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PERCEPTIONS OF MEN ON ROLE OF RELIGIOUS LEADERS IN REPRODUCTIVE HEALTH ISSUES IN RURAL PAKISTAN

MOAZZAM ALI AND HIROSHI USHIJIMA

Department of Developmental Medical Sciences, Institute of International Health, University of Tokyo, Japan

Summary. Religion holds unique importance in people's lives, and has been cited as an important factor in reproductive health. Pakistan has a Muslim majority and the character of the country is strongly marked by Islam. In rural areas, where the majority of the population reside, religious leaders are considered as opinion makers. The perception of adult males regarding the influence of the 'religious factor' in their use of modern contraceptive methods, and their views on the role of religious leaders in community education, were explored through a cross-sectional survey conducted in twelve rural districts of Pakistan in 2000. A sample of 180 married adult males participated in the study through consecutive sampling. The study was qualitative, utilizing tools such as in-depth and key-informant interviews. The majority of men interviewed considered that religious leaders were against fertility control, and 29% cited religion as a reason for their non-use of modern contraceptives. Respondents also suggested that the involvement of religious leaders in reproductive health programmes is essential for the programmes' effectiveness in rural areas. They thought that religious leaders could contribute positively to community education, and suggested ways in which they could educate the community in reproductive health issues. They also suggested various channels through which religious leaders could be approached to convince them to cooperate in reproductive health programmes. The study concludes that involving religious leaders in rural settings could enable reproductive health programmes and services to reach more conservative groups in society, and thus contribute effectively to bringing about positive change in the attitudes of Pakistani society towards reproductive health.

Introduction

Religion is a worldwide phenomenon that has influenced humans across the globe in all aspects of their life, including health. An adequate understanding of religion can

help understand various health-seeking behaviours and different attitudes related to reproductive health problems. The Islamic republic of Pakistan is characterized by persistent high fertility and a rapid decline in mortality, resulting in a very high rate of population growth. Consequently Pakistan is one of the most populous countries in the world. At the time of independence in 1947, its total population was 32·5 million (Hakim *et al.*, 2000). This has increased more than four times, reaching approximately 150 million at an average annual increase of almost 2·7% per annum in 2000 (UNICEF, 2001).

Family planning and Islam is a long-standing and controversial issue in Pakistan, particularly among religious leaders. Right from the beginning, the population programme has been caught in a vicious circle of hostility (Hakim *et al.*, 2000). In a society like Pakistan, where education is not widespread and the majority of people have a conservative outlook, religious leaders have much influence on the masses. They are responsible and genuine opinion makers in Pakistani society who could be used as advocates for the reproductive health programme. They lead the prayers in the mosque five times a day and are spiritual community leaders: no religious rites can be performed without their blessing. They are in a way the most 'readily available' leaders in the community.

In the past, studies have focused only on women's viewpoints on reproductive health, or have studied the relationship between income, education and population growth, but little work has been done to understand the views of men. The objective of this study was to conduct in-depth interviews with males of eligible couples (of reproductive age) to understand their points of view regarding the influence of the 'religious factor' in their use of modern contraceptive methods, and to determine the role of religious leaders in educating the community in issues of reproductive health and fertility control. A further objective was to identify channels through which religious leaders could be approached in order to gain their cooperation in furthering the aims of the reproductive health programme.

Religion has unique importance in life, and is known to exert influence on civil authorities in issues such as contraception, procreation, abortion and infertility therapy (Schenker, 2000). In a few studies (Ertem *et al.*, 2001; Kridli & Libbus, 2001), religion has been cited as an important factor regarding policies on these issues.

In Islam, the first source of Islamic law, the *Qur'an*, does not directly mention contraception. On the contrary, 'sayings' (*Hadith*) of the Prophet Mohammed (the second source of Islamic law) on the subject tolerate coitus interruptus (*azl*) (Atighetchi, 1994). Nowadays, because of the risks of overpopulation, the majority of Islamic governments have passed family planning laws; however, among the masses the belief that Islamic law prohibits contraception is prevalent, despite studies to show that this concept has a weak basis (Bernhart & Uddin, 1990; Atighetchi, 1994).

There are examples of effective advocacy from the Islamic world. The most successful examples of massive national family planning programmes are those of Iran, Indonesia, Bangladesh and Egypt, where Muslim leaders have not only endorsed but also helped in accelerating contraceptive prevalence in these countries (Ali, 1998). A study in Jordan (Kridli & Libbus, 2001) found that men believe Islam opposes family planning and that God should decide family size. The study recommended that participation of religious leaders might have an important influence on women,

especially in rural areas, by involving them in educational programmes. A study from Iran (Hoodfar & Assadpour, 2000) also highlighted the importance of involving religious leaders in population control programmes. Population education programmes in Arab countries have survived despite initial opposition and resistance because their incorporation of new teaching techniques has won support, because of the personal prestige of some of the directors of population education projects, and because of the involvement of religious leaders in population education training programmes (El Eardini, 1993). In this regard, the role of religious leaders is considered to be of vital importance.

In Pakistan, more than 97% of the population is Muslim and the character of the country is strongly marked by Islam. The high birth rate in Pakistan has been attributed to low income, illiteracy and religious sentiments (Hakim *et al.*, 2000). In Pakistan, religious belief is an important reason for non-use of contraceptives. According to the Pakistan Fertility and Family Planning Survey 1996–97, of currently married *women* who were never-users of contraceptives, 10% offered religion as the main reason for never using contraceptives (Hakim *et al.*, 1998). Also, in the Pakistan Contraceptive Prevalence Survey 1994–95, 20·4% of never-users gave religion as the reason for not using family planning methods (Population Council, 1995). In a survey in Uttar Pradesh, India, 38% of Muslim women with an unmet need for contraception cited religious reasons for not using family planning (Khan & Patel, 1997). It is interesting to note that 18% of men still displayed a fatalistic approach to the birth of children, saying 'It is up to Allah' (Piet-Pelon *et al.*, 2000).

Recent research in Pakistan has found that religious leaders are knowledgeable about modern family planning methods, and a few actually used modern methods of contraception. However, it was found that a fatalistic attitude continues to be the hallmark of religious leaders. They approve of women's education and acknowledge that large families cause psychological and economical problems, yet only 9% of religious leaders approve of family planning. Others advocate child spacing of 2 years, but mainly through breast-feeding (Hakim *et al.*, 2000).

Methods

This study reports on research carried out as part of a broader study conducted in Pakistan. The purpose of the broader field study was to collect primary information from a poor segment of the population on various aspects of reproductive health including knowledge about family planning, maternal and child health (MCH), reproductive tract infections (RTI) and sexually transmitted diseases (STD), with a view to analysing access to and utilization of reproductive health services and quality of care, specifically focusing on the male component in rural areas of Pakistan.

The study focused on the less developed districts of the country. Based on their socioeconomic ranking (Ghaus *et al.*, 1996), sets of least developed districts, from the lowest quartile, were identified for all four provinces. Further, from the lowest quartile, three districts were purposely selected in each of the four provinces, keeping in mind considerations such as security.

In-depth interviews were conducted with adult males of eligible couples (of reproductive age) to understand their point of view regarding the influence of the

Table 1. Occupational and education level of the respondents

Variable	Frequency (n = 180)
Occupation/profession	
Agriculture	26 (14·4%)
Government service	38 (21·1%)
Services (private)	47 (26·2%)
Business	20 (11·1%)
Labour force	43 (23·9%)
Unemployed	6 (3·3%)
Level of education (years)	
Illiterate	31 (17·3%)
<5	15 (8·3%)
5	21 (11·7%)
>5	25 (13·8%)
10	40 (22·3%)
College	48 (26·6%)

'religious factor' in their use of modern contraceptives, and to identify channels through which to approach religious leaders in order to gain their cooperation in educating the community in issues of reproductive health and fertility control.

A descriptive, cross-sectional needs-assessment survey was administered in twelve rural districts of Pakistan during August and September 2000. A sample of 180 married adult males (of reproductive age) living in rural districts participated in the study. The study was mainly qualitative, utilizing tools such as in-depth interviews and key-informant interviews. Due to time constraints, consecutive sampling was used. The interviews were carried out through a semi-structured questionnaire. The data collected from the in-depth interviews were first categorized and coded based on the responses and later entered into SPSS for windows, version 8·0. Univariate analysis was employed to clarify the distributions of the sociodemographic characteristics of the respondents.

Results

Demographic profile

Respondents had a mean age of $33 \pm 7{\cdot}4$ years (mean ± SD). All were married, and mean years since marriage were $9{\cdot}2 \pm 7{\cdot}2$ years. Sixty-one per cent of couples had 1–3 children, almost 31% had 4–6 children while 8% had more than seven children. On average couples had $4{\cdot}2 \pm 10{\cdot}3$ alive children. Almost 76% had 1–3 boys, and 65% had 1–3 girls. The median age of the youngest child was 2 years. Table 1 shows the occupations and education levels of the respondents.

The 'religious factor' and modern contraceptive use

In reply to the question whether the interviewee (married couple) had used any contraceptive method in the past 2 years, almost 64% replied in the negative. Their

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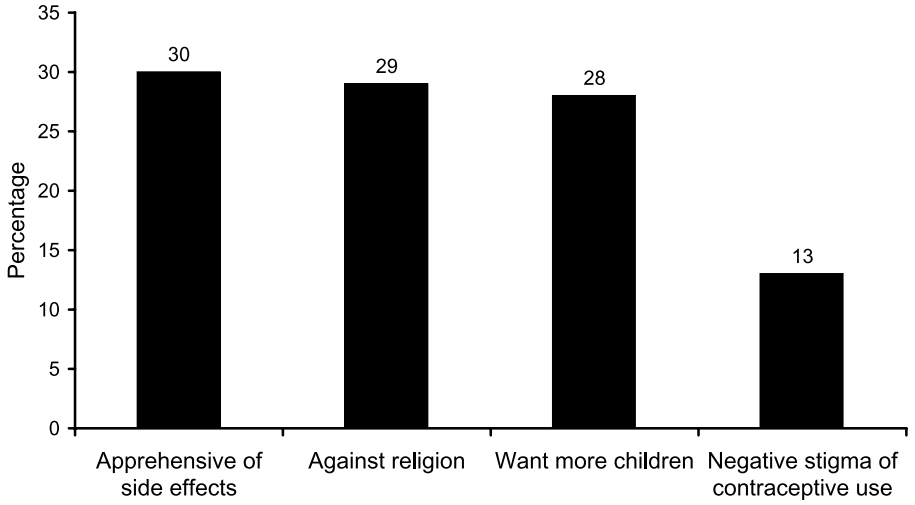

Fig. 1. Reasons given by respondents for not using modern contraceptives.

main reasons were: apprehensive about the side-effects of surgical and non-surgical methods (30%), that religion was not in favour of family planning (29%), and that they wanted more children (28%). A few stated their fear of the negative stigma (13%) associated with the use of modern contraceptive methods in a conservative society.

In rural areas of Pakistan, where 63% of the population lives (UNICEF, 2001), people are not very exposed to the mass media compared with urban areas. Religious leaders, perhaps for their own vested interests, misinterpret and promote various misconceptions regarding fertility control. Consequently, many consider that family planning is against their religion (see Fig. 1).

Attitude of religious leaders and possible communication channels

In the rural communities of Pakistan religious leaders are influential and people listen to them with due regard and respect. Respondents were asked to express their opinion about the attitude of local religious leaders towards fertility control. The majority (89%) shared the view that religious leaders were against fertility control.

Strategies to approach religious leaders aptly and effectively, in order to convince them to help governmental and community efforts in fertility control and reproductive health issues, were suggested by the respondents. The majority shared the view that religious leaders should be approached directly (54%), as they considered that Islam was not against spacing and fertility control and that it should be practised for health and economic reasons. They expressed the view that local religious leaders could be approached by the relevant influential authorities (such as a team including a district health officer, local government medical officer and like-minded prominent religious leaders), and in the light of the *Qur'an* and *Hadith* be convinced that Islam allows spacing, and thus the use of modern contraceptives. A few also considered that religious leaders would agree to cooperate if they were approached through village chiefs (11%).

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Another opinion expressed (by 9%) was that a group meeting of all *maulvis* (religious leaders, who lead the prayer in the mosques) from adjacent villages in rural areas, could be called by the relevant government authorities and with the help of like-minded prominent religious leaders could be persuaded to properly state the religious viewpoint pertaining to mother and child health, responsibilities of parents, family planning and other reproductive health issues. A small segment of respondents (5%) stated that perhaps now religious leaders are not very influential, as very few people listen to them because of economic pressures. Approximately 19% also had the opinion that it was a waste of time trying to convince religious leaders, as they would never agree to cooperate and would never share the opinion of reproductive health progammes on these issues.

Community education and religious leaders

In exploring the issue of the position of religious leaders in the community and their role in community education, a sizeable proportion of men (45%) suggested that government and NGO workers in reproductive health should properly communicate and motivate them to educate the masses, as they are extremely effective leaders in rural communities. The respondents considered that religious leaders should be convinced to teach the factual teachings of religion and look beyond their personal interests. Some (21%) also suggested that religious leaders should be approached to educate the community on related topics such as mother and child health.

Some respondents also suggested that as most religious leaders are not aware of the latest advancements and developments in reproductive medicine, they should also be educated (25%). They should be informed about the advantages and importance of various reproductive health issues in relation to religion, so that they can appreciate and later help community efforts in this regard. Some suggested that if leaders did not want to cooperate in educating the public in these sensitive issues for personal reasons, then at least they should be requested to discontinue opposing the government and local NGOs campaigns in fertility control (9%).

In answering the question of if religious leaders agree, what would be the best way for them to educate the community, respondents felt that the maximum number of people would be reached (60%) at weekly Friday prayers. At this time the audience is willing to listen to their religious leaders, so teaching could be very effective. Others (10%) thought that the leaders would rather be asked only to help individuals in need after prayers, instead of educating the masses. Some (17%) considered that addressing people at festivals or special occasions in the village would be useful, while the rest did not give their opinion (see Table 2).

Discussion

An understanding of religion can help appreciate the health care seeking behaviour in a society. Pakistan is an Islamic country and the majority of its population is Muslim. The largest proportion of the population live in rural areas where religious leaders are considered to be opinion makers. Researchers and providers often ignore the social significance of religious leaders in the community; failure to persuade and involve them has weakened the impact of reproductive health care programmes.

Table 2. Opinions of respondents regarding how religious leaders could educate the community

Modes of educating community	Frequency (n=180)
At Friday prayer sermon	108 (60·0%)
Individualized help after prayers	18 (10·0%)
Speaking at occasional village gatherings	30 (16·7%)
No response/don't know	24 (13·3%)

This study found that slightly more than a quarter of sampled men living in rural areas considered the 'religious factor' to be the cause of low use of modern contraceptive methods. This suggests that addressing the issue could help resolve some constraints in the use of reproductive health services.

The study also points out that men in rural areas of Pakistan are aware of religious leaders' opposition to fertility control. Although from the data the situation seems bleak, some respondents considered that things are slowly changing, as some religious leaders had started using contraceptives themselves. A few reported incidences where the wives of religious leader had even undergone tubal ligation.

Many of the interviewed men in rural areas considered it essential to involve religious leaders in the process of educating and convincing people to change their behaviour and have smaller families and a positive attitude to reproductive health issues, including fertility control. Regarding communication, the majority of respondents suggested that religious leaders should be approached directly by the relevant authorities and, following an open discussion, should be convinced with references from the *Qur'an* (Islamic Holy book) and *Hadith* (sayings of the Prophet) that Islam is not against fertility control, spacing and the use of modern methods of contraception, with citation of examples in other Muslim countries.

The study also highlights the reality that religious leaders in rural areas of Pakistan are not aware of advancements in the field of fertility control. It was perhaps a better idea to educate them first in specially focused workshops covering both technical as well as religious aspects of contraception, through professional experts. It could help them to understand and appreciate issues better, and subsequently they might be asked to collaborate with local organizations working in their areas. Those reluctant to discuss fertility control could be convinced and engaged in educating society in relevant health issues such as the health hazards associated with having closely spaced pregnancies, and the effects on mother and child well-being. They could help reach and educate the community in their sermon before weekly Friday prayers. The study also indirectly points towards a need to reach out and educate those people who do not share the Islamic faith; they also need to be targeted as regards health issues.

In conclusion, this study suggests that in health issues, as in life, religion has an important role. It can contribute to a certain extent to forming the attitudes of people who seek health services. The study emphasizes that a future strategy for reproductive

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health programmes in rural settings could be to involve and educate religious leaders and attempt to change their attitudes regarding population and reproductive health matters. It advocates that involving religious leaders could be of considerable value; they can contribute positively to reaching more conservative groups on these sensitive issues, and play a key role in bringing about change in attitude of the masses, and thus improvement in their social well-being.

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