Religious engagement in family planning policies
Experience in six Muslim-majority countries

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List of abbreviations

**AMPF** l’Association Marocaine de Planification Familiale (Morocco)

**ASBEF** Association Sénégalaise pour le Bien-Être Familial (Senegal)

**BKKBN** National Family Planning Coordinating Board (Indonesia)

**CPR** contraceptive prevalence rate

**CRSD** Cadre des Religieux sur la Santé et le Développement (Senegal)

**DHS** Demographic and Health Surveys

**DW** Dharma Wanita (Indonesia)

**FALAH** Family Advancement for Life and Health

**FP** family planning

**ICPD** International Conference on Population and Development

**IEC** information, education, and communication

**ISSU** Initiative Sénégalaise de Santé Urbaine (Senegal)

**IUD** intra-uterine devices

**MUI** Majelis Ulama Indonesia

**NGO** non-governmental organization

**NU** Nahdlatul Ulama (Indonesia)

**PKB** Partai Kebangkitan Bangsa (Indonesia)

**PKK** Pemberdayaan Kesejahteraan Keluarga (Indonesia)

**PNPF** Programme national de la planification familiale (Morocco)

**ROM** Rabita Mohammedia des Oulémas (Morocco)

**TFR** total fertility rate

**U5MR** under-5 mortality rate

**UHC** universal health care

**UNFPA** United Nations Population Fund

**USAID** United States Agency for International Development

**VDMS** Visites à Domicile de Motivation Systématique (Morocco)

**WHO** World Health Organization
# Table of contents

Foreword........................................................................................................................................... 2
Preface.................................................................................................................................................. 3

1. Comparing indicators: Bangladesh, Indonesia, Iran, Morocco, Pakistan, and Senegal with Tunisia and Sweden as comparators.................................................................................. 4

2. Islam and family planning: Consensus and debates....................................................................... 7

3. Country case studies
   - Bangladesh: Family planning policies, 1975 to 2015.................................................................. 9
   - Indonesia: Spectacular progress, stagnation, then new priority to family planning, 1965 to 2015 .......................................................... 14
   - The Islamic Republic of Iran: Family planning policies, 1967 to 2015 .......................................... 21
   - Morocco: Family planning and reproductive health approaches, 1965 to 2015.............................. 27
   - Pakistan: Trial and error in family planning policies, 1960 to 2015.............................................. 30
   - Senegal: Revitalizing family planning policies, 1980 to 2015...................................................... 33

4. Looking ahead.................................................................................................................................. 39

Appendix 1: Key terms.......................................................................................................................... 41
Appendix 2: Verses from the Qur’an and hadith referred to in relation to family planning.................. 42
List of references................................................................................................................................... 44
It is no accident that, among all United Nations specialized development agencies, the United Nations Population Fund (UNFPA), has focused more specifically, in more depth, and over a longer period of time on religious roles and actors than any other. The goal of UNFPA, as reflected in its mission statement, is “to deliver a world where every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled.” To accomplish this, UNFPA works to ensure that all people, especially women and young people, are able to access high quality sexual and reproductive health services, including family planning, so that they can make informed and voluntary choices about their sexual and reproductive lives.

The mandate of UNFPA, as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993, is (1) to build the knowledge and the capacity to respond to needs in population and family planning; (2) to promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems; (3) to assist their population problems in the forms and means best suited to the individual country’s needs; (4) to assume a leading role in the United Nations system in promoting population programs, and to coordinate projects supported by the Fund.

At the International Conference on Population and Development (ICPD: Cairo, 1994) these broad ideas were fleshed out in greater detail and elaborated to emphasize the gender and human rights dimensions of population. UNFPA was given the lead in helping countries carry out the Programme of Action, which was adopted by 179 governments at the Cairo Conference. In 2010, the UN General Assembly extended the ICPD beyond 2014, which was the original end date for the 20-year Programme of Action.

Much of UNFPA’s work is affected by the decisions that couples make, which are fundamentally shaped by their cultural, social, and community contexts, and also by the place and conditions in which they live. UNFPA has to be acutely attuned to how religious and cultural influences affect family planning. How does religion influence those decisions? How do religious influences on women’s roles and the upbringing of girls affect women’s health? These issues are relevant everywhere, but they are of special interest in the poorest communities where maternal and family health require creative and thoughtful engagement by health care providers.

The world’s Muslim-majority countries are very diverse: geographically, culturally, politically, economically, linguistically, and demographically. The roles that religious factors play in individual behavior, in shaping social norms, and in policy decisions can be equally varied. Each country requires policy and analytic approaches specifically addressed to its history, needs, and circumstances. Many countries look to where there are lessons learned from other nations’ experiences. Interpretations of Islam transcend national boundaries leading to rich and instructive teachings and practices of leaders and communities throughout the Muslim world.

This report offers a treasure trove of information and ideas about how religious factors, diverse Islamic influences specifically in this instance, have been engaged in the formulation of family planning policies. It highlights the important roles that engagement with religious leaders has played in very different countries and societies. The insights that emerge are important for UNFPA’s work across the world because they highlight the importance of context, the sheer complexity of the factors involved and their interactions, and the dangers of ignoring religious roles in shaping people’s attitudes towards family planning. There is no single model or blueprint: in each of the six cases examined, approaches were shaped both by evolving circumstances and different personalities. The differing levels of success in the six countries share a common lesson: effective family planning policies must take religion into account, intelligently, explicitly, continuously, and creatively.

We are grateful to the World Faiths Development Dialogue, and to the Hewlett Foundation which supported the work, for highlighting important lessons and pointing to new directions for future work and research.

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The decisions involved in family planning are intimate choices by couples and individuals that reflect a host of different factors: expectations and hopes shaped by culture, family circumstances, economic and social situations; access to information and means to control one’s fertility; and health concerns. Government policies and programs, as well as evolving international norms and priorities, affect both supply of health and family planning services and demand for them. The roles of religious beliefs, communities, and leaders at the individual, family, and societal levels can be very significant, encouraging positive attitudes and actions or discouraging various forms of contraception altogether. Exactly how those roles play out, however, can be difficult to pin down and they vary widely from place to place, and among different religious traditions. Understanding how governments take religious attitudes into account is an important part of assessing the impact of various approaches to family planning.

The World Faiths Development Dialogue (WFDD), as part of its work on religious dimensions of development, has undertaken research and policy analysis in all world regions, and on wide-ranging development topics. This work involves all religious traditions, including, of course, Islam. Family planning has become one issue for intensive analysis for WFDD (see notably *Faith and International Family Planning* (2014)).

In Senegal, WFDD is currently engaged in an ongoing project (part of the multi-partner Ouagadougou Partnership, and supported by the William and Flora Hewlett Foundation) involving a systematic effort to engage religious leaders and communities more actively in national family planning programs. Experience in Muslim-majority countries has special relevance for strategic reflections about options for religious engagement in the West African programs. This report reflects part of this work, which included a visit to Morocco by a working group of Senegalese religious leaders. The expectation is that Senegalese leaders—public and private, religious and secular—will use this information as part of ongoing efforts to develop family planning programs that fit the Senegalese context.

The central focus of this report is a series of short narratives about family planning programs in six very different Muslim-majority countries: Indonesia, Bangladesh, Pakistan, Iran, Morocco, and Senegal. These were selected both to reflect a range of different circumstances and because there was an identifiable effort by government and other leaders to engage religious communities in each case. The report’s purpose is to serve as a resource in the context of the Senegal project, but a broader audience can appreciate how it fills a gap in research and knowledge by focusing explicit attention on the engagement of religious leaders and religious institutions in national family planning strategies and programs.

Each country summary highlights government approaches, roles of NGOs, and especially the roles of religious leaders. Our hope is that the report will inform those interested in understanding the intersection of religion and development, especially in the context of family planning, and spur conversation and research around this issue.

The report is based largely on information drawn from published academic studies, governmental and NGO reports, news articles, and a limited number of interviews with practitioners. In the case of Morocco and Senegal it is based on recent WFDD research and discussions. Katherine Zuk, WFDD program associate, undertook initial research to draft the report, working under the supervision of Crystal Corman, WFDD program manager. Lindsay Horikoshi, a student at Georgetown University, provided valuable research support. Lauren Herzog, WFDD program coordinator, co-authored the Senegal section. I oversaw the process and also edited and finalized the draft. Comments from Azza Karam, Douglas Huber, Ray Martin, Nancy Smith-Hefner, and Lauren Van Enk on earlier drafts are gratefully acknowledged.

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*October 2015*

**Endnote**

Comparing indicators
Bangladesh, Indonesia, Iran, Morocco, Pakistan, and Senegal
with Tunisia and Sweden as comparators

Figure 1: Population of case study countries (millions)

Figure 2: Population of comparative countries (millions)

Figure 3: Population growth rate of case study countries (annual percentage)

Figure 4: Population growth rate of comparative countries (annual percentage)
Figure 5: Population density of case study countries (people per sq. km)

Figure 6: Population density of comparative countries (people per sq. km)

Figure 7: Total fertility rate of case study countries (no. of children per woman)

Figure 8: Total fertility rate of comparative countries (no. of children per woman)
Figure 9: Population aged 0–14 in case study countries (percentage of total)

Figure 10: Population aged 0–14 in comparative countries (percentage of total)

Figure 11: Population aged 15–24 in case study countries (percentage of total)

Figure 12: Population aged 15–24 in comparative countries (percentage of total)
Family planning is an ancient concept and practice in Muslim communities and families (as it is worldwide). It is also a topic long discussed by Islamic scholars and religious leaders (although finding historical or current publications in various contexts can be quite challenging). Contemporary understandings are in part the result of demographic changes resulting from increased life expectancies and reductions in child deaths, and from new research and demographic trends. There is increasing recognition among government officials and Islamic scholars that the rapid population growth facilitated by modern medicine strains resources and threatens decent living standards. The health risks to mothers, children, and families from closely spaced births and early child-bearing (by very young women) are increasingly recognized. A relatively new factor is an international focus on the benefits of the demographic dividend, that is, a boost to growth prospects and to society more generally that accompanies the period during which declining mortality combines with declining fertility.

Among scholars and jurists of Islam, debates about family planning are generally framed in relation to the basic Islamic teachings that pertain to the policies. The major precepts from the Qur’an that are cited center on Islam as a religion of ease and not hardship, of moderation, and of quality. Raising a family should not be a significant burden or hardship on the parents, and the size of the family should not compromise the quality of life. These basic precepts apply across different Muslim communities, including in Sunni and Shi’a communities and among respected scholars.

The debates among scholars of Islam specifically on family planning tend to focus on various interpretations of the Qur’an and Sunnah and on understandings of basic principles of Islam. Each of the major schools of Islamic thought has produced opinions on the issues. The broad consensus is that family planning is permissible within Islam. Each opinion, however, is nuanced and explores the legality of specific issues that include traditional, modern, and permanent methods of family planning.

Despite a broad consensus that Islamic traditions support family planning, largely since the 1970s, contentious debates have emerged in some Muslim communities. In the scholarly debates, the main tension is between those Islamic texts that promote the growth of the Muslim population on the one hand and Qur’anic teachings dealing with the quality of life on the other.

The Qur’an includes admonitions that parents should take care of their children and provide for them each equally. The Prophet said three times, “treat your children equally.” While this does not mean that families need to restrict their size, it does imply that they need to plan for their children, and that they should not have more than they can afford to provide equal treatment. Contemporary jurists also refer to a tradition recommending separate sleeping arrangements for children, something that is more feasible with fewer children (Sha’rawi, Tantawi, Abdel-Aziz ‘Iesa).

Notwithstanding these teachings, perceptions that Islam overall opposes or is not supportive of family planning are widespread and involve scholars, clerics, and followers in many different world regions. Opposition to or hesitation about family planning is shared across many traditionally conservative societies, with different religious traditions. Likewise support for family planning is found across widely different...
Box 1: Justifications for family planning accepted by jurists

Family planning is permitted in order to:

1. Avoid health risks to a suckling child from the ‘changed’ (diminished or stopped) milk of a pregnant mother (Ibn Hajar)
2. Avoid health risks to the mother from multiple pregnancies, short intervals, or young age (Abdel Aziz ‘Iesa)
3. Avoid pregnancy in an already sick wife (Sayyid Sabiq)
4. Avoid transmission of disease to the progeny from affected parents (Shaltout)
5. Preserve a wife’s beauty and physical fitness, for the continued enjoyment of her husband and a happier marital life, and to keep the husband faithful (al-Ghazali)
6. Avoid the economic hardships of caring for a larger family which might compel parents to resort to illegal means to take care of many children; or exhaust themselves in earning a living (al-Ghazali)
7. Allow for the education, proper rearing and religious training of children which is more feasible with a small rather than a large family size (Tantawi)
8. Avoid the danger of children being converted from Islam in enemy territory (Hanafites, Hanbalites)
9. Avoid producing children in times of religious decline (Hanafites)

societies and religious traditions. The roles of culture versus religious teachings and beliefs can be difficult to distinguish. It bears underlining, nonetheless, that both support of and opposition to family planning that is attributed to religious teachings may, with deeper analysis, be more accurately explained by cultural traditions than by religious teachings per se or by a combination of the two.

Endnotes

1. Two descriptions of the phenomenon can be found at (UNFPA and the International Monetary Fund respectively): http://www.unfpa.org/demographic-dividend and http://www.imf.org/external/pubs/ft/fandd/2006/09/basics.htm
3. See Appendix 2 for verses from the Qur’an and hadith on the precepts of Islam
4. See Appendix 1 for terminology applied to different methods of family planning
5. Permanent here refers to sterilization
6. See appendix 2 for verses from the Qur’an and hadith
7. The act of repeating something three times makes it a required duty (wujub)
Bangladesh's experience with family planning and the role of government policy in promoting family planning over an extended period are widely viewed and internationally respected as a success. Changes in reproductive health practices are linked to official family planning programs and to substantial support from civil society. Between 1975 and 2010, the percentage of women using contraception increased significantly. The total fertility rate dropped from 6.9 children per woman in 1975 to 2.2 children per woman in 2012; the contraceptive prevalence rate stood at 61.2 percent in 2012. Bangladesh's success is in part attributable to its use of mass media to spread the message on the benefits of family planning and locating health services alongside clinics, with female fieldworkers who were responsible for outreach and follow-up with patients. The government also gave de facto permission for first trimester abortion in allowing (part of the family planning program since 1975) a procedure known as “menstrual regulation.”\textsuperscript{1,2,3} Linked by some to reactions to widespread pregnancies resulting from wartime rapes during the independence struggles, the process allows some leeway for abortion, which is illegal.

Shortly after Bangladesh became independent in 1971, the new government decided to give a high priority to family planning. There had been some focus on family planning earlier when the nation was a part of Pakistan, but when the two countries split post-independence, their population policies took two different paths. By the late-1980s, the Bangladesh family planning program was well launched and showing results. Progress has been sustained since. This history is particularly noteworthy when compared to Pakistan, given the close historical relationships between the two nations. The roles played by religious authorities and the engagement with governments are significant factors.

The Bangladesh government’s First Five-Year Plan (1973–1977) focused on recovery from the extensive war destruction of government structures and programs, compounded by cyclone damage and focused on rebuilding agencies and facilities. The plan gave priority to reestablishing the family planning program. Reasons included awareness of the very high population density of Bangladesh and a growing appreciation of links between combating poverty and large family size.

The pre-independence family planning program was run through the Family Planning Council (an independent body), but under the First Five-Year Plan it was reestablished under the Ministry of Health and Family Planning. The goal was a multi-sectoral approach that would distribute the relevant (and multiple) responsibilities for family planning to eight different ministries. The new program was fully functional by 1975. While this multi-sectoral approach was designed to broaden support, it also posed coordination challenges. Progress was slowed by the distribution of responsibilities and budget to several ministries. Significant uptake of family planning methods was not seen until the late 1980s.

The core message that the government and its allies used to support family planning was that it gave women greater liberty which would in turn benefit society: if women could make decisions about family planning, they would have greater decision-making power in the family, and could contribute more to the community.\textsuperscript{4} The government also initiated a program that offered ‘alternatives to childbearing’...
for women, primarily by encouraging them to join women’s clubs, cooperatives, and vocational training projects. This line of argument was possible both because of the broad ethos of post-independence Bangladesh, which favored new initiatives, and by the religious and cultural context which took pride in openness and tolerance.

In the contemporary setting, the government organizes family planning services through clinics, community-based services, and retail outlets. Many are run by NGOs, including social marketing campaigns. Clinical services are offered at upazila (local government) health complexes (31-bed centers which offer sterilization and IUD insertion as part of their services) or union-level health and family welfare centers (which often have a medical assistant and a female family welfare visitor, who inserts IUDs and follows-up with patients). The meaningful focus on community level services and consistent focus on developing such services (by both government and NGO partners) is an important factor explaining the program’s success. At the community level, female workers distribute most contraceptive supplies and they serve as a crucial factor to encouraging contraceptive use among eligible couples. NGOs have played important roles in contraceptive distribution from the outset. In 1990,
the coordinating body of non-governmental organizations estimated that NGOs were responsible for serving 20 percent of couples who used family planning methods.

Effective use of mass media was an important aspect of the family planning program. It was especially influential in acquiring new users. A 2000 survey observed that 47 percent of their female respondents reported having heard a message about family planning through the radio, television, poster, or billboard in the month prior to the survey. Radio was the most common source of information; it is as an effective tool of communication in areas where women may not be literate or their families may not be wealthy enough to own a television.

In the early years of the family planning program, there was little religious opposition to family planning. To the contrary, support from religious leaders came in the form of fatwas, radio and television appearances, newspaper editorials, mobilizing around the mosque, and collaborating with the government. However, opposition did emerge, especially in the 1990s. It centered on the view that family planning was a ploy imposed by the international community to control the poor; opponents considered surgical contraception to be castration (an

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**Box 3: Highlights of Bangladesh’s family planning program**

1. Bangladesh’s family planning program was nested within the Ministry of Health and operated as a health program, not a separate policy agenda. This streamlined the bureaucratic process but also gave the program a broader legitimacy.

2. Family planning issues were actively debated among technical experts and policy leaders and there were public debates on various dimensions of family planning, at different stages. Overall, these debates resulted in greater awareness about the issues and ultimately contributed to fostering acceptance in society.

3. Strong partnerships were established with non-governmental organizations because they were at the forefront of developing innovative strategies for implementing the family planning program. Broad support from the international community and partners (for example, World Bank, UNFPA, USAID, etc.) was a key factor in sustaining programs and in their results.

4. The government encouraged “alternatives to childbearing,” including women’s clubs, cooperatives, and vocational training programs, that gave women activities to pursue that made it possible, at the very least, to delay childbearing. The rapid growth of the garment industry that employed many women played a role. Women who took part in the “alternatives to childbearing” initiative generally had a higher rate of contraceptive use than the national average.

5. The success of family planning programs owed much to effective use of mass media to spread messages about the benefits of family planning and to practical matters like locating health services alongside clinics, with female fieldworkers responsible for outreach and follow-up with patients.

6. The government included religious leaders as an integral part of the discussion and implementation of family planning initiatives. Religious leaders also had substantial exposure to the progressive thinking of Indonesian mullahs and imams through educational travel early in the Bangladesh program (Bangladeshis went to Indonesia and vice versa).

7. Engagement of religious leaders, while not commonly highlighted as a central measure of success, was an important factor in success over the years. The absence of organized religious opposition during the critical early years played a significant, if difficult to pinpoint, role.
especially sensitive issue) and viewed any financial incentives as bribes. Some Islamist groups, such as Jamaat-e Islami, argued that they did not want foreign interference in domestic affairs, and responded to the call for a family planning program by maintaining that large family size is not a problem, especially when additional unwanted children could be redistributed to childless wealthy families. These critics called for an Islamic welfare state rather than a new family planning program.

The government program did not respond directly, essentially ignoring the opposition. Rather, the leaders responsible for the program recognized the importance of religious leaders, and actively engaged with them. They mobilized leaders and organizations to educate their communities on Islamic views of family planning. The government’s Department of Family Planning worked with religious leaders to develop family planning messages based on religious teachings. Local religious leaders, or *moulvis*, took to the radio and newspaper to support family planning programs as a tenet of Islam. The government supported the Islamic Foundation, a state-run but relatively autonomous organization, to train rural imams on social and economic development within an Islamic framework. Among their activities was a publication entitled *Islam and the Family* (1985).

Several NGOs complemented these government initiatives and centered their work around the mosque. They included the Bangladesh Masjid Samaj and the Bangladesh Masjid Mission. These organizations focused on the social and religious role of mosques as effective settings for training imams on economic and social development, including family planning.

Family planning and contraception are now generally accepted within Bangladesh society. Support for family planning is part of the society’s broad change towards gender equality. The family planning strategy set realistic goals and the program was successful in reducing fertility rates, increasing contraceptive use, and shifting attitudes so that family planning is (generally) seen as beneficial. The inclusion of religious leaders in the program’s implementation and in discussions around the permissibility of specific practices within the context of the society’s religious beliefs explains in significant measure its success. Bangladesh thus represents a particular success story among Muslim majority countries for its approach to family planning.

### Box 4: Bangladesh’s religious landscape

Bangladesh has the fourth largest Islamic population globally; roughly 90 percent of Bangladeshis are followers of Sunni Islam. Bangladeshi Islamic traditions are diverse and have long been noted for its openness and syncretism. There are many localized Sufi orders, as well as small but significant Ismaili and Ahmadiyya Muslim communities. Hindus, at 9.1 percent of the national population, are Bangladesh’s largest religious minority. Buddhist communities, concentrated mainly in the Chittagong region, make up another 0.5 percent. Christians from a range of denominations represent 0.2 percent of the population and live throughout the country. Animists, Baha’is, Sikhs, and Jains also have a presence in Bangladesh, though the communities are small.

### Endnotes

5. Ibid.
8. Ibid.
Indonesia's bold national family planning programs were launched in 1965 and have been pursued since, thus continuing for five decades. The initial impetus for the government family planning program was concern about rapid population growth and especially the impact for youth and the social impact of the age profile. Indonesia’s total population had increased from 87.8 million in 1960 to 100.3 million in 1965 at a rate of 2.7 percent, with an estimated 59.4 percent of the 1965 population under the age of 24.1 Indonesia’s program is noted both for successful results—measured in declining fertility and wide acceptance of family planning among Indonesia’s population—and for active and effective partnerships with religious institutions, especially the large Muslim organizations Nahdlatul Ulama (NU), Muhammadiyah, and the Indonesian Council of Ulamas (see boxes): some 75 percent of Indonesians identify with NU or Muhammadiyah. They have been highly influential partners for the government and the program.3 Women’s religious organizations, generally within the larger organizations, played material roles in securing and sustaining religious support for family planning.

The partnerships with Muslim organizations, as well as institutions of other religious traditions, were the product of consultations with religious figures that were a deliberate focus from the outset: President Suharto, whose personal leadership played a central role, is said to have reached out to senior religious leaders at early planning stages, seeking their views on how to approach and communicate about family planning.

Indonesia’s family planning program has faced two important challenges over the years: (1) sustaining and advancing national goals during a period when decentralization transformed politics and institutions, and (2) defining and implementing the respective roles of public and private actors in family planning. Both are currently the topic of active debate.

**Early history**

The national family planning program began in 1967 with a pilot in Jakarta, and was launched nationally shortly thereafter. The National Family Planning Coordinating Board (BKKBN) was created to provide leadership and oversight. The government appreciated from the outset that it needed to include religious leaders in the process. President Suharto contacted one of the leading religious figures, Dr. Idham

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**Box 5: Indonesia’s religious landscape**

Indonesia has the world’s largest Muslim population. It is characterized by considerable diversity as is Indonesia’s religious landscape more broadly. Of the total 2014 population estimated at 297 million, some 88 percent are Muslims,2 followed by Christians (distinguished between Catholics and Protestants), Hindus, Buddhists, and Confucianists; these consist of the six officially recognized religions. Indonesia’s constitution defines itself as a secular state and guarantees religious freedom. The concept of Pancasila is foundational and refers to belief in one God. While Indonesia is known for religious harmony, religious tensions in some parts of this very diverse country are significant.
Chalid who led a 1967 workshop that sought the views of religious representatives on family planning. Various panels brought together government representatives and religious leaders of Indonesia’s major traditions—Muslim, Christian, and Hindu—and resulted in a pamphlet entitled “Views of Religions on Family Planning.” Haryono Suyono, the deputy head of the BKKBN, assembled information on religious leaders’ views on family planning with the objective of minimizing any potential offense as the program was launched and expanded.

The BKKBN had a highly organized and hierarchical structure, starting with the central headquarters overseeing provincial and district offices with district heads, local fieldworkers, and fieldwork supervisors. Fieldworkers engaged with women, youth, religious groups, schools, and employers.
on family planning. As fieldworkers approached a potential contraceptive user, religious leaders occasionally accompanied them to provide additional guidance.

The government’s program emphasized the idea of “small, prosperous families” and “quality families” that were able to educate their children. The family planning program was understood to be closely linked to the expansion of schools, public and religious, and of teacher training; it emphasized relevant educational materials. Although the idea of small, prosperous families was generally accepted socially, the family planning program had some coercive elements. Local officials in rural areas were often given “quotas” for new acceptors of family planning that needed to be met in order to maintain certain benefits. There were reports of forced acceptance and forced sterilization in some areas.

A distinctive feature of Indonesia’s family planning program has been this proactive government collaboration with senior religious leaders throughout. The aim was to discern and act on any opposition to the government’s efforts. Three Muslim organizations were central to the family planning effort: NU, Muhammadiyah, and the Indonesian Council of Ulamas. NU (see Box 7) had issued a fatwa in 1938 stating that pregnancy was a natural part of a woman’s life; preventing pregnancy—whether for a specific reason or not—could not be excused, and any medicine that could prevent pregnancy was forbidden. In 1960 NU stated in a different fatwa that some forms of birth control aimed at spacing births were permissible, such as withdrawal and herbal or injectable medicine, though preventing pregnancy permanently was still forbidden. After the national program was launched, NU issued a further fatwa supporting the program and justified it through arguments centered on the well-being of the family. This engagement led to working with religious institutions in various ways—through schools, mosques, prayer circles, hospitals, and social networks of Islamic organizations—to further the program alongside providing material support and awards recognizing their involvement.

Muhammadiyah (see Box 8) issued guidelines in 1968 outlining which contraceptives used for family planning were considered permissible within Islamic law, under specific circumstances. Birth control was still interpreted as forbidden, but the guidelines highlighted that Islam advises Muslims not to allow their children to live in poverty. Birth control, the guidelines stressed, is permitted under the following emergency circumstances: fear for the safety of a mother’s soul and health and based on the opinion of a physician, fear of sustaining a religious life due to an inability to fulfill the needs of the child, and fear for the children’s health and education due to inadequate birth spacing.

Both NU and Muhammadiyah framed their support for family planning generally in the sense of the well-being of the family. Their primary concern was that the mother should be healthy and that the size of the family should not significantly hamper the quality of the children’s lives. Arguments around overall population size were avoided.

Notwithstanding the active support of religious leaders following the 1967 workshop, there was opposition at different points within each of the major national organizations to the family planning program. Although NU and Muhammadiyah issued fatwas in support of the program, they were internally

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**Box 7: Nahdlatul Ulama**

Founded in 1926 by Hasyim Asy’ari, Nahdlatul Ulama (NU) supports education, cultural engagement, and socioeconomic development rooted in Islamic principles of justice, diversity, and tolerance. The largest Muslim organization in Indonesia, membership is estimated at 30 million. The NU-created political party, the Partai Kebangkitan Bangsa (National Awakening Party, PKB), founded in 1999, ranked fourth in the popular vote during that election. Drawing on widespread respect for NU within Indonesia, PKB helped to legitimize the election, working through their networks in rural areas to ensure voter education and fair voting. NU is a conservative Sunni Islamic group but is a strong advocate against radical Islam, holding that Indonesia needs to build a national identity that includes all religious groups. NU supports hospitals and schools, both religious and secular, across Indonesia. Its two women’s organizations are Fatayat NU an Muslimat NU.
divided about what forms of family planning were permissible and even whether the program itself is sanctioned under Islamic law. Some NU members were more resistant to supporting the program altogether and only supported traditional methods of family planning, whereas MUI emerged as a supporter of using modern methods like the intra-uterine device (IUD).  

The work of women’s organizations within NU (Fatayat NU and Muslimat NU), and government initiatives that encouraged partnership on promoting family planning, contributed to the changes within the organizations towards open support for the family planning program overall. Muslimat NU, a NU organization for women over the age of 40, operated at the national, provincial, district, and subdistrict levels (Fatayat NU was for women aged between 20 and 40). Muslimat NU pressured NU’s central board to change its views on family planning by contesting their interpretation of Islamic law and simultaneously offering contraceptives to women at select NU health clinics. The Suharto regime offered incentives in the form of material support, such as audio-visual materials, typewriters, and learning aids, for religious leaders who promoted family planning.

Other women’s movements, notably Empowerment Family Welfare (Pemberdayaan Kesejahteraan Keluarga, PKK), had a significant influence over the dissemination and acceptance of family planning in Indonesia. The PKK, a local women’s organization dispersed across the countryside, was headed locally by the wife of the village or regional head. The women disseminated information to their communities on family issues, including maternal and infant health, nutrition, cleanliness, household management, and family size. The Dharma Wanita (DW), a women’s organization among the top levels of administration, urged the use of family planning among all of its members.

Relationships over the years

Relationships with religious institutions and leaders were dynamic. Where there was opposition, the BKKBN reached out. For example, in 1972, NU issued a fatwa stating that the use of IUDs was not permitted within Islam. With IUDs a central aspect of the family planning program, BKKBN officials met NU leaders to discuss their opposition and found that opposition centered on the concern that IUDs caused abortions and that they were inserted by male providers. BKKBN started education efforts about IUDs and reached a compromise with NU: that IUDs would only be inserted by female providers, or with the accompaniment of another woman or the client’s husband. This quick response

**Box 8: Muhammadiyah**

Established in 1912 at Yogyakarta, Muhammadiyah was chiefly inspired by an Egyptian reform movement led by Muhammad Abduh. Muhammadiyah was reformist in its approach and advocated the abolition of all superstitious customs, mostly relics of pre-Islamic times, and the loosening of the stiff traditional bonds that tended to strangle modern cultural life. Muhammadiyah has established schools along modern lines that taught science, mathematics, geography, and language as well as religion. It has set up orphanages, hospitals, and other social services. By the 1920s Muhammadiyah was the dominant force in Indonesian Islam and the country’s most effective organization. Its internal women’s organizations are Aisyiyah and Nasyiatul Aisyiyah.

**Box 9: Majelis Ulama Indonesia**

The Indonesian Ulama Council (Majelis Ulama Indonesia, MUI) is the leading Muslim religious body and comprises members from each of the influential Muslim organizations, including Nahdlatul Ulama, Muhammadiyah, Persis, Al-Irsyad, Majelis Mujahidin Indonesia, Hizbut Tahrir Indonesia, Forum Ulama Umat Islam, and the Islamic Defender Front. The council was founded in 1975 under the New Order regime of President Suharto. The organization’s purpose was to issue fatwas, or Islamic legal opinions, on contemporary issues.
to potential religious criticism of the program highlights the need to be constantly aware of potential problems and to deal with them as soon as they arise.

At the end of the day, the support from NU and Muhammadiyah prompted other religious leaders to follow suit and give the government program their full support. With 75 percent of Indonesians identifying with these two organizations, they proved to be highly influential partners for the government and the program. They promoted family planning as not contradictory with Islamic law and collaborated with BKKBN at the local level. The collaboration began with BKKBN’s engagement of the religious leaders at both organizations to defuse opposition, and supported the organizations’ use of their informational materials on family planning and the inclusion of classes on family planning and reproductive health at religious schools.

The relationship between BKKBN and religious organizations has continued and evolved over the years. In collaboration with the United Nations Population Fund (UNFPA), the Religious Affairs Ministry, MUI, NU, and Muhammadiyah, BKKBN released a handbook in 2007 entitled Reproductive Health Information, Education and Communication for Ulemas. Muhammadiyah and BKKBN signed a new contract in August 2013 to continue improving family well-being through the national family planning program.

Changing approaches to family planning
The Indonesian family planning program has changed over the years, in response to experience gained and to political and institutional developments. Of special importance is the shift in primary operational responsibility for delivery of family planning services from the government to the private sector. During the mid-1980s, the government was covering as much as 90 percent of the costs for the program, and the financial burden was significantly higher than any other social program. In 1987, many FP services were privatized in the KB Mandiri (Self-Reliant Family Planning) initiative, which aimed to decrease reliance on government-provided FP and sought to redirect services to private health care providers. Through this period, religious leaders and organizations played critical roles in providing family planning services through health clinics that they managed, especially Fatayat NU, Muslimat NU, Muhammadiya, and various Christian organizations. As of 2005 (the most recent year for which data are available), Muhammadiyah was providing inexpensive and thus affordable contraceptives in more than 300 of its health centers across 23 provinces as an alternative to the more expensive methods available through private networks. Its centers include hospitals, regional clinics, and community posts.

Reproductive health declined as a priority on the national agenda after Suharto left office in 1998. An important aspect of the Reformasi plan that followed was the decentralization of the government to 550 districts. In practice, the decentralization disrupted family planning programs. The budgeting and implementation of family planning shifted from the national to the district level. Various indicators suggest that family planning plateaued after 2002, when data showed contraceptive prevalence standing at 57 percent and the fertility rate hovering around 2.6 children per woman. The fertility rate stagnated while the population grew by 32 million from 2000 to 2010.

In February 2014, the government announced plans to revamp the national family planning campaign. A target is to reduce the fertility rate to 2.1 children per woman and thus to limit overall population growth. Although budgeting and quality of care remain the responsibility of district governments, the central government has increased the budget for family planning programs nearly fourfold since 2006, with US$214 million in funding as of 2013. The government will implement a new universal health care program (UHC) over the five-year period 2014 to 2019. This system will cover sexual and reproductive health, with BKKBN providing contraceptives. As part of this, the central government has contributed to training doctors and rural midwives via text messages. It has also persuaded some Muslim clerics to encourage vasectomies.

Conclusions and central lessons
In sum, over the years religious leaders and religious institutions have played important roles in influencing public attitudes towards family planning use. Eddy Hasmi, director of collaboration on population education at BKKBN, stated that religious leaders are “a crucial factor in the development of family planning in Indonesia.”
Indonesia’s family planning program is regarded as one of the world’s most successful by organizations including UNFPA, the World Bank, and USAID. The loss of momentum following decentralization has generated important reflections that highlight significant challenges. First, the program was not accompanied by a strong mass media campaign that disseminated messages through television, radio, or social media. Second, with government decentralization, district-level authorities tended to give the highest priority to restoring fiscal balance and to security (in contrast to social services). Sustaining reproductive health services was rarely top of the agenda. Further, local politics (influenced in part by limited roles of women) tended to give family health, including family planning, a relatively low priority in both leadership and funding. Third, family planning services became increasingly privatized, removing the responsibility from the government and increasing the cost of contraceptives for many.

Endnotes

8. Ibid.
9. Ibid.
12. Ibid.
15. Martin van Bruinessen. “Indonesia’s ulama and politics: caught between legitimising the status quo and searching for alternatives”, Prisma, The Indonesian Indicator (Jakarta), No. 49 (1990), 52-69.


25. Ibid.


The Islamic Republic of Iran

Family planning policies, 1967 to 2015

The Islamic Republic of Iran has had a tumultuous history with family planning programs. Since 1967, when the government first introduced an initiative to reduce the high fertility rate, it has reversed its stance on family planning four times. Despite the inconsistency of rhetoric surrounding it, the family planning program is considered one of the most successful cases among Muslim countries: the total fertility rate declined from 6.91 children per woman in 1960 to 1.8 in 2010. The national family planning program was introduced at a time when the population was approximately 26 million, with 60.5 percent of that population under the age of 24, an annual population growth rate of 2.61 percent, and average fertility of 6.91 children per woman in urban areas and 8.2 children per woman in rural areas.¹

Iran's program differs from other Muslim-majority countries in the ways in which religious matters are institutionalized (see Box 10). This has allowed the government to diffuse the family planning program's message readily through its central religious networks, which have had major roles in shaping the design and impact of family planning. The government's authority has been able to effect sharp shifts in policy and implementation over the years.

Iran first introduced a family planning program in 1967 (the Tehran Declaration supported family planning as a human right).² The program was actively pursued for a decade.³ During this period, the government emphasized that FP plays a role in promoting economic development as well as the general welfare of families and society.⁴ The Shah's government developed a High Council of Population that worked under the direction of the minister of health. This council included deputy ministers from the ministries of education, labor and social affairs, culture and higher education, Islamic guidance, the Budget and Planning Organization, national broadcasting, and the Civil Registration Organization.⁵ The Ministry of Health's Population and Family Planning Division provided services and information in all of the government’s clinical and primary health care centers, trained medical staff, supported health education, and encouraged research.

Box 10: The Islamic Republic of Iran: When religion and government are one

The Islamic Republic of Iran has been the world's only modern Islamic theocracy since the 1979 revolution, offering a unique case for intersections of religion and family planning. The official religion is Twelver Shi’a Islam. Religious decrees and decisions are centralized, and the government serves as a central authority on religious matters. As a result, family planning programs have readily been institutionalized, disseminated to religious leaders, and implemented at local levels, with explicit reference to religious interpretations as core principles and with direct operational engagement of religious authorities.

Around 90 to 95 percent of Iranians are Shi’a Muslims and five to ten percent Sunni and/or Sufi. The remainder associate themselves with non-Islamic religious minorities that include Baha’is, Mandaeans, Yarsanis, Zoroastrians, Jews, and Christians.
The early program showed both successes and shortcomings. Contraceptive prevalence among women increased from nearly zero to 37 percent, though in the mid-1970s only 24 percent of those using family planning used modern methods. There were tensions during this period between government officials and the religious leadership over the program’s implications for social issues, such as women’s rights and freedom (the government took a strong stance for women’s rights). Religious leaders used Friday sermons to condemn family planning as an imperialist plot.

The situation changed abruptly with the Iranian Revolution (1979) and the Iran-Iraq War. The new government suspended family planning initiatives entirely, encouraging citizens to procreate ‘soldiers of Islam’ to protect the nation, and repealed the Family Protection Act, reducing the legal age of marriage from 15 to nine for girls, and 14 for boys. The government provided subsidies based on family size. Incentives to grow the family included: rationing and distributing essential food items at subsidized prices to families according to their size; giving extra wages to workers for each additional child; free education at all levels; and free treatment of children at government health clinics. As a result of these policies, the population boomed, increasing by 14 million within one decade. By 1986, nearly half the population was under the age of 15. However, the reduction of the legal age of marriage did not result in a drastic change in age at first marriage for females, with the average age increasing from 19.7 in 1976 to 19.9 in 1986.

Box 11: Iran timeline

1967: Formal policy on reducing the high fertility rate introduced in Tehran Declaration
1979: Family planning initiatives suspended to encourage the procreation of “soldiers of Islam” during the Iran-Iraq War
1980-1988: Public and private debates with religious leaders about the need to reinstate the family planning program
1989: Family planning initiatives reinstated
2010: President Mahmoud Ahmadinejad reverted to pro-natalist rhetoric. Families were again offered payments for each new child
2012: Ministry of Health’s “Population Control” budget was eliminated and redirected to growing larger families
2014: Parliament voted 106 to 73 for sterilization to be illegal, punishable by up to five years in prison
This population explosion caused serious economic strains, particularly on schools and food supplies. The government therefore reinstated family planning programs in 1989 to address these crippling problems. The new family planning program has received international praise as one of the most successful cases among Muslim-majority countries; it led to increased contraceptive prevalence, that rose from nearly non-existent to 82 percent, and a reduction in the total fertility rate from nearly five (in 1989) children per woman to two children (2000), with minimal differences between rural and urban areas. This decline is one of the steepest and most rapid anywhere in the world.

The success is attributed to several factors, but primarily to the cohesive and 'Islamified' approach of the campaign. Whereas other Muslim-majority countries that implemented family planning programs needed to seek religious approval from religious leaders, the Iranian government, which was comprised of religious leaders, was able to spread its messages of support from the religious government to its ulamas. The centralized government wrote decrees on family planning that were passed down through the hierarchy of religious leaders at all levels, who then swiftly informed their communities. All religious leaders could then preach about the new family planning program and point to recent fatwas published within the Iranian religious community. The use of clerical endorsements of family planning generally and contraception more specifically helped to break down social stigma around family planning, and ultimately led to widespread national acceptance of the program.

The initial objective was to encourage women to space births with three or four years between pregnancies, press couples to limit the family size to three children, and discourage women younger than 18 and older than 35 from having children. The government used several actions to promote family planning, such as employing an existing government health network to provide family planning services, including 18,000 rural clinics; incorporating these services as part of primary health care; offering free contraceptives and family planning counseling to married couples at government health clinics; providing free vasectomies and tubectomies; promoting family planning to reduce maternal and child mortality rates; teaching courses on population at schools; and using the media to promote the family planning message. The government also employed community health workers, or behvarz, who were chosen from their target community and built relationships with local communities. The links to the religious establishment distinguished the Iranian program from similar efforts in other countries.

The government also worked to involve religious leaders in developing the family planning program. Ministers, experts, and policymakers held closed-door meetings with senior religious leaders to inform them about the reality and impact of rapid population growth, using a variety of facts and statistics. They obliged clergy to reevaluate their positions on population policy from an Islamic perspective. As the program was building public awareness and support, they especially sought to reach out to the poor and rural population. As it was difficult for many experts and health practitioners to reach these groups, local religious leaders were crucial to expanding awareness and support for the program.

In the years after the government became actively involved in promoting family planning, religious leaders sustained the discussions on family planning in various public forums. Two newspapers published a series of eight articles by officials and scholars on family planning, and invited religious leaders to participate. Many ignored the invitation, but some conservative clergymen (Ayatollah Azari, Ayatollah Qomi, Hohatolislam Yazdi, Hojatolislam Moqtadri, and Hojatolislam Bayat) took part in the discussion and their pieces appeared in the most widely distributed national newspaper. This inspired subsequent articles, radio, and television programs that featured both high- and low-ranking religious leaders.

Family planning came up frequently in Friday sermons and national television. In 1988, the Budget and Planning Organization hosted a national conference on population policy with religious leaders, policymakers, scholars, ministers, and representatives from all national organizations. The outcome was the new national family planning program, which was ratified in 1989. This campaign drew on what was heard from religious leaders and incorporated them into the discussion; it also worked to inform other religious leaders.

Religious leaders saw their task as debunking the myth that family planning was a Western invention and conspiracy. Another counterargument they offered was that growing the
Muslim nation was no longer a concern, but rather growing a strong, healthy, and moral society was important. They told stories to their communities about fathers’ desperation when they were unable to provide for their families, and argued that such suffering was contrary to the will of Allah and Islam. Religious leaders thus highlighted to families the social importance of family planning.

Some religious opponents, however, argued that the government intervention in fertility decisions could not be justified within Islamic law, except in the case of a crisis. They held that once the crisis ended, the national program should cease, and religious leaders should not support a message that the program would remain long-term.

The central and official religious message during this period endorsed all forms of birth control and contraception, and even endorsed the use of vasectomies. Before the family planning priority was reinstated in 1989, religious leaders had opposed sterilization and any form of contraception that they considered would result in an abortion.

However, the Grand Ayatollah Ruhollah Khomeini appeared on television for an interview where he answered questions about the acceptability of family planning methods in Islam, and stated explicitly that preventing pregnancy and using oral contraceptives were permissible. Religious leaders encouraged men to become more active in fertility decisions in addition to endorsing family planning methods among women.

Iran’s family planning program led to a reduction in the annual population growth rate to approximately one percent. It was this dramatic slowing of population growth that explained a further abrupt and sharp policy reversal of the government in 2010. The government came to fear that Iran’s population would be too small. Active support for family planning and limiting national population growth gave way to pro-natalist rhetoric. In 2010, President Mahmoud Ahmadinejad stated that the population had grown too weak and called for a doubling of the nation’s population. He denounced contraception as a plan for extinction; he

Box 12: Guidelines for the family planning policy, 1989

- General face-to-face education for at-risk groups promoting family planning
- Population control and family planning integrated into other national development programs
- Executive program defined so that it would be adapted based on existing conditions of the country, culture, religion, and other countries’ experiences
- Training and retraining education for health providers at all levels to enhance their skills, especially about new methods
- Family planning system integrated into the national primary health care system
- Special attention to high-risk couples with the potential to give birth in cities, suburbs, and deprived areas
- Use of all potential resources from the community and private sector to develop the program
- Use of research to promote management to make access to contraception more convenient and enhance service quality
- Include educational materials about population and family planning in the high school and university syllabi
- Collaborate with international organizations to learn from their experience, in addition to disseminating Iran’s experiences to other countries, especially Islamic nations
reinstated payments for each new child to encourage population growth.  
In 2012, Ayatollah Ali Khamenei called the population control program a mistake.  

The earlier slogan of “fewer children, better lives” changed to “more children, better lives;” billboards portrayed large, happy families in juxtaposition to small, sad ones; and clerics on television called for families to have at least five children—the size of the Prophet’s family—but ideally twelve—the number of imams historically worshipped by Shi’a Muslims.  
As of 2014, the Ministry of Health’s population control budget was entirely redirected to fertility programs that would care for mothers and children, birth control methods were no longer subsidized, and vasectomies were voted illegal and punishable by up to five years in prison.  

The policy reversal encourages larger families but it has not been matched by a shift in cultural and social norms. Previous government encouragement for female education and employment to lower the national fertility rate has resulted in women choosing to delay marriage and childbirth, especially as they finish college. Many young couples prefer to have only one child given the current economic climate.

Endnotes


Also International Conference on Human Rights Tehran, Republic of Iran, 22 April to 13 May 1968. The Conference adopted Resolution XVIII on the Human Rights Aspects of Family Planning, which stated in its operative paragraph 3 that: “[...] couples have a basic human right to decide freely and responsibly on the number and spacing of their children and a right to adequate education and information in this respect.” (Resolution XVIII: Human Rights Aspects of Family Planning, Final Act of the International Conference on Human Rights. U.N. Doc. A/CONF. 32/41, p.15).


17. Ibid.
18. Ibid.
22. Ibid.
26. Ibid.
28. The guidelines were originally presented by Hossein Malekafzali. “Population Control and Reproductive Health in the Islamic Republic of Iran.” Archives of Iranian Medicine: 7(4), 2004
32. Ibid.
Morocco

Family planning and reproductive health approaches, 1965 to 2015

Morocco's experience with family planning stands out among Muslim-majority countries, particularly for the support for the national program from the religious community throughout its execution. Further, the program has met considerable success, transforming Morocco's population dynamics. As of 2008, contraceptive prevalence stood at 67.4 percent; the total fertility rate decreased from 6.7 children per women in 1970 to 2.5 in 2014.¹

The Moroccan Ministry of Health defines five key stages in their development of the family planning program (see Box 13): (1) from 1965 to 1969, creation and implementation of the family planning program and the launch of the National Family Planning Program (le Programme national de la planification familiale, PNPF); (2) from 1970 to 1991, development of the PNPF; (3) from 1992 to 1999, reinforcement of activities; (4) from 1995 to 2005, consolidation and move towards self sufficiency; and (5) from 2005, consolidating and repositioning the PNPF within a broader framework of reproductive health.²

In 1965, King Hassan II released a memorandum highlighting the socio-economic challenges that Morocco faced as a result of its population growth; the following year, the king established the National Family Planning Program (PNPF) under the Ministry of Health. In 1968, family planning began to be integrated into different development plans. In 1971, Morocco took part in the International Conference on Islam and Family Planning in Rabat (also called the Rabat Conference) and the Moroccan Family Planning Association (l’Association Marocaine de Planification Familiale, AMPF) (an NGO) was created.
In 1977, the government initiated an important home visit program (Visites à Domicile de Motivation Systématique, VDMS) for family planning. Family planning activities were integrated with maternal and child health through this system from 1981 to 1983 as they widened the VDMS network. The Moroccan Program for the Social Marketing of Contraception was then introduced in 1988 and the following year a national Information, Education, and Communication (IEC) strategy and regional training centers for family planning were launched. However, the Population Division within the Ministry of Health was created only in 1993.

The Ministry of Health began to offer advanced services for family planning in 1994, including injectables and post-partum services. They provided training for family planning fieldworkers as well as doctors. In 1999, they established “Standards of Family Planning Methods in Morocco.” As of 2001, the Ministry of Health became financially responsible for providing contraception to the public. The family planning services offered include counseling, clinical exams, contraception provision, regular follow-ups with clients, and information campaigns on benefits and methods.

The Ministry of Health defines the goal of Morocco’s

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**Box 13: Morocco timeline**

1965: Official announcement of the national family planning program through a Royal Memorandum

1966: Official launch of the national family planning program. National population commission and local population commissions established.

1967: Repeal of the French Law that prohibited the advertising, sale, and distribution of contraceptives.

1968: Integration of family planning into different national development programs

1971: International Conference on Islam and Family Planning in Rabat; creation of the Moroccan Family Planning Association

1972: Creation of the Population Division in the Ministry of Health

1976: Creation of Reference Centers on Family Planning at the provincial and prefectural levels

1977: Launch of the family planning home visits system (VDMS)

1981: Integration of family planning and maternal and infant health into VDMS

1982: Establishment of the National Center on Human Reproduction Center

1988: Foundation of the Moroccan Program for the Social Marketing of Contraception

1989: Development of the national Information, Education, and Communication (IEC) strategy

1991: Creation of Regional Training Centers on Family Planning

1993: Launch of the national week of mobilization on family planning

1994: Introduction of injectables and post-partum services into the program

1996: Training of medical doctors in the private sector on family planning techniques

1998: Organization of a multi-sectoral workshop on the strategy to consolidate the various reproductive health programs

1999: Elaboration of the “Standards of Family Planning Methods in Morocco”

2001: Complete government responsibility of providing family planning methods

2006: Launch of the “Notebook on Women’s Health”

2010: Elaboration of the National Reproductive Health Strategy for 2011-2020
family planning program as “to contribute to the reduction of maternal and infant mortality and morbidity and the amelioration of women’s and couples’ reproductive and sexual health.” The proclaimed objectives are to reduce the unmet need for family planning; improve the quality of family planning services; promote modern methods and long-term methods, such as the IUD; and reposition family planning in the reproductive health framework.

Religious acceptance of family planning in Morocco is distinct among Muslim-majority countries in some significant ways. Senior officials in the Ministry of Health argue that there was little struggle to convince religious leaders to support the national family planning agenda. They held an international conference on Islam and family planning in 1971, the Rabat Conference, which brought together government officials alongside religious leaders and scholars. The theme that emerged from the Rabat Conference was that Islam is not a barrier to family planning, and that the religious texts must be reinterpreted to fit the contemporary situation.

A further Ministry of Health conference in Rabat in 1993 addressed the question of Islam and family planning. One speaker, Dr. Abdelkebir Alaoui M’Deghri, former minister of Habous and Islamic Affairs of the Kingdom of Morocco, questioned whether the Qur’an, in the passage calling for the growth of the Muslim nation, meant for the population to grow in numbers or in strength. Dr. M’Deghri’s interpretation was that it is more beneficial to have a strong and developed nation rather than one that is weak but large in numbers.

The government developed pamphlets and reports on Islam and family planning that were widely distributed to religious leaders as well as the public. The materials outline religious texts as they relate to family planning and also explain various family planning methods and the views of religious scholars on each.

The Ministry of Health was not alone in producing informational materials on Islam and family planning. From 2008 on the Rabita Mohammedia des Oulémas (ROM), a network of religious leaders and scholars in Morocco, has been active in promoting family planning activities. They have produced informational materials on the views of religious leaders and scholars in relation to family planning for the public alongside reports that review the debates around family planning for religious leaders in the network. They have also published guides on the position of Islam on numerous health and social issues, such as HIV and AIDS, gender-based violence, and women’s rights. The ROM works closely with a research center where they integrate feminist interpretations of the Qur’an on modern social and health issues.

Although the program has been strikingly successful in promoting family planning, the Ministry of Health and NGOs working on family planning still face significant challenges. A central concern is to achieve higher priority to reproductive health issues and to adolescents within the Ministry of Health’s family planning program. Family planning has been the top priority of the reproductive health agenda in Morocco, but other issues for reproductive health compete for resources, such as abortion, sexually-transmitted diseases, and maternal and infant health. Different actors in family planning argue that family planning should be better integrated into a broader reproductive health agenda that ensures the health of women and their families. The national family planning program offers services only to married couples, neglecting the needs of adolescents. NGOs in particular call for a new focus on educating and protecting adolescents within the national program.

Endnotes

2. The historical information of the family planning program was provided through a presentation given by the Moroccan Ministry of Health in Rabat, Morocco at a private meeting with WFDD employees in November 2014.
4. Based on meetings with the Ministry of Health in November 2014
5. Based on meetings held with the Rabita Mohammadia des Oulémas in November 2014
6. Based on meetings held with NGOs working on family planning and reproductive health in Morocco in November 2014
Pakistan has one of the world's highest lifetime fertility rates. The fertility rate stayed constant at 6.6 children per woman from 1950 to 1980, then slowly declined to an estimated 3.2 in 2010. Religious and social stigma has been a barrier in couples' decisions to use family planning methods. The influence of Islamic clerics is significant across various regions, generally with little coordination among them (quite unlike the case of Iran). Therefore a cohesive faith-linked message about family planning that links to government family planning strategies and programs has been difficult.

In the decades since Pakistan’s independence in 1947, family planning programs have seen several very different phases and the results are distinctly mixed. The program was, in its early years, cited as one of the world’s most ambitious, one that should serve as a prototype for other countries looking to introduce population policies. Despite this initial excitement, the program has been far less successful than initiatives in other Muslim majority countries. The relative failure is often attributed to the program’s overambitious nature and to political constraints on population policy decisions, but another factor was the failure to take advantage of religious leaders’ potential influence or to engage them in the decision-making process. NGOs have highlighted this gap, and various programs currently aim to increase religious leaders’ participation.

Family planning emerged as a central policy issue during the 1960s under President Mohammed Ayub Khan. Dealing with rapid population growth was seen as an economic concern, addressed in the Second Five-Year Plan (1960–1964). By the time of the Third Five-Year Plan (1965–1969), it was a core objective. The family planning program, launched in 1965, targeted more than 20 million couples in 52 districts. The aim was to reduce fertility by 20 percent by 1970. A national Family Planning Council was established to direct the policy.

Providing national coverage appeared to be feasible as the program utilized existing structures, distributing conventional contraceptives primarily through local agents, especially village midwives. The apparent simplicity and feasibility of implementation led to high public expectations. However, the first national impact survey (1968–1969) revealed that the contraceptive prevalence rate was only 6 percent and the fertility rate was unchanged.

The program’s failure to meet its 1970 target resulted in a reshuffling of leadership and rethinking of strategy. One major change was the replacement of village midwives with male-female teams—ideally a married couple with university education—to keep records of prospective clients and encourage them to use family planning services. In 1971, civil war within Pakistan and then war with India presented new hurdles for the family planning program. All services were suspended during the conflicts and they were reinstated only after 1972. Succeeding governments, however, did not support the family planning agenda and sought to distance themselves from their predecessors, appealing to the conservative base in society. The view was that this demanded that they leave behind policies to limit the population.

Thus the general history of Pakistan’s family planning programs is one of disappointing performance, linked to weak political will and to shifting priorities. Notwithstanding disappointing performance, external partners generally sustained support over the years.
From the outset the role of religious leaders in family planning has been mixed. The government’s initial aspirations were to lower the fertility rate and reduce unmet need for family planning. This encountered considerable opposition from religious leaders. Clerics instructed families that women must continue to bear as many children as possible. Even today some religious leaders teach that family planning is *haram* (forbidden). They view family planning as a practice that disrupts childbearing. Many religious leaders in Pakistan have a strong influence in politics as well as their local communities. Their opposition to family planning over the years has been a roadblock.

Several studies highlight the influential role of religious institutions and beliefs in both government and family decisions on family planning services in Pakistan. Women in communities where Muslim religious leaders gave permission to use birth spacing methods were found to be 1.7 times more likely to use contraceptives; psychosocial barriers, including social disapproval stemming from religious beliefs, emerge as the greatest obstacle to urban poor women; and men in rural

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**Box 14: Pakistan timeline**

- **1960**: Second Five-Year Plan supports family planning
- **1965**: Family planning a core objective of the Third Five-Year Plan
- **1971**: Civil war disrupts government programs, family planning suspended
- **1972**: New government not supportive of family planning
- **1978**: Family planning program revamped
- **1986**: Government develops a social marketing scheme
- **1990**: Family planning program is, briefly, a separate government ministry
- **2006**: USAID hosts a conference with religious leaders on their views on family planning
- **2008**: USAID and Population Council launch Family Advancement for Life and Health in Pakistan
- **2009**: FALAH seminar held on the “Involvement of Religious Leaders in the Population Welfare Program”
- **2014**: Renewed effort to reduce fertility rates, increase contraceptive prevalence
Pakistan have cited religion as an important reason for not using contraception.\(^{10}\) The negative effects of general attitudes that have deterred religious leader engagement on family planning have been compounded by failures of government officials involved in the family planning program to engage religious leaders as partners.

Non-governmental organizations and international aid agencies play more direct and significant roles in engaging religious leaders in the discussion on family planning, for example providing training on family planning services. An example is a USAID-sponsored behavior change initiative, FALAH (Family Advancement for Life and Health), that involved a module explaining Islamic views on reproductive health. A conference with religious leaders in 2006 focused on their views of family planning, as did a 2009 seminar entitled, “Involvement of Religious Leaders in the Population Welfare Program,” together with the Ministry of Population Welfare.

Notwithstanding the difficulty confronting family planning programs, there is evidence of behavior change among Pakistani society. A 2014 World Bank study found that men are showing increased interest in family planning services and contraception, primarily due to the poor economic climate and its implication for large families.\(^{11}\) Moreover, women favor interventions that involve the support of religious leaders, especially those who are educated on family planning and refer to the teachings in the Qur’an and hadith.

The total fertility rate today stands at slightly above three children per woman, a reduction from nearly seven children per woman in the 1950s. Early programs clearly fell far short of the ambitious goals set out by the Ayub Khan government. There is, however, evidence of shifts in attitudes and thus of potential to move forward. Religious leaders are inserting themselves into the discussion. Albeit with significant exceptions, most assert that Islam does accept family planning.\(^{12}\) Reproductive health workers are actively seeking support from ulama.\(^{13}\)

**Endnotes**


5. Ibid.


7. Ibid.


Reproductive health has long been a challenge for Senegal’s development, as it is for the Sahel region overall. West and Central Africa currently have the world’s highest birth rates\(^1\) and lowest contraceptive prevalence rates.\(^2\) The region also faces high rates of infant and maternal mortality. For some time, however, family planning was a low priority and in some circles, the subject was largely taboo. As of 2012, the under-5 mortality rate (U5MR) stood at 60 deaths per 1,000 live births, infant mortality rate at 45 deaths per 1,000 live births, and the maternal mortality ratio at 370 deaths of women per 100,000 live births.\(^3\) The total fertility rate was 4.9 children per woman in 2013,\(^4\) while the adolescent fertility rate was 80 births per 1,000 women aged 15 to 19 in 2014.\(^5\)

The low level of acceptance of family planning and slow behavior change toward fertility reduction are important obstacles to improving infant and maternal health. Senegal’s government faces the challenge of convincing the population that family planning is an intervention accepted and promoted within their respective religions, and especially Islam. While in many instances religious leaders have not taken active positions vis-à-vis family planning, some Muslim clerics with significant media presence have argued that family planning is an attempt to limit and control family size and the size of the overall Muslim population, which contradicts a religious obligation to grow the Muslim population.

Senegal’s population has grown by more than seven million since 1990, with approximately 15.1 million people today.\(^6\) The annual rate of population change for the 2010 to 2015 period is estimated at 3.1 percent.\(^7\) Persons between the ages of 0 to 14 account for 44 percent of the population, and persons between the ages of 15 to 24 account for an additional 19.6 percent.\(^8\) This means that the under-24 population makes up nearly two-thirds of the current population. A large youth population poses many challenges, placing strain on the economy and already limited education and food resources.

Senegal’s contraceptive prevalence rate (CPR) remains one of the lowest in the world, but it has significantly increased in recent years. In 2010 to 2011, only 12.1 percent of married women aged 15 to 49 used a modern form of contraception,\(^9\) but a renewed interest in and push for improved maternal and child health outcomes drove the number to 20.3 percent in 2014.\(^10\) Senegal’s Minister of Health, Dr. Awa Marie Coll Seck, observed at the 2012 London Family Planning Summit that the Ministry’s goal was to increase CPR to 27 percent by the end of 2015.\(^11\)

Two turning points were the years 1980 and 2012. In 1980, the 1920 French law prohibiting the distribution and use of contraception was repealed; the newly elected President Abdou Diouf supported family planning; and the family planning policies set out in the *Fifth Four-Year Plan for Economic and Social Development (1977–1981)* were translated into action plans.\(^12\) These initiatives had limited success. Senegal’s program lacked strategy, finances, and consistency—between 1980 and 1999, the program changed departments eleven times.\(^13\) Another significant milestone was the 1994 Cairo Conference on Population and Development, which spurred interest in demographic and family planning among both national leaders and international partners.

The repercussions of decades of high fertility rates prompted the government to expand its efforts on family planning.
planning. In 2012 the Ministry of Health and Social Action redoubled its efforts and formulated an explicit plan to promote and improve reproductive health in order to attain the goal of 27 percent in contraceptive prevalence. The alarming state of infant and maternal health, along with slow progress towards related Millennium Development Goals, prompted the government to declare reproductive health as a national priority. With the support and input of its international partners, the Ministry developed an action plan to guide its family planning activities from 2012 to 2015.14

The family planning program emphasizes improving supplies and services. A 2011 study found that 84 percent of Senegalese women interviewed could not refill supplies for their method of contraception during the previous year due to stock-outs,15 reflecting serious disruptions and inconsistency in supplies. The Senegalese government, in collaboration with the Senegal Urban Reproductive Health Initiative (Initiative sénégalaise de santé urbaine, ISSU), is responding with the Informed Push Model of distribution to assure contraceptive supplies. Rather than leaving health structures with the responsibility of tracking and stocking their own inventory, the model uses a professional logistician to deliver, top up, and track usage of supplies.16 The model ensures that women using family planning services can have continuity in their supply of contraceptive protection.

Another key aspect of the national family planning

**Box 15: Senegal timeline**

**Before 1980:** Family planning a taboo subject

**1980:** Repeal of 1920 French law prohibiting the distribution and use of contraception

**1980:** Newly elected President Abdou Diouf supports family planning, family planning policies set out in the *Fifth Four-Year Plan for Economic and Social Development* (1977-1981)

**1994:** New focus on family planning in conjunction with Cairo Conference

**2012:** National action plan for family planning 2012–2015

**2012:** Senegal part of nine-nation Ouagadougou Partnership focused on family planning and birth spacing

**2014:** Formation of interreligious group, the Group of Religious Leaders on Health and Development (Cadre des Religieux sur la Santé et le Développement, CRSD), focused on family planning
program was the widespread ten-month Moytou Nef campaign, which means “avoid closely spaced births” in Wolof. The Ministry, with support from USAID and UNFPA, disseminated the message through media spots, billboard promotion, and pamphlets and posters in health centers. The campaign used the predominant local language, Wolof, to make family planning messages more accessible to the public. In choosing the phrase Moytou Nef, the Ministry differentiated birth spacing from the idea of birth limitation, a concept that many religious communities reject but have long associated with family planning.

The government and international, and local development agencies alike have long seen involvement of religious leaders and communities in family planning efforts as important. However, they primarily targeted religious leaders at the local level, such as the imams du quartier (neighborhood imams). The Ministry of Health’s 2012-2015 National Action Plan for Family Planning outlined activities and avenues that expand efforts to engage religious leaders. This included nominating ‘champions’ in the religious community who would speak publicly in favor of family planning. In order to understand men’s role in reproductive health, USAID has been investigating the role of religious beliefs in family planning attitudes and behaviors since as early as 1996. Local organizations, such as the Senegalese Association for Family Well-Being (Association Sénégalaise pour le Bien-Être Familial, ASBEF), have long included religious leaders in their family planning activities.

Family planning has both proponents and opponents among religious leaders in Senegal. While many promote family planning in their communities, some independent imams speak strongly against family planning. Especially sensitive

Box 17: Pillars of the Ministry of Health and Social Action’s 2012-2015 National Family Planning Program in Senegal

- Large-scale communication strategy with specific and diverse messages according to the targeted population, primarily for men and youth
- Advocacy program targeting political opinion leaders, religious leaders, sponsors, and civil society to solicit their support and commitment
- Accessibility of contraceptive products through the implementation of an innovative strategy
- Community-based distribution of short-term methods and expansion of the types of products offered
- Inclusion of private-sector actors to expand the offer and use of contraceptives, notably through social marketing, mobile clinics, and the implementation of a network of social franchises
- Improvement of the offering, especially long-term methods, in the public system for more accessible and higher quality services that maintain discretion and provide appropriate support for women and youth

Box 16: Senegal’s religious landscape

Senegal’s population is predominantly Muslim (94 percent) but the nation has long prided itself on religious diversity and tolerance. Some 4 percent of the population is Christian, and 2 percent practice traditional African religions. The religious landscape is colored by the strong role of four principal Sufi orders. The government respects religious diversity (the constitution is secular) but acknowledges the important roles of religious leaders and beliefs in many dimensions of policy. A 2010 Pew Forum on Religion and Public Life survey found that 98 percent of Senegalese who were surveyed reported that religion is “very important” in their lives; Senegal ranked the highest of the 56 countries surveyed.
is any perception that the goal is ‘population control’ rather than the promotion of reproductive health. Televised debates on reproductive health bring together representatives from the Ministry of Health, religious leaders both in support and opposition, women’s associations, and health professionals. The public debates have helped to raise awareness on the issue.

Reproductive health is increasingly seen as a priority among Senegalese religious organizations including the Islam and Population Network (Réseau Islam et Population) and the National Association of Imams and Ulamas of Senegal (Association nationale des imams et oulémas du Sénégal). Even when family planning, and particularly contraception, was a taboo subject in the 1990s, these organizations sought to inform the population about its benefits and permissibility in Islam. They hosted meetings and wrote books on the subject in the face of harsh criticism. Several Senegalese religious leaders and scholars of Islam have written *argumentaires* (argumentation booklet), highlighting how family planning is viewed within their religion. Scholars include El Hadj Mustapha Guèye, Abdoul Aziz Kébé, and Ousmane Samb. They essentially argue that Islam is a religion for all people and for all times, and thus it is necessary to understand the Qur’an in light of modern technology and societal changes.

Although religious leaders have been engaged in the national debates on family planning, their engagement has largely been at the grassroots level. In 2014, the Group of Religious Leaders on Health and Development (Cadre des Religieux sur la Santé et le Développement, CRSD), formed to bring together religious leaders from each of the *confréries*, or Sufi orders, as well as the Catholic and Lutheran churches of Senegal. Their main goal is to promote dialogue about family planning with senior-level religious leaders; the group conducts *visites des courtoisies* (courtesy visits) to meet with the *khalifes* (leaders of the *confréries*) to discuss the importance of family planning for family well-being and its roots in Islam. They have developed an *argumentaire* on Islam and family planning, which promotes the use of birth spacing for infant and maternal health. In March 2015, they presented a draft of the *argumentaire* to religious leaders, Islamic scholars, the Ministry of Health, and NGOs working on reproductive health. The group is now distributing the *argumentaire* within Senegal, as well as speaking on media programs and conducting workshops throughout the country. The group also visited Morocco to meet with government and religious actors to learn from the experience there.

Senegal has always appreciated the importance of including religious leaders in government strategies and programs. Efforts were, however, piecemeal and were not sustained. There was also a tendency to instrumentalize, rather than...
partner with, the religious leaders. While organizations engaged religious leaders at the local level, they could not create a sustainable network of high-level religious leaders who could then diffuse the message through their followers.

The government’s current family planning strategy is promising, including its emphasis on religious engagement. The Ministry of Health and Social Action is collaborating with the CRSD and other partners to engage religious leaders on reproductive health. The Ministry hopes to inspire behavior change around reproductive health by demonstrating acceptance for birth spacing and contraception at the highest levels of Muslim leadership.26

Endnotes

8. Ibid.
13. Ibid.
16. Ibid.
21. This information is based on conversations with representatives of Réseau Islam et Population and Association Nationale des Imams et Oulémas.

22. Ibid.


25. See also: http://berkleycenter.georgetown.edu/publications/l-argumentaire-islamique-sur-l-espacement-des-naissances

26. This information is based on discussions with the Ministry of Health and Social Action.
The enormous (and often under-appreciated) diversity of the world’s Muslim-majority countries is the backdrop for this report. This diversity is not only religious but also geographic, cultural, political, economic, linguistic, and demographic. It is hardly surprising, therefore, that the histories of family planning programs and their interplay with religious factors also vary widely. Indeed, that is a primary conclusion emerging from the analysis: notwithstanding the strong ethical and spiritual bonds that link these six countries to other majority Muslim countries, the roles of religious actors and religious beliefs have been very different. Further, perspectives at both international and national level vis-à-vis family planning shifted over the decades, for example from a focus on population control, which led to certain reactions, to one that emphasized women’s health and rights. A wider analysis would, in all likelihood, highlight a still greater diversity among different countries and communities, and thus underscore an important first conclusion: that over-generalizations are always perilous but especially so when the complex interplay of religion and society are concerned.

A central implication of these wide differences is that a probing analysis of each country’s religious history and landscape is essential and should be part of any approach to family planning program or policy as religious beliefs and practices are certain to play important, and always complex, roles. It is essential to identify the religious players and understand their links within the country and transnationally, as well as their areas of focus related to development and health. Where family planning is concerned, approaches to gender relations in all their dimensions have special importance.

Despite wide differences, there are important common points and lessons, perhaps best exemplified, in the widely different experiences of Indonesia, renowned for its family planning success, and Pakistan, with its history of disappointments. A common feature is that, at one point or another, government and religious authorities engaged together in addressing family planning, and looked to Islamic teachings both as an inspiration for policies and in setting boundaries and limits. Where there was a failure to engage, tensions emerged. Where there was a swift response to religiously-linked tensions, it was often possible to trace a satisfactory path forward. If delays were the case, however, problems tended to be magnified.

Another important common feature in the more successful experiences was partnerships that involved working together without the taint of “instrumentalizing” or using one party or the other. Meaningful partnerships involved early consultation, a combination of scholarship and practice, engaging religious networks as well as religious teachings and ideas, and involving leaders both formal and informal.

A common challenge has involved distinguishing widely accepted Islamic teachings from other views that confound religious teachings and cultural assumptions and beliefs. In each case, efforts to link family planning policies at one point or another to core Islamic principles and beliefs were seen as especially important. Here, exchanges among scholars and practitioners from across the large Islamic community have been useful and meaningful. It is likely that these challenges are amplified by the rapid increases in social media but the evidence from these cases on that aspect of experience was too limited to hazard specific conclusions.
Negative religious attitudes were in some cases linked to the perceptions of some religious leaders about what they perceived as the underlying agendas involved. In some instances religious leaders assumed that family planning programs were grounded in underlying values that were not supported by Islamic teachings. In the cases of both Pakistan and Iran, when family planning programs confronted pushback from religious authorities, opponents of the programs gained traction by arguing that these programs had been inspired or pressed by Western countries, and even in some cases that they were motivated by negative attitudes towards Islam.

A “lesson” from this review is that the experiences of other countries are often seen as useful in informing and inspiring, especially on an area as sensitive and culturally linked as family planning. In several cases, exchange visits, conferences, and other forms of learning from others were marked as important turning points. Many countries look to lessons learned from other nations’ experience, especially when they share cultural and religious links. Since interpretations of Islam transcend national boundaries, rich and instructive teachings and practices of leaders and communities throughout the Muslim world are a dynamic force and often inspirational.

This review is a first and partial effort, but the findings suggest that broadening the study to additional countries and deepening the analysis would yield valuable insights that could be of material assistance in the design and management of family planning programs. To reiterate, there is no single model or blueprint for family planning or for religious engagement. Each of the six cases was shaped both by evolving circumstances and different personalities and leaders. But, in all the cases, family planning policies benefited when they took religious factors into account, intelligently, explicitly, continuously, and creatively.
Family planning (WHO definitions)¹
Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman’s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. There are several modes of family planning that can be used effectively and safely to prevent pregnancy:

- Barrier methods such as the condom, diaphragm, and sponge;
- Intrauterine devices (IUD);
- Hormonal methods, such as a pill, implant, or injection;
- Sterilization methods, such as vasectomy, hysterectomy, and tubal ligation; and
- Natural methods, which include fertility awareness and post-partum breastfeeding

Total fertility rate (TFR)²
Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age-specific fertility rates.

Contraceptive prevalence rate (CPR)³
Contraceptive prevalence rate is the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used. It is usually reported for married or in-union women aged 15 to 49.

Unmet need for family planning⁴
Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women’s reproductive intentions and their contraceptive behavior. Unmet need is expressed as a percentage based on women who are married or in a consensual union.

Endnotes
Appendix 2

Verses from the Qur’an and Hadith referred to in relation to family planning

Ease

“Allah desires for you ease [yusr]; He desires not hardship [‘usr] for you.” (2:185)

“And has not laid upon you in religion any hardship.” (22:78)

“Allah desires to lighten your burden, for man was created weak.” (4:28)

“And of His signs is that He created for you from yourselves mates that you may find tranquillity in them; and He placed between you affection and mercy. Indeed in that are signs for a people who give thought.” (30:21)

Moderation

“Allah tasks not a soul beyond its capacity (or limits).” (2:286)

“And let not your hand [in giving] be chained to your neck, nor yet open it to the extreme, lest you end up in rebuke, in beggary.” (17:29)

“This religion [of Islam] is a religion of Yusr free from narrow restrictions; anyone who tries to be too strict in matters of religion will have his purpose defeated. Therefore, be on the right path, as in your morning course, your evening course and during your night journey.” (hadith, al-Bukhari and Muslim)

Quality

“Say: the evil and the good should not be valued equal, even though the abundance of evil may dazzle you.” (5:100)

“How oft, by Allah's will, has a small host vanquished a numerous host.” (2:249)

Planning

“We have created everything, according to a law.” (54:49)

“Reflect on the creation of the heavens and the earth.” (3:191)

“It is not for the sun to overtake the moon, nor does the night outstrip the day. They all float along, each in its own orbit [according to law].” (36:40)

“Blessed be He whose hand is in the kingdom, and over everything is He potent, who has created death and lie that He may try you, which of you is best in deed, and He is the Exalted and Forgiving. Who has created seven heavens in harmony, one above the other, no defect can you see in Allah’s creation.” (67:1-3)

Children and procreation

“And marry such of you as are solitary and the pious of your slaves and maid-servants. If they be poor, Allah will enrich them of His bounty. Allah is of ample means, Aware.” (24:32)
“Marry yourselves and procreate, for I will take pride in you before the nations on the Day of Resurrection.”

“And remember, when ye were but few, how He did multiply you.” (The Heights, V86)

“Then Zacharia prayed unto his Lord and said: My Lord! Bestow upon me of thy bounty goodly offspring. Lo! Thou art the Hearer of Prayer.” (The Family of ‘Imran, V38)

“My Lord! Vouchsafe me of righteous. So We gave him tidings of a gentle son.” (Those who set the ranks, V100-01)

“And verily We sent messengers (to mankind) before thee, and We appointed for them wives and offspring.” (The Thunder, V38)

“Verily, it is better for you to leave your offspring (heirs) wealthy than to leave them as poor beggars.”

Endnotes

1. Saying of the Prophet (Imam Ahmad Bnu Hiban reports that in a hadith saying, according to Anas)

2. Saying of the Prophet according to Amir bn Sa’ad bn Abi Waqqas in Sahih Bukhari

Infanticide

“Kill not your children for fear of poverty. We shall provide sustenance for them as well as for you. Surely, the killing of them is a great sin.” (17:31)

“And kill not your children because of poverty. We provide sustenance for you and for them.” (Surah Al-An-aem: 151)

“And the earth We have spread out and produced therein all kinds of things in due balance and We have provided therein means of sustenance for you and for those whose sustenance you are not responsible. And there is not a thing but its sources and treasures (inexhaustible) are with Us. But We only send down thereof in due and ascertainable measures.” (15:19-21)

Marriage

“And one of [God’s] signs is that He has created for you mates from yourselves, that you may dwell in tranquility with them, and has ordained between you Love and Mercy.” (30:21)


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