FAMILY PLANNING

Religious leaders gain ground in the Jordanian family-planning movement

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ABSTRACT

Objective: To assess the effect of a training program designed to enhance the role of Muslim religious leaders (RLs) in promoting family welfare, including reproductive health generally and family planning more specifically.

Methods: A panel study design was utilized; 136 and 115 RLs completed the self-administered questionnaires at baseline (pre-training) and endline (6 months post-training), respectively. Scales were generated to assess RLs' knowledge of the number of family-planning methods deemed to be acceptable according to Islamic teachings (9 methods, Cronbach α = 0.85), attitudes toward family planning (7 statements, Cronbach α = 0.67), and preaching and/or counseling on family-planning topics (7 topics, Cronbach α = 0.85). Results: Linear regressions controlling for sex, age, and educational attainment showed that, on average, RLs cited more methods deemed acceptable according to Islamic teachings (β = 1.381; P < 0.001), expressed more positive attitudes toward family planning (β = 0.514; P < 0.05), and preached and/or counseled on family-planning topics more frequently at endline compared with baseline (β = 0.965; P < 0.01). Conclusion: Culturally appropriate training for RLs can lead to a deeper understanding of, and appreciation for, reproductive health and family planning, with the effects manifesting as increased preaching and/or counseling about these important topics.

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1. Introduction

Over the past few decades, governmental and non-governmental organizations, health promotion practitioners, and healthcare providers have increasingly recognized that religious leaders (RLs) can be important allies in health promotion, including in the areas of reproductive health and family planning. Al Azhar University in Egypt and the Ministry of Health and Medical Education in Iran regularly dispatch fatwas (religious rulings) in favor of modern contraceptive use [1]. Indeed, the rapid drop in the total fertility rate in Iran from 5.5 in 1988 to 2 in 2000 has been attributed, in part, to the alliance between religious authorities and governmental agencies [2,3]. The utilization of Islamic tenets in the promotion of contraceptive use has also been successful in Afghanistan [4], Indonesia [5], and Bangladesh [6], among others.

In Jordan, RLs have also acknowledged the acceptability of family planning [7]. The widespread acceptance of family planning in Jordan from a religious perspective is attested to by the finding that only 1% of married women aged 15–49 years cite religious prohibition as the reason for not intending to use contraception [8]. This is not surprising, since the Quran and Islamic law do not forbid pregnancy spacing [9]. In

In Jordan, the Department of Ifta' published a fatwa allowing the use of all nonpermanent contraceptives; thus, for the majority of Jordanians [1], contraceptive use is permissible. While there are many reasons that Islam permits contraception, the most common is to ward off “the risks posed to the health of mothers and children by additional pregnancies” [9].

Contraceptive use has increased gradually over the past 2 decades in Jordan; 59% of currently married women aged 15–49 years reported contraceptive use in a recent study [8]. Concurrently, the total fertility rate in Jordan steadily decreased from 5.6 children per woman of reproductive age in 1990 to 3.7 children in 2002 [10]. Yet that decline stagnated thereafter; projections indicate that the population of Jordan will double within 26 years if the population growth rate stabilizes at 2.5%, as measured for the 1994–2004 period [10].

Religious leaders are important opinion leaders in Jordan and can influence women’s contraceptive use [11,12]. A previous study found RLs to be equally or more knowledgeable than the general public about matters of reproductive health and family planning, so they could be a positive influence [7]. In that study, the majority of RLs reported that they did not discuss the whole range of family-related health issues in their Friday sermons or while counseling congregants, although they expressed a willingness to do so [7].

A study conducted in 2009 revealed that 67% of Jordan’s RLs held positive attitudes toward family-planning topics; 20% were very supportive and 34% were moderately supportive of a national reproductive health and family-planning program for Jordan [13]. As a result, the Jordan Health Communication Partnership joined forces with the Higher Population Council/General Secretariat (HPC/GS), which oversees population-
related policies and programs, and the Ministry of Awqaf, Islamic Affairs and Holy Places (MAIAHP), which spearheads all matters pertaining to Islamic jurisprudence, to develop a training program to equip RLs with the knowledge and skills needed to be more involved in the reproductive health and family-planning arena.

The aim of the present study was to determine whether participation in such a program would be positively associated with knowledge of Islam’s approval of modern contraceptive methods, positive family-planning attitudes, and the propensity to speak to congregants about the topics covered during the training.

2. Materials and methods

2.1. Conceptual framework

Cleland and Wilson [14] introduced the notion of “ideation” when referring to the constellation of cognitive, emotional, and social factors associated with behavioral change, specifically in the area of family planning. Their key idea is that a shared language and geographic proximity allow “changing perceptions, ideas, and aspirations” to be communicated with members of any given community [14]. While communication may serve to reinforce normative beliefs, communication interventions can also bring individuals together to rethink and reconstruct their ways of thinking. Indeed, research has demonstrated that communication programs can promote new ways of thinking. The evidence indicates that, as individuals develop greater knowledge of, and more positive attitudes toward, a health or social concern, they will be more likely to communicate with others about that topic [15]. There is evidence, for example, that theory-based programs can influence communication about and use of modern contraception [16] and conversations related to gender equity [17]. Preaching and counseling are RLs’ primary modes of communicating with their congregants.

To test the extent to which the RL training was associated with programmatic goals, 2 hypotheses were advanced. Hypothesis 1: participation in the RL training program will be positively associated with knowledge of Islam’s approval of contraceptive methods, positive attitudes toward family planning, and speaking with congregants about family-planning topics (direct effects). Hypothesis 2: the direct effects of participation on speaking with congregants about family-planning topics will be augmented by the indirect effects of knowledge of Islam’s approval of contraceptive methods and positive family-planning attitudes.

2.2. Training program for RLs

Religious leaders gathered in groups of 20–25 to take part in 2-day, 8-session training workshops. The training was centered around the Religious Leaders’ Training Manual on Family Health, which describes the role of RLs in promoting family welfare; male and female relations in Islam; and family health; safe motherhood and birth spacing; leadership skills; community mobilization for better health; information on family-planning methods; and authentic Islamic sources for the Prophet Mohammad’s sayings and actions related to these topics. The overall aim of the training program was to improve RLs’ knowledge and efficacy related to family health so that they could be more proactive in promoting the welfare of the family by speaking publicly and privately with their congregants about these important matters.

A total of 323 male and 49 female RLs participated in 18 workshops in Zarqa Governorate, Jordan. During the workshops, each participant developed their own 6-month action plan regarding how they would deliver the information learned, whether through Friday sermons, religious lessons, or counseling sessions.

2.3. Sample selection and recruitment

The investigation relied on a panel study design; the same individuals were interviewed pre-intervention (baseline) and again 6 months post-intervention (endline). Recruitment was based on workshop participation. In March and April 2010, 8 of the 18 workshops were randomly selected for inclusion in the study. All workshop participants were told about the survey, read an oral consent form, and informed that they were free to participate or not. Ten men refused to participate at baseline. All baseline respondents were invited to take part in the endline survey in October 2010. There was an attrition rate of 18% among male and 10% among female respondents between the 2 surveys (114 baseline and 94 endline men; 22 baseline and 21 endline women).

The research protocol and questionnaires were reviewed and approved by the MAIAHP, HPC/GS specialists, and the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health.

2.4. Questionnaire

The self-administered questionnaires included items about demographic characteristics, reproductive health and Islam, modern contraception, men’s role in the prevention of violence against women, safe motherhood, breastfeeding, and gender equity. Additionally, participants were asked whether they had preached about or advocated for the family health topics covered in the training, with particular emphasis given to family-planning-related topics.

2.5. Data entry and analyses

Data entry was completed using CSPro 4.0 (United States Census Bureau, Suitland, MA, USA). Data were cleaned and edited for inconsistencies; missing data were not statistically imputed. Data analysis was completed using Stata/SE 11 (StataCorp, College Station, TX, USA). To determine statistical significance in bivariate analyses, χ² tests of differences in proportions were used, and 1-way analysis of variance and Student t tests were used for the difference in means. Linear regression analysis was conducted to test the hypotheses. P ≤ 0.05 was considered to be statistically significant.

2.6. Scales

2.6.1. Family-planning method approval

Respondents were asked to indicate whether specific family-planning methods were acceptable for use according to Islamic teachings, whether the methods were prohibited, or if they did not know. The scale was generated by summing the number of methods deemed acceptable (9 methods, Cronbach α = 0.85).

2.6.2. Family-planning attitudes

Respondents were asked to indicate whether they agreed, disagreed, or were unsure about a series of statements relating to family-planning attitudes. Negative statements were reversed for analysis purposes. The scale was generated by summing the number of positive attitudes (7 statements, Cronbach α = 0.67).

2.6.3. Family-planning preaching and/or guidance

Respondents were asked whether they preached and/or counseled about a series of family-planning topics. The scale was generated by summing the number of topics covered by the RLs during the previous 3 months (7 topics, Cronbach α = 0.85).

3. Results

3.1. Characteristics of the sample

Table 1 reports background characteristics of RLs at baseline and endline. On average, RLs were approximately 43 years of age at baseline and 44 at endline. Approximately 30% of all RLs had a secondary education, 30% an intermediate diploma, and 20% had a university or
advanced degree. Age and education level distributions did not vary significantly between baseline and endline data. Nearly 45% of RLs had 10 years or more of service. No significant differences were noted in the number of years of service or specialization when comparing baseline and endline respondents. This indicates that participant attrition did not introduce a bias in these respects.

3.2. Descriptive analyses

3.2.1. Islam and contraceptive methods

Respondents were asked whether specific family-planning methods were deemed allowable according to the Islamic Shari’a. The list of allowed non-permanent methods included oral contraceptives, intrauterine devices, injections, implants, condoms, vaginal barriers (e.g. diaphragm, gels), prolonged breastfeeding, withdrawal, and prolonged abstinence. A significantly higher proportion of respondents at endline correctly indicated that intrauterine devices, injections, implants, and prolonged abstinence were allowed according to Islamic Shari’a (data not shown). Overall, the mean number of methods considered acceptable at endline was significantly higher than at baseline (6.0 vs 4.8; \( P < 0.05 \)) (Table 2).

Table 1

<table>
<thead>
<tr>
<th>Background characteristics of male and female respondents</th>
<th>Baseline</th>
<th>Endline</th>
<th>( P ) value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, year</td>
<td>n = 133</td>
<td>n = 113</td>
<td>0.429</td>
</tr>
<tr>
<td>Mean age, y</td>
<td>43.2 ± 12.3</td>
<td>44.4 ± 11.7</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td>n = 136</td>
<td>n = 115</td>
<td>0.158</td>
</tr>
<tr>
<td>Married or previously married</td>
<td>83.1</td>
<td>91.3</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>15.4</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Engaged</td>
<td>1.5</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>n = 136</td>
<td>n = 115</td>
<td>0.784</td>
</tr>
<tr>
<td>Less than secondary</td>
<td>16.9</td>
<td>19.1</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>29.4</td>
<td>31.3</td>
<td></td>
</tr>
<tr>
<td>Intermediate diploma</td>
<td>25.0</td>
<td>28.7</td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>19.9</td>
<td>15.7</td>
<td></td>
</tr>
<tr>
<td>Advanced/postgraduate</td>
<td>6.6</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>2.2</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Specialization</td>
<td>n = 73</td>
<td>n = 57</td>
<td></td>
</tr>
<tr>
<td>Islamic Shari’a and Islamic law</td>
<td>61.6</td>
<td>56.1</td>
<td>0.346</td>
</tr>
<tr>
<td>Arabic</td>
<td>5.5</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>Law</td>
<td>2.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>24.7</td>
<td>36.8</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>5.5</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Length of service, y</td>
<td>n = 136</td>
<td>n = 115</td>
<td>0.128</td>
</tr>
<tr>
<td>&lt; 5</td>
<td>25.7</td>
<td>33.9</td>
<td></td>
</tr>
<tr>
<td>5–9</td>
<td>25.0</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>≥ 10</td>
<td>44.1</td>
<td>45.2</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>5.2</td>
<td>0.9</td>
<td></td>
</tr>
</tbody>
</table>

\(^{a}\) Values are given as mean ± SD or percentage unless otherwise indicated.

\(^{b}\) Significance comparing baseline and endline data; \( t \) test for means and \( \chi^2 \) for proportions.

3.2.2. Attitudes associated with family planning

Seven statements were used in order to gauge respondents’ attitudes toward family planning and the husband’s involvement in reproductive health (Table 2). The most noteworthy and significant increases related to the statement that men should attend the births of their children. The mean number of statements to which respondents agreed increased significantly from 4.6 at baseline to 5.1 at endline (Table 2).

3.2.3. Preaching, religious lessons, and counseling

Respondents were asked to indicate whether they had counseled and/or preached in public about 7 family-planning topics in the previous 3 months. The most covered topics included family-planning methods, Islamic religious opinion on family planning, and the importance of spousal communication and joint decision-making regarding modern contraceptive use (Table 3). The mean number of topics covered increased significantly from 5.0 at baseline to 5.8 at endline.

3.3. Multivariate analyses

The findings reported thus far have been bivariate results and, therefore, do not take into account sociodemographic variables, which could account for differences between baseline and endline findings. To test hypothesis 1, we began by regressing the dependent variables—family-planning attitudes, number of family-planning methods deemed acceptable according to Islamic teachings (family-planning method approval), and preaching about family planning—on the control variables of RL training, sex, age, and educational attainment. Holding background characteristics constant, RL training was positively and significantly associated with all 3 dependent variables (Table 4), thus supporting hypothesis 1, which posited direct effects of training on the dependent variables.

Education and age were also positively and significantly associated with the number of family-planning methods identified as consonant with Islamic teachings. That is, the more educated and the older the respondent, the more family-planning methods they considered acceptable according to Islamic teachings.

To test the ideational assumptions and to attain a more comprehensive understanding of how the training affected the variables of interest, additional regressions were conducted. First, family-planning attitudes were regressed onto training, background characteristics, and family-planning method approval (Table 4). The direct effect of the training on family-planning attitudes was lost when the latter variable was added to the equation. It is important to note that this equation (\( F (5235) = 5.24; P < 0.001 \)) demonstrates that the mean number of positive family-planning attitudes was significantly and positively associated with the number of family-planning methods considered consonant with Islamic teachings.

The direct effect of training on the number of family-planning topics preached or counseled remained significant after including training.

Table 2

<table>
<thead>
<tr>
<th>Knowledge of Islamic Shari’a allowance of family-planning methods and attitudes toward family planning</th>
<th>Baseline</th>
<th>Endline</th>
<th>( P ) value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Islamic Shari’a allowance of family-planning methods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean number of methods agreed upon</td>
<td>4.8 ± 2.8(^{b}) (n = 136)</td>
<td>6.0 ± 2.5(^{b}) (n = 115)</td>
<td>0.0002</td>
</tr>
<tr>
<td>Attitudes toward family planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couples should space pregnancies at least 3 years</td>
<td>44.4 (n = 117)</td>
<td>54.7 (n = 106)</td>
<td>0.125</td>
</tr>
<tr>
<td>Family planning should be used after birth before resuming marital relations</td>
<td>76.9 (n = 134)</td>
<td>84.4 (n = 115)</td>
<td>0.139</td>
</tr>
<tr>
<td>Starting contraceptives immediately after birth of a child will prevent accidental pregnancies that occur too soon</td>
<td>73.9 (n = 134)</td>
<td>81.4 (n = 113)</td>
<td>0.159</td>
</tr>
<tr>
<td>A large number of children does not give higher social status</td>
<td>62.2 (n = 135)</td>
<td>70.3 (n = 111)</td>
<td>0.185</td>
</tr>
<tr>
<td>Family planning improves one’s standard of living</td>
<td>82.2 (n = 135)</td>
<td>89.4 (n = 113)</td>
<td>0.111</td>
</tr>
<tr>
<td>A large number of children has a negative effect on a woman’s health</td>
<td>86.6 (n = 134)</td>
<td>79.8 (n = 114)</td>
<td>0.154</td>
</tr>
<tr>
<td>Men should attend births of their children</td>
<td>50.0(^{b}) (n = 144)</td>
<td>63.2(^{b}) (n = 114)</td>
<td>0.018</td>
</tr>
<tr>
<td>Mean number of positive attitudes relating to family planning</td>
<td>4.6 ± 1.6(^{b}) (n = 136)</td>
<td>5.1 ± 1.6(^{b}) (n = 115)</td>
<td>0.018</td>
</tr>
</tbody>
</table>

\(^{a}\) Values are given as mean ± SD or percentage unless otherwise indicated.

\(^{b}\) Significance comparing baseline and endline data; \( t \) test for means and \( \chi^2 \) for proportions.
background characteristics, family-planning method approval, and family-planning attitudes in the equation, which yielded a highly significant association (F (6234) = 2.00; P = 0.0028; power = 0.915 [1-sided]). This regression demonstrates that family-planning preaching and/or guidance was significantly and positively associated with the number of positive family-planning attitudes.

These findings indicate that there were both direct and indirect effects between the training and RLs’ speaking to congregants about family planning, supporting hypothesis 2; the training was found to be positively associated with family-planning method approval, which was—in turn—positively and significantly associated with the number of positive family-planning attitudes registered by RLs.

4. Discussion

The present findings demonstrate that the training had lasting and significant effects. At 6 months post-training, participants were significantly more likely to register positive attitudes about family planning, believe that a wider range of contraceptive methods was acceptable according to Islamic teachings, and preach or counsel about a wider range of family-planning topics than before the training. These findings held while controlling for age, sex, and educational attainment. Individuals who were better educated, on average, held more positive attitudes about family planning and were more likely to agree that more family-planning methods were acceptable according to Islam.

The RLs’ training directly affected their awareness of the number of family-planning methods considered consonant with Islamic teachings, attitudes about family planning, and preaching about family planning, thus confirming the first hypothesis posited. The second hypothesis—that training RLs would affect communication about family-planning topics to congregants—was also supported: the number of family-planning methods considered acceptable according to Islamic teachings was found to be positively and significantly associated with holding positive family-planning attitudes. The latter was significantly and positively associated with having preached and/or given guidance about family planning.

Thus, the study found both direct and indirect effects of training on the programmatic goal of increasing RLs’ preaching and counseling about family planning. These findings should be interpreted cautiously given that the variances explained were not large, particularly for the initial equation that predicted preaching/counseling. Effects were larger on perceptions of methods and family-planning attitudes. This is not unexpected because individuals often change their attitudes and perceptions before taking related actions, as the literature attests [10,11]. Yet, importantly, the variance explained in the equation predicting preaching/counseling increased with the addition of the intermediate variables of method approval and family-planning attitudes.

These significantly positive findings indicate that the training did make a difference in family-planning-related attitudes and discourse, which can be difficult to address among RLs, whether Christian or Muslim [18]. Findings also support expansion of the training to other RLs. Reproductive health practitioners continue to call for greater understanding of Islamic tenets [19,20] and more involvement of RLs in these important areas of family life [3,21–23].

The key limitation of the present study was the attrition rate, with approximately 15% of participants dropping out between baseline and endline. Yet baseline–endline comparisons found no significant differences in age or educational attainment. The study would have been strengthened with the addition of a control group but funding precluded that option. Another limitation was that the women’s sample was small.
(although not unexplained that given the extent of 1 in 5 RLs it is a woman), making it difficult to detect statistically significant findings when comparing men with women.

We hope that the present study, which is one of the few to examine the family-planning knowledge, attitudes, and advocacy practices of Muslim RLs, will contribute to the literature by demonstrating that culturally appropriate programming for RLs can lead to a deeper understanding of, and appreciation for, family planning—with the effects manifesting as advocacy for improved reproductive health outcomes.

Acknowledgments

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Conflict of interest

The authors have no conflicts of interest.

References