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ISLAM AND FAMILY PLANNING

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G overnments around the world—including many in the Islamic world—support family planning programs to enable individuals and couples to choose the number and timing of their children. The development of modern contraceptives, organized family planning programs, and international agreements on family planning have given new impetus to old debates: Are Muslim individuals and couples permitted to use family planning? Can governments be involved in providing family planning information and services?

This report gives an overview of Muslim countries' policies on and support for family planning and modern contraception. It reviews Islamic jurisprudence and justifications for sanctioning family planning, drawing from *Family Planning in the Legacy of Islam*, written by the late Dr. Abdel Rahim Omran.¹

The International Context

Organized family planning programs that provide modern contraceptives and related services have become increasingly common worldwide in the last 40 years. These programs have aimed to improve the health of women and children and to slow population growth in countries where rapid population growth is seen as a barrier to socioeconomic development.

The United Nations 1994 International Conference on Population and Development (ICPD) and the 2000 Millennium Development Summit called for universal access to family planning information and services. Islamic countries attending the ICPD generally endorsed the conference's Programme of Action with the reservation that they would interpret and adopt its recommendations in accordance with Islam—a position necessary for Muslim countries to take the conference recommendations home for implementation.

The ICPD's Programme of Action focuses on human development and provides a holistic framework for slowing population growth and This overview of Islam and family planning is part of a series of PRB policy briefs on the Middle East and North Africa that analyze population, environment, reproductive health, and development linkages. The series aims to increase knowledge and discussion of population, health, and development issues. The views expressed here are those of the author and the cited works and do not necessarily reflect the views of the Population Reference Bureau or its sponsors.

improving people's lives. The Programme calls for a wide range of investments to improve health, education, and rights—particularly for women and children—and to provide family planning services in the context of comprehensive reproductive health care. A central recommendation of the Programme is universal access to a full range of safe and reliable family planning methods.

Islam's position on family planning and the circumstances under which it can be practiced has a direct bearing today on how Muslim countries can achieve their development goals, including the ICPD goals. The ICPD Programme of Action acknowledges that the implementation of its recommendations "is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural background of its people, and in conformity with universally recognized international human rights."²

Muslims in the World Today

About one-fifth of the world's population—1.25 billion people—is Muslim. Muslims are diverse, varying by race, language, and the degree of their religious conservatism. Spread around the globe, some Muslims live in countries influenced or ruled by Islamic law and some live in countries with secular governments.

Table 1

Countries or Territories With Populations 50 percent or More Muslim

Percent	Country or territory					
Muslim	Africa	Asia	Europe			
Muslim 90% or more	Algeria Comoros Djibouti Egypt Gambia Libya Mali Mauritania Mayotte Morocco Senegal Somalia Tunisia Zanzibar	Asta Afghanistan Azerbaijan Bahrain Cocos Islands Gaza Strip Iran Iraq Jordan Maldives Oman Pakistan Qatar Saudi Arabia Syria Tajikistan Turkey UAE Yemen	Lurope			
70% - 89%	Guinea Niger	Bangladesh Indonesia Kuwait Kyrgyzstan Lebanon Turkmenistan Uzbekistan West Bank	Albania			
50% - 69%	Burkina Faso Chad Nigeria Sudan	Brunei Malaysia				

Muslims represent the majority population in about 48 countries and territories clustered in Asia and Africa (see Table 1). Indonesia has the largest Muslim population of any country—nearly 193 million of its 219 million people (88 percent). India, the second-largest country in the world, has about 130 million Muslims, constituting 12 percent of its population. About 15 percent of Israel's population is Muslim.

The Family and Contraception

In Islam, contraception is mainly addressed in the context of marriage and family. As a social system,

culture, and civilization, Islam considers the family the basic unit of society. The Quran, Islam's holy book and the primary source of Islamic law or *Shariah* (see Box 1), views marriage as sacred and identifies the husband and wife as the principals of family formation.

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

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

It is He who created you from single soul and therefrom did make his mate, that he might dwell in tranquility with her. AL-A'RAF (SURA 7:189)

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

These verses suggest that tranquility is an important purpose of family life and is achieved through marriage. Also, while procreation is expected in marriage to maintain the human race, sexual relations in marriage need not always be for the purpose of having children. On this point, Islam departs from some other religions where procreation is the exclusive purpose of sexual relations. From the Islamic point of view, when procreation takes place, it should support and endorse tranquility rather than disrupt it.

Thus, contraception helps families achieve tranquility by having children when they want them and when they are prepared to have them. Because of the importance of family in Muslim societies, legal scholars from various Islamic schools of jurisprudence (see Box 2, page 3) and from various locales have given considerable attention to contraception.

Justifications for Contraception in Islamic Legal Study

Islamic scholars studying family planning have justified contraception in several ways. They have generally argued that Islam is a religion of moderation and point to the principles of "liberty" or "permissibility" in Islam—that is, everything is lawful unless explicitly designated otherwise in the Quran or in the Prophet's tradition (*Sunnah*).

The Quran does not prohibit birth control, nor does it forbid a husband or wife to space pregnancies or limit their number. Thus, the great majority of Islamic jurists believe that family planning is permissible in Islam. The silence of the Quran on the issue of contraception, these jurists have argued, is not a matter of omission by God, as he is "All-Knowing" and Islam is understood to be timeless. The proponents of family planning also note that coitus interruptus, or withdrawal, was practiced at the Prophet's time by his Companions. The majority of theologians from almost all schools of Islamic jurisprudence agree that withdrawal is permissible with a wife's consent. In Islam, a wife has the right to both sexual pleasure and reproduction. (Some jurists would argue that ejaculation is essential for a woman to have orgasm, and therefore it is necessary to have prior consent from a wife before practicing withdrawal.)

Dr. Omran concluded that, "In all its institutions and regulations, Islam addresses itself to reason and keeps in harmony with man's natural character (*fitrah*). It never fails to demonstrate its great compassion for its people, nor does it ever seek to impose undue burdens and intolerable restrictions upon them." Dr. Omran specifically referred to the following quotes from the Quran:

Allah desires for you ease; He desires no hardship for you. AL-BAGARA (SURA 2:185)

And has not laid upon you in religion any hardship. AL-HAJJ (SURA 22:78)

Allah desires to lighten your burden, for man was created weak. AL-NISA (SURA 4:28)

Thus, Islam would be sympathetic to family planning if spacing pregnancies and limiting their number made the mother more physically fit and the father more financially at ease, particularly since these actions do not violate any prohibition in the Quran or in the Prophet's tradition (*Sunnah*). If excessive fertility leads to proven health risks for mothers and children, or economic hardship and embarrassment for the father, or the inability of parents to raise their children properly, Muslims would be allowed to regulate their fertility in such a way as to reduce these hardships.

After reviewing various sources of Islamic jurisprudence, Dr. Omran developed a list of

Box 1

Sources of Islamic Law or Shariah

For Muslims, *Shariah* is the Divine Law; by virtue of its acceptance, a person becomes a Muslim, although he or she may not be able to realize all of its teachings or follow all of its commands. The Arabic word "*Shariah*" (referring to Islamic law) is derived from a root that means "road"—suggesting that life is a journey through this transient world and the *Shariah* is the road leading to God. For believers, *Shariah* is the guide of human action that encompasses every facet of human life. Thus, Islam is a religion that provides guidance for worship as well as a social system for Muslims' public and private lives.

The primary sources of *Shariah* are the Quran (Islam's holy book) and the *Sunnah*, the sayings and deeds of the Prophet Mohammad and his Companions. Also based on the Quran and *Sunnah* but subordinate to them are two other sources for *Shariah*: the consensus of Islamic jurists and analogy.

Islamic legal study relies on a series of interpretations or judgments based on the Quran and *Sunnah* that are reached following strict procedures. Those who make it their profession to study the Quran, *Sunnah*, and the procedures required to make religious judgments are qualified to make Islamic rulings (*fatwas*) after reaching a required level of knowledge and seniority. In declaring his *fatwa*, a qualified theologian is required to keep in mind some basic principles: Islamic rulings can change with changes in time and place, and the rulings should choose the lesser of two harms and preserve the public interest. Muslim scholars consider these principles when discussing issues related to family planning and contraceptive use.

Since no single authority in Islam provides an exclusive interpretation of the faith, there are honest differences of opinion, including those related to family planning and contraception, that distinguish one school of jurisprudence from another (see Box 2, page 4). For that matter, there are variations of interpretation and differences in opinion within each school, whereby a minority of theologians may express views and declare *fatwas* that depart from the majority view of their school and coincide with views of other schools. In other words, the truth is not the monopoly of any one school. Muslims are encouraged to consider various opinions rather than restrict themselves to one school at all times.

SOURCES: Abdel Rahim Omran, *Family Planning in the Legacy of Islam* (London: Routledge, 1992); and Seyyed Hossein Nasr, *Ideals and Realities of Islam* (Chicago: ABC International Group, 2000).

justifiable reasons under Islam for using contraception. Muslims may use contraception to:

- Avoid health risks to a breastfeeding child from the "changed" milk of a pregnant mother;
- Avoid health risks to the mother that would result from repeated pregnancies, short birth intervals, or young age;
- Avoid pregnancy in an already sick wife;
- Avoid transmission of disease from parents to their offspring;

Box 2 Schools of Islamic Jurisprudence

The schools of Islamic jurisprudence are called *madhahib*, which means "paths" or "ways." The schools represent different ways of interpreting Islam; they are not different religions, denominations, or churches such as those that exist in Christianity. All schools of jurisprudence consider the Quran and the Prophet's tradition (*Sunnah*) as their primary sources. They differ only in relation to some interpretations, the validity of other sources of jurisprudence, and the methods of formulating a ruling.

Muslims are mainly divided into Sunni and Shi'a. Two other groups of Muslims, the Kharijite and Zahirite, are very small in numbers and live in Oman, Algeria, Libya, and Tanzania.

The Sunni Schools

The great majority of Muslims in the world today belong to the Sunni schools of Islamic jurisprudence; they are found throughout the Islamic world. Sunnis were named as such because they adhere to the *Sunnah* of the Prophet Mohammed, including his sayings, deeds, or tacit approval, as well as the example of his Companions. Although the Sunnis have great affection for the Prophet's descendants and relatives, particularly Ali and his son al-Husayn (grandson of the Prophet), they do not revere them, nor do they restrict Imamism to them exclusively, as do the Shi'ites.

There are four Sunni schools, all of which are named after their founders:

■ *Hanafi*. Followers are found today in most parts of the Islamic world. Hanafi was the official school of the Abbassids dynasty—which ruled the Islamic empire from Iraq between 750 and 1258 A.D.—as well as the Ottoman Empire.

■ *Maliki.* Followers have spread to North Africa, Hijaz, and Andalus (Arab Spain). They are also now predominant in West Africa and western Sudan.

■ *Shafei*. Followers have spread to most parts of the Islamic world, mainly Egypt, Iraq, Syria, East Africa, the Sudan, and parts of Asia.

Hanbali. Followers are fewer in number than those of other Sunni schools but are similarly distributed. They had their center in Egypt and Syria.

The Shi'a Schools

The Shi'ites ("Shi'a" means "the inclined" or "partisans") are devoted to Imam Ali, the cousin and son-in-law of the Prophet. The Shi'a movement started in the first century AH (after the *hijra*, or migration of the Prophet in AD 622 from Mekkah to Medina) and agreed with the rest of the Islamic community on every issue except that of Imamism. The Shi'ites believe that Imamism should belong solely to Ali's descendants by Fatma, the Prophet's daughter.

The leading contemporary Shi'a schools are:

■ *Zaaydi*. Two clusters have developed. The larger community lives in the northern regions of Yemen; the smaller cluster is found in Iran, particularly the northern section by the Caspian Sea.

■ *Twelve Imami.* Followers of this Shi'ite *madhhab* are called Twelve Imamis or *Ithna-Ashari* because they have 12 Imams, the twelfth of whom it is believed disappeared and will return. This is the largest Shi'ite community, based mostly in Iran, Iraq, Syria, South Lebanon, Bahrain, Kuwait, Pakistan, Afghanistan, and India.

■ Ismaili. The Ismaili Shi'ite school (or Seveners) restrict Imamism to descendants of Ismail, the son of Ja'far al Sadig, the Sixth Shi'a Imam. (The Twelve Imamis give Imamism to his other son, Musa al-Qazim.) Ismailis established several states, including the Fatimid Dynasty in Egypt, where they built the city of Cairo and Al-Azhar Mosque in AD 969. Despite 200 years of Shi'ite rule, however, Egypt remained Sunni. Al-Azhar has since become the citadel of orthodox Islam, mainly Sunni. In 1817, the Shah of Persia gave the Ismaili Imam the title of "Agha Khan." Followers now cluster in Africa, especially in Zanzibar and Tanzania, as well as in Iran, Pakistan, and India.

SOURCES: Abdel Rahim Omran, *Family Planning in the Legacy of Islam* (London: Routledge, 1992); and Seyyed Hossein Nasr, *Ideals and Realities of Islam* (Chicago: ABC International Group, 2000).

- Preserve a wife's beauty and physical fitness, thereby continuing the enjoyment of her husband, ensuring a happier married life, and keeping the husband faithful;
- Avoid the economic hardships of caring for a larger family, which might compel parents to resort to illegal activities or exhausting themselves to earn a living;
- Allow for the education, proper rearing, and religious training of children, which are more feasible with fewer children;
- Avoid the danger of children being converted from Islam in enemy territory;
- Avoid producing children in times of religious decline; and
- Enable separate sleeping arrangements for boys and girls after puberty, which is more feasible with fewer children.

Some Muslims question the economic justification for family planning on the grounds that it contradicts the Islamic beliefs of *tawakkul* (reliance on God) and *rizq* (provision by God). Dr. Omran argued that the jurists found no such relationship and made the economic reasons legal.

Regarding the health justification of family planning, Dr. Omran wrote, "Warding off the risks posed to the health of mothers and children by additional pregnancies is the most common reason for accepting contraception in Islamic jurisprudence." Legal scholars interpret the Quran's recommendation of two years of breastfeeding and the Prophet's recommendation against pregnancy during lactation as an endorsement for child spacing. Rather than avoiding intercourse for two full years, which would be a hardship, couples can use contraception.

Legal scholars who interpret Islam as permitting contraception assume that the method would be safe and practiced only for good reasons. For example, Islam does not allow the use of contraception to avoid female offspring. It should also be noted that while the great majority of the theologians believe contraception is sanctioned in Islam, they mostly limit the practice to temporary methods of family planning. An overwhelming majority of theologians who have approved the use of modern contraceptives have expressed some reservations regarding the permanent methods of female and male sterilization. Theologians opposing sterilization as a family planning method consider the practice as interfering with God's will and attempting to change what God has created. Some people disapprove of male sterilization in particular based on its mistaken analogy to castration, which is prohibited by *Sunnah*.

Opposition to Family Planning

A small number of Islamic jurists and other Islamic groups oppose family planning and contraceptive use generally on two grounds. First, they believe that withdrawal or any practice that prevents pregnancy is infanticide, which is repeatedly condemned and prohibited in the Quran. Second, the opponents of family planning, whether jurists or nonjurists, believe that the larger the number of Muslims and the higher their population growth rate, the greater their power. These advocates claim that a large population is ordained by the religion and that failure to achieve it deviates from the right path. They find support for their views not only in the holy book but also in the Prophet's tradition. Hence, they oppose family planning, especially if it becomes community or government policy. They also claim that family planning programs, having originated in the West, represent a conspiracy to reduce the number of Muslims and diminish their power.

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

Algeria has also reversed its position on family planning. At the 1974 United Nations World Population Conference, Algeria was among the countries that opposed family planning programs on the grounds that they were an imperialist conspiracy aimed at limiting the population of the developing world. However, as part of its national development plan, the Algerian government later adopted a population policy that promoted family planning.

Governments' Support for Family Planning

No government of an Islamic country actively limits access to family planning information and services, according to the United Nations report *World Population Policies 2003*. Since the early 1970s, the United Nations Population Division has regularly sent inquiries to governments worldwide about their views and policies related to population. The great majority of Muslim countries responding to the 2003 inquiry stated that they support family planning services either directly through government-sponsored outlets or indirectly through support of nongovernmental sources (see Table 2).³

In Muslim countries, as in other parts of the world, family planning services are usually provided as part of maternal, child health, and primary health care. Governments believe that their role in providing family planning information and services is not only legitimate but necessary to improve maternal and child health by preventing unplanned pregnancies. A large body of evidence shows that babies born to mothers under age 20 and over age 35 face greater health risks. Also, siblings born three to five years apart are about 2.5 times more likely to survive to age 5 than siblings born less than two years apart.⁴

The government's role is particularly important in removing economic barriers to family planning by making it available free of charge or at a subsidized price for low-income families who otherwise would not be able to afford it. Governments also can play an important role in removing social and cultural barriers through the educational system and the media, as cultural and religious beliefs can sometimes prevent couples from using health services.

A significant percentage of Yemeni women, for example, believe that Islam prohibits contra-

ceptive use. Contraceptive use in Yemen is the lowest in the Middle East and North Africa region, and the rate of use there has changed little in recent years, increasing from 21 percent in 1997 to 23 percent in 2003 among married women. In 1997, two-thirds of Yemeni women who were not using contraception reported they did not intend to do so in the future. The most common reason they gave was the desire to become pregnant (23 percent), followed by religious prohibition against family planning (17 percent) and their husbands' opposition (9 percent). Yemen has the highest fertility in the region as well as the highest levels of child mortality and maternal mortality.⁵

Governments with organized family planning programs, such as Egypt and Iran, often involve religious leaders in their family planning campaigns. Egypt is home to Al Azhar Mosque and Al Azhar University, centers of Islamic teaching. These centers have regularly dispatched *fatwas* (religious rulings) in favor of modern contraception, *fatwas* which the Egyptian government has used in its successful family planning campaigns. Contraceptives are available in Egypt in all government primary health care facilities, but cultural reasons still act as barriers for many Egyptian couples to access family planning services.

Since the reestablishment of its national family planning program, the Iranian Ministry of Health and Medical Education in Tehran has regularly dispatched *fatwas* to its provincial offices and down to the lower strata of the health network to remove any doubts that health providers or clients may have about the permissibility of family planning methods in Islam. Health clinics often display the *fatwas* for their clients to see. Seeking *fatwas* on family planning is not the monopoly of the ministry of health office in Tehran. *Fatwas* on family planning can be sought from local clergies as well.

Currently, 74 percent of married women in Iran use contraception—the highest among Muslim countries and comparable with countries such as France and those in the United Kingdom. Iran is also distinct from other Muslim countries because it closed the gap between rural and urban women in the use of modern contraception around 55 percent of women living in both rural and urban Iranian areas use a modern method. Iran's family planning program provides all contra-

Table 2

Fertility, Contraceptive Use, and Government Views on Current Fertility and Policies on Access to Modern Contraception in Countries With 50 Percent or More Muslims

	Total fertility rate*		narried women ng contraception		
		All methods	Modern methods	View on current level of fertility	Policy on access to contraception
Afghanistan	6.8	5	4	Satisfactory	Indirect support
Albania	2.1	75	8	Satisfactory	Direct support
Algeria	2.5	64	50	Too high	Direct support
Azerbaijan	1.8	55	12	Satisfactory	Direct support
Bahrain	2.7	65	_	Satisfactory	Direct support
Bangladesh	3.3	54	43	Too high	Direct support
Brunei	2.3	—	—	Satisfactory	No support
Burkina Faso	6.2	14	9	Too high	Direct support
Chad	6.6	8	2	Satisfactory	Direct support
Comoros	6.8	26	19	Too high	Direct support
Djibouti	5.9	—	—	Too high	Direct support
Egypt	3.2	60	57	Too high	Direct support
Gambia	5.6	10	9	Too high	Direct support
Guinea	6.0	6	4	Too high	Direct support
Indonesia	2.6	60	57	Too high	Direct support
Iran	2.0	74	56	Too high	Direct support
Iraq	5.0	_	_	Satisfactory	Direct support
Jordan	3.7	56	41	Too high	Direct support
Kuwait	4.0	52	39	Satisfactory	Indirect support
Kyrgyzstan	2.6	60	49	Satisfactory	Direct support
Lebanon	3.2	63	40	Satisfactory	Indirect support
Libya	3.6	49	26	Satisfactory	No support
Malaysia	3.3	55	30	Satisfactory	Direct support
Maldives	3.7	42	32	Too high	Direct support
Mali	7.0	8	6	Too high	Direct support
Mauritania	5.9	8	5	Satisfactory	Direct support
Morocco	2.5	63	55	Too high	Direct support
Niger	8.0	14	4	Too high	Direct support
Nigeria	5.7	12	8	Too high	Direct support
Oman	4.1	24	18	Too high	No support
Pakistan	4.8	28	20	Too high	Direct support
Qatar	4.0	43	32	Satisfactory	Direct support
Saudi Arabia	4.8	32	29	Satisfactory	Indirect support
Senegal	5.1	11	8	Too high	Direct support
Somalia	5.1	11	8	Satisfactory	Indirect support
Sudan	5.4	_	_	Too high	Direct support
Syria	3.8	49	32	Satisfactory	Direct support
Tajikistan	3.1	34	27	Too high	Direct support
Tunisia	2.0	60	49	Too high	Direct support
Turkey	2.5	64	38	Too high	Direct support
Turkmenistan	2.9	68	63	Satisfactory	No support
UAE	2.5	28	24	Too low	No support
Uzbekistan	2.9	68	63	Satisfactory	Direct support
Yemen	7.0	21	10	Too high	Direct support

* Average number of children born to a woman during her lifetime. — = Not available. **SOURCES:** PRB, 2004 World Population Data Sheet; United Nations, World Population Policies, 2003; and UNFPA, UNICEF, Statistical Center of Iran, and the Iranian Ministry of Health and Medical Education, Population and Health in the Islamic Republic of Iran-DHS, October 2000.

PRB's Middle East and North Africa Program

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> ceptive methods—including female and male sterilization—free of charge. The program places priority on involving men in taking their share of responsibility regarding contraception.⁶

Conclusion

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

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⁵ ORC Macro, *Yemen Demographic and Health Survey, 1997* (Calverton, MD: ORC Macro, 1998): tables 4.6, 4.14, and 4.16.

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