides slowing down population growth in countries where an overwhelming population growth was considered a barrier to socio-economic development. It is important to note that most Islamic countries endorsed the Programme of Action of the United Nations 1994 International Conference on Population and Development, and the 2000 Millennium Development Summit Declaration which called for universal access to FP information and services. *Mufti* (2005) points out that most families consider contraception as a government need, rather than to their advantage.⁸⁶ says that it is seen that perception, persuading women and men to understand contraception and the timing of pregnancies as an important means of personal independence and improvement in their own lives.

⁸⁵ Maharishi, M., (2004). *Woman*. Iran: Nasiriya publication.

⁸⁶ Mufti H, S. (2005). *Islamic principles on Family Planning*. India: Adam Publishers.

There is a societal preference in Kenya for early marriage, followed by child-bearing. High educational level, poor access to information, poverty and gender-based disparities serves as major barriers to family planning. Other cultural barriers to contraception include; lack of male involvement in family planning, and continuing open discrimination against the girl child, adolescent girls and women in the Muslim poor society.

2.6 Conclusion

As is the case with Judaism and Christianity, Islam values procreation within marriage, and highly values fertility because Children are a gift of God, the "decoration of life,"

Muslims used this basic position to argue that Islam does not permit contraception or abortion. The Social Control of Reproduction and Islamic texts do not present a major obstacle to family planning. Many Muslims and religious thinkers over the past quarter-century have maintained that, notwithstanding prophet Mohamed's exhortation to multiply, family planning is permitted and even encouraged by Islamic law. A number of *Quranic* verses, emphasize the notion that God does not wish to burden believers, with the implication that the well-being of children overrides concerns for a large family. Early Muslim doctors recorded the tradition of herbal prescriptions to prevent pregnancy in Islamic books of medicine, which were used for centuries in Europe.

Prophet Mohamed encouraged the practice of *al'azl* (withdrawal or *coitus interruptus*). By analogy, the use of other barrier methods, such as the condom and diaphragm, is also allowed. Islamic thought varies on the use of other modern methods. While some religious leaders consider the use of oral contraceptives or implants to be undesirable or even forbidden, most encourage their use as long as these methods do not interfere with a woman's health and well-being. In keeping with predominate Islamic attitudes toward birth control; the legal status of contraception in Muslim countries (derived primarily from European civil codes) is overwhelmingly permissive.

Sterilization is illegal in some countries and remains the subject of ongoing debate within other Muslim communities. Iran, Turkey and Tunisia are among those countries that allow both tubal ligation and vasectomy while Jordan and Egypt do not allow.

The *Quran* does not explicitly address abortion, but, there is general agreement that abortion is only permitted for the most serious reasons, such as saving a woman's life. Even though, it is only allowed before "life is breathed" into the foetus, variously regarded as within the first 40, 80 or 120 days. Olivia (1997). A minority of scholars oppose abortion at any stage of development, based on the

belief that the embryo is already on its way to having a soul from the moment of conception.⁸⁷

The legal environment surrounding abortion reflects the prevailing view that abortion is permissible only in the first trimester and only for the most serious reasons.

The Holy *Quran* emphasizes that male Muslims should take their responsibilities of caring for their wives and the children. They should ensure that love, peace, unity and security prevail in their families. It is also evident in this chapter that effective upbringing of Muslim children by providing them with their basic needs and moral training will assist them grow into decent and well trained human beings. Petersen (1969).The purpose of Islamic marriage include: procreation, defeating the carnal lust, self-discipline, peace and tranquility.⁸⁸ The purpose of marriage is procreation, peace and tranquility. Family Planning includes also checking on procreation or limiting the size of a family using contraceptives and spacing children. Islamic scholars allowed the practice of family planning or birth control for certain specific reasons: when the wife needs a chance to rest between pregnancies, if either or both partners have disease that can be transmitted, when the woman's health is threatened. Islam encourages marriage and procreation but does not emphasizes the quality of life and upbringing of children as evidently seen

⁸⁷ Olivia, S. (1997). Muslim Attitudes towards Family Planning. New York: Demographic Division, population Council.

⁸⁸ Petersen, W. 1969. Population. New York: Macmillan

in Majengo. These families have many children and cannot adequately take care of them. Some school going children even end up in the streets while others engage in crimes and drug abuse. In the subsequent chapter these challenges which include social, economic, religious and secular are broadly discussed.

CHAPTER THREE

CHALLENGES FACING MUSLIMS ON USE OF FAMILY PLANNING IN KENYA

3.1 Introduction

This chapter provides an overview of the challenges Muslims face on the use of family planning. It is organized in the following topics: reasons for the use of contraception among Muslims in Kenya, social and economic challenges facing the Muslims in slums, poverty and economic challenges on contraception, health risks associated with family planning among Muslims, integrity and commercialization of sex among Muslims and finally the conclusion.

3.2 Reasons for the Use of Contraception among Muslims in Kenya

According to the Holy *Quran*, Allah the Almighty does not wish his servants sufferings and hardships rather peace and an enjoyable life. In the *Quran*;

“Allah desires for you ease: He desires no hardship for you” (2:185).⁸⁹

In another verse it says “He has not laid upon you in religion any hardship.” (22:78).⁹⁰

⁸⁹ Quran (2:185).

⁹⁰ Quran (22:78)

These two verses interpret that, any way of life that may lead believers to hardship, difficulties and sufferings should be avoided. Al-Ghazali (1302 AH) further states that, in order to protect the wife's life from the risk at child birth or the case of financial difficulties, the use of *Al azl* can be justified. If a woman's health is threatened, suckling an infant, it would be harmful to her and the child if she becomes pregnant. If either or both partners have a disease, if the husband's finances are insufficient to support more children if a genetic defect that can be transmitted and when the wife needs chance to rest between pregnancies.⁹¹

Shaikh (2003), the Holy Qur'an is silent about the use of contraception but, it is evident in the *Sunnah* of the Holy Prophet that believers can practise birth control especially in the form of *Al azl*. All the four *Sunni* and *Shiah* schools of thought generally ruled out that the use of contraception especially the *Al azl* is improper but not forbidden.⁹²

Family planning methods is a preventing pregnancy-related health risks in women because a woman's ability to choose if and when to become pregnant has a direct impact on her health and well-being. It allows spacing of pregnancies and can delay pregnancies in young women with increased risk of health problems and could result into death from early childbearing can prevent pregnancies among older women who also face increased risks. Women who wish to limit the size of

⁹¹ Abu Hamid M. Al-Ghazali,(1939), *Ihya Ulum al-Din*.Cairo:Mustafa al- Babi al-Halabi wa awladuhu.p 54

⁹² Shaikh, S. D. (2003). *Family planning, contraception and abortion in Islam: undertaking khilafah: moral agency, justice and compassion. Sacred Choices: The Case for Contraception and Abortion in World Religions, Oxford University Press, Oxford, 1-4.*

their families practice family planning. Prinz (1997), Evidence suggests that, women who have more than four children have an increased risk of maternal mortality.⁹³ Family planning is associated with reduction in infant mortality because mothers die at child birth or have a greater risk of death and poor health. In addition, contraception curbs HIV/AIDS especially in infected mothers. In addition, Ahmed,(2001) states that male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV.⁹⁴ Spacing children also helps in empowering people and enhancing education thus enabling people to make informed choices about their sexual and reproductive health.

3.3 Social and Economic Challenges Facing the Muslims in Slums

Marriage as respected institution in Muslim culture has many traditions. Fischer (2005). For example, a married person commands respect among colleagues. This is why it marks the beginning of a socially accepted platform for the adult Muslim.⁹⁵ Harris (1985) state that, marriage is both a religious duty and a social transition from childhood to womanhood. For the men, marriage symbolizes

⁹³ Prinz, W. (1997). Perception and Action Planning. *European Journal of Cognitive Psychology*. doi:10.1080/713752551.

⁹⁴ Ahmed, S. (2001). *Islam and Family planning: Egypt*, Egyptian Family planning Association.

⁹⁵ Fischer, A. M. (2005). *State Growth and Social Exclusion in Tibet: Challenges of recent economic growth* (No. 47). NIAS press.

responsibility in society since they are expected to take care of their wives and children.⁹⁶

Despite the lofty regard for marriage and childbirth, parental responsibility has been a problem for the Muslim communities in Kenya due to unemployment and poverty. Generally, men's responsibility for their families began reducing since 1970 it was steady in the last decade (1999-2009) when the latest census was taken. This has implications for Kenyan Muslim slum communities where many women are petty traders, subsistence farmers, or housewives. Dreck (1965). Many Muslim children of school-going age which live in slums fend for themselves resulting in high school dropout cases and the girl child more vulnerable.⁹⁷ Richards (2003). It is in such recognition of these dropouts due to poverty that the Kenya government initiated the policy of free tuition, and the School Feeding programs.⁹⁸

3.3.1 Poverty and Economic Challenges on Contraception

Muslims living in Majengo are faced with high poverty levels resulting into poor quality of life. Muslim men have the sole right to make the decide on family planning. Hence, leaving out the women in reproductive health issues. Bayat

⁹⁶ Harris, G. S. (1985). *Turkey: Coping with Crisis*. Westview Press.

⁹⁷ Drake, C. (1965). The social and economic status of the Negro in the United States. *Daedalus*, 771-814.

⁹⁸ Richards, A. (2003). *Socio-Economic roots of Radicalism? Towards explaining the appeal of Islamic Radicals*. DIANE Publishing.

(2002). Other key factors include traditional social attitudes and illiteracy.⁹⁹ The government has failed to provide basic infrastructure to tackle this or to facilitate public-private partnership to run family planning programs.

Standard reproductive health helps individuals, particularly young women, to break out of intergenerational cycles of poverty. Because mothers are empowered to plan whether and when to have children, they are in a better position to complete their education and secure a job that will strengthen their economic security and well-being and of their families. This then contributes to development and poverty reduction. Negative outcomes that Muslims in Majengo face include: delays in initiating prenatal care, reduced likelihood of breastfeeding resulting in less healthy children, maternal depression, and increased risk of physical violence during pregnancy.

Despite high knowledge of modern methods of contraception (94% of married women know of a modern method of contraception) only 17% of married women of reproductive age currently use a modern method of contraception in Muslim population. This is due to poor access to family planning services. Owusu (2010).The quality of family planning services is poor in government operated facilities as it is only available to 10% of the population.¹⁰⁰

Contemporary concerns with population growth and sustainable resources are

⁹⁹ Bayat, A. (2002). Activism and social development in the Middle East. *International Journal of Middle East Studies*, 34(01), pp1-28.

¹⁰⁰ Owusu, G. (2010). Social effects of poor sanitation and waste management on poor urban communities: a neighborhood-specific study of Sabon Zongo, Accra. *Journal of Urbanism*, 3(2), pp145-160.

intimately connected with the inequitable distribution of wealth. Woolcock (2000). Frequently the multiple levels of socio-political inequity in the world are connected to questions of how wealth and resources are controlled. ¹⁰¹

Islamic response to these economic realities begin with the *Quranic* view that wealth is part of beneficence and bounty of God and in reality belongs to God. Human beings are entrusted wisely and responsibly for the well-being of all. The poor, the orphaned and the needy have a right to a portion of one's wealth. Muslims are obligated to pay a welfare tax called *zakat*. to purify" or "to grow" through which God tests humanity. Parameswaran (2009). Wealth sharing purifies the individual from greed and material attachment while simultaneously increasing the giver's good deeds and spiritual wealth. ¹⁰²

The circulation of wealth among all segments of a society Sabates-Wheeler, (2011), is seen as a duty placed on the individual *khalifah* and the larger Muslim community. Not only does the *Quran* encourage one to share wealth, but also condemns greed and selfish hoarding. Sabates (2011). There is an explicit link between those who decline to pay the poor their due to the idolaters. Given that the belief in the oneness of Allah (S.W.T) (*Tawhid*) is so central in Islam, this association between idolatry and miserliness is among the harshest criticisms of

¹⁰¹ Woolcock, M., & Narayan, D. (2000). Social capital: Implications for development theory, research, and policy. *The World Bank research observer*, 15(2), 225-249.

¹⁰² Parameswaran, R. (2009). Facing Barack Hussein Obama: Race, globalization, and transnational America. *Journal of Communication Inquiry*

the concentration of wealth among the few at the expense of the rest.¹⁰³ Therefore, any Muslim society should not be characterized by the existence of extreme wealth and poverty. They are encouraged to generate a system of socio-economic justice that foster the common good.

Cleland et al.,(2006), states that, the ethics of wealth-sharing and socio-economic concern for the economically marginalized have a pressing urgency in a world characterized by huge economic disparities between nation states.¹⁰⁴ The reality that economic marginalization occurs most brutally at the nexus of race, nationality and gender hierarchies is illustrated by the fact that women, primarily in the poorer nations, constitute 70 percent of the world's 1.3 billion poorest, own less than 1 percent of the world's property but work two thirds of the world's working hours. Even a wealthy capitalist like the USA, one finds significant number women who are poor, neglected and generally divided along racial lines.

These realities reflect a paradigm that is contrary to *Tauhidic* teaching where human lives are not equally valued but rather divided on the basis of race, nationality, gender, and class stratification. The lives of those who do not belong to privileged groups or nations are removed from the strata of social concern and moral responsibility. Here, the *Quranic* critique points to the reality that economic

¹⁰³ Sabates-Wheeler, R. (2011). Introduction: Social protection for social justice. *IDS Bulletin*, 42(6), pp.1-9.

¹⁰⁴ Ibid.

injustice or misdistribution of wealth reflect a failure of human beings to carry out their trusteeship (*khilafah*) from God. Quran (2:188)¹⁰⁵

Tessler(1997). In addressing human wellbeing in the world, transforming systems of economic injustice and exploitation and establishing a more equitable distribution of wealth are as crucial spiritual and ethical concerns as are issues of family planning and population control.¹⁰⁶

3.4 Social and Cultural Challenges on Contraception among Muslims in Kenya

Muslims in Kenya lack enough knowledge and education on the importance of reproductive health and the harmful effects of neglecting family planning on women's health and indirectly that of children. Financial attitude among the Muslims has proven to be challenge.¹⁰⁷ Having many children is considered a benefit meaning that more hands help on the field. Due to high mortality rates, families tend to have more children for some to survive. Many children are viewed as security for old age.

The number of children also defines the social status of the family. Public opinion in the age old traditions favours large families.¹⁰⁸ In male dominated societies,

¹⁰⁵ Quran (2:188).

¹⁰⁶ Tessler, M. (1997). The origins of popular support for Islamist movements. *Islam, democracy, and the state in North Africa*, 93-126.

¹⁰⁷ Contursi, J. A. (2009). Militant Hindus and Buddhist Dalits: hegemony and resistance in an Indian slum. *American ethnologist*, 16(3), 441-457.

¹⁰⁸ Ibid

men consider it below their dignity to use contraceptives. In many traditions hospitals that doctors are male women will go without medical care.

More than 215 million women who want to plan their families or protect themselves from unplanned pregnancy still do not have access to basic family planning services. Mhammed (2008). Many women around the world face a lot of challenges as far as the use of family planning is concerned. Children spacing a basic human right endorsed by the United Nations, allows couples and individuals to decide freely and responsibly the number, spacing and timing of their children.¹⁰⁹ This leads to fewer complications related to pregnancy and childbirth, and this improves overall health and decreases dependency on health care services. Entire communities also benefit, as women who can access family planning can better provide for their existing children, from food to education to housing. They will also be better placed to access education and work opportunities, thereby making a greater contribution to the economy.¹¹⁰

Despite the obvious benefits, discriminatory family planning policies, poor or no services, lack of information and education, and irregular or no supplies, can all restrict access to and use of family planning.¹¹¹ The influence of socio-cultural norms on the uptake of family planning gives rise to questions like; what can be done to address the socio-cultural barriers to family planning? How does the social, cultural and economic dependence of wives in some cultures on their

¹⁰⁹ Mhammed, A. D., & Hasan, Z. (2008). Microfinance in Nigeria and the prospects of introducing its Islamic version there in the light of selected Muslim countries' experience.

¹¹⁰ Ibid

¹¹¹ Ibid

husbands affect family planning decisions? What about the importance of status to a man, and the stigma that can be attached to a woman who is childless? What conflicts does a woman face if her religion discourages or forbids the use of contraception? How prevalent are the myths and misconceptions about contraceptives, and is ignorance about how contraceptive methods work a key deterrents to their use? How are couples faced with such strong cultural values expected to willingly adopt modern family planning? How can service providers remove these barriers and increase the uptake of family planning?

3.5 Health Risks Associated with Family Planning among Muslims in Kenya.

Abortion can lead to physical and emotional health risk. Sharan (2002). Perforation of the Uterus and Cervical Lacerations are two of the most common complications of abortion.¹¹² This is due to the fact that most abortions are by suction aspiration, a procedure which may result in premature births and labor complications in future pregnancies.

Gray (2004). Women who have had abortions are four times more likely to die in the next year than those who complete their pregnancies. This is a result of both psychological effects, which result in an increase of suicides and risk-taking behavior, and an increase in deaths from other medical causes.¹¹³

¹¹² Sharan, M., & Valente, T. W. (2002). Spousal communication and family planning adoption: effects of a radio drama serial in Nepal. *International Family Planning Perspectives*, 16-25.

¹¹³ Gray, R. (2004). Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *International Family Planning Perspectives*, pp 156-163.

Nichols (1986). In a study of post-abortion patients only 8 weeks after their abortion, researchers found that 44% complained of nervous disorders, had experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor.¹¹⁴ Due to the damage resulting from cervical lacerations, women who receive abortions often have difficulty conceiving or carrying future children to term. Patient and provider beliefs differ drastically between communities and cultures and strongly influence patterns of contraceptive use. In a 2010 study of the Mityana and Mubende districts in Uganda, focus group discussions with people between the ages of 15 and 24 revealed a variety of misconceptions about contraceptives, including the belief that condoms can damage the uterus and even cause death. Long-lasting contraceptives such as sub dermal implants, injections, and IUDs are often underused because of limited availability, misconceptions about health risks, and a lack of qualified personnel. Mwangi (2003), study in Kenyan slums established that when implant technology is available, it is welcomed by a number of women, and is more effective in preventing pregnancy than are short-acting methods of contraception.¹¹⁵

In Mwangi's (2003) study of almost 400 young Kenyan women, 24% of participants chose an implant over short-acting contraception, and the occurrence of unintended pregnancy was significantly less in the long-acting contraceptive

¹¹⁴ Nichols, D., (1986). Sexual behavior, contraceptive practice, and reproductive health among Nigerian adolescents. *Studies in Family Planning*, 100-106.

¹¹⁵ Mwangi R. (2003). The sexuality connection in reproductive health. *Studies in family planning*, 269-282.

group. Over the course of the 18-month study, the probability of discontinuation was significantly greater in the short-acting contraceptive group; only 19% of implant users chose to stop using the method, compared to 65% of the short-acting contraceptive group.

3.7 Integrity and Commercialization of Sex among Muslims

Islam teaches that Allah is the only true provider and sustainer of all living things thus He warns against the killing of children for fear of poverty. Allah says:

“Kill not your children because of poverty. We provide sustenance for you and for them” Quran (6:151) ¹¹⁶

Allah also says:

"And kill not your children for fear of poverty. We shall provide for them as well as for you. Surely, the killing of them is a great sin" Quran (17:31) ¹¹⁷

Ong (1990).Hence, Muslims should never abort or kill their children out of fear of poverty. It is Allah who provides for them.¹¹⁸ The modern world can take pride in giving women freedom but the result is that “freedom “has opened up ways for their exploitation.¹¹⁹ Commercialization of sex does more harm than good, huge numbers of women involve themselves in degrading activities; large numbers of women are turning into prostitution, pornographic actors, posing for nude photographs, giving nude shows in hotels. A large number of women are aborting

¹¹⁶ Quran (6:151).

¹¹⁷ Quran (17:31).

¹¹⁸ Ong, A. (1990). State versus Islam: Malay families, women's bodies, and the body politic in Malaysia. *American Ethnologist*, 17(2), 258-276.

¹¹⁹ Tohidi, N. (2008). Gender and National Identity in Post-Soviet Azerbaijan: A Regional Perspective.

their own children and some practicing homosexuality. The modern world treats women as a commercial being while, the commercialization of sex poses a challenge to Muslims because it goes contrary to their religious beliefs and practices. Marriage and a woman's dignity are held very high. A woman in a true Islamic system cannot become a victim of sex market.

3.6 Conclusion

The urban poor according to Best (2000) ,cannot be treated as a homogenous group; there exist important socio-demographic variations within the urban poor population in relation to their use of family planning services and the barriers faced in-service utilization.¹²⁰ The type of barrier a woman faces in accessing family planning services is a product of not only her own individual characteristics, but is influenced by the characteristics of her household and other household members.

Even amongst homogenous urban slum populations, there exists a wide range of potential barriers to accessing family planning services. It is therefore too superficial to refer to the urban poor populations as a homogenous group with access issues based on poverty and physical proximity to services. Any public health intervention that aims to reduce barriers to family planning service use among urban poor women in Kenya must

¹²⁰ Ibid

recognize the heterogeneity of urban slum women, and tailor interventions to fit the barriers faced by different types of women.¹²¹

John (2010).The Urban poor are a population sub-group who are both economically and physically disadvantaged in access to services.¹²² Despite these disadvantages, women in urban slums identified socio-cultural factors as the greatest barrier to family planning service use. This finding is consistent with studies focusing on the general population of Pakistan, whereby contraceptive use is strongly influenced by socio-cultural factors, such as a husband or mother-in-law.¹²³In a dominant Islamic society, it is unsurprising that religious and cultural norms surrounding contraceptive use are a significant influence on service use regardless of an individual's place of residence. Schwarzenbach (1990).Therefore, interventions aimed at overcoming cultural barriers to family planning use (such as messages targeting men) are equally applicable to urban slum areas as to the general population in Kenya.¹²⁴

¹²¹ Ibid

¹²² Johnson, M., (2010). Diasporic encounters, sacred journeys: ritual, normativity and the religious imagination among international Asian migrant women. *The Asia Pacific Journal of Anthropology*, 11(3-4), 205-218.

¹²³ Ibid

¹²⁴ Schwarzenbach, S. (1990). Contractarians and feminists debate prostitution. *NYU Rev. L. & Soc. Change*, 18, 103.

CHAPTER FOUR
DATA ANALYSIS, PRESENTATION, DISCUSSION AND
INTERPRETATION

4.1 Introduction

This chapter presents the analysis and findings of the study as set out in the research objectives. The study findings are presented on the challenges Kenyan Muslims face in family planning. The data was gathered using questionnaires and interviews. The instruments were guided and designed in line with the objectives of the study.

The study was conducted in Majengo, Kamukunji location, and Pumwani subcounty in Nairobi County due to the large Muslim population in the area. Three groups of Muslims were targeted for the study. They included 10 religious leaders, 30 Muslim youths and 60 Muslim couples, all of whom were picked at random to participate in filling the questionnaires. This was considered a fair representation of the population for the three different groups. The findings were represented based on primary data obtained to meet the study objectives, as discussed below.

4.2 Response Rate

The study targeted 60 married Muslim couples, 10 religious leaders and 30 Muslim youths from the population of Majengo area, Kamukunji location - Pumwani division. The targeted sample size was 100 respondents. Those who

filled and returned questionnaires were 89 respondents making a response rate of 89.0%. According to Mugenda and Mugenda¹²⁵ (2003) a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. This means that the response rate for this study was excellent and therefore enough for data analysis and interpretation.

Table 4. 1 : Response rate in Majengo Slums

Questionnaires	Frequency	Percent (%)
Response	89	89.0%
Non-response	11	11.0%
Total	100	100.00%

4.3 Demographic Information

The study sought to establish the demographic information in order to determine whether it had influence on the use of family planning methods. This information included respondent's age, gender, number of children and level of education.

4.3.1 Gender of Respondents

The table displays gender distribution of the study respondents.

¹²⁵ Mugenda, O. M. and A.G. Mugenda (2003) Research .methods: Quantitative and Qualitative Approaches. Nairobi: Acts Press.p.

Table 4.2: Gender of the Respondents Interviewed in Majengo

Gender	Frequency	Percentage
Male	40	44.44%
Female	49	55.56%
Total	89	100.0%

The study found it paramount to determine the respondents' gender in order to ascertain whether there was gender parity in the positions indicated by the respondents. The findings of the study as shown in table 4.2. Is evident that majority of the respondents were female which represented 49% while 40% were male. It can therefore be deduced that females were the most dominant gender in Majengo slum in Kenya.

4.3.2 Age Bracket of the Respondents

The researcher determined the age bracket of respondents in order to get valuable responses that pertain to the family planning methods.

Age bracket (years)	No. Of respondents	Percentage
20-30	17	20%
31-40	33	37%
41-50	30	33%
51-60	6	6.7%
>60	3	3.3%
Total	89	100%

Figure4.1 Age Bracket of the Respondents

The respondents were required to indicate their age where the study findings indicated that majority (37%) were between 31 and 40 years. Followed by 33% of the respondents who were aged between 41 and 50 years of age. 20% comprised those aged between 20 to 30years 6.7% were aged between 51 and 60 years with only 3.3% of those aged above 60 years. The finding therefore implies that the respondents were of the reproductive age and suitable enough to give the required information.

4.3.3 Level of Education of the Respondents

The table shows the respondents' level of education.

Table 4.3: Level of Education of the Respondents in Majengo

Category	Frequency	Percentage
No education at all	15	16.85%
Primary School Education	33	37.08%
Secondary School Education	25	20.09%
Diploma/Degree	16	17.98%
Total	89	100.0%

The study examined the respondent's level of education in Majengo. The findings of the study are shown in table 4.3. From the findings, majority (37.08%) had primary education followed by 20.09% who indicated that they had secondary education, 16.85% indicated that they had not gone to school and the remaining 17.98 % indicated that they had attained college diplomas/degrees. Therefore, the findings concluded that the level of education in Muslims living in Majengo is inadequate.

4.3.4 Number of children of the Respondents

The researcher investigated the number of children found in the household of each respondent, to know whether it had a relationship with the use contraception. The figure below displays the respondent's number of children.

	Respondents	No. of children	%
	55	>4	62%
	16	3	18%
	11	2	13%
	1	1	1%
Total	89		100%

Figure 4.2: Respondents no of children

From the finding majority (62%) had more than four children followed by 18% who had 3 children, 13% had 2 children and 1% had 1 child.

4.3.5 Respondent's status in Sexuality

Respondents were requested to indicate whether they were sexually active or not.

The findings are displayed on figure 4.3

	Respondents	Response	Percentage
	80	Yes	90%
	9	No	10%
Total	89		100%

Figure 4.3: sexually active

The researcher investigated the number of the study respondents who were sexually active during the time the data was being collected. The findings indicate that majority (90%) of the study respondents were sexually active with only 10% who were not sexually active.

4.4 Contraception Use

The respondents were asked to indicate the extent to which they frequently used the listed family planning methods in the table 4.6. The response was rated on a scale of 1-5 on which: 1=not at all, 2=small extent, 3=moderate extent, 4=great extent and 5=very great extent. Mean (*m*) and standard deviation (SD) were calculated as shown in table 4.6.

Table 4.4: Contraception Use

Family planning method (s)	1	2	3	4	5	Mean	SD
Combined pills	55%	28%	17%	0%	0%	2.05	1.003
Progestin only pill	40%	22%	15%	13%	10%	2.18	0.734
Trade pill(Type unspecified)	59%	35%	5%	1%	0%	1.408	0.834
Pill saheli	20%	15%	40%	13%	12%	3.92	0.597
Male condom	0%	5%	30%	45%	20%	4.18	0.134
Female condom	40%	30%	24%	5%	1%	2.97	1.047
IUD	80%	16%	4%	0%	0%	1.002	0.834
Vasectomy	98%	2%	0%	0%	0%	1.003	1.901
Female sterilization	5%	5%	10%	22%	58%	4.08	0.134
Natural Methods(periodic	0%	0%	0%	5%	95%	4.93	0.102

abstinence/withdrawal							
Spermicides	35%	30%	25%	7%	3%	2.18	0.734
Injectable	5%	7%	20%	40%	28%	4.28	0.244
Diaphragm	50%	20%	15%	8%	7%	2.88	0.722

Table 4.5: Contraception use in Majengo.

The respondents were asked to indicate the extent to which they frequently used the listed family planning methods in Table 4.4. The response was rated on a scale of 1-5 on which: 1= not at all, 2=Small extent, 3= Moderate extent, 4=Great extent and 5=Very great extent. Mean (*m*) and Standard deviation (SD) were calculated as shown in table below. The study finding on use of contraception among residents of Majengo revealed that majority (55%) had never used combined pill (mean=2.05 SD=1.003), it was also noticed that majority (40%) of the Majengo residents had never used Progestin-Only Pills with (m=2.18 and SD=0.734), the researcher also noticed that majority (59%) had never used trade pill method with mean=1.408 and SD= 0.833. The findings further showed that Pill - Saheli method was moderately used by the Muslims living in Majengo, male condoms were used to a great extent (45%) with a mean=4.18 and SD=0.134. The study finding revealed that majority of Majengo Muslim women had never used the female condom and IUD'S as a family planning method, 95% of the study respondents had never used vasectomy for contraception in Majengo with mean=1.003 and SD=1.901, 58% agreed to a very great extent that they practiced female sterilization (mean=4.08 SD=0.134), majority of Majengo residents

practiced use of natural method such as withdrawal to a very great extent forming 95% with (mean=4.93 SD=0.102), majority of the Majengo residents had never used spermicide method, 40% practiced injectable methods to a great extent with 50% of the study respondent who had never used diaphragm with a mean=2.88, SD=0.7224).

This study findings corresponded with findings by Best, (2013) which concluded that if the urban poor cannot be treated as a homogenous group; there exist important socio-demographic variations within the urban poor population in relation to their use of family planning services and the barriers faced in-service utilization. therefore, even amongst seemingly homogenous urban slum populations there exists a wide range of potential barriers to accessing family planning services. Abdel Rahim Omran (2000) despite the obvious benefits of contraception, discriminatory family planning policies, poor or no services, lack of information and education, and irregular or no supplies, can all restrict access to and use of family planning.¹²⁶ Long-lasting contraceptives such as sub dermal implants, injections, and IUDs are often underused because of limited availability in slums.

4.6 Factors Hindering Use of Contraceptives among Muslims in Majengo

There are several factors that affected the use of contraceptives in Majengo. They included; stigmatization, Religion, economic factors, and Education level.

¹²⁶ Abdel Rahim Omran. (2000). Family Planning in the Legacy of Islam. London: Routledge

4.4.1 Religion Related Reasons

The respondents were requested to indicate the extent to which the given statements on fertility and religion affected their use of contraceptives. The findings are shown in table 4.6.

Table 4.6: Religion Related Reasons

Statement	Mean	Std. Deviation
In Islam, children are viewed as a source of blessings and family planning therefore disregards the objective of procreation in marriage	4.070	0.141
In Islam, no relationships of opposite sex are carried out among youth (single) and therefore contact with family planning among unmarried is regarded as evil.	4.071	0.1467
Muslims believe that any family planning practice that prevents pregnancy is infanticide, which is repeatedly condemned and prohibited in the <i>Quran</i> .	4.17	0.12
Muslims believe that Surgical sterilization (unless it is medically necessary) is a form of castration and as well it alters the body without need and therefore its considered evil	3.005	0.1018
According to Islamic faith, large population is ordained by the religion and failure to achieve deviates one from the right path	3.051	0.1206
Muslims believe that family planning programs originated in the West, to reduce the number of Muslims and diminish their power hence regarded evil.	4.247	0.1012

In Islam, withdrawal method is believed to interrupt a woman's pleasure and prevents her from conceiving if that is what she wants hence considered evil	3.218 0.2134
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From the findings, the respondents agreed to a great extent that In Islam children are viewed as a source of blessings and family planning therefore disregards the objective of procreation in marriage with a mean of ($m=4.07$, $SD=0.14$), respondents also agreed to a great extent that In Islam no relationships of opposite sex are carried out among youth (single) and therefore contact with family planning among unmarried is regarded as evil with (mean= 4.07 and $SD=0.1467$) and majority agreed to a great extent that Muslims believe that any family planning practice that prevents pregnancy is infanticide, which is repeatedly condemned and prohibited in the *Quran* with ($m=4.17$, $SD=0.12$).

The respondents agreed to a small extent that Muslims believe in Surgical sterilization (unless it is medically necessary) is a form of castration and as well it alters the body without need and therefore its considered evil with ($m=3.005$ and $SD=0.1018$), further the respondents agreed to a moderate rate that according to Islam faith large population is ordained by the religion and failure to achieve it deviates one from the right path ($m=3.051$ and $SD= 0.1206$). The respondents agreed to a great extent that Muslims believe family planning programs originated in the West, to reduce the number of Muslims and diminish their power hence regarded evil ($m=4.247$ and $SD= 0.1012$).

The study findings imply that Muslims' practice of contraception is much influenced by their faith. To a moderate rate respondents agreed that In Islam withdrawal method is believed to interrupts a woman's pleasure and prevents a woman from conceiving if that is what she wants hence considered evil (mean=3.218 SD=2134). The belief in the oneness or unity of God, known to Muslims as the principle of *Tawhid*, is the centre from which the rest of Islam radiates.¹²⁷ It is a foundational ontological principle anchored within the deepest spiritual roots of the religion suffusing different areas of Islamic learning that includes theology, mysticism, law and ethics in varying ways. Transience, finitude and dependence define everything else, God is the only independent source of being.¹²⁸ As such, God is primary to our understandings of the very meaning of reality and is constitutive of the ultimate integrity of human beings, hence human beings must not question how many children they are given to them rather know that God is the provider of everything and man has no right to stop/terminate life. There is some disagreement among Islamic scholars as to whether or not the *Quran* allows abortions to take place and, if so, when. The cause for the confusion lies in the following verse:

"You should not kill your children for fear of want" (17:31 and 6:151).¹²⁹

Some have interpreted this verse to mean that all birth control and abortion should be banned.

¹²⁷ Ibid

¹²⁸ Ibid

¹²⁹ Quran (17:31,6:151).

4.5 Level of Knowledge and Family Planning Practice among Muslims in Majengo, Nairobi Kenya

The respondents were requested to indicate the extent to which the given knowledge factors affected their use of family planning methods. The results are displayed below.

Table 4.7: Level of knowledge and family planning practice among Muslims

Statement	Mean	Std. Deviation
In slums, there are no effective communication empowering women to exercise their right to good quality health.	3.004	0.1008
Sources of information for women on contraceptive use are magazine, personal relations, mass media and health personnel which are not accessible to majority of women living in slums.	3.151	0.1006
Many women living in slums make decisions to use a family planning method, without a visit a health care provider for knowledge on use which end up causing severe side effects.	3.09	0.802
In most slums, there is no support for family planning education at both household and community level that targets the Muslim woman and her partner	4.357	0.1168
Majority of Muslim youths lack basic ideas on contraception since they are not allowed to use them before marriage.	3.04	0.6731
In many slums there is no known channel of distribution of family planning methods.	2.54	1.532

In slums, there is limited counselling, referral, feedback and provision of relevant family planning methods. 4.008 0.265

From the study findings, the researcher noticed that moderately, the respondent's agreed that in slums there are no effective communication empowering women to seek what is best for their own health and to exercise their right to good quality health with a mean of 3.004 and a standard deviation of 0.1006.

The researcher also discovered that to a moderate extent the respondents in slum agreed that sources of information for women on contraceptive use are magazine, personal relations, mass media and health personnel which are not accessible to majority of women living in slums with a mean of 3.151 and a standard deviation of 0.1006. Majority of the respondents also agreed to a moderate extent that many women living in slums make decisions to use a family planning method, without a visit a health care provider for knowledge on use which end up causing severe side effects with a mean of 3.09 and SD of 0.802.

In addition, the respondents indicated to a great extent that in most slums, there is no support family planning education at both household and community level that targets the Muslim woman and her partner with a mean of 4.357 and a standard deviation of 0.1168. From the study findings, the respondents agreed to a moderate extent that majority of Muslim youths lack basic ideas on contraception since they are not allowed to come into contact with them before marriage with a mean of 3.04 and a standard deviation of 0.6701. The findings revealed in a low

extent that in many slums there is no known channel of distribution of family planning methods ($m=2.54$ $SD=1.532$). Further the respondents agreed to a great extent that in slums, there is limited counselling, referral and feedback and provision of a choice of family planning methods to the residents ($m=4.008$ and $SD= 0.265$). The study findings about the level of knowledge on contraception are supported by a study by Daneshpour, (2008) which concluded that there is a gap between the knowledge and the practice of contraception among Muslim women. According to Daneshpour there is a need to shift from women centric approach to couple centric approach for family planning. Education appears an important predictor for increasing family planning programme in Muslim world.

4.6 Islamic Culture and Contraception among Muslims

The respondents were asked to indicate the extent to which Islamic cultural matters listed affected their use of family planning methods in Table 4.4. The response was rated on a scale of 1-5 on which: 1= not at all, 2=Small extent, 3= Moderate extent, 4=Great extent and 5=Very great extent. Mean (m) and Standard deviation (SD) were calculated as shown in Table 4.2.

Table 4.8: Islamic Culture and Contraception among Muslims

Statement	Mean	Standard. Deviation
In Islam, use of contraception is a major contribution to societal failures e.g. prostitution, abortion, family breakups.	3.004	0.1008
Muslims believe that many children are security for old age hence contraception is not encouraged	3.151	0.1006
The larger the number of Muslims and the higher their population growth rate, the greater the power	4.249	0.1561
In Islam most families consider contraception as a government need to reduce population, rather than their personal advantage	3.249	0.2941
In Islam male involvement in family planning is not allowed (men consider it below their dignity to use contraceptives)	4.007	0.1168
In Islam use of contraception is believed to reduce sexual pleasure e.g. (withdrawal and condom, interrupts a woman's pleasure and prevents a woman from conceiving if that is what she wants)	4.061	0.2631
Muslims believe that the number of children defines the social status of the family	3.04	0.301
In islam having many children is considered a benefit as it mean more hands to help on the field	3.22	0.216

From the findings, majority of the respondents agreed to a moderate extent that In Islam, use of contraception is a major contribution to society failures e.g. prostitution, abortion, family breakups etc. with a mean (m=3.004 and SD=0.1008). The respondents also indicated to a moderate extent that, Muslims

believe many children are security for old age hence, contraception is not encouraged ($m=3.151$, $SD=0.1006$).

The findings revealed that majority of the respondents agreed to a great extent that the larger the number of Muslims and the higher their population growth rate, the greater the power with a ($m=4.249$, $SD=0.1561$). The researcher also noticed that the respondents agreed moderately that In Islam most families consider contraception as a government need to reduce population, rather than their personal advantage ($m= 3.249$ and $SD=0.2941$). Majority of the respondents agreed to a great extent that in Islam male involvement in family planning is prohibited (men consider it below their dignity to use contraceptives) with a mean of 4.007 and SD of 0.1168. Majority of the respondents however agreed to a great extent that use of contraception was believed to reduce sexual pleasure e.g. (withdrawal and condom, interrupts a woman's pleasure and prevents a woman from conceiving if that is what she wants) ($m=0.061$, $SD=0.2631$). Respondents agreed to moderate rate that Muslims believe that the number of children defines the social status of the family and that in islam having many children is considered a benefit as it mean more hands to help on the field.

These study findings confirm with study findings by Rai,(2008) which concluded that Muslims lack enough knowledge and education about the importance of reproductive health and the harmful effects of neglecting family planning on women's health and indirectly that of children in the process of pursuing their culture. Rai (2008).In Islam having many children is considered beneficial

meaning that more hands help on the field hence contraception is referred to as a taboo.¹³⁰ Many children are also viewed as security for old age. Hence, the number of children also defines the social status of the family. Public opinion matter in many societies and going against public opinion leads to social ostracism.

Public opinion in the old traditions favours large families. In male dominated societies, men consider it below their dignity to limit the number of children and hence a duty to women alone.¹³¹ In many traditions, hospitals with male doctors women fail to seek medical care. Many Muslim men believe that the use of contraception is a favour to ladies because it's their duty to bear children. They also believe that majority of the contraception bring side effects hence no pleasure in using them. In Islam, abortion is considered unacceptable and are often against family planning due to superstitions and old age traditions. Youngsters risk the wrath of elders in caring out family planning.

4.7 Challenges Facing Muslims on Use of Family Planning in Kenya.

The respondents were asked to indicate the extent to which challenges listed affected their use of family planning methods in Table 4.8. The response was rated on a scale of 1-5 on which: 1= not at all, 2=Small extent, 3= Moderate extent, 4=Great extent and 5=Very great extent. Mean (*m*) and Standard deviation (SD) were calculated as shown in Table 4.8.

¹³⁰ Rai, B. (2008). *Demographic Aggression Against India: Muslim Avalanche from Bangladesh*. Chandigarh, India: B.S. Publishers.p.

¹³¹ Ibid

Table 4.9: Challenges Facing Muslims on Use of Family Planning

Statement	Mean	Std. Deviation
In slums long-lasting contraceptives such as sub dermal implants, injections, and IUDs are often underused because of limited availability	3.04	1.301
In slums, the access and quality of family planning services are poor .	3.42	0.734
slum residents lack enough knowledge and education about the importance of reproductive health.	4.17	1.024
In Kenya, sources of information for women on contraceptive use are magazine, personal relations, mass media and health personnel which are not available to majority of Muslim women living in slums	3.151	0.1006
Family planning methods are expensive to majority of slum residents hence limited usage	4.007	0.1168
Some contraception are associated with severe side effects e.g. drowsiness, headache, delayed periods	1.062	0.7731
Due to availability of some contraception large number of women abort their own children and some practice prostitution	0.062	0.9731
Use of some contraceptions can lead to unwanted weight gain/ loss (contraception affects health)	2.349	1.3210
contraception is a root cause of many evil acts in the society for example commercialized sex	2.3008	1.2132

From the findings, majority of the respondents agreed to a moderate extent that in slums long-lasting contraceptives such as sub dermal implants, injections, and IUDs are often underused because of limited availability with a mean (m=3.04and

SD=1.301). The respondents also indicated to a moderate extent that in slums the access and quality of family planning services are poor ($m=3.42$, $SD=0.0734$).

The findings also revealed that majority of the respondents from Majengo agreed to a great extent that slum residents lack enough knowledge and education about the importance of reproductive health ($m=4.17$, $SD=1.024$).

The researcher observed from the findings that, the respondents from Majengo slum agreed to a great extent that in Kenya sources of information for women on contraceptive use are magazine, personal relations, mass media and health personnel which are not available to majority of Muslim women living in slums ($m=3.151$ and $SD= 0.1006$). The respondents further agreed to a great extent that family planning methods are expensive to majority of slum residents hence limited usage (4.007 and SD of 0.1168). Majority of the respondents agreed to a low extent that some contraception are associated with severe side effects for example drowsiness, headache, delayed periods ($m=1.062$, $SD=0.2731$).

A good number of the respondents agreed that due to availability of some contraception large number of women abort their own children and some practice prostitution ($m=0.062$ $SD=0.9731$). The respondents agreed to a low extent that use of some contraception can lead to unwanted weight gain/ loss (contraception affects health) and that contraception is a root cause of many evil acts in the society such as commercialized sex. Petersen (1969).The Urban poor are a population sub-group who are both economically and physically

disadvantaged in access to services.¹³² Despite these disadvantages, women in urban slums identified socio-cultural factors as the greatest barrier to the use of family planning service . Long-lasting contraceptives such as sub-dermal implants, injections, and IUDs are often underused among slum residents because of limited availability, high cost, misconceptions about health risks, and a lack of qualified personnel. Daneshpour (2008). More than 215 million women who want to plan their families or protect themselves from unplanned pregnancy still do not have access to basic family planning services.¹³³

4.11 Conclusion

Islamic faith and culture greatly influences the use of contraception in the Muslim communities in Majengo. They believe that the use of contraception is a major contribution to societal failures such as prostitution, abortion and family breakups. On the contrary, such problems are caused by large family size that cannot be managed. Due to the poverty level, many school going children end up in the streets, others dropout of school and some involve themselves in crimes and prostitution. Many children are seen as a security for old age hence the use of contraception is highly discouraged among the Muslim residents of Majengo. Majority of the youths in Majengo lacked basic concepts of Islam regarding family planning. The Islamic leaders also find it unnecessary to address the issue in Mosques and in other Islamic gatherings. The governments also failed to

¹³² Petersen, W. (1969). Population. New York: Macmillan.p,

¹³³ Daneshpour, M. (2008). Muslim families and family therapy. Journal of Marital and Family Therapy, p. 388.

support the use of contraception among the Muslim populations in Majengo because they could not provide the services whenever they were required.

It is recommended that family planning should be addressed urgently in collaboration with the concerned stakeholders; the international body, the government and the Islamic religious leaders.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of the findings and also gives conclusions and recommendations of the study based on the objectives of the study.

5.2 Summary

The major purpose of this study was to assess the challenges of family planning on Muslims in Majengo, in Nairobi, Kenya. This study specifically focused on religious issues affecting the practice of Muslims on family planning methods. It examined the cultural related factors affecting the use of contraception by the Muslims. The study discussed the level of knowledge on contraception among Muslims as well as the major challenges in regard to use of family planning practices. The demographic findings revealed that, the female gender dominated in the group and most respondents were aged 31-40 years. Majority had only primary education, indicating that most Majengo residents were not well educated with a great number of respondents having more than four children.

On the issues related to family planning methods, the researcher discovered from the findings that majority of the residents of Majengo were sexually active. The researcher also discovered that different people had different preferences on the types of the contraceptives. Majority of the respondents used natural methods of family planning with a great number also practicing female sterilization. A good number of Majengo residents also used male condoms among other methods. The

findings revealed that, majority of the respondents have never used contraception methods like; vasectomy, Female Condom, trade pill and IUDs.

The researcher discovered different hindering factors on the use of family planning methods by Muslims living in Majengo slum. On faith related issues, it was noticed that majority were of the opinion that children are God given. For, it defined the purpose therefore they wanted to give birth to as many children as possible. On average the residents of Majengo observed the Islamic faith which only permitted contraception to the married couple with a great number disagreeing with the idea of contraception.

The findings, on the level of knowledge on contraception among Muslims residing in Majengo, discovered that a number of respondents lacked basic ideas on the existence of contraceptives while others did know how to use contraception. It was further discovered that some respondents didn't know what method was appropriate to them. A low number didn't even know where to get the contraception whenever they wanted them.

On cultural matters it was revealed that male, involvement in family planning was not allowed. Majority of the respondents were of opinion that the use of some contraception reduced sexual pleasure while others agreed that the use of contraception contributed to community failures such as prostitution. On challenges faced by Muslims residing in Majengo, it was discovered that majority of the respondents found contraception to be too expensive for them due to

economic strains with a great number found contraceptives as a barrier since the location was far from their access in convenient time.

5.3 Conclusions

Family planning is an important health and development issue as well as a human rights issue. Muslims living in Majengo are no different from the rest of the world. They aspire to reach their development goals by improving the health of their women and children. Islam should not be considered a barrier in this endeavour. Kenyan governments and nongovernmental organizations as well as the international development community can support the increased use of contraception among Muslims. Such efforts would help to prevent unplanned pregnancies as well as help families to achieve their desired family size by providing financial and political support for culturally sensitive reproductive health programs that meet the needs of Muslim couples.

5.4 Recommendations

In light of the research findings, the demand for family planning services in Kenya's slums in general and among Muslim women in Majengo in particular are affected by various factors. In order to enhance the uptake of family planning services as a step towards meeting the challenges envisaged in the Kenya's Vision 2030 and the realization of the MDGs, the following are recommended.

The government through the Ministry of Health should revive and support family planning education at both household and community level that targets the

Muslim woman and her partner. This could be undertaken through print and mass media, chiefs' barazas, market places as well as newsletters and posters.

In addition, public health facilities may need to use revenue generated through facility improvement funds (FIF) to improve the quality of FP services, including infrastructure, to encourage utilization of the services at facility level by the providers. Revamping and supporting Community Based Distribution of Family Planning services by the government, NGOs, and the CBOs is inevitable. The NGOs and CBOs need to revamp and support the services of community based distributors so that contraceptives could reach the underserved who are the majority in slums and especially Muslim residents living in Majengo.

Lastly, the Ministry of Health in collaboration with developmental partners, involved in the provision of family planning services, need to enhance large scale training of service providers in quality care, client follow up, communication skills, counselling, referral, feedback and provision of a wide choice of methods to slum residents.

Since this study focused on Muslims, further studies should be conducted on other religions such as Christianity, Hinduism, Buddhism since they all hold different beliefs on use of family planning methods. Further studies should be conducted on other slums in Kenya for comparison purposes.

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APPENDIX I: LETTER OF TRANSMITTAL

Hafsa Ali Ibrahim

P.O Box 7814 – 00100

Nairobi.

15/11/2015


Dear Respondents,

RE: Introductory Letter

I am a post graduate student pursuing a Master of Arts degree in Religious Studies in the Department of Philosophy and Religious Studies at the University of Nairobi. I am conducting a research titled the challenges of Family Planning on Muslims, a case of Majengo in Nairobi, Kenya.

You have been selected as one of the eligible groups or individuals who can contribute to this research and I would like to interview you on this topic. The purpose of the research is to gain insight into the challenges of family planning on Muslims in Majengo, Nairobi, Kenya. Any information given will be used for academic purposes only.

Yours Faithfully



Hafsa Ali Ibrahim

**APPENDIX II: QUESTIONNAIRE ON CHALLENGES OF FAMILY
PLANNING IN MAJENGO MUSLIMS**

My name is Hafsa Ali Ibrahim, a Post Graduate student pursuing Masters of Arts degree in Religious Studies in Department of Philosophy and Religious studies at University of Nairobi. I am conducting a research titled *the challenges of Muslims of family planning on Muslims. A case of Majengo slum in Nairobi, Kenya.*

Instructions

(Please read the instructions given and answer the questions as appropriately as possible). It is advisable that you answer all the questions in each section as provided. Tick (✓) and or explain as appropriate.

SECTION A; BACKGROUND INFORMATION

1. What is your gender?

Male [] Female []

2. What is your nationality?

[]

3. Indicate your age group (years)

21-30 [] 31-40 [] 41-50 []
above 50 []

4. Indicate your level of education

O level Diploma

Degree Masters and above

5. What is your occupation?

.....

6. How many children do you have?

One two three above
four

SECTION B: ISSUES RELATED TO FAMILY PLANNING

7. Are you sexually active? Yes No

8. If sexually active do you use family planning methods? (if No go to section c)

Yes No

9. The following are some of the family planning methods? How often do you use each of them? Use a scale where 1- never used, 2- To a low extent, 3- To a moderate extent, 4- To a great extent and 5-oftenly (please tick appropriately).

	1	2	3	4	5
Combined Pill					
Progestin-Only Pill					
Trade Pill (Type Unspecified)					
Pill – Saheli					
Male Condom					
Female Condom					
IUD					
Vasectomy					
Breastfeeding/Lam					
Female Sterilization					
Natural Methods (Rhythm Periodic Abstinence/ withdrawal)					
Spermicide					
Injectable					
Diaphragm					
Other					

**SECTION C: FACTORS HINDERING USE OF CONTRACEPTIVES
AMONG MUSLIMS**

Use scale 1-5 : 1 Strongly Disagrees, 2 Disagree, 3 Neutral , 4 Agree, 5 Strongly Agree

10. Muslim faith Religion and family planning practice. To what extent do you agree with the following statements?

Religion Related Reasons (statement)	Very small extent	Small extent	Moderate extent	Great extent	Very great extent
In Islam children are viewed as a source of blessings and family planning therefore disregards the objective of procreation in marriage	(1)	(2)	(3)	(4)	(5)
In Islam no relationships of opposite sex are carried out among youth (single) and therefore contact with family planning	(1)	(2)	(3)	(4)	(5)

among unmarried is regarded as evil.					
Muslims believe that any family planning practice that prevents pregnancy is infanticide, which is repeatedly condemned and prohibited in the <i>Quran</i> .	(1)	(2)	(3)	(4)	(5)
Muslims believe that Surgical sterilization (unless it is medically necessary) is a form of castration and as well it alters the body without need and therefore its considered evil	(1)	(2)	(3)	(4)	(5)
According to Islam faith large population is ordained by the religion and failure to achieve it deviates from the right path	(1)	(2)	(3)	(4)	(5)
Muslims believe that family planning programs originated in the West, to reduce the number of Muslims and diminish their power hence regarded evil.	(1)	(2)	(3)	(4)	(5)
In Islam <u>withdrawal method</u> is believed to interrupts a woman's pleasure and prevents a woman from conceiving if that is what she wants hence considered evil	(1)	(2)	(3)	(4)	(5)

11. Level of knowledge and family planning practice among Muslims. To what extent do you agree with following statements?

Statement	Very small extent	Small extent	Moderate extent	Great extent	Very great extent
In slums there are no effective communication empowering Muslims women to seek what is best for their own health and to exercise their right to good quality health	(1)	(2)	(3)	(4)	(5)
Sources of information for women on contraceptive use are magazine, personal relations, mass media and health personnel which are not accessible to majority of women living in slums.	(1)	(2)	(3)	(4)	(5)
Many women living in slums make decisions to use a family planning method, without a visit a health care provider for knowledge on use	(1)	(2)	(3)	(4)	(5)

which end up causing severe side effects.					
In most slums, there is no support family planning education at both household and community level that targets the Muslim woman and her partner	(1)	(2)	(3)	(4)	(5)
Majority of Muslim youths lack basic ideas on contraception since they are not allowed to come into contact with them before marriage.	(1)	(2)	(3)	(4)	(5)
In many slums there is no known channel of distribution of family planning methods.	(1)	(2)	(3)	(4)	(5)
In slums, there is limited counselling, referral and feedback and provision of a choice of family planning methods to the residents.	(1)	(2)	(3)	(4)	(5)

12 To what extent do you agree with following Islamic culture and contraception among Muslims statements pertaining your family planning usage?

Statement	Very small extent	Small extent	Moderate extent	Great extent	Very great extent
In Islam, use of contraception is a major contribution to society failures e.g. prostitution ,abortion, family breakups	(1)	(2)	(3)	(4)	(5)
Muslims believe that many children are security for old age hence contraception is not encouraged	(1)	(2)	(3)	(4)	(5)
The larger the number of Muslims and the higher their population growth rate, the greater the power	(1)	(2)	(3)	(4)	(5)
In Islam most families consider contraception as a government need to reduce population, rather than their personal advantage	(1)	(2)	(3)	(4)	(5)
In Islam male involvement in family planning is not allowed (men consider it below their dignity to use contraceptives)	(1)	(2)	(3)	(4)	(5)
In Islam use of contraception is believed to reduce sexual pleasure e.g. (withdrawal and condom,	(1)	(2)	(3)	(4)	(5)

interrupts a woman's pleasure and prevents a woman from conceiving if that is what she wants)					
Muslims believe that the number of children defines the social status of the family	(1)	(2)	(3)	(4)	(5)
In islam having many children is considered a benefit as it mean more hands to help on the field	(1)	(2)	(3)	(4)	(5)

13. Challenges facing Muslims on use of family planning. To what extent do you agree with following statements?

	Very small	Small extent	Moderate extent	Great extent	Very great
In slums long-lasting contraceptives such as sub dermal implants, injections, and IUDs are often underused because of limited availability	(1)	(2)	(3)	(4)	(5)
In slums the coverage and quality of family planning services is poor(poor physical access to family planning services)	(1)	(2)	(3)	(4)	(5)
slum residents lack enough knowledge and education about the importance of reproductive health.	(1)	(2)	(3)	(4)	(5)
In Kenya sources of information for women on contraceptive use are magazine, personal relations, mass media and health personnel which are not available to majority of Muslim	(1)	(2)	(3)	(4)	(5)

women living in slums					
Family planning methods are expensive to majority of slum residents hence limited usage	(1)	(2)	(3)	(4)	(5)
Some contraception are associated with severe side effects e.g. drowsiness, headache, delayed periods	(1)	(2)	(3)	(4)	(5)
Due to availability of some contraception large number of women abort their own children and some practice prostitution	(1)	(2)	(3)	(4)	(5)
In most slums, women are not well empowered to take decisions on reproductive health which includes family planning	(1)	(2)	(3)	(4)	(5)
Use of some contraception can lead to unwanted weight gain/ loss (contraception affects health)	(1)	(2)	(3)	(4)	(5)
contraception is a root cause of many evil acts in the society for example commercialized sex	(1)	(2)	(3)	(4)	(5)

11) In your own opinion do you think should be done concerning contraception basing your argument on challenges faced.....

Thank you for your time and participation.

APPENDIX III: INTERVIEW GUIDE ON THE CHALLENGES OF FAMILY PLANNING ON MUSLIMS

Introduction

My name is Hafsa Ali Ibrahim, a Post Graduate student pursuing Masters of Arts degree in Religious Studies in Department of Philosophy and Religious studies at University of Nairobi. I am conducting a research titled *the challenges of family planning on Muslims: A case of Majengo slum in Nairobi, Kenya*

Interview Participation

Interview participation is voluntary, with interviews taking place at times and locations of your convenience. In the interview sessions you will be requested to respond to questions pertaining to the “*to the challenges of family planning on Muslims*”.

Privacy, Confidentiality and Disclosure of Information

Any information given, including personal, will be kept confidential with your identity strictly anonymous in all materials.

Interview Questions

1. What is your name?
2. What is your gender?
3. What is your Age?
4. What is your level of education?
5. What is your current occupation?
6. Have you heard of family planning?

7. What family planning methods do you know?
8. What are some benefits of family planning?
9. What does community think about family planning?
10. How does family planning save a mother's life?
11. As a community religious leader or Imam, what is your view on family planning?
12. What is the Islamic view on family planning?
13. Who makes decision in the family regarding the use of family planning methods?
14. Where would you prefer for the community to get family planning services?
15. Have the community's idea about family planning changed nowadays?

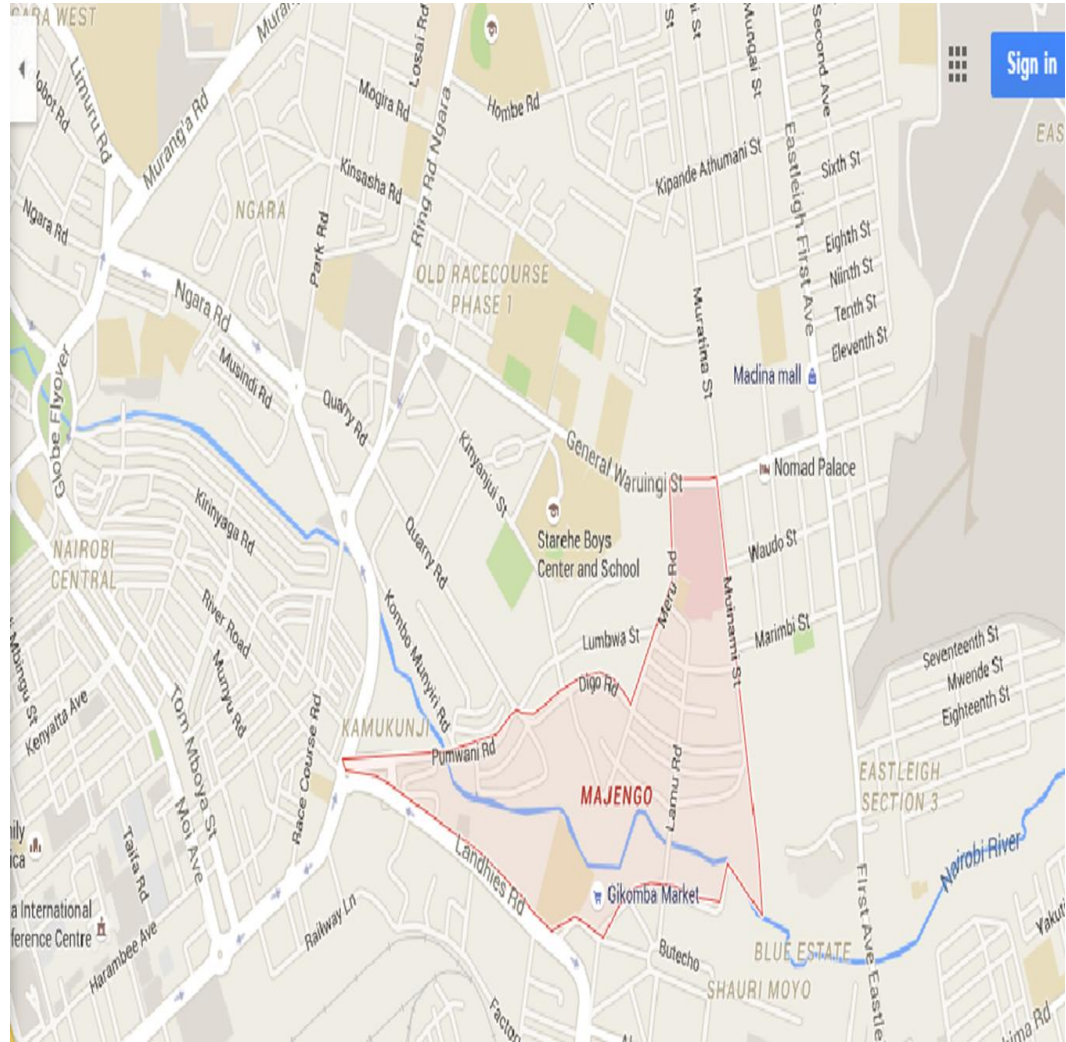
Thank you for your time and be assured your contributions are highly appreciated, acknowledged, and will be confidentially treated.

APPENDIX IV: MAP OF KENYA



Source: Atlas for Secondary School Students Tanzania Publication Limited, 1982.

APPENDIX V: MAP OF NAIROBI SHOWING MAJENGO



Source: Google Map

APPENDIX VI: MAP OF MAJENGO



Source: Google Map