

# Islam and Family Planning: A Somali Family Planning Case Study

Heather Burkland, Diana Dubois, MPH, MIA; Jenny Kluznik, MPH; Safiya Jama, Mahmooda Khalifq Pasha, MHS. Minnesota International Health Volunteers (MIHV), Minneapolis, MN

## Introduction

Since September 11, 2001, U.S. policies toward Muslim communities have been strained. Even before this date, few domestic programs focused specifically on family planning in Muslim communities. In 2004, MIHV launched the Somali Child Spacing Program to address unmet needs for culturally appropriate reproductive health information and resources for the Somali community and the health care providers who serve them.

Minnesota has the largest population of Somali immigrants and refugees in the United States. Recent data estimate approximately 30,000 Somalis live in Minnesota.<sup>1, 2</sup> Community-based estimates indicate the population may be as high as 60,000 due to continued growth through secondary migration and family reunification.

In Somalia, the total fertility rate is high, at 6.9 lifetime births per woman. The infant mortality rate, at 119 per 1,000 live births, is also high.<sup>3</sup> When Somali women make their new homes in Minnesota, they experience lower infant mortality rates due to improved access to prenatal and postpartum care, as well as improved facilities for deliveries. With this trend, family planning has become a critical reproductive health issue for Somali families and the health care providers that serve them. Coming from a country where the percentage of contraceptive use among married women ages 15 to 49 is just 8% for all methods and 1% for modern methods,<sup>3</sup> Somali women's needs for reproductive health education and resources are great.

Not only does the Somali community have educational needs, the health provider community also needs cultural competency training in how to approach this unique population. Although there are clinics serving Somalis, many of these clinics do not have sufficient numbers of Somali health workers or interpreters that can focus specifically on family planning services, or have the staff to conduct culturally appropriate health education, outreach, or referral services.

## Qualitative Research

MIHV conducted focus groups at the project's inception to ascertain knowledge and attitudes towards family planning as well as barriers to reproductive health care. MIHV staff and consultants conducted 6 focus groups (3 women, 3 men), each with 8 to 10 Somali participants. A total of 56 participants who were of reproductive age and were married and/or had children were involved in the focus groups (28 females, 28 males). Three primary findings emerged from the data:

1. **Cultural norms and religious doctrine play a pivotal role in Somali views and decisions about family planning.** For example, many participants said they do not think about their ideal family size because the number of children one has is according to the will of Allah.
2. **A high prevalence of misinformation and fears about contraceptive methods exists in the Somali community.** These include beliefs that modern contraceptive methods cause birth defects or infertility, fears about side effects, and concerns about the acceptability of modern methods in Islam.
3. **Many environmental barriers prevent Somalis from obtaining reproductive health care services.** These include transportation difficulties, uncertainties about confidentiality, and concerns that health care providers do not understand Somali culture.

The focus group data were used to design an innovative, evidence-based child spacing program for the Somali community that provides culturally appropriate education and resources about reproductive health. The data were also used to design a concurrent component for health care providers that serve the Somali community in order to improve the cultural competency of their reproductive health services.

Sources:

- (1) Pennington, B. 2004. Estimates of Selected Immigrant Populations in Minnesota. 2004. Minnesota State Demographic Center.
- (2) U.S. Department of Homeland Security and Immigration and Naturalization Service.
- (3) Population Reference Bureau. 2006. World Population Data Sheet.
- (4) Central Intelligence Agency. The World Factbook 2007. Washington, DC: October 2007.
- (5) Islamichief.com. <http://www.islamichief.com/beginpopulation.htm>. accessed October 25, 2007.



## Islam and Family Planning

Unlike some religions, Islam does not have a central authoritative structure of religious interpretation. Instead, Islam is understood and practiced differently across different cultures, and various Islamic scholars and religious sects provide diverse interpretations about how Islam should be practiced. This is particularly the case with family planning. Because of the importance of family in Muslim societies, Islamic scholars have given this issue considerable attention.

### Justification for Family Planning

On the whole, Islamic texts do not present a major obstacle to family planning. Its justification is based on the following grounds:

- Islam is a religion of moderation and scholars 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 emphasizes that God does not wish to burden believers. This suggests that the well-being of children overrides concerns for a large family. It also supports the use of family planning to avoid health risks posed to mothers and children by frequent pregnancies.
- Procreation should support and endorse tranquility, rather than disrupt it. Verses in the Quran discuss the importance of maintaining family harmony; if a family has too many children, tranquility in domestic life could be compromised.
- The Prophet Muhammad practiced and encouraged a form of family planning, *al'azl* (withdrawal or coitus interruptus).

### Opposition to Family Planning

Some Muslim communities oppose family planning on the following grounds:

- Children are a gift from God, "the decoration of life," as stated in the Quran. Some use this basic position to argue that Islam does not permit contraception.
- The number of children one has is in the hands of God, and anything to interfere with His will is *haram* (a sin).
- Any practice that prevents pregnancy is infanticide, which is repeatedly condemned and prohibited in the Quran.
- It is a Muslim's duty to perpetuate the nation of Islam (*Umma*). These advocates claim that a large Muslim population is ordained by religion, and that failure to achieve it deviates from the right path.
- Family planning contradicts the Islamic belief of *tawakkul* (reliance on God) and *rizq* (provision by God). It is believed that a Muslim must trust that God will provide for however many children one has.

### Contraceptive Methods

A great majority of Islamic theologians believe contraception is sanctioned in Islam, though interpretations about specific methods vary. Most agree that since the Prophet used a natural contraceptive method, other natural and barrier methods are acceptable. Hormonal methods are somewhat controversial. Some believe that since the Prophet used what was available to him in his time, Muslims today are allowed to use what is now available. Others believe hormonal methods are forbidden because they interfere with God's will and attempt to change what He created. Most scholars agree permanent methods are prohibited in Islam because it does "permanent harm" to the body.

### Challenges

Virtually 100% of Somalis are Muslim.<sup>4, 5</sup> Though reaching out to a religiously homogeneous community sometimes streamlines program approaches, it also means that culture and religion are inextricably intertwined for Somalis. As a community with strong oral traditions, spoken word is often more highly valued than written texts. Low literacy rates (26% female, 50% male)<sup>6</sup> suggest that many Somalis are unable to refer to Islamic texts to verify cultural concepts about family planning. This makes it difficult for Somalis to distinguish between cultural values and religious doctrine.

## Conclusions

MIHV attributes program's success to having first conducted focus groups to determine cultural norms, religious traditions, and levels of knowledge about family planning in the Somali community. By understanding these elements and working closely with the community, MIHV has delivered culturally appropriate family planning education that is effective in the Somali refugee community. Equally important, MIHV has been providing cultural competency training to the health care providers serving the Somali community. Without changing providers' knowledge and attitudes about Somali culture, Somalis are not likely to seek services even if their knowledge about family planning increases. The best practices established from the Somali Child Spacing Program can be widely shared with other Muslim communities and reproductive health care providers, both domestically and internationally.

## Program Design

Since focus groups revealed that religion plays such a key role in Somali's beliefs and practices around family planning, MIHV sought to build on the tenets of Islam that are accepting of family planning. This is evident even in the deliberate choice in program name, "Somali Child Spacing Program." While "family planning" is interpreted as limiting the number of children one has, "child spacing" implies leaving time between pregnancies for the health and well-being of the entire family. MIHV addresses the community's cultural and religious beliefs in a comprehensive way, including:

### Community Partnerships

Partnering with the community is a hallmark of MIHV's programs. The Somali Child Spacing Program involves the community in every critical component, including research, design, implementation, and evaluation. Some examples include:

- **Somali staff.** More than half of MIHV's U.S.-based staff is Somali, including two Somali staff who work on the child spacing program. This enables daily input and feedback on initiatives, and outreach conducted by Somali community members.
- **Somali Advisory Committee.** MIHV established this advisory group to ensure that program strategies and educational materials are culturally appropriate and meet the needs of the community. Members are trusted community leaders who come from a variety of backgrounds in order to provide a balanced perspective. One member is a Muslim religious leader (*imam*) to ensure program approaches are appropriate within an Islamic context.
- **Community dialogues with the Somali Imams Council of Minnesota.** This new initiative aims to better understand local interpretations about the acceptability of family planning, to share research on family planning programs implemented in Muslim countries around the world, and to disseminate health education materials.

### Education and Outreach

To ensure acceptability in the community, the program's outreach strategy and health education materials use cultural and religious references. Some approaches include:

- **Materials review by a Somali Imam.** Both the Somali Decisions About Child Spacing booklet (Figure 1) and My Body: Human Reproductive Anatomy were reviewed and endorsed by a Somali Imam.
- **Use of religious texts.** MIHV works with a well-known and respected Somali poet to develop messages for the Somali Health Calendar (Figure 2). He uses Quranic verses and proverbs to create culturally appropriate reproductive health messages.
- **Reflective imagery.** MIHV commissions local artists to design images that reflect the Somali community for use in its health education materials. For example, the CycleBeads pamphlet (Figure 3) features paintings of Somali women in the traditional Islamic dress (*hijab*).
- **Somali community health workers.** CHWs attend health fairs, conduct small group community dialogues, and conduct one-on-one home visits to provide information about child spacing. This education is much more effective when conducted by people who share the Somali language, religion, and culture.

### Health Provider Trainings

To improve the services that health care providers deliver to the Somali community, MIHV developed trainings intended for health care providers and clinic staff. MIHV hosts annual community forums and provides customized in-service trainings to improve their knowledge about Somali cultural and religious beliefs related to reproductive health. From 2004 to 2007, MIHV reached nearly 7,000 health care providers with these trainings.

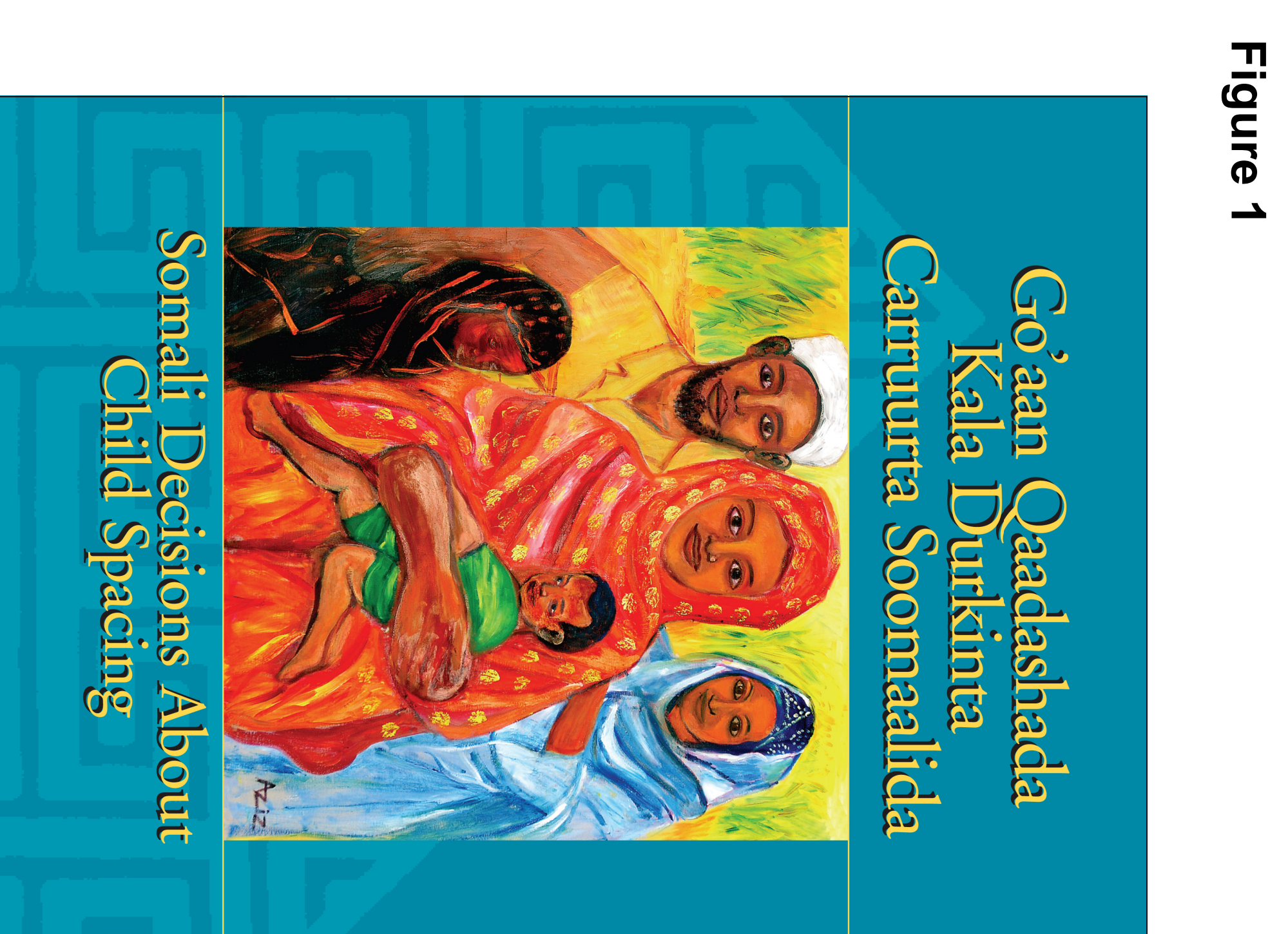


Figure 1

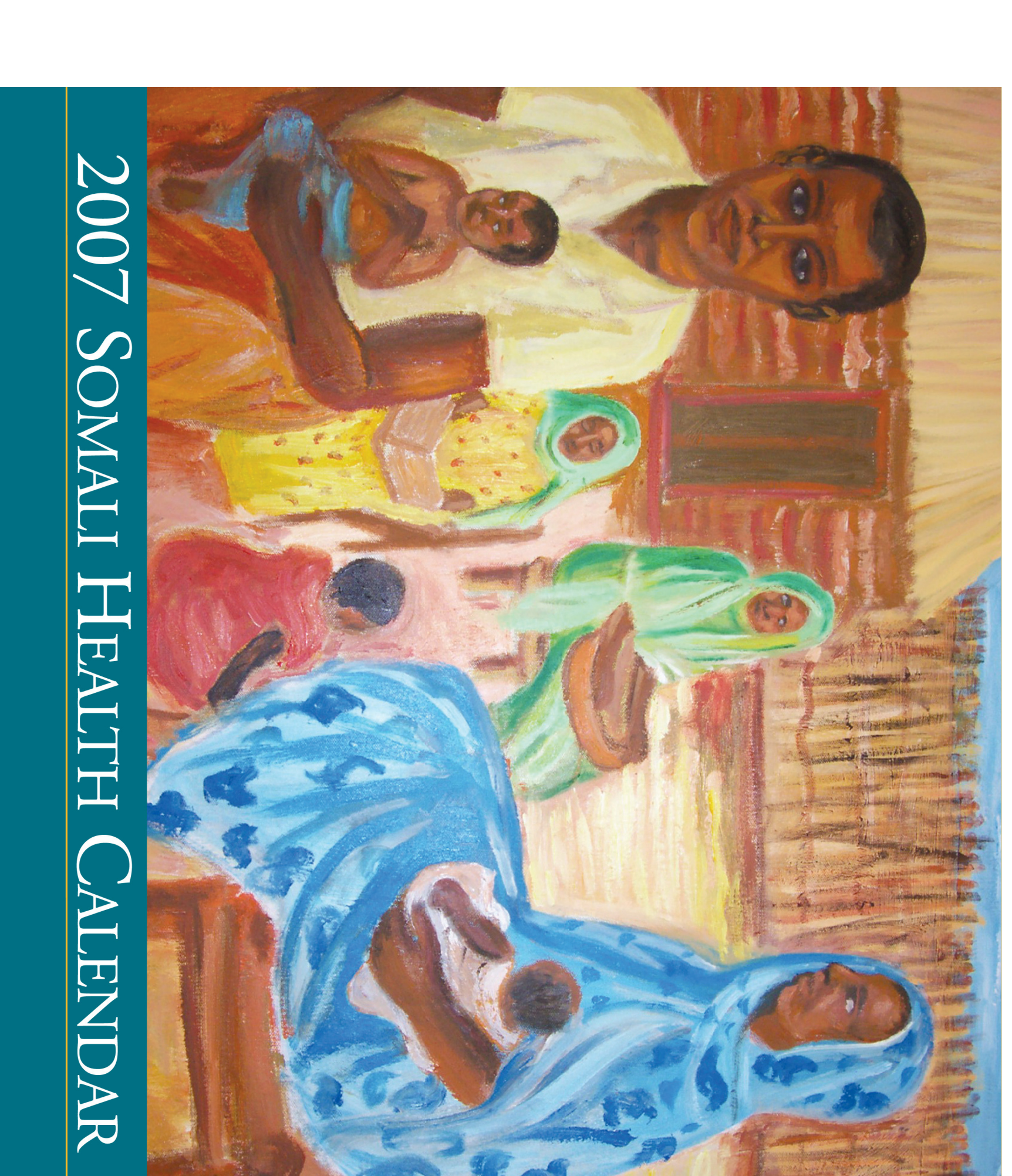
### Somali Decisions About Child Spacing booklet and video

This booklet and accompanying video educates the community on the benefits of child spacing. The video tells the story of a Somali mother contemplating the choice of spacing her children, and dealing with conflicting information from friends and family about contraceptive methods.

The booklet is in Somali and English, for easy use by providers with their Somali patients. It provides information about all available contraceptive methods, and answers these questions:

- Is this method safer?
- Does this method work well?
- How can I get this method?
- Can I get pregnant after I stop using this method?
- Will this method protect me from sexually transmitted diseases?
- Can this method be used during breastfeeding?

Figure 2

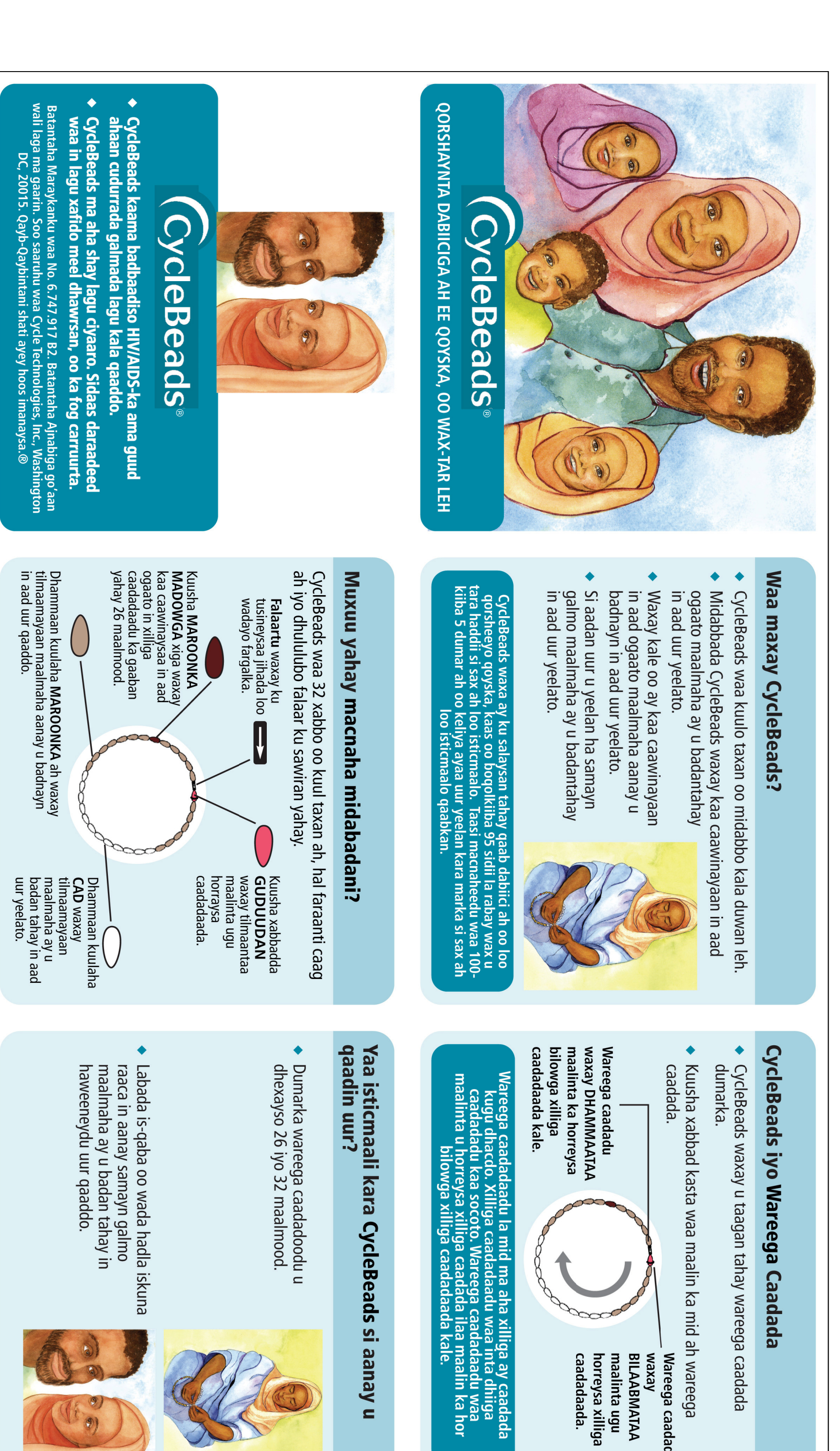


### Somali Health Calendar

The Somali Health Calendar was designed to bring reproductive health messages to the community. MIHV worked with a well-known and respected Somali poet to develop the messages, and a famous Somali artist to develop many of the images used in the calendar.

Both in 2006 and 2007, the calendars were distributed to various locations in the community, including restaurants, coffee shops, Somali malls, halal markets, community organizations, hospitals and clinics, as well as at health fairs. Beginning in 2006, MIHV distributed 7,000 copies of the calendar and reached over 16,000 annually with its messages.

Figure 3



### CycleBeads pamphlet and video

In order to address the community's strong interest in natural family planning, MIHV developed a Somali-language pamphlet and accompanying video about CycleBeads, a standard days method. MIHV worked with Georgetown University Institute for Reproductive Health and the Somali community to develop these resources.

A Somali community health worker was trained to counsel Somali women about this method, and to distribute the beads and materials if they are interested.