

UNIVERSITY FOR DEVELOPMENT STUDIES

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**ASSESSING FAMILY PLANNING DECISION MAKING AMONG MUSLIMS IN
THE TAMALE METROPOLIS**

SIRINA MUSAH

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THE TAMALE METROPOLIS

BY

SIRINA MUSAH (BA. INTEGRATED DEVELOPMENT STUDIES)

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DEVELOPMENT

June, 2016

DECLARATION

Student:

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.

Candidate Signature:.....

Date:.....

Sirina Musah

Supervisor:

I hereby declare that the preparation and presentation of the thesis was supervised in accordance with the guidelines on supervision of thesis laid down by the University for Development Studies.

Supervisor's Signature:.....

Date:.....

Dr. Shamsu-Deen Ziblim



ABSTRACT

Generally, Muslims religious leaders are often viewed as potential obstacles towards family planning practices owing to their incessant condemnation of family planning. In Northern Region family planning practices is very low, especially among Muslim couples. In view of this, the study sought to examine how Muslim women and men in the Tamale Metropolis take decisions regarding family planning. The social survey was adopted as research strategy due to the larger nature of the study population in the Tamale Metropolis. A sample of 400 respondents from the various identified communities in the Metropolis was chosen as the sample size for the study. Questionnaires and interview guides were used for data collection. The data obtained was presented and analysed based on who is responsibility for planning decisions among Muslim couples, the attitude of Muslims toward family planning practice and the knowledge level of Muslims on family planning practice. This led to the following key findings: family planning practice among Muslim couples is widely known. It also found that, Islam does not regulate the number of children Muslim couples should have. The study further revealed that Muslim couples are unable to effectively implement the lessons learnt from family planning sessions. It was also observed that, majority of the Muslim couples rejected abortion as a family planning technique. The cost of contraceptives for family planning was also found to be discouraging Muslim married couple in the Tamale Metropolis. Based on the above findings, it was generally recommended that Muslims couples should be encouraged and assisted to accept family planning practices so as to propagate its usage to others in the Metropolis. Since Islam does not regulate the number of children Muslim couples should have, couples are



advised to seek more clarification from family planning professionals on the appropriate child spacing so as to ensure effective management of their respective families. The Muslim couples should develop positive attitude towards family planning so as to implement the lessons learnt from family planning sessions. Since abortion was rejected as family planning technique, Muslims couples should identify other alternative family planning methods that may be appropriate for the Islamic religion. Finally, the study recommended that, the cost of family planning contraceptives should be subsidized so as to make its usage more affordable.



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I would also wish to thank prominent Muslim clerics in Tamale such as Sheikh Sa'eed Zakaria of Ambariya, Mallam Aminu Bamba, Sheikh Ibrahim Basha (Bayaan), Sheikh Dalhu (Chief of Hausan Zongo, Tamale), the Ahmadiyyah Muslim Fraternity, Shei Baaba Dua and other prominent Mallams just to mention a few in the Tamale Metropolis who have specifically answered or responded to items in the interview guide. They showed special interest in my research work and thereby gave me the necessary information I needed from their respective outfits. It is my sincere wish to render gratitude to Dr. Robert and Mr. Boakye for their support. Lecturers such as Mr. Habib Alhassan and Mr. Abukari Salifu are not also left out of my sincere gratitude; because despite his busy work schedule, they did their best by devoting an appreciable time to assist in reading and editing the work.

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DEDICATION

This work is dedicated to my husband and my kids.

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LIST OF ABBREVIATIONS

SAW	Sallaallahu Allaihu Wassallam-Peace Upon the Prophet
WHO	World Health Oorganization
GDHS	Ghana Demographic Health Survey
GSS	Ghana Statistical Survey
FP	Family Planning
IUD	Intrauterine Contraceptive Device
LAM	Lactation Amenorrhea Method
IMF	International Monetary Fund
CSM	Contraceptives Social Marketing
FPHP	Family Planning and Health Programme
GHANAPA	Ghana Population and AIDS Project HFC
RCHU	Reproductive and Child Health Unit
GHS	Ghana Health Service
PPAG	Planned Parenthood Association of Ghana
L.I	Legislative Instrument



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Globally, Muslim religious leaders are often viewed as potential obstacles to family planning practice since there is no verse in the Holy Quran which encourages the practice of family planning. The Quran and Sunnah of Holy Prophet Muhammed (SAW) only encourage issues concerning good moral with regard to reproductive health, marriage and parenting but did not categorically state the usefulness of family planning. There is a verse in the Holy Quran which encourages Muslims to marry, stating: “Marry those among you who are single or the pious among your slaves.....” (24:32). This verse shows that marriage is a social responsibility on every Muslim who is capable.

Most Muslim scholars accept the legitimacy of a Haidith in which the prophet noted that the use of withdrawal method as family planning is permitted, for “if God wanted to create something, no one could avert it”, which imply that all non permanent methods are in keeping with Islam. Furthermore a number of Quranic verses emphasize the notation that God does not wish to burden believers, with the implication that the quality of children overrides concern about quantity. Additionally, marriage is portrayed in the Quran as a source of companionship and mutual protection, rather than as primarily for procreation (30: 21). The quotations above which are from the Holy Quran are enough indications to show that Islamic religion does not frown on family planning practices.





The same Quran states “on no soul doth Allah place a burden greater than it can bear”. Muslims have reluctant attitude towards birth control since they believe the Almighty Allah has burden them by blessing them with child bearing. The above quotation could be interpreted as give birth to a number of children that you can comfortably cater for.

Due to population increase and poor socio economic development in Muslim communities, scholars are putting in efforts to propagate the need and usefulness of contraceptives ((Leatham & Jane, 2012).

Modernization has attached so much importance to family planning such that it is globally agreed that if a particular country embrace this practice then that country will achieve success in reproductive health.

Following the 1994 international conference on population and development in Cairo, family planning was expanded to include reproductive health, and with this expansion the sexually active couples appeared to be the most appropriate focus for most reproductive health components including family planning. Since then family planning program is receiving due attention worldwide. (Bawahetal, 1999)

Muslims married couples involvement in family planning means, their awareness and support for the family planning practices and contraceptive usage is not in any doubt.

It has been noted that in the face of high knowledge and approval of family planning, there exist low use of contraceptives in the developing countries. The social structure in the Muslim community coupled with lack of spousal communication about family planning, are reported to be factors explaining family planning acceptance or non



acceptance in the Muslim dominated communities. Due to religion and cultural traditions, open discussions on matters pertaining to sexuality and contraception are not common in the Muslim community.

In Northern Region of Ghana, husbands play dominant role in most family matters and as bread winners, they are the ones who have a major say in family matters including family planning (Metro-Health Report 2003). In this cultural context, it is unlikely that women bring sexual and family planning issues to the surface and initiate discussion with their husbands. It is therefore important to investigate the practice of family planning among Muslims in the Tamale Metropolis.

1.2 Problem Statement and Justification

The Millennium Development goals 4 and 5 adhere to addressing the problem of maternal and child mortality and reducing it by $\frac{2}{3}$ by the year 2015. This noble goal can be achieved if all sectors of the health delivery system work well. WHO (2003) estimated that 585,000 maternal deaths occur each year and more than one woman die every minute from pregnancy related causes, 190 women face unwanted pregnancy and 380 women become pregnant every minute Worldwide.

Family planning is a component of the health delivery system that offer quality health care to both male and female to attain their desired number of children by spacing birth and timing of births. This component really fosters quality family units and individual capacity to effectively participate in development.



According to Ghana Demographic Health Survey (GDHS) (2008), family planning can prevent at least 25% of all maternal deaths by delaying motherhood, and spacing births to at least two years apart. It can equally improve the health and survival of adolescent girls by allowing them to postpone child bearing. Ghana Demographic Health Survey (GDHS) 2008 findings revealed that there is 99% and 98% awareness of family planning among men and women respectively in Ghana. However this trend seems to be different in the Northern region of Ghana (Ghana Statistical Survey, 2010). This high awareness level has however not been sufficiently translated into practice. It is for this and other reasons that Northern Region remains lowest (6%) in the use of both modern and other types of contraceptives (GSS, 2008).

Data from Tamale Metropolitan Health Directorate indicates that family planning practice is very low in Northern region. This is against the background that very intensive programme have been put in place to intensify education and thereby improve the general acceptability of family planning use, the trends in the Metropolitan Health Directorates depicts reducing trends. For example out of a total population of 202,317 in 2001 only 18% utilize family planning services. The figure even reduced to 16% in 2002 and 2003 respectively (Metro-Health Report 2003).

In line with this reducing trend of family planning practices, this study sought to examine the participation of Muslim couples in family planning practices in the Tamale Metropolis since Muslims constitute about 80% of the total population of the region (Ghana Statistical Survey, 2010).



1.3 Research Questions

- i. Who takes decision regarding family planning among Muslim Couples?
- ii. What are the attitudes of Muslims towards family planning practice and usage?
- iii. What is the knowledge level of Muslims towards family planning practice and usage?

1.4 Objectives of the Study

1.4.1 General objective

To examine how Muslim women and men in the Tamale Metropolis take decisions regarding family planning.

1.4.2 Specific objectives

- i. To investigate who takes the responsibility in family planning decisions among Muslim couples.
- ii. To investigate the attitude of Muslims toward family planning practice and usage.
- iii. To examine the knowledge level of Muslims on family planning practice and usage.

1.5 Significance of the Study

This study is significant for two main reasons:

Firstly, the results of the study could be useful to health professionals and policy makers with respect to contributing towards planning relevant culturally sensitive interventions to addressing the problem of maternal and child mortality and to improving quality of life.

Secondly, the study will be used as a medium to highlight and conscientize the public on the importance of family planning to the socioeconomic development of a nation.



1.6 Limitations of the Study

The likely limitations of his study may include the following:

Getting respondents to provide answers to the questionnaire will be a likely limitation since the Islamic ethics may not allow them to provide ready answers but to consult Mallams before they can do so. There may be delay in the administration of questionnaires.

Another limitation for this study was means of transportation to various areas within the metropolis for information of the study. This was however overcome by seeking the services of a Taxi cap driver who was able to assist the researcher appropriately.

Furthermore, the doctrinal differences among practicing is another limitation for this particular study since many Muslims by virtue of their religion beliefs may not be willing to accept certain things about family planning. This has undoubtedly posed serious challenge during the data collection process.

1.7 Delimitations/Scope of the Study

In order to work successfully within the limited time and available resource, the study is focused on who takes the responsibility in family planning decisions among Muslim couples in selected Muslim communities in the Tamale Metropolis. Data will also be collected from the renowned Muslim clerics in the Metropolis so as to ascertain the effectiveness of family planning practices among Muslim married couples.

The study presented generalized information on the attitude of Muslims toward family planning practice and usage. The stakeholders that are involved in the promotion of family practices were also consulted leading to the creation of opportunity that ensured



that Muslim couples have practical experiences of family planning so as to help them manage their respective family effectively

The study also examined the knowledge level of Muslims couples concerning family planning practice and usage restricted to family planning and not the total process of reproduction among Muslims.

This study therefore focused on the well thought variables such as responsibility for the family planning decision making, on the attitude of Muslims toward family planning practice and their knowledge concerning family planning practices.

1.8 Organization of the Study

This work was organized in to five chapters. Chapter one consist of introduction, background to the study area, statement of the problem, objective of the study, research questions, significance of the study, methodology , Limitations of the study, Delimitations of the study, profile of the study area and organization of the study. Chapter two which is the literature review is made up of the position of Islam in family planning, The social structure of Muslim community, husband wife communication with regards to the use of family planning services, Socio-cultural factors affecting the use of family planning among Muslims, Fertility preference among Muslims, and adequate family planning knowledge about the existing family planning services among Muslims.

Chapter three which is methodology it is made of introduction, data collection techniques and tools, study population, sampling, pre-testing, coding, data analyses and assumptions.

Chapter four is the interpretation and reporting of the project. It include the position of Islam in family planning, social structure in the Muslim community, husband wife

communication among Muslims in family planning, Socio-cultural factor affecting the use of family planning in among Muslims, fertility preference among Muslims and adequate knowledge of Muslims about family planning. Chapter five is the last chapter of the project it is made up of summary conclusion and recommendation



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature related to the topic as documented by some writers, scholars and researchers. The review is done on the basis of the following sub-topics: family planning as a concept; the responsibility in family planning decisions among Muslim couples; the attitude of Muslims toward family planning practice and usage and the knowledge level of Muslims on family planning practice and usage.

2.1 Family Planning as a Concept

Several definitions have been put across to define the concept family planning. Some of these definitions are indicated below:

Family Planning is considered as a deliberate effort of couples to regulate the number and spacing of births in order to improve the family life at the micro level and to contribute to sustainable development at the macro level, thus the national level. Family Planning allows couple to achieve the desired number of children, the spacing and timing of their birth (World Health, 2014).

Other definitions include:

Nii-Amoo et al. (2014) defined family planning as the factors that may be considered by a couple in a committed relationship and each individual involved in deciding if and when to have children. Though rarely articulated, family planning may involve consideration of the number of children a couple wish to have as well as the age at which they wish to have them. These matters are obviously influenced by external factors such





as marital situation, career considerations, financial position, any disabilities that may affect their ability to have children and raise them, besides many other considerations, if sexually active.

Mischell (2010) viewed family planning as the use of contraception and other techniques to control the timing of reproduction. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management as well as infertility management

Another perspective from Tsui et al. (2010) regards family planning services as educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved.

Despite the fact that, variables such as education, religion, socio-economic and cultural factors affect the effectiveness of FP Programmes, further and different factors that deserve attention is the involvement of males in FP programmes. Empirical studies on these variables mentioned above shall be examined, especially the religion, education and male factors in relation to FP programme effectiveness.

2.2 History of Contraceptive use and Birth Control

The issue of contraceptive as a measure of controlling human fertility dates back to 3000 years ago when the Egyptians used a combination of Honey and crocodile dung as spermicides and linen sheaths (as male condoms) to protect against disease. Approximately 1700s, condoms were made by the Ancients from animal intestines (Leatham & Jane, 2012). The Bush Negro of British Guyana in addition used okro-like-

seed, which was placed in into the female reproductive organ as a means of birth control. The Jews applied onions and peppermint juice as spermicides to control fertility in their region.



Sabrina (2014) emphasized the fact that, the Chinese in the olden days tried to prevent infection by wrapping oiled silk paper around the penis, and the Japanese had leather and tortoiseshell sheaths for the purpose of reducing fertility. The Romans used tampons that had been dipped in herbs and condoms made of goats' bladder. The history of condoms in Europe began in the sixteenth century, when syphilis as a sexual disease reached epidemic proportions in 1560s, an Italian doctor named Gabriel Falloppio revealed that, a linen bag soaked in a solution of salt or herbs formed a protection against the disease.

Tammy (2011) stressed the fact that, in the eighteenth century linen and silk condoms were used, as well as sheaths made of lambs' and goats' gut. To prevent them slipping off, a ribbon on the open end of the condom was tied around the penis. The sheaths made of bladder or gut could be used more than once; in contemporary paintings and prints they are some-times seen hanging on a hook or a clothes line to dry. By 1844, the American Goodyear man (the inventor of Goodyear tyres) called Charles Goodyear invented the reusable male condoms. These condoms were made of rubber and often washed and stored with oily jelly in wooden boxes for reuse (Krebs, 2004).

For about thousands of years, birth control received little public attention. This was as a result of the fact that, death rates were enormously high, especially among infants and children. Huge numbers of children were, therefore, necessary to ensure that enough would survive to adulthood and have children of their own to bring forth families,



communities, empires and states (Ward et al. 2009). During the 1700's and 1800's however, scientific and technological advances in developed countries increased food supplies, controlled disease and made work relatively easier. As a result, the death rates began to drop in these countries and more children survived to adulthood and had more children themselves (Pomeranz 2009). This, new trend of population change in the advanced countries moved a British clergyman and Economist, Rev. Thomas Robert Malthus to publish his famous 'Essay on the principle of population' in 1798.

Malthus argued that human populations tend to increase geometrically whereas food supplies increase arithmetically. As a result of this, Malthus suggested that young men and women postpone marriage to control births. The consequence of continuing high birth rates and low death rates has been rapid population growth around the globe especially in Asia, Africa and Latin American. In the African continent, children born are not fed well, housed well, educated or employed under present conditions properly due to large numbers.

The fear of population growth outstripping food and other resource supplies has spurred interest in birth control or family planning (Encyclopedia Britannia, 1980, pp 378-379). To regulate fertility, in recent years, modern methods of contraception have been manufactured as a result of scientific advancement.

These methods are considered to be satisfactory, well tested and effective. They include permanent and temporary methods. Permanent-female sterilization and vasectomy for males while the temporary methods are; vaginal foaming tablets, condoms, intrauterine contraceptive device (IUD), diaphragm (cervical cap) Norplant Implants, injectables and

oral contraceptive pills. There are also natural methods such as Fertility awareness and lactational amenorrhea method (LAM) (Machiyama & Cleland 2013; Igwegbe & Anthony et al. 2009).

The impact of family planning remain unchanged irrespective of the geographical setting in which it is being implemented. For instance, the fear of population growth outstripping food and other resource when child birth is not control. This similar sentiment is likely to be expressed in Ghana, and the Tamale Metropolis in the Northern region. Therefore the historical antecedents of family planning present guidelines to the appropriate to emulate the strategies implemented in the effective management of family planning in Muslim communities in Ghana

2.3 Islam and Contraception

The teachings in the Holy Quran are not concerning the use of contraception. However, Mussalam, an Islamic Theologian and scholar in 2009 indicated that when the Quran is ambiguous on any particular issue, Muslim scholars will usually turn to analogic reasoning (Qiya) or consensus (Ijima). Therefore since the Quran is not explicit on the use of contraceptives there has been diverse views as to the permissibility of contraceptive use for fertility regulation. For instance, as Abernethy (2012) reveals “the primary aim of marriage in Islam is procreation”. Hence, it is therefore a sin against nature and biological disposition to control births or prevent conception through the use of contraceptives (Opcit, 2012). In further discussion, Lee (2011) stressed the fact that, contraception has a potential of undermining public morale and encourage promiscuity.





A careful review of the Holy Quran reveals no text or evidence (Nuss) ruling out the prevention of conception or diminution of the number of children but there are several traditions (Hadiths) of the Holy Prophet of Islam (peace be upon him) that indicate its permissibility. According to the Hadiths the close associates of the prophet of Islam were practicing coitus interruptus. Majority of the Islamic jurists in the legal schools agree with the permissibility of 'al-azl; where the husband withdraws and ejaculates outside his wife's female reproductive organ during sexual intercourse (Abdel Rahim, 2010).

At the 1994 Cairo International Conference on Population and Development, there was a great reawakening among Islamic religious leaders to specific forms of contraception and birth control which Muslims clerics thought was inimical to their religious beliefs. Several conservative Islamic countries such as Saudi Arabia, Iran and Sudan joined the Vatican, to register opposition to women's increasing access to contraceptives (Amin and Hossain, 2005). Earlier in 1968, Pope Paul VI referred to artificial birth control method as immoral because they separate the two purposes of intercourse in marriage; conjugal love and the procreation of children. The Pope added that, 'each and every marriage act must remain to the transmission of life'. The Roman Catholic Church however, considers natural FP as acceptable.

Amin and Hossain (2005) emphasized that, the Hanafi Islamic jurists made clear distinction between prevention of conception and abortion, authorizing and consenting to the former and ruling out the latter. By corresponding reasoning (Qiya) alternatives methods of contraception can be allowed in Islam as long as the purpose is to prevent pregnancy, and in so far as it would not lead to permanent loss of fecundity. The Hanafi jurists went further to broaden their argument in support of blocking the mouth of the

uterus (cervix) with the husband's consent. This indicates the acceptance and possible use of some modern artificial contraceptives.

2.4 Family Planning Decisions among Muslim Couples

Even though studies concerning male Muslims involvement in family planning are rare, a small number of related studies reveal some patterns of beliefs and attitudes among male Muslims and Muslim religious leaders. Some studies carried out in Jordan, Ethiopia and Nigeria attest to these information.

With regard to the Jordanian study, Akbar (2007) found that, Muslim religious leaders are often sighted as real or potential impediment to issues relating to family planning. Their beliefs about FP differ from those held by the general public. Also in two nationally representative surveys of one 1000 married women aged 15-49, and the other of 1000 men married to women aged 15-49 and a census of all religious (Muslims) leaders in Jordan found that, 80 percent of women, 82 percent of male religious leaders and 98 percent female religious leaders believe that family planning relates to the beliefs of Islam. This situation is not different from what is happening in the Tamale Metropolis, the study area. Muslim religious leaders and other active practicing Muslims are repeatedly described as potential obstacles to the promotion of family planning

Mehryar et al. (2010) revealed that, among the religious leaders, 36 percent reported that they had preached in support of family planning in previous surveys. It was further observed that, 75 percent of women and 62 percent of men in the general public said they had discussed FP with their spouse. On a scale of 0-10 measuring agreement with



statements regarding the benefits of FP (with 10 being complete agreement), women averaged 9.4 and female religious leaders 7.2 (Mehryar et al. 2010).

The study further discovered that, among the general public, 74 percent of women and 58 percent of men said that deciding to practice contraception is a joint decision between husband and wife. However, about 90 percent of the religious leaders agreed that decisions on contraception should be taken jointly by the husband and wife. Only 26 percent of men in the general public cited interpersonal communication as a source of FP information, compared to 66 percent of women, 73 percent of male religious leaders and 89 percent of female religious leaders. The study also revealed that three-quarters of both women and men want to know more about FP. From the data collected in the study, females in Jordan strongly approve of FP. Men in the general public generally accept FP as being beneficial. This study did not however specify the methods approved of or accepted and being used.

Surprisingly, both men and women in the Tamae Metropolis generally do not accept family planning as being beneficial in their sexual health production education.

In a study of family planning attitudes and practices of Ethiopian elites found that, 80 percent of the religious leaders had heard about the concept of family planning. It was revealed that, 92 percent of this number was married but only 26 percent practiced FP. The religious leaders were found to be less favorably disposed toward FP than other elite groups such as teachers and community leaders. The authors did not however, specify the method of contraception used by those who practiced contraception. They did not also



compare the responses of the male elites and religious leaders to those of the general public (Underwood 2010; Amin & Hossain 2005).

In a related study, 40 Muslim religious leaders (all males) in Yoruba communities in South Western Nigeria found that, 78 percent reported or responded as having preached publicly against family planning since it comes with some harmful effects of the concept of family planning. Questions as to knowledge level and practice were not included in the study and again their responses were not compared to those of the general public or the larger society (Isah & Nwobodo, 2009).

The same can be said by the Islamic clerics in the Tamale Metropolis since almost all the preachers agreed to have preached publicly against family planning referring to family planning as having some harmful effects from their own world view.

Following from the above empirical studies, one can argue that, the studies have revealed some degree of unconfirmed religious opposition to contraception. This implies that, results of the above studies revealed varied responses from women, men and religious leaders regarding contraception and family planning in general. While the Jordanian study revealed a generally satisfactory level of knowledge, approval and a fair degree of practice, the Nigerian study revealed a high degree of opposition of family planning among religious leaders despite the fact that the Nigerian sample was not nationally representative.

The Ethiopian study also revealed that the degree of enlightenment in terms of education directly impacts on one's disposition towards family planning programmes and practice. The results of the studies also imply that access to information and communication





influences family planning patronage; hence the need to identify credible sources of information regarding family planning. Equally, the Jordanian study explored decision-making regarding family and since males are supposedly the wielders of power in most communities, the males should involve their wives in taking decision with respect to family planning. Even though the studies did not directly explore male involvement in family planning in Muslim communities, the Jordanian study has shown some level of male involvement despite the fact that the females are more favourably disposed toward FP.

2.5 The Attitude of Muslims toward Family Planning Practice and Usage

Offenhauer (2005) has made more effort by discussing topics such as scholarship on women in Islamic societies, dimensions of women's status and bodies of research. Also women in Muslim states politics, women's legal position and rights, women activism for building the nation and development of human/women's right.

The ACQUIRE project (2008) made reference on how family planning nurses in America identify their clients and address their misconception, ensure optimal communication, improve clients perception of risk, help client to make decision for permanent methods and other topics related to family planning are discussed.

Donahoe (1996) argued that, male fertility has become the central view of in family planning programmes in Bangladesh. The author explains further that men in Bangladesh are suitable targets for family planning programs because average men do not want more than two children and do not want them spaced but closed together. According to the



author, it seems that the concerted efforts to involve men in family planning have been inadequate.

Save the Children (2012) touches on time and space: how healthy timing and spacing of pregnancy saves lives as well as improving the supply of family planning services for the benefit of the people in the communities. Again, stimulating demand for family planning through empowering women is also discussed.

Janet and Allen (2009) argue that family planning presents an urgent global health priority for the twenty-first century. Family planning services help women and men around the world to make informed decisions about the number and spacing of their children, which is a major determinant of a newly born child, maternal and family health. By extension, Janet Fleischman and Moore indicated that, the economic wellbeing of families, communities and even countries is improved by access to family planning services. They also point out that “studies in Zambia shows that every dollar invested in family planning led to four dollars saved in other developmental areas”.

Even though the authors could not specifically relate the above to Islam, relating it to Islam would not be out of place. This is because Islam is a universal code of life and also places much emphasis on things that would bring good to mankind.

Amirrtha et al. (2008) held the view that family and marriage are essential towards procreation of people into the Islamic society. They recognize the normalcy of sexual intercourse provided it is within marriage. They stated that a majority of Islamic scholars indicate that family planning is not forbidden. Muslims opinions regarding contraception have mix reactions since one school of thought is favour of it, others disapprove of it.



Some Muslim fundamentalists insist that contraception of any form violates God's intentions. They argue that when the justification of contraception is provided such as health, social and economic indications, coitus interruptus (withdrawal method) becomes recommended provided the method is reversible and does not induce abortion.

Underwood (2000) also points out that child spacing which is viewed as an aspect of family planning is permissible among Muslim communities. With respect to contraception, Muslim scholars universally accept the legitimacy of a Hadith (or one of the collected sayings of the Prophet Muhammad (S. W.A) in which the Prophet indicated that withdrawal is permitted after all if God wanted to create something, no one could avert it.

Furthermore, he pointed out that the Quran says God does not wish to burden a believer which implies that the quality of life of children overrides concerns about quantity. According to Underwood, permanent methods are permissible when additional pregnancies pose a threat to a woman's health. However, there appears to be considerable uncertainty among religious leaders and the public alike about the acceptability of some modern contraceptive methods such as IUD and implants.

Ahmad (2006) explained that the Quran does not prohibit birth control, nor does it forbid a husband and wife to space pregnancies or limit their number of children. Thus a great majority of Islamic jurists believe that family planning is permissible in Islam. The uncertainty the Quran exhibits on the issue of contraception, has caused some discomfort for jurists who have argued that it is not a matter of omission by God, as He is "All knowing". They also note that coitus interruptus or withdrawal is permissible with the



wife's consent and there are a number of a hadith that advocate family planning especially coitus interrupts or withdrawal. Many Muslim scholars argues that, the position of Islam on family planning and its importance to the development of the communities and again the effects of large families called for investigation into this field of study.

Ejibi (2006) discusses the arguments and conventions of being influenced by the extremist feminist thought which originates from secularism based on the separation of religion from state. This thought adopted by the feminist movement has advocated for separating all morals absolute for the sake of unbridled liberty which wipes out all principles and values. He further discusses the challenges facing Muslim women in the contemporary Muslim communities, responsibility of women towards buttressing the fabric of the family in the Islamic system, the household from the perspective of an Islamic law, women and political participation and democracy, women's rights and economic responsibilities, Islam and development, the role of Muslim women, the role of women and status creation and elimination of all kinds of discrimination against women.

The happenings in the Tamale Metropolis find expressing in the above piece of literature since there is that general extremist Islamic thought which is rooted in both male and female practicing Muslims.

Buckley (2001) emphasizes the fact that Muslim parents should love their wards and again maintains that it is a religious duty upon every Muslim parent to perfectly exhibit their responsibilities by taking care of their families as required by God and the Sunnah of the Prophet. He makes an effort to point out the position of Muslim women to

maintain their modesty by conducting their procreation in line with the provisions of the Islamic law.

Akhtar (2009) in discussing Islam, health and reproductive control, in Islamic parenting explained that, keeping the birth rate in check is of great essence to large families than the small ones in the communities is not very much encourage by the traditions of the Holy Prophet.

Akhtar (2009) again made reference to the fact that issues pertaining to sexual intercourse have been obscured by Islamic scholars for long and these adversely affect the Muslim families in the institution of marriage. Great effort has been made by these authors to educate Muslims husbands on how to have effective sexual intercourse with their wives. The use of contraceptives, responsibilities of children over parents and maintenance of the wives are not discussed which are the interest of our study.

Global Health Program (2012) explains that, guided by the belief that every life has equal value, Bill and Melinda (2009) provided more insight into the practice of family planning in Muslim communities. According to this health program, family planning is hailed as one of the great public health achievements of the last century and yet over 200 million women worldwide who want to use contraceptives do not have access to them in the name of religion, especially with the Islamic faith. The world's poorest women and men are not empowered to decide the number of children and timing of their births despite the fact that complications during pregnancy and child birth are a leading cause of death among women in Africa.





The vision of Global Health Program as indicated is to make all women and men in developing countries know about and have access to quality family. This program, therefore, supports voluntary family planning as a means to meet the needs of women and men and to significantly reduce maternal and infant deaths, enhancing the livelihood of women and reduction of poverty. Ghana as part of the developing countries is faced with the problem of maternal mortality and high rate of poverty especially in most Muslim communities. If family planning is the proposed solution to these problems, then it has to be investigated to ascertain what really pertains on the ground in these communities and how family planning can effectively improve the lives of Muslims in the communities. This underpins the need for this study.

With regard to the purpose of Islamic marriage, Khalifah (2009); mentions the views of Al- Ghazali, a Sunni eminent thinker who puts forward the following benefits of marriage as follows:

Production of children, defeating the carnal lust, giving calmness to one self, brings settlement to the heart, and self-discipline. He regards the survival of the offspring as the most important advantage saying: procreation is the origin and for its sake marriage has been enacted and legalized for the purpose of maintaining the offspring and so as to keep the world from being devoid of mankind, lust has been created only as compelling and inciting force for keeping the generation. As the above discussion implies, Islam in this perspective condemns family planning.

Doi (2008) explains the ultimate purpose of Islamic marriage as follows: Islam is more particularly concern with providing the most possible wholesome means for bringing up



the offspring and not the number of offspring to bring forth. To give birth to children and neglect them is a crime towards society, towards the children and even towards the parents themselves. The child, who is deprived of ample love of his or her parents, not properly tutored in Islamic way of life at an early age and is left to babysitters and nurseries will develop many anti- social behavioural patterns and may end up with crime, perversion and corruption. Such a child may never find his or identity as he or she could have felt in a systematic manner during his or her childhood. Without a family life, governed by Islamic order and discipline, how can we expect a child to have the Islamic conscience and value of righteousness?

According to Doi (2009), marriage in Islam, broadly speaking, is a means of emotional and sexual satisfaction, a function of procreation as a form of worship of Allah and obedience to His Messenger. For this reason the practice of family planning may be considered as contrary to this above assertion. This means that, marriage in an Islamic point of view is meant to ensure procreation of the same offspring. At the same time, he considers satisfying the lust and partnership in material living and housekeeping to be the real essence of marriage, viewing them as preliminaries and preludes for marriage or consequential advantages.

However, Al-Kawthari (2006) viewed the survival of children as the most important advantage of marriage has been criticized by many Islamic scholars. Thus, it is vulnerable to criticism due. There is a profound emphasis in the Quran on the matter of tranquility and relief in two Quranic verses (Al-A'raf: 89 and Rome: 31) where it has been stated that the objective of creating man and a woman is to find rest and calmness.

Therefore if procreation will deprive man of this peaceful living, then it should be prevented.

Therefore he considers getting married to a barren and menopausal woman as something permissible. From the views presented above, it is learnt that the Islamic marriage seeks to achieve several purposes and that we should not accept the one-sided view point in respect of marriage which is the multiplication of children or giving birth to many children while ignoring the other purposes of marriage which are equally important in family life.

Doi (2009) says: What emerges from careful consideration of the Quranic injunctions and the traditions of the Holy Prophet is that, marriage is compulsory for a man who has the means to easily pay dowry and maintain a wife and children, who is healthy and fear that if he does not marry he may commit fornication. It is also compulsory for a woman who has no other means of maintaining herself and fear that her sexual urge may push her into fornication. But it is recommendatory for a person who has a strong will to control his sexual urge and not fall prey to the evil temptation of Satan but whose only aim is to have children. However, marriage is superogatory for a person who fears that marriage will not keep him away from his devotion to Allah. It is therefore against this background that marriage is not binding on a believer who does not wish to have children.

The general view of marrying and producing many children does not relate to all but for those who wish to have children on condition that they can provide for needs and properly take care of the wives and children.





Musallam (2008) who reflects on the teachings of the holy Quran came to the conclusion that “if procreation is stopped due to scarcity of resources and food to feed and to cater for them, then it would be tantamount to the crime of infanticide (the burying of child alive in the pre-Islamic era)”. It is worth noting that, although Islam prohibits this pre-Islamic practice, no deduction may be made from this prohibition to condemn contraception.

The Holy Quran is in favour of natural fertility control hence it encourages mothers to nurse their children for two years. It says “The mothers shall engage in the lactation of their offsprings for two years” (2:233).

Farooq (2006) inferred that, this verse implies a minimal spacing period of thirty- three months between children: nine months of pregnancy and twenty-four months of lactation. During this period the chance of pregnancy is reduced by physiological effects of lactation which controls fertility in a natural manner.

2.6 The Knowledge Level of Muslims on Family Planning Practice and Usage

Among Muslim countries that led the way and break new ground in implementing birth control or Family Planning included: Pakistan, Turkey, Egypt and Tunisia. After Pakistan attained independence from Britain in 1947, there was a speculation that the country might face problems and this called for the establishment of Family Planning services throughout the country. This provision was made to educate and motivate experts in Family Planning and therefore a separate division of Family Planning was set up in the Ministry of Health, Labour and Social Welfare.



To ensure and to justify the implementation of Family Planning, the Ministry of Health, Labour and Social Welfare in Pakistan issued a declaration that the Quran does not raise any objection to the practice of Family Planning but that there are numerous supporting evidence in the traditions of the Holy Prophet where he permitted his followers to practice birth control. To add to this, the Ministry emphasized that al-Ghazali and IbnTaymiyyah were in favour of birth control. That is the classical Islamic scholars gave their approval to the practice of family planning or birth control. Although it is not forbidden to practice birth control, it is rather undesirable as it is generally agreed by a majority of Islamic scholars. The reasons for practicing birth control would naturally differ from one individual to another but what the government in Pakistan was calling for was affirmative action at the national level in implementing family planning throughout the country.

According to Akhtar (2009), some of the Muslim scholars, naturally, denounced the policy of family planning as alien to practicing Muslims in Islam. Foremost among scholars in the condemnation of family planning included; Sayyid Abu al- AlaMaududi, of the Jamia'te Islamia, Mufti Muhammad (S.W.A) Shafi, of Darul-uloom, Karachi and Ihtisham al HaqThanwi also in Karachi. They made use of the platforms in the mosques throughout the country and with their pens in rejection and reaction against this policy. He summarizes their arguments against family planning as follows:

- Family Planning is akin to infanticide.
- Family Planning is unnatural and as such contrary to human nature.
- Family Planning is based on disbelieve in the providence of Allah.

- Family Planning would be tantamount to ignoring the Prophet's wish that Muslims should increase in numbers.
- Family Planning will lead to disastrous social consequences.
- Family Planning is a sort of conspiracy of the Western imperialists against the development to the nation.



Nonetheless, Akhtar (2009) noted that, there were some scholars who maintain their support for the Family Planning Programmes in the Islamic world. Among these scholars included FazlurRahman, the then Director of the Islamic Research Institute, Islamabad, Khalifa Abdul-Hakim, AkhtarHameed Khan, and Muhammad (S. W.A) Sahahidullah. They strongly supported the family planning programmes and regarded them upon themselves as a religious duty to rebut the objections put forth by some of the Muslim scholars against family planning.

Abdul Hakim (2009) also argues that “birth control could not be recognized as infanticide (burying alive of female children) for if this was true, the parents by the millions would have mourned their loss of children after every interrupted sexual intercourse owing to countless number of couples’ acceptance of the family planning”. Shahidullah (2006) also argues that: “Practicing birth control does not mean that one does not have faith in the providence of Allah. He remarked that Islam and common sense would not approve of married people with insufficient means to cater for the needs of the offsprings to be produced continuing to create children who would neither be fed nor given proper education”.



Abu Fadl (2009) points out that “on the Day of Judgment the Prophet would not be proud of a numerically large followers composed of semi-starved weaklings, diseased persons and ignorant men and women”. Deducing from the above arguments, there is no categorical statement in the Holy Quran condemning birth control. Moreover the Holy Prophet of Islam did not stop his followers from engaging in withdrawal (coitus interruptus) during ejaculation. However, some group of Islamic scholars are of the view that the acceptance of family planning could lead to the rise of promiscuity within the society and this might turn as a sin against Allah the Almighty and could lead to destruction of the society. Family Planning in Islamic perspective therefore is undesirable and not forbidden.

In developing countries of which Ghana is included, the government as part of its plan towards population control directly involves in rolling up family planning programmes. That is to say, they establish family planning programmes on a national scale and back it with the necessary state support for the purpose of achieving the goals for which such programmes were established. These situations normally arise as a result of high birth rates and the accelerating discrepancy between the high population growth and the low rate of economic growth.

Akhtar (2009) explains that it is true that organizations like the International Monetary Fund (IMF) practically refuse to allocate loans to the Third World Countries unless and until they promise to implement Family Planning Schemes and Ghana is not exception from this condition.



It was further revealed that Ghana government's support for Family Planning programmes began in 1969 as an intervention to curb rapid population growth in the country. Some of the major interventions put in place according to popularized family planning programmes include: Contraceptives Social Marketing (CSM) (1987-1990 Project), Family Planning and Health Programme (FPHP) 1990-1996) and more recently Ghana Population and AIDS Project (GHANAPA) (1996- 2000). The report also added that, Ghana National Population Policy of 1994 set up the following objectives for the control of birth rate in the country:

- To reduce the total fertility rate to 4.0 by 2010 and to 3.0 by 2020.
- To achieve a minimum birth spacing of at least two years for all births by 2020.
- To increase the modern contraceptive prevalence rate to 28 percent by 2010 and to 50 percent by 2020.

To achieve the objectives set above, the Reproductive and Child Health Unit (RCHU) of the Ghana Health Service (GHS) which is in charge of and responsible for Family Planning was established. The practice of Family Planning is evident in Mampurugu Muslim Community from the time of the colonial rule up to date. Hajjiah Memunatu Halidu, one of the leading members of "Faila" (a sect in Tijaniyyah who emphasized much on the love of mankind) Women Association in Walewale in an interview said they used to use some tablets popularly known as "family planning" for the prevention of pregnancy but it was done in secrecy.



It is observed that the withdrawal method was used by the youth then, but majority of the youth of today in the community uses condoms in secret because it is considered as sin against God and an act of disgrace in the communities.

According to Leatham and Jane (2012), the government upon realizing the high growth rate of population in the country without recourse to Muslim communities permitted into the country as well as assisting Planned Parenthood Association of Ghana (PPAG) to educate and support the populace to use contraceptives as a way of life.

Leatham and Jane further underscored the fact that the citizens irrespective of their religious background needed to embrace Family Planning to help reverse the high population growth rate of about 3.5 percent. They added that if this growth rate is viewed against the background of an economy made up of mainly subsistence farmers with low earnings, then it becomes clear that family planning is a must in most districts across the country.

They also said that, to check the high growth of population in the country, the Planned Parenthood Association, established clinics in the year 2000 in most communities in Northern Ghana with the aim of reducing the population growth and to treat minor physical illness.

2.7 Islam and the Use of Contraceptives

Contraception according to the *Longman English Dictionary*, “is the practice of preventing a woman from becoming pregnant when she has sex, or the methods for doing this birth control: the pill is a proper method of contraception”. Contraception is also defined by Akhtar (2009) as “any measure undertaken to avoid the possibility of giving



birth to children. Hence, such a measure necessarily implies the non-fulfillment of one of the purpose of marriage, namely procreation of the human species”. He added that the type of contraceptives which were used during the era or the life time of the Holy Prophet Muhammad (S.A.W) is known as *al coitus interruptus* which may mean to put apart, to set aside, to remove or separate. Technically speaking, Akhtar (2009) explains withdrawal as “the process of withdrawal by the man at the time of emission to prevent insemination of the ovum”.

2.8 Reasons for the Use of Contraception

With reference to the Holy Quran, Allah the Almighty wishes and desires for His servants ease and enjoyable life and does not wish for their hardships and sufferings. It says: “Allah desires for your ease: He desires no hardship for you” (Ch. 2:185). In another verse it says “He has not laid upon you in religion any hardship.” (Ch. 22:78). These two verses means that, any way of life that may lead believers to hardships, sufferings and difficulties should be avoided because God the Almighty does not desire for you in such a situation. Tahir (2009) states that for the sake of protecting the wife’s life from the risk of child-birth or in the case of financial difficulties which befall on the family, then the use of withdrawal can be justified.

Sahidullah (2006) of Egypt pointed out the validity and the reasons for the use of contraceptives as follows:

- When the woman’s health is threatened. For instance, if the woman is already suckling an infant, it would be harmful both to herself and her child if she becomes pregnant.

- If either one or both partners have a disease.
- If the husband's finances are insufficient to support more children.
- Genetic defect that can be transmitted.
- When the wife needs a chance to rest between pregnancies.



Taking into account the reasons presented by al-Ghazali and Sheikh Ahmad Shabarasi, the use of contraception should be encouraged especially if it concerns the life of the woman and the child. It has been observed that the Holy Quran is silent or does not make any explicit reference to the use of contraception but it is evident in the Sunnah of the Holy Prophet that believers can practice birth control especially in the form of withdrawal.

All the four Sunni and Shiah schools of thought generally ruled out that the use of contraception especially the withdrawals improper or undesirable but not forbidden. The conditions used to give good reason for the use of contraceptives include: if the health of the wife is threatened, the chance of transmitting genetic disease, the burden of frequent giving birth, insufficient finance to support more children and when the woman needs rest between pregnancies.

2.9 Methods of Contraceptives

Modern biomedical sciences have devised new family planning methods and more are yet to be discovered because research in this area is still on going. The methods of contraceptives are therefore grouped into reversible and irreversible.

2.9.1 Reversible Methods

According to Wood (2007), the reversible methods are temporary and not permanent in nature. The following are some of the examples of reversible methods of contraceptives:

1. Douche.
2. Rhythm method.
3. *azl* (withdrawal).
4. Spermicide only (suppositories, foaming tablets, etc.).
5. Condom (sheath).
6. Diaphragm (cap)
7. Intra-uterine device (I.U.D: e. g, loop, coil etc).
8. Progestogen
9. The Pills.

The purpose and the aim of the withdrawal method is to prevent the sperms from reaching the uterus and by so doing fertilization will not take place in the ovum (Wood, 2007). All the other methods mentioned above have the same aim and by analogy they will be accepted since the use of contraceptives is generally accepted as very important and not forbidden. The women are therefore cautioned not to use these methods because they might threaten their health.

2.9.2 Irreversible Methods

The irreversible methods are everlasting due to its permanent nature and cannot therefore be reversed (Wood, 2007). Below are some examples of the irreversible methods: vasectomy, tubal ligation and hysterectomy.





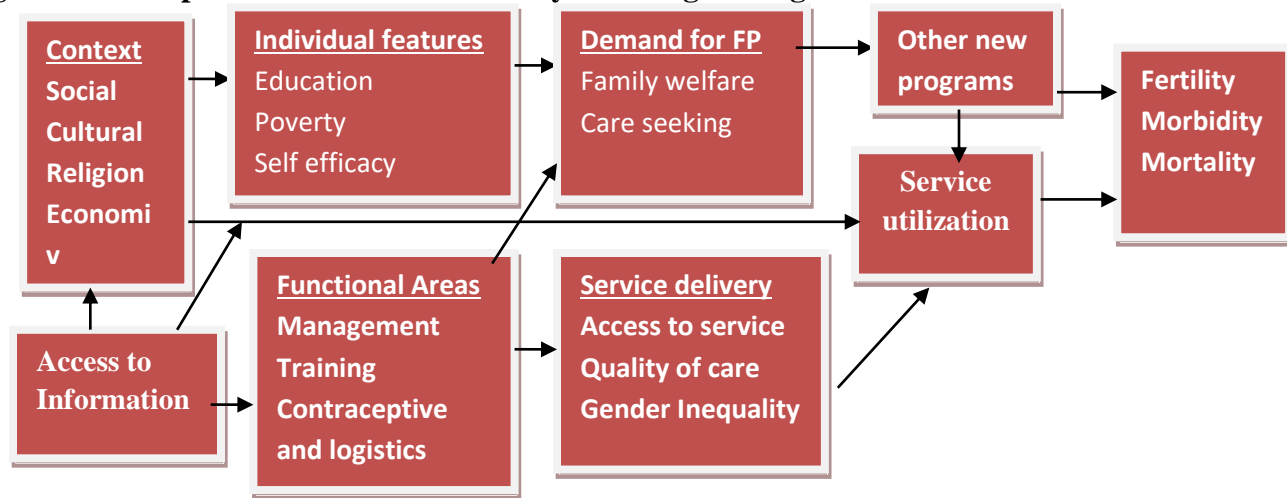
In these methods, surgical operations are carried out in order to permanently make both the man and woman incapacitated from procreation. Thus, both the woman and the man would be rendered permanently incapable of biological reproduction. Al- Nawawi (2008) argued that for destroying the veins of testicles with intake of camphor or any other similar thing is a type of castration which is prohibited in the Islamic religion. Islamic scholars are against irreversible contraceptives on the grounds that the Prophet forbids castration.

Wood (2007) argues that castration involves the removal of the testicles or testes, organs responsible for the production of not only sperms but also the male hormones that are indispensable to maintain a man's masculinity; including his sexual drive. It (vasectomy) does not produce the state of weakness and indifference which is normally believed to accompany castration. Irreversible Methods of sterilizing men and women are not permissible because the Islamic jurist have used the prohibition of castration as an analogy to consider it as forbidden.

2.10 Conceptual Framework

The conceptual framework is adapted from a similar model developed for USAID Evaluation programme in family planning (FP). This framework illustrates the pathways by which reproductive health (RH) programs achieve their objectives. This framework maps the pathways through which programs achieve results, and it constitutes a logical framework for developing an evaluation plan with appropriate indicators. The original framework, created for FP programs, is readily adaptable to other areas of RH. Many sections of the framework contain more detailed frameworks that explain the pathways for program effects specific to the topic area in question.

Figure 1: Conceptual Framework on Family Planning Among Muslims



Source: Researcher's Construct, 2016.

When individuals, especially Muslims couples are first presented with information intended to introduce them to modern contraception, they are encountered with decision-making situations. Observations on the Muslim couples during and after their initial exposure to family planning program lead to the development of a cross-cultural conceptual framework intended to help identify the kinds of structural components and processes involved in responding to family planning programs.

This framework specifies how those who design the program expect it to work to achieve results at both the program and population level. Moreover, the framework draws attention to the different aspects of programs (operational areas, access to services, and quality of care) that must be working satisfactorily to achieve the desired end result.

The column on the far left defines the context in which the FP program operates: the social, cultural, economic, political, and legal systems in a society's reproductive health programs, for instance Tamale. The top middle portion of the figure outlines the role of



demand in the effectiveness of the FP program. Communities in which the population actively wants the services (high demand) based on societal norms such as religion will have a far easier time achieving results than those in which the population is indifferent or outwardly negative toward the program. This situation can be likened to the Islamic religious leaders in Tamale following their incessant condemnation of the practice of family planning.

The lower left-hand side of the framework lists factors in the supply environment. Communities with strong social and economic development programs provide a more conducive environment to promote FP than those without systems to support such efforts. Strong political support ("political will") for the FP program also facilitates its effective implementation, as illustrated in the above conceptual framework.

The supply environment also comprises the functional areas that support service delivery and the service delivery environment itself. The functional or operational areas of the FP program provide the structure for carrying out interventions, including management, training and logistics. These functional areas contribute directly to the services available to prospective clients in Tamale. Measures of the service delivery environment focus on access to services and quality of care as well as sub-elements of quality: integration of services and gender equity. This is very important because in most Muslim communities, the men are naturally referred to as decision makers pertaining to FP.

These two sets of factors such as supply and demand jointly determine the level of FP utilization in the Tamale Metropolis. Although service utilization is not essential to the practice of certain behaviors (e.g., sexual abstinence, condom use, exclusive



breastfeeding), it generally plays a key role in helping the Muslim couples adopt healthy behaviors, through information and counseling (e.g., proper use of Standard Days Method, correct condom use, tips for adhering to exclusive breastfeeding), provision of supplies (e.g., contraceptive pills, condoms to prevent pregnancy and sexually transmitted disease), or clinical procedures (e.g., IUD insertion, surgical sterilization, male circumcision).

Finally, women's limited control over family planning decisions that affect their health and limited access to resources (e.g., transportation) makes it difficult for them to utilize the family planning services. Fertility is determined not only by contraceptive use, but also age at marriage, extent of induced abortion and pathological sterility. The entire chain of causal events leading to specific health behaviors directly affects the ultimate objective of FP programs: improved health outcomes in terms of fertility, mortality, and morbidity.

Conclusion

Family planning is of many benefits to couples. That is, it helps partners to have a number of children they want when they want them, it assists to improve the health of the mothers and children through child spacing. It helps the couples to better plan for their needs (food, clothing, and education). It gives couples more time to share with each other. Access to family planning will improve the lives of mothers and children. Maternal mortality will be reduced; abortion cases which are dangerous to women's lives would be minimized. The idea of family planning is finally visualized in a conceptual framework

outlining the key components and functional/operational areas of the family planning programme.



CHAPTER THREE

STUDY AREA AND RESEARCH METHODOLOGY

3.0 Introduction

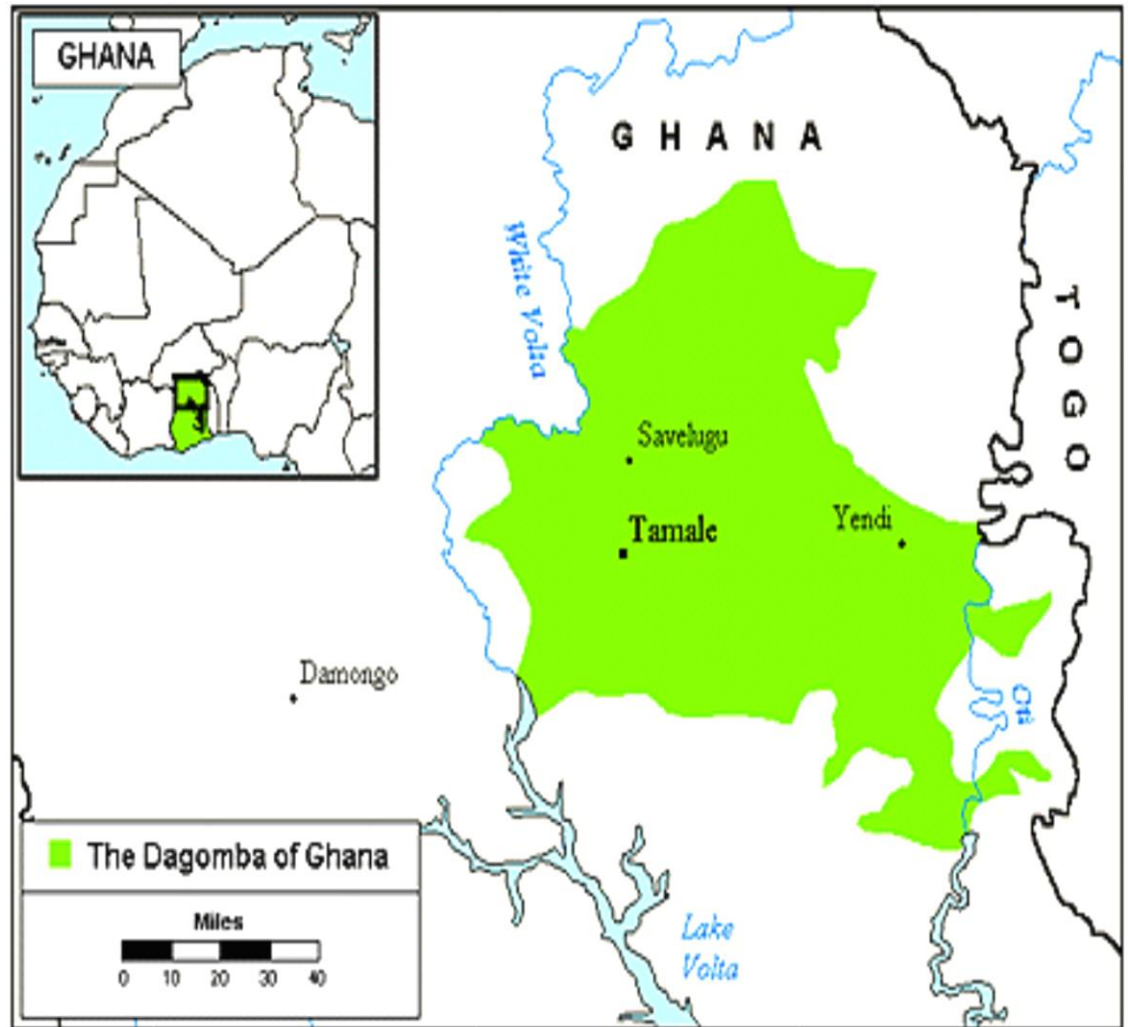
The methodology of the study is presented in this chapter. The sections discussed in the chapter include; a description of the study area, data collection instruments and procedures sample size determination, sampling procedure, study variables data analyses and ethical considerations.

3.1 Profile of the Study Area

The Tamale Metropolis (TAMA) was established under Legislative Instrument (L.I) 1801 of 2004. It is one of the six Metropolitan Assemblies in the country and the only Metropolis in the northern part of Ghana. The Tamale Metropolis currently has 3 sub metros comprising Tamale Central, North and South. The Tamale Metropolis is one of the 20 districts located in the centre of the Northern Region and shares boundaries with six other districts namely the Savelugu- Nanton to the north, Yendi Municipal Assembly to the east, Tolon-Kumbungu to the west, Central Gonja to the south west and East Gonja to the south. The Metropolis has a total estimated land size of 750 km sq which is about 13% of the total land area of the Northern Region. Geographically, the Metropolis lies between latitude 9°16'1 and 9° 34'1 North and longitudes 0° 36'1 and 0° 57'1 west.



Figure 3.1 below shows a sketch map of Tamale Metropolis



Source: TMA, 2010

3.1.1 Relief and Climate

Generally, the Metropolis is located about 180 meters above sea level with some few isolated hills. This geographical land nature is suitable for the construction of roads, expansion of electricity and general building works in the area. The Metropolis receives only one single rainfall in a year. This implies that for effective agricultural production the area should consider irrigational facilities that would enhance all year round activities in the area. Daily temperature in the Metropolis varies from season to season. Whiles in

the rainy season there is high humidity, slight sunshine with heavy thunder storms, the dry season is characterized by dry Harmattam winds from November-February and high sunshine from March-May.



This climatic feature is a potential for the preservation industry that could use the sunshine as a natural preservative. Another potential area that is left untapped is the artificial parks and gardens that could take the advantage of the high sun rays to build swimming pools, parks for both children and adults to relax during the excessive sunshine period. By this, most families would be able to enjoy good family reunion during the weekends and holiday periods while the Assembly would make the needed revenue for the development of the area.

3.1.2 Soil and Vegetation

The Metropolis lies within the Savannah Woodland Region in the country. The trees in this part of the country are short scattered wood lots in nature. Major tree types are the Dawadawa, Nim, Acacia, Mahogany, Baobab among others. There are naturally grown tall grasses during the rainy season that are used to make the local “Zanamat” in the Metropolis. The making of the Zanamat by most farmers during the dry season reduces the rural migration levels of the youth from the rural areas to urban centres. Besides, the only economic tree is the Shea tree which has gained international recognition. The picking, processing and marketing of the Shea nuts has engaged thousands of households in the Shea nut activities in the area. This activity has also contributed in employing the youthful population in the Metropolis thereby increasing household incomes and reducing poverty levels of the people in the area. Cashew is also grown in the Metropolis.



The main soil types in the Metropolis are sandstone, gravel, mudstone and shale that have weathered into different soil grades. Due to seasonal erosion, soil types emanating from this phenomenon are sand, clay and laterite ochrosols. The availability of these soil types have contributed to rapid real estate development in the area where estate developers have resorted to the use of local building materials such as sea sand, gravel and clay.

There are a lot of Small and Medium Scale Enterprises in the Metropolis that has led to a reduction in the high unemployment rates. About 42% of the working class are engaged in agriculture and related activities. Majority of the workforce representing 58% are engaged in Sales, Services, Transport and Production. This is as a result of the increase in Marketing, Banking and other Non- Governmental activities in the Metropolis.

The roads in the Metropolis are fairly good especially those that link the Metropolis to other district capitals. The tarred roads in the area facilitate easy commuting from one place to the other. Most of the farming and the Peri-urban communities are linked to the marketing centers by feeder roads.

The Metropolis has a Teaching Hospital and other Hospitals that provide health care services to the populace (Metropolitan Health Directorate, 2014).

3.1.3 Population Size Distribution and Growth

The Tamale Metropolis in general is believed to have a population in the region of between 350,000 to 450,000 people, even though the 2000 population and Housing census put the population of Metropolis at 293,881. This, according to the Census is made up of 146,979 males and 146,902 females.



Apart from Metropolitan Tamale where there is ethnic diversity, almost all people in the surrounding villages are Dagombas. Even in the Metropolis, the Dagombas constitute about 80% of the total population. Before the advent of both Western and Eastern Religions, the Dagombas were mostly African traditionalist. Their culture was deeply enshrined in their customs and beliefs. The result of this is still manifested in the numerous traditional festivals still practiced. These practices are no longer pronounced in Metropolitan Tamale as a result of the ethnic diversity and the influence of both Eastern and Western Cultures.

With an urban population of 67.1%, the Metropolis is the only district in the region which is predominantly urban. The population density of 318.6 persons per square kilometers for the Metropolis is about 12 times higher than the Regional average density of 25.9 persons per square kilometers. There exists vast difference between the densities of the urban and rural areas. This is an indication of influx of people to Urban Tamale, and gives credence to the assertion that facilities and opportunities for modern employment are concentrated in few central places.

The age structure of the population of a high fertility country such as Ghana is basically shaped by the effect of mortality. As it is the case with the Metropolis area, the structure of the population indicates a broad base that gradually tapers off with increasing age due to death. The fact that the population aged 9 – 5 is slightly below that of 6 – 12 years is an indication of this trend. The youthfulness of the population implies that we have the most important human resource potential that its tremendous potential will determine our strength and resilience in pursuing our social, economic and political development goals.



On the other hand, the proportion of the elderly at 4.1 percent is rather far lower than the regional and national averages of 4.5 percent and 5.3 percent respectively, an indication of a comparably low life expectancy. In this regard pragmatic efforts would have to be made to make primary health care delivery more accessible and affordable to the aged.

With gross primary and JHS enrolment rates at 85.3% and 52.6% respectively much more need to be done for the realization of the FCUBE program in the Metropolis. Disparity among JSS boys (60.7%) and girls (44.1%) is even quite alarming. In view of this, much more need to be done to encourage parents in the Metropolis to embrace the girl child education programme.

3.1.4 Religion and Culture

The Metropolis is a Cosmopolitan area with Dagombas as the majority ethnic group. Other ethnic groupings are Ganjas', Mampurisi, Akan, Dagaabas, and tribes from the Upper East Region. The area has deep rooted cultural practices such as festivals, naming and marriage ceremonies. The Metropolis is dominated by Moslems. Other religious groupings are: Catholics, Protestants, Traditional, Pentecostal and Charismatic. The table below shows the religious groupings in the Metropolis.

Islam is the predominant religion in the Metropolis with 84% of the population affiliated to it. Catholics follow this with a proportion of 6%. Forty nine (49) percent of households live in structures that have mud brick/earth as the main construction material for the outer walls as compared to a regional average of 87.8% and a national of 50%. On the religious front, the people in the Metropolis are mostly Muslims since this was the first religion exposed to them by Arabs from the North. It is therefore not surprising that almost 90%



of Dagombas are muslims. Christianity, on the other hand, arrived later from the South and hence mostly practiced by non-Dagomba and a few Dagomba ethnic groups.

Before the advent of both Western and Eastern Religions, the Dagombas were mostly atheists. Their culture was deeply enshrined in their customs and beliefs. The result of this is still manifested in the numerous traditional festivals still practiced. These practices are no longer pronounced in Tamale Metropolis as a result of the ethnic diversity and the influence of both Eastern and Western cultures (Oral Historians, 2009).

Apart from Tamale Metropolis where there is ethnic diversity, almost all the people in the surrounding villages are Dagombas. Even in the Metropolis, the Dagombas constitute about 80% of the total population (TMA, Data files, 2010).

The various types of construction materials for the outer walls of dwellings by households in the Metropolis are presented in Table 5 from the above figure, it could be seen that 59% of households in the Metropolis use electricity as their main source of lighting, 40% rely on kerosene lamp for lighting while 1% use gas lamp and solar energy (TMA, Data files, 2010).

The fact that a good number of households (14.9%) in the Metropolis still use unsafe sources of drinking water tell how much problem we still have at hand. However, it is worth noting that 78.8% of households have access to pipe borne water (TMA, Data files, 2010).

Households in the Metropolis that do not have access to any kind of toilet facility constitute 35.6% whereas 41.6 percent use public toilet facilities. 78.6 percent of the over 45,000 households in the Metropolis do not have toilet in the houses they live in. This

situation has a serious health implication and therefore needs an urgent solution (TMA, Data files, 2010).

3.2 Study Design

Survey research design was adopted for this study. Survey research design relies on sample of a population to obtain the required data). The social survey as Creswell (2003) explains is a design, which provides a quantitative or numeric description of trends, attitudes or opinions of a population by studying a sample of that population, hence the adoption of the social survey approach.

3.3 Study Population and Sampling

The sample of this study was selected from the following target populations. Muslim women in fertile age (WIFA) were part of the target population, Muslim scholars and men. It also includes all matured Muslims who were into relationship including co-habitation.



3.4 Sample size Determination

With 20,425 households in the Tamale Metropolis, the sample size was calculated using the mathematical formula as follows;

Formula:

$$n = \frac{N}{1+N(\alpha)^2}$$
$$n = \frac{20,425}{1+20,425 (0.05)^2}$$
$$n = \frac{20,425}{20,426 (0.0025)}$$
$$n = \frac{20,425}{51}$$

$$n = 400$$

Where n= Sample size, N= Sample frame/target population (total number of households in Tamale), α^2 = represented the margin of error which is 0.05 with confidence level of 95%. By substituting 20,425 and 0.05 into the formula, n=400 approximately, hence the sample size for this study is 400. This implies that the researcher made good use of 400 respondents from the cross section of the communities of Muslims in the Tamale Metropolis.

3.5 Sampling Procedure

Different sampling techniques were used at every stage of the study. These are explained below.





3.5.1 Selection of the Communities/Clusters

The study was conducted in 17 communities and suburbs of the Tamale Metropolis. The communities were selected using probability sampling. By this method, the lists of all the communities in the two study areas were compiled with their corresponding populations. The cumulative populations of the communities were also calculated. The sampling interval was calculated by dividing the cumulative population by the number of clusters or communities (Sampling interval = Cumulative population/ number of clusters).

A random number which was equal to or less than the sampling interval was selected. The first cluster was located by finding the community whose cumulative population exceeds this random number. To select the second cluster, the sampling interval was added to the random number earlier selected. The community whose cumulative population just exceeds this number was then chosen. The second cluster was located in this community. The subsequent clusters were selected by adding the sampling interval to the number which was located of the previous cluster. The procedure was repeated until all the clusters were chosen. By this method, communities with larger populations should have a proportionately greater chance of containing a selected cluster than smaller communities.

3.5.2 Selection of the Households of Respondents

The Tamale Metropolis has already been demarcated by the Ghana Health Service for immunization programmes. The demarcation set out by the Ghana Health Service was therefore adopted by this study in selecting the households. To locate the first household in each of the communities, the investigator chose a starting location by going to a central location in the cluster. At the centre of the cluster, a travel direction was selected at



random by spinning a pen. The investigator then moved in a straight line in a chosen direction and counting all of the households until the end of the community or cluster is reached. The investigator then randomly chose a number between 1 and the number of houses counted in the row as the starting point for the survey. The number randomly chosen therefore corresponds with the starting house.

3.5.3 Selection of Subsequent Households

In each of the communities, the District/Municipal Assembly and the Ghana Health Service has enumerated the houses and have given them numbers for the purpose of health services provision such as Poliomyelitis vaccination. This numbering system was adopted by this study. The interval for the selection of the houses was calculated in each of the clusters/communities by using the formula: $R = \frac{N}{n}$. The number of houses counted in a row represents N, while the number of houses to be selected represent n. This approach ensured that there are variations in the responses of the respondents.

3.5.4 Selection of Individual Respondents

Muslim women within the WIFA group who are living in the sampled houses were interviewed. In houses where there were more than two Muslim women only one of them was selected for the interview. The woman with the youngest age in the house was also interviewed. In houses with more than one household, only one household was selected and this represents the household with the youngest Muslim woman. Houses without a Muslim woman living in them were skipped.



3.6 Data Collection Instruments

Two main sources of data used in this study were primary and secondary sources. The primary source involved the use of structured questionnaires which were administered to the respondents who are mostly Muslim women. The questionnaire was divided into four sections which included socio demographic characteristics, knowledge of family planning methods, and use of family planning services, women autonomy and household decision making power.

The key informant interview guide was used for Islamic scholars and the questions were open-ended questions to allow for deeper insights on Islamic perspectives on family planning. Focus group discussions were also held in all the selected communities. In each of the communities two focus groups were held taking into account the characteristics of the respondents. Issues such as education, wealth, gender, age and marital status were the indicators used in selecting the various focus groups.

3.7 Dependent and Independent Variables

The main outcome measures for the study was the acceptor rate of family planning services among Muslim women and the perspectives of the Islamic religion on family planning services

3.7.1 Independent Variables

- Socio-demographic characteristics of patients
- Decision making on family planning services use among Muslim couples
- Barriers to the use of family planning services
- Women autonomy and the use of family planning services



3.8 Data Processing and Analysis

After editing and cleaning the data from the field, the data was then transferred into a computer readable form so as to facilitate the use of use of SPSS in analyzing the data. Descriptive and inductive/inferential statistics were used to present and interpret the data qualitative data.

3.9 Ethical Consideration

- Informed consent of the respondents was sought and in the consent form, the objectives and significance of the study was clearly stated and explained to the prospective respondents. Respondents were given the free will to decide whether to partake in the study or not.
- Anonymity and confidentiality of the actual source(s) of information obtained from the study ensured that, the names of facilities and individuals who took part in the study were not indicated. Names were not provided on the data collection tools and therefore no clues were provided for someone to trace the source of information.

3.10 Quality Control Measures

- **Training:** There was a training session held for the research assistants who assisted the researcher in the data collection to ensure that valid and reliable data was collected. The training gave the data collectors much insight into the questionnaires and what it sought to achieve.
- **Pre-testing of questionnaires:** There was a pilot survey to pre-test the questionnaires in order to refine and restructure the questions where necessary. The pre-testing was done in three communities in Savelugu Municipality which

shares boarder with the Tamale Metropolis. The pre-testing helped to compare the responses with the objectives of the study.

- **Double entries of data:** Double entries of data were done after which the two data sets are compared at the analysis stage. This helped in identifying some omissions during the data entry.



CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter presents data and analysis of the study. This chapter basically takes a look at the socio-demographic characteristics of respondents, family planning decision, attitude of Muslims towards family planning and ways of improving on the effectiveness of family planning among Muslims.

4.1: Socio-Demographic Characteristics of Respondents

The figures in this section deals with the different data pertaining to the socio-demographic features of the respondents who took part in the data collection exercise. Demographic characteristics such as age, sex, marital status, number of children, number of wives, ethnicity, level of education, job description as well as residential status are presented.

Table 4.1: Age Distribution of Respondents

Ages of respondents	Frequency		Percentage	
	Male	Female	Male	Female
21-30 years	48	72	12%	18%
31-40 years	88	112	22%	28%
41-50 years	20	28	05%	07%
51-60 years	12	20	03%	05%
Total	168	232	42%	58%

Source: Field Work, 2015.





The age distribution of the respondents ranges from 21 to 60 years, with a median of 40.5. Important differences among respondents in the above Table are often found along generational lines. The study in this section categorizes the ages of respondents into the following four generations/cohorts, reflecting categories of ages of marriage in Northern Ghana.

From Table 4.1, it is quite explicit that, the female respondents dominated their male counterparts in all the age categories which are a reflection of the 2010 Population and Housing Census (PHC).

In the age category of 21-30 years, the female respondents dominated the male by 6% (24) respondents of the survey. The same percentage value occurred in the 31-40 year category, even in nominal terms. For those in 41-50 and 51-50 years, 2% difference was recorded. These two age categories have come of age primarily and are less likely to accept family planning practices in their matrimonial homes. Because they are more religiously inclined to the Sunnis whose principles are long-established with the stance of clerics in opposition to the practices of family planning. This notion is quite contrary to the first two categories identified as 21-30 years and 31-40 years.

Majority of respondents do not agree that the Quran plays down on Muslims family planning matters. Most respondents expressed the wish of accepting family planning fully. There were some respondents who blamed their predicament of large families on sheer ignorance and blatant refusal of their spouses in accepting family planning. This means they are interested in the adoption of family planning issues.

Table 4.2: Sex Distribution of Respondents

Sex of respondents	Frequency		Percentage	
	Male	Female	Male	Female
Married with more kids	160	96	40	24
Married with less kids	80	64	20	16
Total	240	160	60	40

Source: Field Work, 2015



Responses as shown in Figure 4.2 represent discussions regarding reproductive intentions and contraception between husbands and wives in the Metropolis. Majority of the respondents which were males were found to be married with more kids. Those married with fewer kids attributed their achievement to their acceptance of family planning methods.

Most thought that, traditionally, women have been the key respondents in most demographic and health surveys focusing on family planning; the role of men has been limited. However, in recent years there has been realization of the importance of men's role in family planning. The results in the Table therefore show a greater degree of acceptance for family planning attitudes and other reproductive health events and intentions. An in-depth analysis of the responses in the current study provides further evidence of male domination in decision making. Men are considered to be the frontrunners in issues concerning family planning in most Muslim families. However women are also expected to play an instrumental role during family planning decision.

It is therefore logical that, in a study of nature pertaining to reproductive health events, the wife's response can be taken as proxy for the couple's response, but for assessing family planning attitudes and intentions, there is a need to collect information from

husbands and wives separately. This is because most sexual, family planning, and childbearing decisions are made or may potentially be made by both partners together.

Since most people recognize the couple as a unit with different views pertaining to family planning programmes, this will enable couples and individuals to decide freely and responsibly on the number and spacing of their children.

Table 4.3: Marital Status of Respondents

Marital Status	Frequency		Percentage	
	Male	Female	Male	Female
Single	40	20	10	5
Married	140	88	35	22
Divorced/separated	40	32	10	8
Co-habiting	20	20	05	5
Total	240	160	60	40

Source: Field Work, 2015.



With regards to the marital status of respondents, it was realized that, slightly more than one-sixth (5.71) of adult male Muslims have never been married. Whereas that of the female Muslim represents (8.0) one-eighth, majority of the male Muslims numbering 140 or 35% of the sample of this study were married. Those divorced/separated represent 20% or 80 respondents. The results further reveal that, 88 female Muslims which represent 22% were married. Male Muslims who got separated or divorced were 40 respondents (10%). The female counterpart Muslims were 32 respondents representing 8% of the study population. Also, those who were co-habiting male Muslims numbered 20 and therefore represent 5% of the entire sampled respondents for data collection.



Quite a significant number of the respondents for both male and female never got married and did not have a marital experience. The last category of the respondents who were found to be co-habiting may also not have real marital experiences since their engagement are just forms of relationships.

Those found to be married averagely had children ranging from 2 to 6. The divorcees were also found to be single parents nurturing their children and those with grown-ups said they were responsible for the upkeep. Those who never married did not claim of having any children which the researcher considered as such. Since the Islamic religion endorses polygamy, most of the men said they had more than one wife. However they did not specify the number of wives they were having as the time of data collection for this study.

Table 4.4: The Relationship between Marital Status and Contraceptive Usage

Marital Status	Contraceptives Used			
	Male		Female	
	Withdrawal	Condom	IUD implants and	Injectables
Single	Nil	√	Nil	√
Married	√	√	√	Nil
Divorced/ separated	Nil	√	√	Nil
Co-habiting	√	√	√	√

Source: Field Work, 2015

In the literature review, Wood (2007) identified several family planning contraceptives which include the IUD (Intra-Uterine Devices) and implants, withdrawal (coitus interruptus), Douche, Rhythm method, Spermicidal only (suppositories, foaming tablets,



etc.), however, not all of the above identified contraceptives were known to Muslim couples in the Tamale Metropolis. The contraceptives which are readily available to them were found to include the withdrawal method, condom use, IUD and implants and injectables.

With the exception of those co-habiting, none of the other marital status namely single married and divorced were inclined to the use of the four identified family planning contraceptives. As observed in the Table 4.4, the male singles were used to condoms as a contraceptive for birth control. The female singles were rather depending on injectables. It was also revealed that, male married couples said they rely on the withdrawal method and the use of condom as means of birth control.

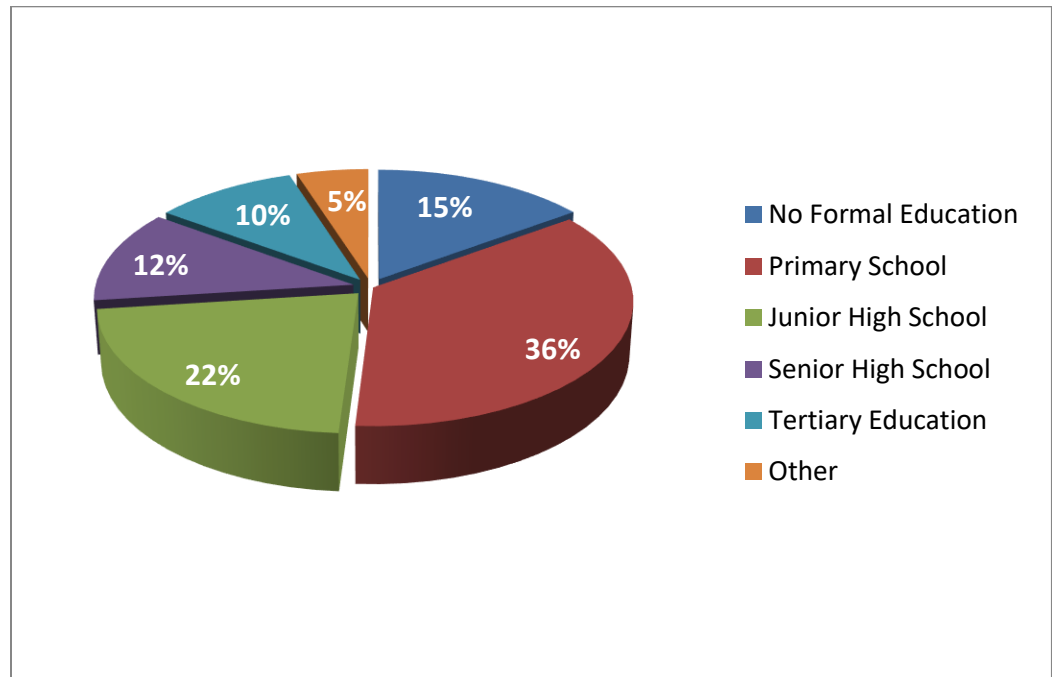
The female male couples according to the results have been using IUD and implants since the beginning of their marriage. A woman married for i8 years said she applies them whenever she decides to rest, without the consent of the husband. When asked whether this constitute unfaithfulness and betrayal to their married, she never uttered a word. Furthermore, the study revealed that, the male and female divorcees were found to be using condoms and IUD and other implants. The findings in this section have rejected Wood (2007) findings since most of the contraceptive identified seems to be alien to the Muslim married couples.

The contention that seems to exist is the fact that, there are always cases of lack of content from either spouse which tends to create some difficulties in the matrimonial home. The problem is due to the fact that, men and women in this part of the country desire fairly large families; however, husbands tend to have more children than their

wives. In most couples, either both spouses want more children or both want no more, their desires differ from other marital status such as singles, divorcees or those separated. Modern family planning method use is low in most of these families, but husbands are more likely than their wives to report such use.



Figure 4.1: Educational Background of Respondents



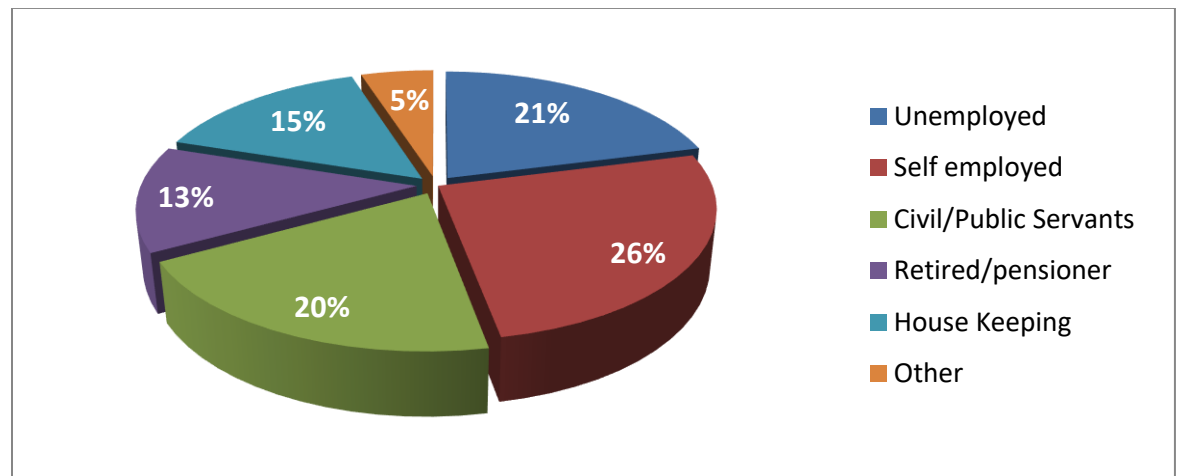
Source: Field Work, 2015.

In terms of the educational background of respondents, it was realized that, 15% of the respondents had no formal education. As it can also be seen in the above data, those with primary education were the majority since they represented 36% of the sample for the data collection. It was observed that, 22% of the respondents were Junior High School graduates. Again, 12% of the respondents were found to be Senior High School graduates. It further revealed that, 10% of the respondents had Tertiary education which comprises University, Polytechnics, Colleges of Education and health. Other educational

qualifications such as DBS and professional course were the least educational qualification of the respondents since 5% of the respondents were found in this category. The role of education is very essential in the appreciation of family planning issues since it basically entails the management of the family affairs in most Muslim homes.

One can argue with high level of certainty that, the different educational background of respondents has contributed to different opinion and views emanating from the various families who have accepted family planning. The researcher's interaction with the respondents further revealed that all the different levels of educational qualification appears to have a greater influence on the quality of data received.

Figure 4.2: Job description of Respondents



Source: Field Work, 2015.

Responses in Figure 3 represent the different work schedule of the respondents. As indicated in the figure below, 21% of the respondents were found to be unemployed. Furthermore, majority of the respondents representing 26% said they self-employed engaging in jobs such as food vending, Shea butter processing, petty trading and sale of groceries in their communities. Civil/public servants working in different departments



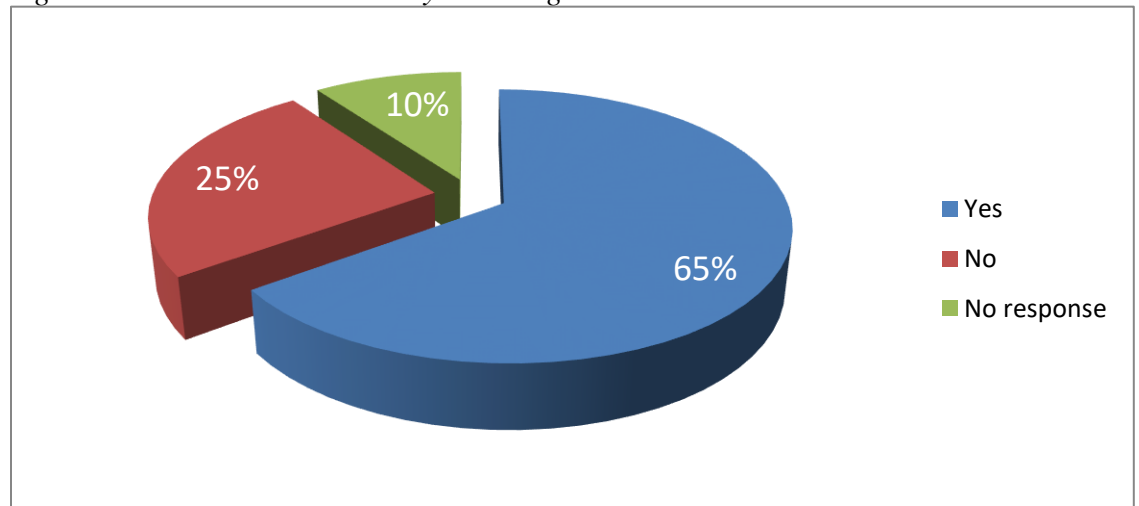


also contributed their opinions on the family planning issues as 20% of the respondents were found to be in this category of the respondents. Quite a sizeable number of the respondents (13%) went on retirement and were depending on their monthly pension allowances. House keepers were part of the data collection process since 15% of the respondents revealed that, they were involved in housekeeping activities. The data therefore shows that people from different working experience made varied inputs into the data collection process.

4.2 Family Planning Decision in Muslim Families

Family planning decisions are very significant in the management of family affairs of most Muslim communities. The family planning decisions are dependent on a number of factors in the ensuing section of the chapter.

Figure 4.3: Awareness on Family Planning Service



Source: Field Work, 2015

In response to a question on whether respondents are aware of family planning services in the Tamale Metropolis, 65% of the respondents answered in the affirmative indicating their awareness of family planning services. Contrary to the above assertion, 25% of the



respondents provided a negative response to the issue on awareness of family planning services in the Metropolis. In addition, 10% of the respondents provided no response. Those who answered in the affirmative further identified the hospitals and the media houses as their main source of information.

In connection with the awareness of family planning, a clear majority of religious leaders in Tamale from different religious sects namely Shikh Sa'eed Idriss of Anbariyya Islamic Institute, Amin Bamba, Sheikh Ibrahim Bashsa, Shheihk Dal' hu, also the Chief of Hausa Zongo believed that that family planning is consonant with Islamic precepts. These results indicate that religious leaders are at least as likely as the general public to believe that family planning is mubah, or acceptable within the tenets of Islam, though there were other opposing views who reported that, family planning is *haram* (that is, forbidden by Islam).

It is important to remember, however, that religious leaders on average are better-educated than the general public, and that increased educational attainment is positively correlated with approval of family planning. Among religious leaders, education is positively associated with the understanding that Islam permits family planning; nearly 93% of those with a postgraduate education hold this view, compared with 70% of those who did not continue their formal education beyond secondary school.

These findings are in consonance with the Holy Qur'an. The Holy Quran is in favour of natural fertility control hence it encourages mothers to nurse their children for two years. It says "The mothers shall engage in the lactation of their offspring's for two years" (2:233).

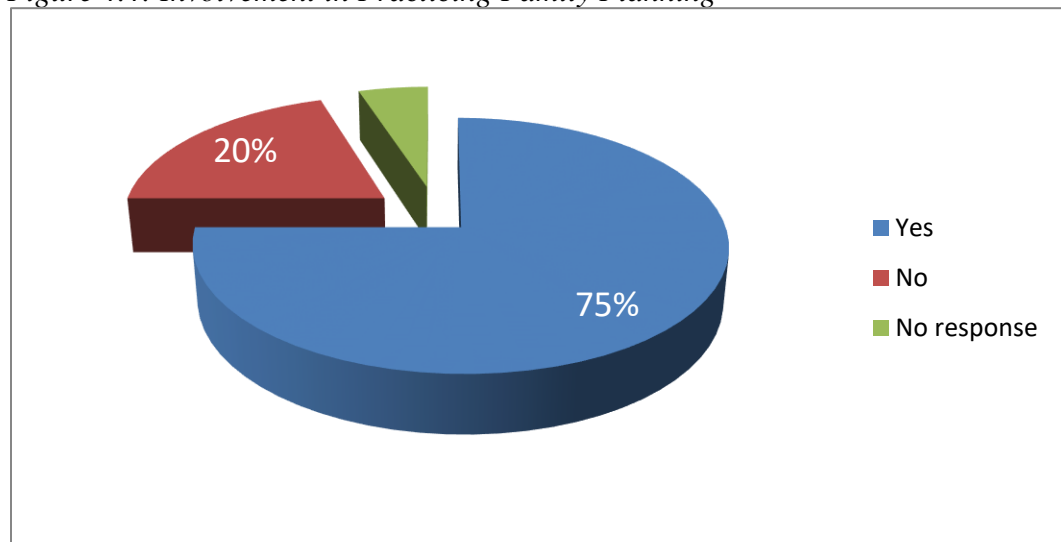
The responses from the clerics point to the fact that, Islam does not reject family planning or birth control, however they were concerned with the long term effect of family planning which has the potential of making the women barren.

In an individual interview with Amina a 32 year old muslim woman reported the following:

Hmm! It is difficult to discuss family planning issues with your husband. The men claimed we the women have no say in decision making. It is the man who will decide when to make love to you when when not to. He decide the number of children to have. I even finds it difficult to talk on family planning with my husband because I don't want him to call me a bad woman. Source: (Amina, 32 years, Bilpella).

This finding support that of Hussein, (2012) that family planning decision is not common among Muslim couples and that especially in northern ghana, muslim women are not involve in decision making.

Figure 4.4: Involvement in Practicing Family Planning



Source: Field Work, 2015

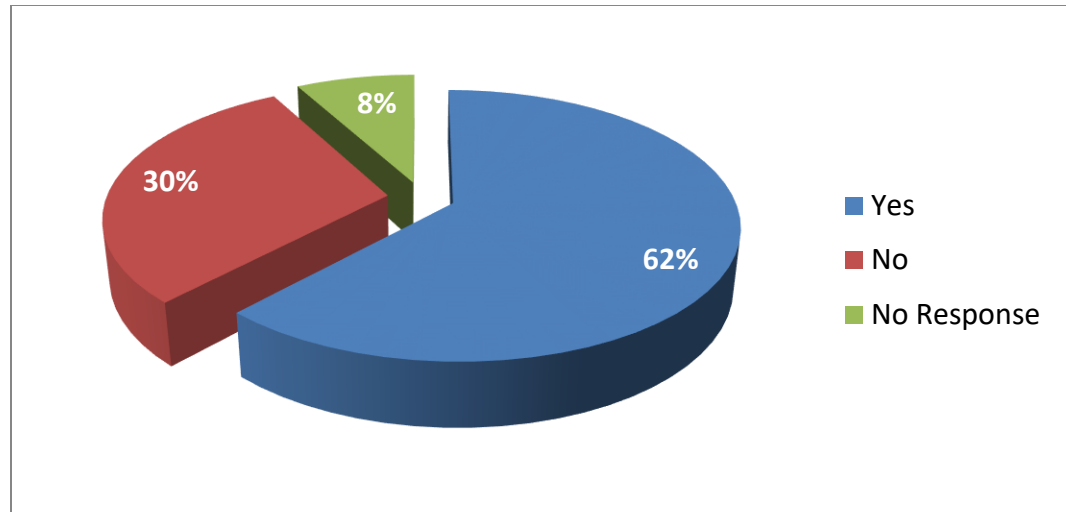


When respondents were asked to indicate their involvement in practicing family planning, significant part of the respondents representing 75% provided positive response. However, 20% of the respondents rejected the idea on the involvement of Muslims in practicing family planning. Those who could not provide any meaningful contribution to the issue represent 5% of the sampled respondents for data collection.

The positive response according to the response was necessitated by the fact that, their respective families were increasing in terms of size which gradually calls for child spacing. This particular finding relates Underwood's (2000) which points to the fact child spacing in family planning is permitted among Muslim communities. This indeed motivated most of the families contacted for this study into using family planning

The prominent religious leaders identified above also were asked about their public involvement regarding family planning, to which they all replied that they had preached about family planning in the year preceding the survey. All the selected religious leaders reported that they had lectured four or more times in the past year about family planning-related issues. The religious leaders elaborate on the thematic areas such as growth and Islam, the health benefits of family planning as well as relationships and Islam.

Figure 4.5: Discussion of Family Planning Issues among Spouses



Source: Field Work, 2015

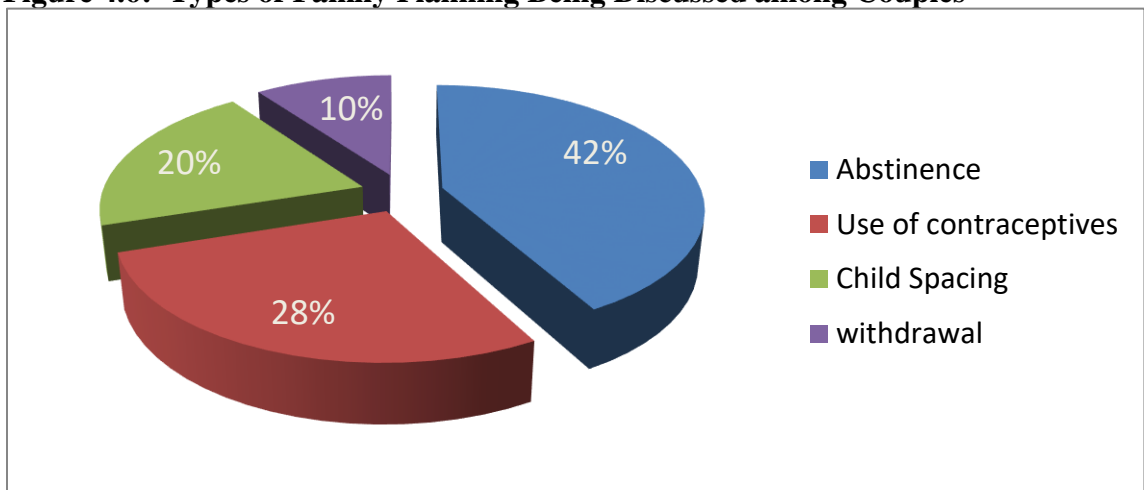


On whether Muslims families discuss family planning among themselves, 62% of the respondents provided positive response to the assertion on the possibility of families discussing family planning. It was conversely realized that 30% of the couples rejected the idea of discussing family planning issues among spouses. However 8% of the respondents were unable to provide any meaningful contribution to the ongoing discussion.

Ejibi (2006) assertions contradicts with the findings of those who rejected the idea of family planning, since Ejibi argument introduces deliberations on the arguments and conventions influencing certain extremist feminist emanating from secularism based on the separation of religion from individual Muslim communities. The study again discovered that, in most literate families, both couples initiate the discussions concerning family planning. Nevertheless, in illiterate families, it is rather the oppose where advise is sought from family planning agents or marriage counselors in their respective communities.

The issue on discussion of family planning from the clerics' perspective revealed that, they have made public pronouncements regarding family planning through preaching about family planning in the year preceding the survey. Another form of family planning discussions relates to leaders the lectures they have held either in public or private about family planning-related issues. Three out of five religious leaders in Tamale reported that they had discussed family planning with their congregants or their peers and noted that they had spoken in public about it within the past year or even less than that.

Figure 4.6: Types of Family Planning Being Discussed among Couples



Source: Field Work, 2015

Responding to the aspects of family planning being discussed as marriage couples, 42% of the respondents referred to abstinence as one of the most effective component of family planning. It was also revealed that, 28% the use of contraceptive has also featured permanently in their discussions concerning family planning. Child spacing as 20% of the couples discloses is another very important topic talked about each time family planning is being discussed. Withdrawal during sexual intercourse is also considered as part of family planning discussions. The category of respondents who opted for this response





constitutes the least number of respondents since 10% of the respondents identified the withdrawal method as one of the means of family planning. The discussions will eventually culminate in the precise number of children considered to be appropriate for the marriage couples.

The reasons provided to support the responses indicated above include the following: most Muslim families regard family planning is very prominent in forecasting for the future development of families. They also believe that, the effective implementation of family planning will create an enabling environment for proper upbringing of children as well as providing respite for the couples as breast winners of the family.

The study further revealed that, the couples could not pin down on a particular aspect of family planning being effective over the other since they considered all the aspects of family planning identified in this study (abstinence, contraceptives usage, child spacing and the withdrawal technique) as contributing equally to the effective implementation of family planning methods. Taking into consideration all the discussions in this section, most Muslim couples at all times practice family planning with the consent of both spouses. The cumulative effect of the processes identified in relation to the family planning offers the marriage couples the opportunity to absolutely demonstrate their full responsibilities on taking care of their families.

Deducing from the demonstration of absolute responsibilities by Muslim families on taking care of their families, a relation is therefore established with Buckley (2001) assertion that indicates that, Muslim parents should love their wards and again maintains since it is a religious duty upon every Muslim parent to perfectly exhibit their



responsibilities by taking care of their families as required by God and the Sunnah of the Prophet.

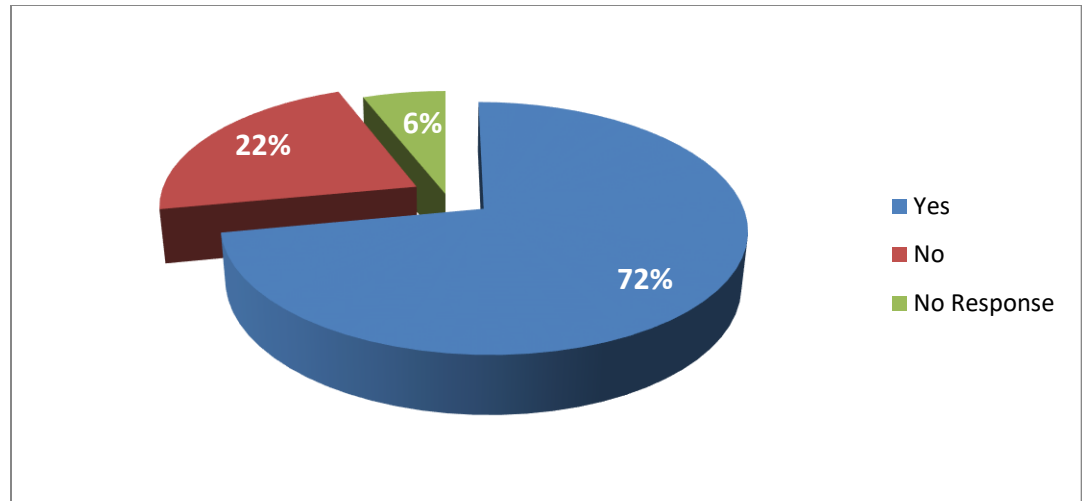
Themes extracted from the interview schedule of religious leaders' responses to a series of open-ended questions confirmed the fact that, the religious are well versed in the various forms of family planning. The different areas such as abstinence, withdrawal and child spacing have oft repeated precepts they deal with on a weekly basis.

The clerics went ahead to classify family planning into categories namely Tanzin (spacing) and Tahadin Nasir (specific number). The category of determining a specific number in Islamic marriage has to do with a situation where the couples decide on the precise number of children they intend to reproduce.

4.3 Attitude of Muslims towards Family Planning

Like other couples, the Muslim couples have specific intervention for their respective families on child care and effective management of family affairs in the Tamale Metropolis. Usually, such specific interventions for Muslim families are set during the period of the growth of the family size. After agreeing to the fact that family planning programmes come as specific interventions towards the alleviation of the suffering of Muslim families, the following specific interventions were revealed by the study in this section.

Figure 4.7: Perception on Practicing Family Planning



Source: Field Work, 2015



As the above Figure shows 72% of the respondents indicate that, it is good to practice family planning. However, 22% of the respondents rejected the assertion that, practicing family planning is good is good for Muslim families. It is surprising that, 6% of the respondents could not provide any meaningful contribution to the issues being discussed. The assertions that indicates acceptance of the concept of family planning in Muslim families are said to be contrary to with that of Akhtar (2009) who mentioned that, in discussing Islam and health as well as reproductive control, it is incumbent on Muslim parents to keep birth rate in check since it signifies the willingness of Muslim parents attach much value to large families than the small ones in the communities is not very much encourage by the traditions of the Holy Prophet. Reasons attributed to this could be differences in geographical locations and different economic conditions.

In spite of the fact that, some Muslim families rejected the concept of family planning, there is no doubt that, Muslims are allowed to practice family planning. As a way of supporting this assertion, Akhtar (2009) again held the position that, issues pertaining to

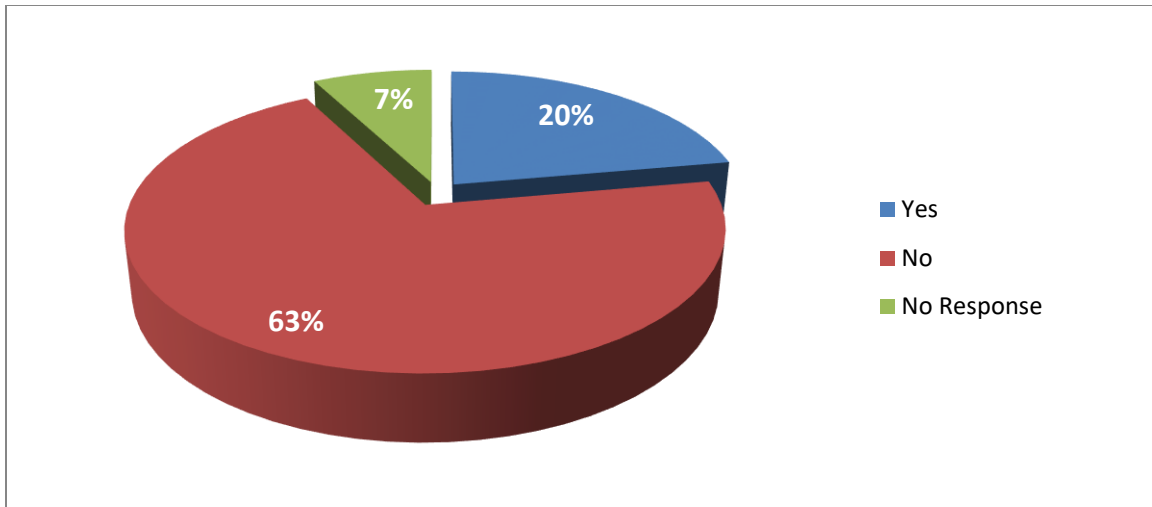
sexual intercourse in Islam have been obscured by Islamic scholars for long and these adversely affect the Muslim families concerning child spacing and care in Islamic the institution of marriage.

The public perceives family planning as a way to improve the quality of family life. Religious leaders in a focus group discussion, however, were somewhat reluctant to justify fertility regulation for pragmatic reasons. The religious were of the view that,

A Qur'anic verse makes clear that God will provide for all offspring and religious leaders may not want to suggest otherwise, even though most do not contest the acceptability of contraception. The leaders, however, were particularly supportive of methods that they perceive to be physically harmless.

The safety of specific methods was a major concern of religious leaders, and the most common reason given to avoid certain methods was the potential for negative health effects. That they tended to only moderately agree with the statement "Too many children can harm a woman's health" should not be read to imply that they are indifferent to women's health. Rather, they may be reluctant to suggest that the birth of a child under physically abnormal conditions could be harmful.

Figure 4.8: Regulation on the Number of Children in Muslim Marriages



Source: Field Work, 2015

With regards to whether there is a rule in Islam regulating the number of children Muslim marriage couples should have, the study observed that, 20% of the respondents maintained a positive stance to this issue. Nonetheless, significant part of the respondents representing 63% of the respondents held an opposing opinion to the above assertion. Invariably, 7% of the respondents indicated their lack of views to contribute to the discourse on the number of children Muslim marriage couples should to have.

There is a kind of relationship between the findings on the number of children in Muslim marriage and assertions put forward by Doi (2009). According to Doi, marriage in Islam generally represents emotional and sexual satisfaction, a function of procreation as a form of worship of Allah and obedience to His Messenger. He indicated further that, the practice of family planning may be considered as a disobedience to the creator. This means that, marriage form Islamic perspective is intended to perpetuate the permanence of species and procreation of the same offspring. In view of this, family planning could

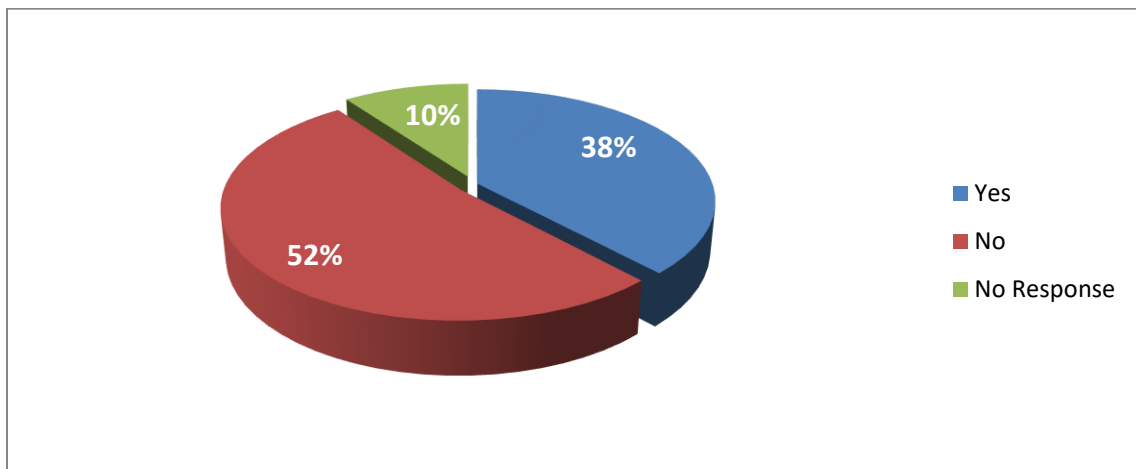
be used as mechanism of regulating birth spacing not the number of children Muslim should have in their matrimonial homes.

On regulation on the number of children in Muslim marriages as benefits of family planning, a likert- 10 point scale (with zero reflective of disagreement and 10 of complete agreement) revealed that, the religious leaders scored an average of 8.8. It is worth noting, however, that men and women reported an average ideal family size of four children.

The meaning of a small family must therefore be considered in this context. Members of public registered somewhat lower, but still positive, scores (7.2 and 6.5, respectively) concerning the benefits of family planning. Those who believe that Islamic tenets forbid family planning were asked explained that, it is permitted when it does not harm a woman's health.



Figure 4.9: Decision to Attend Family Planning Sessions



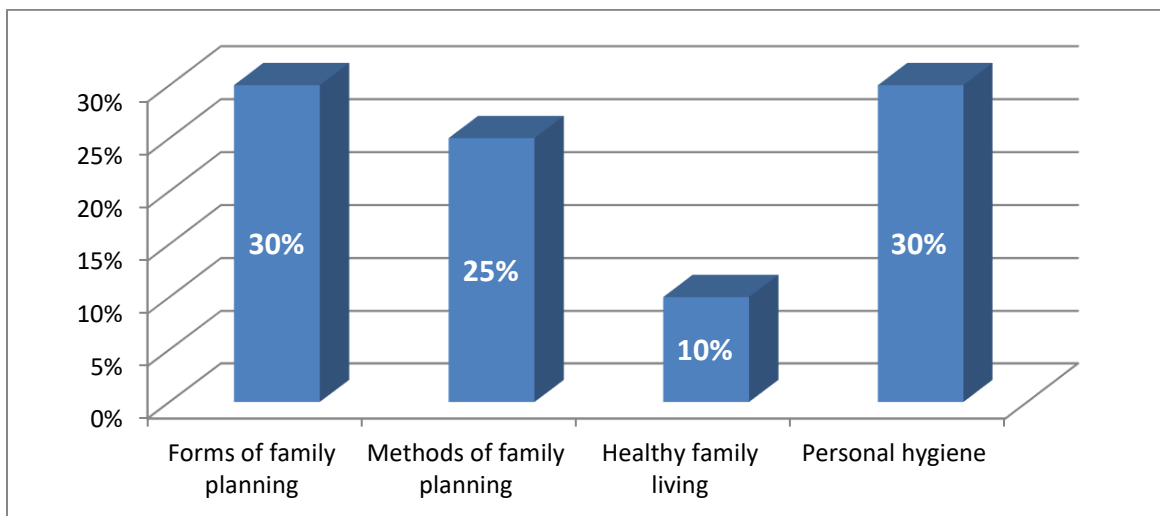
Source: Field Work, 2015



In terms of whether Muslim marriage couples do attend family planning sessions organized by family planning agencies in the Tamale Metropolis, 32% of the respondents held the view that they do attend such family planning sessions. Variably, most of the marriage couples representing 52% of the respondents provided an opposing view to the issue being discussed currently. Unpredictably, 10% of the respondents considered the issue very strange and decide not to take part in the deliberations concerning attendance to family planning sessions.

When religious leaders were asked who should attend a family planning sessions, they fully and strongly agreed with the statement that these decisions should be made jointly by husband and wife. The religious leaders indicated a higher level of agreement with the statement regarding joint decision-making. Similarly, there was strong and consistent disagreement with the statements that the husband or the wife alone should be responsible for decisions regarding family planning.

Figure 4.10: *Programmes of Family Planning Agencies*



Source: Field Work, 2015.

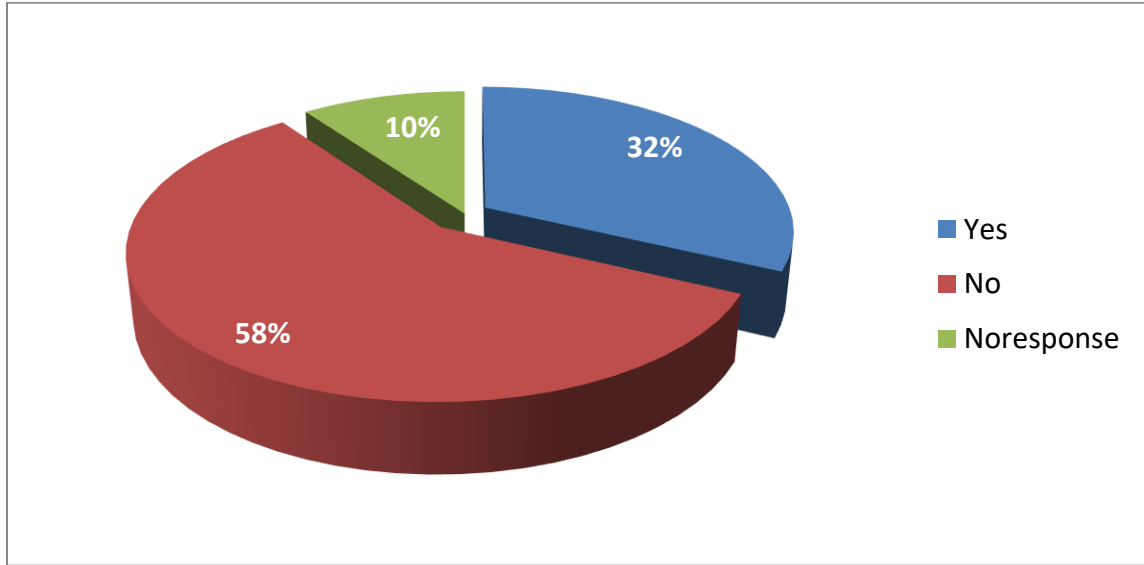


With regards to the contents of programmes of the family planning agencies, it is obvious in the Figure 12 that, four important issues are discussed at all times. Despite the fact that there may be other issues, these four issues are the most predominant issues on the table for discussion on family planning issues. In the first instance, 30% of the couples mentioned the various forms of family planning as one of the topics thought by the /officials of family planning. Methods of family planning are also included in the topics for discussions, 25% of the respondents affirmed this assertion. The data further disclosed that, 10% of the respondents said healthy family living is also added to the issues being discussed at the family planning meetings. Personal Hygiene as another, 30% of the respondents indicate has also been given prominence by the family planning officials.

Inferring from the findings in Figure 12, the researcher is inclined to assume that, the frequency of the occurrence of the family planning sessions is very obvious and could influence the way of lives of the marriage couples who are committed to the meetings organized by the family planning agencies. There is the possibility of the couple benefitting from educational programmes organized by the agencies concerned.

Concerning the programmes of family planning, there appears to be considerable uncertainty among religious leaders about the acceptability of some modern contraceptive methods in Islam. Among religious leaders who knew of the IUD and contraceptive implants, there was uncertainty about the permissibility of these methods within an Islamic worldview. The data consistently show that little-known methods are less likely than well-known methods to be accepted, even though questions regarding the Islamic perspective on specific methods were asked only of those who recognized these methods.

Figure 4.11: Implementing Lessons Learnt from family Planning Education



Source: Field Work, 2015.

Concerning the implementation of the lessons learnt from family planning education, 32% of the respondents expressed positive response to the above issue. However, many marriage couples (58%) indicated negative responses to the successful implementation of the lessons learnt from family planning education. Not every member of the respondents chosen for the study saw the need to provide response to the issue being discussed, since 10% of the respondents decided not to respond to the question on implementation on lessons learnt from family planning education.

There were diverse views on whether the opposite spouses were in support of the issue on implementing lessons learnt from family planning education. Whereas some of the respondents said their spouses were in support of the view, others rejected the view on the strict compliance to the methods of family planning in the Metropolis. The religious leaders revealed that, traditional methods (breastfeeding, withdrawal and the calendar

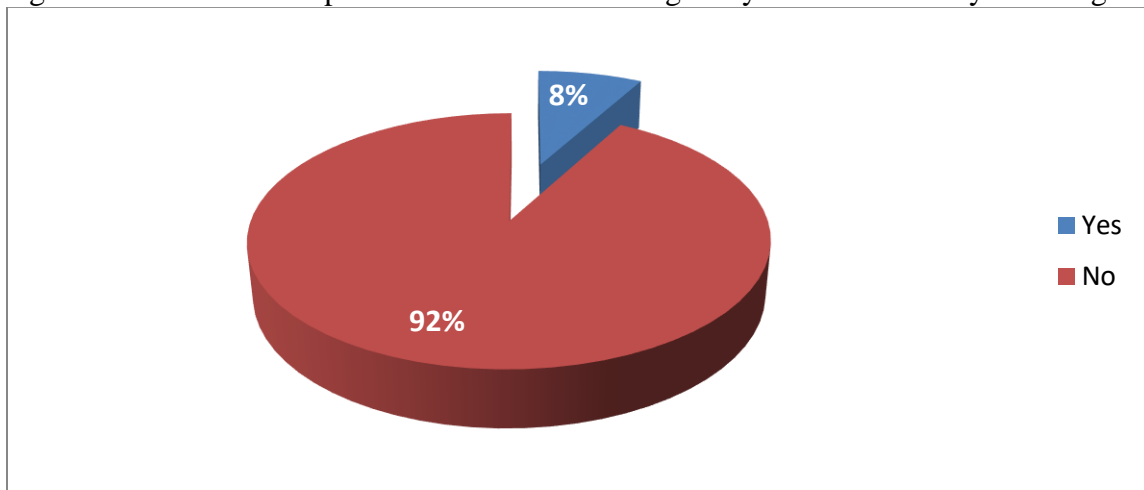


method) are considered to be permitted by the majority of respondents who are aware of these contraceptive methods.

The favorable attitudes toward breastfeeding and withdrawal may be attributable to the fact that these methods are mentioned explicitly and favorably in Islamic jurisprudence.

On implementing lessons learnt from family planning education, the religious leaders advised that, the calendar method was spontaneously mentioned as one of the prudent methods of family planning. Most religious leaders recognized this method as acceptable within an Islamic worldview.

Figure 4.12: Islamic Perspective on Abortion of Pregnancy as Part of Family Planning



Source: Field Work, 2015

As it can be observed from Figure 14, Islam does not give credence to issues of family planning as the data in Figure 14 totally rejects the idea of abortion of pregnancy as a family planning method. Quite a very significant part of the respondents (92%) of the respondents consider abortion of pregnancy as part of family planning is an evil act.





Despite the fact that, the study rejected abortion as a method of family planning, it was obvious 8% of the respondents had their own reservation on the issues on abortion.

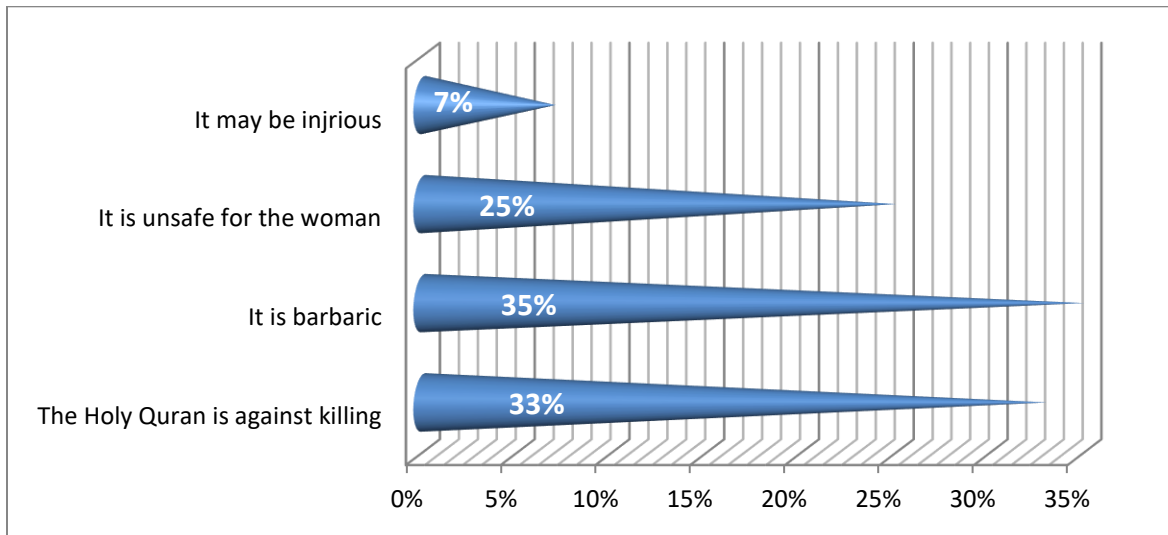
These findings reject what Leatham and Jane further (2005) identified as very essential in the control of child birth. Leatham and Jane further emphasize the fact that the citizens irrespective of their religious background needed to embrace all forms of family planning techniques so as to help overturn the high population growth rate (3.5%) the country is facing.

The results further show that, four of five Ghanaian religious leaders, especially those in Tamale believe that abortion is inhuman and should not be accepted in Islam. Perhaps religious leaders are comfortable with the term family planning because they equate it with increased birth intervals, and not with birth control, but not killing of people as forms of birth control.

This is consonant with the tenets of Islam as interpreted by religious leaders across the globe which permit temporary or reversible measures and do not permit permanent or irreversible ones in other than extreme cases (e.g., when the woman's life is endangered).

Importantly, this demonstrates that most religious leaders interpret family planning to represent an action that is permitted within the Islamic worldview.

Figure 4.13: Reasons Responsible For the Rejection of Abortion as a Method of Family Planning



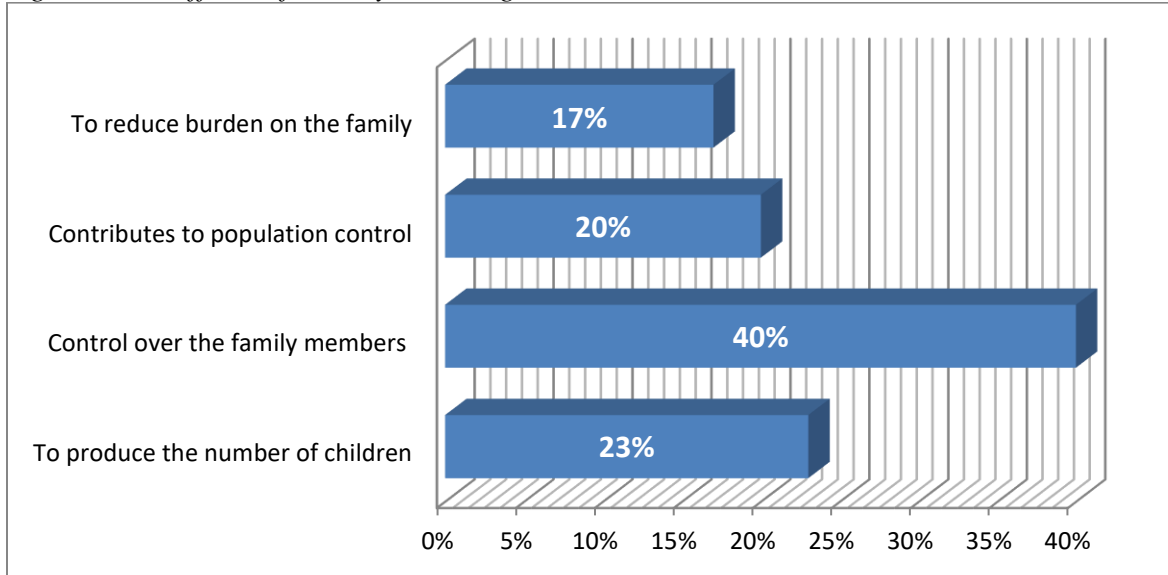
Source: Field Work, 2015

The reasons identified in Figure 15 were used to buttress the justification for the rejection of using abortion as a family planning method. As one of the reasons for rejecting abortion as a family planning method, 33% of the respondents state the fact that, since the Holy Qur'an condemns the killing of human beings, Muslims couples cannot accept it as a technique in controlling child birth. It was disclosed by 35% of the respondents that, abortion is barbaric and as a result cannot be considered as a family planning technique. Further adding to the above is the issue of the unsafe nature of abortion if improperly done. This was revealed by 25% of respondents. It was revealed that, 7% of the respondents stated that, abortion may cause injuries to the women in question.

The crude nature of abortion as the study reveals was confirmed by Tahir (2009) who confirmed the fact that, in order to protect the life woman from the risk of unsafe practice the use of withdrawal is justified. This is evident in the Sunnah of the Holy Prophet that believers can practice birth control especially in the form of withdrawal.



Figure 4.14: Effects of Family Planning on Muslim Families



Source: Field Work, 2015

The study revealed the data in Figure 14 as some of the effects of family planning on Muslim families. The first effect of family planning was identified by 23% of the respondents to include the reproduction of sizable number of children that the family is capable of taking care of. Secondly, majority of the respondents representing 40% identified the fact that, family planning assists families including Muslims to have control over their respective families. Furthermore the third effect was disclosed by 20% of the respondents to be one of the determinants of population control at the national level. The data also revealed that, 17% of respondents identified the possibility of reducing the burden on the family as an effect of family planning.

Sahidullah (2006) revealed the conditions to justify the use of contraceptives to include the following: if the health of the wife is threatened, the chance of transmitting genetic disease, the burden of frequent giving birth, insufficient finance to support more children and when the woman needs rest between pregnancies. Some conditions proposed by



Sahidullah confirms with the findings discovered by this study, especially insufficient finance to support more children and when the woman needs rest between pregnancies.

It was also observed by the study that, most of the women have been able to conceive after practicing family planning for a reasonable period of time. However, some of the women though insignificant expressed the view that, child birth after family planning are usually characterized by myriad of problems such as bleeding during pregnancy and tiredness.

The cleric responses on the benefits of family planning were put into three forms; to the family, the community and the Metropolis.

4.4: Ways of improving on the effectiveness of family planning in the Metropolis

There are several ways of improving on the effectiveness of family planning. Table 2 therefore represents some of these ways of making the practice of family a bit better for Muslim families.



Table 4.5: Possible Ways of Making Family Planning Better

Marital Status	Frequency	Percentage
Organizing training to educate practitioners of family planning	60	15
Subsidizing the cost of contraceptives for family planning	160	40
Inclusion of family planning in moral talks and preaching	100	25
Opening more agencies of family planning in the regions	80	20
Total	400	100

Source: Field Work, 2015

As it can be seen in Table 2, it was reveal that, 15% or 60 of the respondents held the view that, organizing training to educate practitioners of family planning could become one of the strategies of making family planning better. This kind of training according to both the male and female couples can assist in choosing appropriate techniques of family planning with little or implications.

On the issue of subsidizing the cost of contraceptives for family planning, 40% (160) of the respondents thought this could be one of the best among the other strategies that could go a long way to improve on the practices of family planning.

Furthermore, 25% of the respondents representing 100 of the respondents refer to inclusion of family planning in moral talks in schools and preaching are other strategies that could improve on the effectiveness of family planning. Opening more agencies of



family planning in the regions accordingly 20% or 80 of the respondents can also be a good strategy towards the improvement of the effectiveness of family planning in the Tamale Metropolis.



4.5 Clerics' Perspective of Benefits of Family Planning

Muslim clerics in Tamale from the different religious sects including the Tijaaniyya, the Sunnis and the Ahmadis who constitute the key respondents for this study expressed the fact that, family planning should be promoted in strict accordance with the principles of Islamic teachings.

4.6 Benefits of family planning to the family

The benefits of family planning according to the clerics were found to include enabling couples to plan for the number of children they can adequately cater for. It also enables the couples to produce healthy children thereby resulting in lively home. Family planning as the study further reveals gives mothers the opportunity to gain their lost energies in the previous child birth before the next one. The concept of family planning as the study stresses also makes it possible for the parents to have ample time to work and feed their families as expected.

4.7 Benefits of family planning to the community

The healthy children produced are able to contribute to communal activities that lead to the growth of the community. The fact that family planning curbs population growth is a positive indicator since there will be limited pressure on the limited social amenities in the community.



4.8 Benefits of family planning to the Metropolis

To the Tamale Metropolis, controlled growth of population is possible when family planning is properly practiced by the Muslim Communities in the Tamale Metropolis since Muslims in the Metropolis constitute over 80% of the entire population of the Metropolis. Other effects include limited number of criminal cases. It was also observed that, the Metropolitan assembly will be able to manage waste and there will not be the need to diversify any resource meant for developmental projects.

The clerics were also emphatic on the fact that, birth spacing is allowed in Islam, thus couple can decide on the number of years they want to space in between their children. Islam however frowns on the use of Vasectomy as a family planning technique. They stressed the fact that, the almighty Allah says couples should not specifically decide on the number of children they want to give birth to since Allah himself gives and takes as he wishes.

There were diverse views on the position of Islam on the use of abortion as a family planning technique. Whereas the Sunni clerics condemn the use of abortion as techniques in family planning, the Tijaniyya and Ahmadis cleric provided reasonable justification to support abortion as an accepted technique of family planning in Islam. The justification they provided in support of abortion relates to the fact that; when the lives of both the mother and the child are in danger during pregnancy, Islam recommends abortion as the best solution in order to save the lives of the mother and the unborn child.

Those in disagreement to the use of abortion as a family planning method considered it as a murder and therefore referred to it as a crime. Conversely, Abdul Hakim (2009)



assertion contradicts the notion of the Sunni clerics in Tamale, since he noted that, the use of abortion as a birth control measure could not be regarded as a murder. Abdul Hakim added that, for if this was true, millions of the Muslim parents would have mourned their loss of children after every interrupted sexual intercourse owing to countless number of couples losing children through pre-matured deliveries in hospitals.

With regards to the factors that served as barriers to the use of family planning services, the clerics revealed that, inadequate educational campaign on the proper ways of using contraceptives, attitude of some of Muslim parents as well as misunderstanding on the teachings of the Holy Qur'an by the Islamic clerics are all hindering the effectiveness of family planning.

On the issue of fertility, the clerics were categorical and therefore quoted verses from the Holy Qur'an to buttress their responses. According to them, the Holy Qur'an in 49:5 states that, 'fertility control is in the hands of God'. Furthermore, fertility was categorized into total barrenness, periodic barrenness, barrenness in terms of giving birth to children with the same gender.

Eventually, the clerics recommended that, the Islamic teachings on the concept of family planning should be properly thought. The Holy Qur'an should be considered as the only reference point when addressing the emerging difficulties in family planning since the verses in the Holy Book do not change.

This chapter draws the attention of readers and other potential beneficiaries who may wish to get involved in the practice of family planning. The first variables studied the family planning decision-making among Muslim couples. Another important point

worth mentioning is the fact that, the attitude of Muslims towards family planning in the Metropolis. The study has also assessed the knowledge level of Muslims on family planning practice as well as examining the effectiveness of the proper use of family planning in Muslim families.



CHAPTER FIVE

DISCUSSION OF RESULTS

5.0 Introduction

This chapter discusses the main results that reveal the relations between family decisions and its effects on the fertility and birth rates among Muslim couples.

5.1 Details of Discussion of Results

Age Distribution of Respondents

As revealed by Table 4.1 which contains data on the age distribution of respondents, both the male and female respondents were found to be in the youthful category in terms of age. This is due to the fact that, 88 respondents out of the 168 male respondents were found to be in the age bracket of 31-40 years. Similarly, the same age bracket, thus 31-40 years was also the dominant age group for the female respondents. It is therefore incumbent that, the youthful Muslim couples ought to be empowered in order to put them at the right position to contribute effectively towards the promotion of family planning among Muslim marriage couples.

It therefore implies that, those who do not agree to the assertion that the Quran plays down on Muslims family planning matters were basically in the 31-40 year group. Most respondents expressed the wish of accepting family planning fully. There were some respondents who blamed their predicament of large families on sheer ignorance and blatant refusal of their spouses in accepting family planning. This means they are interested in the adoption of family planning issues.





Sex Distribution

In terms of the gender distribution of the respondents, the male counterparts who are usually regarded as the bread winners of a typical Muslim family were the majority. In view of this, most people thought that, traditionally, women have been the key respondents in most demographic and health surveys focusing on family planning; since the general notion points to the fact that, the role of men has been limited. However, in recent years there has been realization of the importance of men's role in family planning.

The results in the Table 4.2 therefore show a greater degree of acceptance for family planning attitudes and other reproductive health events and intentions among husbands. This signifies male domination in decision making among Muslim families in terms of family planning. Men are considered to be the frontrunners in issues concerning family planning in most Muslim families. However women are also expected to play an instrumental role during family planning decision.

It is therefore logical that, in a study of this nature which pertains to reproductive health events, the wife's response can be taken as proxy for the couple's response, but for assessing family planning attitudes and intentions, there is a need to obtain information from husbands and wives separately. This is because most sexual, family planning, and childbearing decisions are made or may potentially be made by both partners together.

Since most people recognize the couple as a unit with different views pertaining to family planning programmes, this will enable couples and individuals to decide freely and responsibly on the number and spacing of their children.



Secular education has an impact on the Muslim's attitude toward contraceptives and positive awareness of sexual and reproductive issues. Hence this study examined the educational qualification of the respondents. The respondents who are currently on contraception are secularly educated. As a primary step toward positive reproduction awareness, the government should invest in education in the Zongos as poverty which characterized residents in these communities is responsible for the low level of education in Ghanaian Muslim communities. Educational incentives can help in tackling the issue from the roots. This requires the government empowering and resourcing the Islamic Education Unit of the Ghana Education Service (GES) to make it more relevant to the communities in which it operates.

Marital Status of Respondents

Inferring from the Table 4.3 which presents data on marital status of respondents, it is logical to state that, quite a significant number of the respondents for both male and female never got married and did not have a marital experience, does not have business on decision concerning family planning since it is aimed at planning on the family size. The last category of the respondents who were found to be co-habiting may also not have real marital experiences since their engagement are just forms of relationships without any approval from their families.

Those found to be married averagely had children ranging from 2 to 6. The divorcees were also found to be single parents nurturing their children and those with grown-ups said they were responsible for the upkeep. Those who never married did not claim of having any children which the researcher considered as such. Since the Islamic religion endorses polygamy, most of the men said they had more than one wife. However they did

not specify the number of wives they were having as the time of data collection for this study.

The Relationship between Marital Status and Conceptive Usage

Contrary to the findings presented in Table on the relationship between marital status and contraceptive used it is quite obvious that Wood's (2007) assertion which points to the fact that the contraceptive among Muslim families seems to be alien have been rejected. The findings rather revealed that, the Muslim couples were practicing contraceptive methods such as withdrawal condom usage, IUD and implants as well as injectable.

The female couples according to the results have been using IUD and implants since the beginning of their marriage. A woman married for 18 years said she applies them whenever she decides to rest, this she says is done without the consent of the husband. When asked whether this constitute unfaithfulness and betrayal to their married, she never uttered a word. Furthermore, the study revealed that, the male and female divorcees were also found to be using condoms and IUD and other implants.

The contention that seems to exist is the fact that, there are always cases of lack of consent from either spouse which tends to create some difficulties in the various Muslim matrimonial homes. The problem is due to the fact that, men and women in this part of the country desire fairly large families; however, husbands tend to prefer having more children than their wives. In most Muslim marriages, either both spouses want more children or both want no more; their desires differ from other marital status such as singles, divorcees or those separated. Modern family planning method use is low in most of these families, but husbands are more likely than their wives to report such cases of condom usage.





The Educational Background of Respondents

The role of educational qualification which was presented in Figure 4.1 is very essential in the appreciation of family planning issues. In view of the fact that family planning basically entails the management of the family affairs in most Muslim homes couples with appreciable level of education would have more than advantages than those with very low or no formal education.

One can argue with high level of certainty that, the different educational background of respondents has contributed to different opinion and views emanating from the various Muslim families found to be practicing family planning methods and other contraceptives. The researcher's interaction with the respondents further revealed that all the different levels of educational qualification appears to have a greater influence on the nature of the understanding of the couples concerning issues relation to family planning.

It is important to remember, however, that religious leaders on average are better-educated than the general public, and that increased educational attainment is positively correlated with approval of family planning. Among religious leaders, education is positively associated with the understanding that Islam permits family planning; nearly 93% of those with a postgraduate education hold this view, compared with 70% of those who did not continue their formal education beyond secondary school.

The findings presented in Figure 4.2 portrayed the fact that, the results therefore shows that people from different working experience made varied inputs into the data collection process that to data gathered for this study.



In connection with the awareness of family planning, it was obvious that, majority of religious leaders in Tamale from different religious sects namely ShikhSa'eedIdriss of Anbariyya, Amin Bamba, Sheikh Ibrahim Bashsa, Sheikh Dall'hu, the Chief of Hausa Zongo and Sheikh Baaba Dua believed that family planning is in consonance with Islamic precepts. The results indicate that religious leaders are at least as likely as the general public to believe that family planning is acceptable within the tenets of Islam, though there were other opposing views who reported that, family planning is haram (that is, forbidden by Islam).

The positive response on the involvement of Muslim couples in Figure 4.4 was necessitated by the fact that, their respective families were increasing in terms of size which gradually calls for child spacing. This particular finding relates to Underwood's (2000) assertion which points to the fact child spacing in family planning is permitted among Muslim communities. This indeed motivated most of the families contacted for this study into using family planning

The prominent religious leaders identified above also were asked about their public involvement regarding family planning, to which they all replied that they had preached about family planning in the year preceding the survey. All the selected religious leaders reported that they had lectured four or more times in the past year about family planning-related issues. The religious leaders elaborate on the thematic areas such as growth and Islam, the health benefits of family planning as well as relationships and Islam.

These findings are in consonance with the Holy Qur'an. The Holy Quran is in favour of natural fertility control hence it encourages mothers to nurse their children for two years.

It says “The mothers shall engage in the lactation of their offspring’s for two years” (2:233).

The responses from the clerics point to the fact that, Islam does not reject family planning or birth control, however they were concerned with the long term effect of family planning which has the potential of making the women barren.

In an individual interview with Amina a 32 year old Muslim woman reported the following:

Hmm! It is difficult to discuss family planning issues with your husband. The men claimed we the women have no say in decision making. It is the man who will decide when to make love to you when when not to. He decide the number of children to have. I even finds it difficult to talk on family planning with my husband because I don’t want him to call me a bad woman. Source :(Amina, 32 years, Bilpella).

This finding support that of Hussein, (2012) that family planning decision is not common among Muslim couples and that especially in northern ghana, muslim women are not involve in decision making.

Though most of the respondents confirmed that Muslims families discuss family planning among themselves, a reasonable number of them disagreed. Ejibi (2006) assertion therefore contradicts with the findings which rejects the idea of family planning. Ejibi argument introduces deliberations on the arguments and conventions influencing certain extremist feminist emanating from secularism based on the separation of religion from individual Muslim communities. The study again discovered that, in most literate families, both couples initiate the discussions concerning family planning. Nevertheless,



in illiterate families, it is rather the opposite direction where advice is sought from family planning agents or marriage counselors in their respective communities.

Types of Family Planning Being Discussed among Couples

The discussions on the types of family planning being discussed and practiced among Muslim couples eventually culminated in the precise number of children considered to be appropriate for the marriage couples.

The reasons provided to support the responses indicated above include the following: most Muslim families regard family planning as very prominent in forecasting for the future development of families. They also believe that, the effective implementation of family planning will create an enabling environment for proper upbringing of children as well as providing respite for the couples as breadwinners of the family.

The study further revealed that, the couples could not pin down on a particular aspect of family planning method being effective over the other since they considered all the aspects of family planning identified in this study (abstinence, contraceptives usage, child spacing and the withdrawal technique) as contributing equally to the effective implementation of family planning methods. Taking into consideration all the discussions in this section, most Muslim couples at all times practice family planning with the consent of both spouses. The cumulative effect of the processes identified in relation to the family planning offers the marriage couples the opportunity to absolutely demonstrate their full responsibilities on taking care of their families.

Deducing from the demonstration of absolute responsibilities by Muslim families on taking care of their families, a relation is therefore established with Buckley (2001)





assertion that indicates that, Muslim parents should love their wards and again maintains since it is a religious duty upon every Muslim parent to perfectly exhibit their responsibilities by taking care of their families as required by God and the Sunnah of the Prophet.

Themes extracted from the interview schedule of religious leaders' responses to a series of open-ended questions confirmed the fact that, the religious are well versed in the various forms of family planning. The different areas such as abstinence, withdrawal and child spacing have oft repeated precepts they deal with on a weekly basis.

The clerics went ahead to classify family planning into categories namely Tanzin (spacing) and Tahadin Nasir (specific number). The category of determining a specific number in Islamic marriage has to do with a situation where the couples decide on the precise number of children they intend to reproduce.

Perception on practicing family planning was found to be good as the results in Figure 4.7 shows. This therefore indicates acceptance of the concept of family planning in Muslim families which were are said to be contrary to with that of Akhtar (2009) assertions which emphasizes the that a fact, in discussing Islam and health as well as reproductive control, it is incumbent on Muslim parents to keep birth rate in check since it signifies the willingness of Muslim parents attach much value to large families than the small ones in the communities, which is very much encouraged by the traditions of the Holy Prophet. Reasons attributed to this could be differences in geographical locations and different economic conditions.



In spite of the fact that, some Muslim families rejected the concept of family planning, there is no doubt that, Muslims are allowed to practice family planning. As a way of supporting this assertion, Akhtar (2009) again held the position that, issues pertaining to sexual intercourse in Islam have been obscured by Islamic scholars for long and these adversely affect the Muslim families concerning child spacing and care in Islamic the institution of marriage.

The public perceives family planning as a way to improve the quality of family life. Religious leaders in a focus group discussion, however, were somewhat reluctant to justify fertility regulation for pragmatic reasons. The religious leaders were of the view that;

A Qur'anic verse makes clear that God will provide for all offspring and religious leaders may not want to suggest otherwise, even though most do not contest the acceptability of contraception. The leaders, however, were particularly supportive of methods that they perceive to be physically harmless.

The safety of specific methods was a major concern of religious leaders, and the most common reason given to avoid certain methods was the potential for negative health effects. That they tended to only moderately agree with the statement "Too many children can harm a woman's health" should not be read to imply that they are indifferent to women's health. Rather, they may be reluctant to suggest that the birth of a child under physically abnormal conditions could be harmful.

A correlation between the findings on the number of children in Muslim marriage and assertions put forward by Doi (2009). According to Doi, marriage in Islam generally



represents emotional and sexual satisfaction, a function of procreation as a form of worship of Allah and obedience to His Messenger. He indicated further that, the practice of family planning may be considered as a disobedience to the creator. This means that, marriage from Islamic perspective is intended to perpetuate the permanence of species and procreation of the same human offspring. In view of this, family planning could be used as mechanism of regulating birth spacing not the number of children Muslim should have in their matrimonial homes.

On regulation on the number of children in Muslim marriages as benefits of family planning, a likert- 10 point scale (with zero reflective of disagreement and 10 of complete agreement) revealed that, the religious leaders scored an average of 8.8 on regulation on the number of children in Muslim family. It is worth noting, however, that men and women reported an average ideal family size of four children for their respective families.

The meaning of a small family must therefore be considered in this context. Members of public registered somewhat lower, but still positive, scores (7.2 and 6.5, respectively) concerning the benefits of family planning. Those who believe that Islamic tenets forbid family planning were asked explained that, it is permitted when it does not harm a woman's health.

On issues concerning who should attend a family planning sessions for the family in Figure 4.9, the study fully and strongly agreed taking decisions based on mutual understanding allows for decisions to be made jointly by both husband and wife. The religious leaders indicated a higher level of agreement with the statement regarding joint decision-making. Similarly, there was strong and consistent disagreement with the

statements that the husband or the wife alone should be responsible for decisions regarding family planning.

Concerning the programmes of family planning, the results showed in Figure 4.10, there appears to be considerable uncertainty among religious leaders about the acceptability of some of the modern contraceptive methods in Islam. Among religious leaders who knew of the IUD and contraceptive implants, there was doubt leading to the hesitation to the permissibility of these methods within an Islamic worldview. The data consistently show that little-known methods are less likely than well-known methods to be accepted, even though questions regarding the Islamic perspective on specific methods were asked only of those who recognized these methods. Inferring from the findings in Figure 4.10, the researcher is inclined to assume that, the frequency of the occurrence of the family planning sessions is very obvious and could influence the way of lives of the Muslim marriage couples who are committed to the meetings organized by the family planning agencies. There is the possibility of the couples benefitting from educational programmes organized by the agencies concerned.

The study also threw more light on implementing lessons learnt from family planning education programmes. There were diverse views on whether the opposite spouses were in support of the issue on implementing lessons learnt from family planning education. Whereas some of the respondents said their spouses were in support of the view, others rejected the view on the strict compliance to the methods of family planning in the Metropolis.





The religious leaders revealed that, traditional methods (breastfeeding, withdrawal and the calendar method) are considered to be permitted by the majority of respondents who are aware of these contraceptive methods. The favorable attitudes toward breastfeeding and withdrawal were attributable to the fact that these methods are mentioned explicitly and favorably in Islamic jurisprudence.

On implementing lessons learnt from family planning education, the religious leaders advised that, the calendar method was spontaneously mentioned as one of the prudent methods of family planning. Most religious leaders recognized this method as acceptable within an Islamic worldview.

Despite the fact that, majority of the respondents in Figure 4.12 rejected abortion as a method of family planning, some of the respondents though very insignificant had their own reservation on the issues on abortion. These findings reject what Leatham and Jane further (2005) identified as very essential in the control of child birth. Leatham and Jane further emphasize the fact that the citizens irrespective of their religious background needed to embrace all forms of family planning techniques so as to help overturn the high population growth rate (3.5%) the country is facing.

The results further show that, four of five Ghanaian religious leaders, especially those in Tamale believe that abortion is inhuman and should not be accepted in Islam. Perhaps religious leaders are comfortable with the term family planning because they equate it with increased birth intervals, and not with birth control, but not killing of people as forms of birth control.



This is consonant with the tenets of Islam as interpreted by religious leaders across the globe which permit temporary or reversible measures and do not permit permanent or irreversible ones in other than extreme cases (e.g., when the woman's life is endangered). Importantly, this demonstrates that most religious leaders interpret family planning to represent an action that is permitted within the Islamic worldview.

With regards to the reasons responsible for the rejection of abortion as a method of family planning as shown in Figure 4.13, the reasons identified in regarded as being very crude. The crude nature of abortion as the study reveals was confirmed by Tahir (2009) who confirmed the fact that, in order to protect the lives of women from the risk of unsafe practice the use of withdrawal is justified in this instance. This is evident in the Sunnah of the Holy Prophet that believers can practice birth control especially in the form of withdrawal, but rejected any method that can kill.

Contrary to Tahir (2009), Sahidullah (2006) revealed the conditions to justify the use of contraceptives to include the following: if the health of the wife is threatened, the chance of transmitting genetic disease, the burden of frequent giving birth, insufficient finance to support more children and when the woman needs rest between pregnancies. Some of the conditions proposed by Sahidullah confirms with the findings discovered by this study, especially insufficient finance to support more children and when the woman needs rest between pregnancies.

It was also observed by the study that, most of the women have been able to conceive after practicing family planning for a reasonable period of time. However, some of the women though insignificant expressed the view that, child birth after family planning are



usually characterized by myriad of problems such as bleeding during pregnancy and tiredness.

The clerics' responses on the benefits of family planning were put into three forms; to the family, the community and the Metropolis.

They emphasized the fact that, the use of family planning by Muslims has received much attention in the past. Muslim population increases over the years and the attendant challenges about the socio-economic development of Muslim communities have been a major focus of Islamic scholarly discourse on contraception. they were emphatic that, since the 19th century, populations in Muslim countries have grown progressively, although slowly, due to armed conflicts and the obvious increases in deaths (for example, in 1947, 1,000,000 Kashmiris were exterminated and between 250,000 and 300,000 in Jammu region were massacred between August and October, 1947, alone (Chatta, 2010); meanwhile, since 2007, more than 35,000 people have died in Pakistan all due to armed violence.

In sub-Saharan Africa, the situation is sometimes worrying because, due to poverty, Muslim population increases have resulted in slums in Muslim communities. Nowadays, Muslim majority countries are, generally, characterized by birth rates, which, although are still high, are falling gradually due to increase in gender education and literacy, medical services, and community health and sanitation platforms. the clerics' reiterated that fact that, while some countries have the resources to cater for increasing populations, others with limited resources fear the impact of population increases on their ability to provide certain services adequately for their citizens.



The views of the clerics were found to be in tandem with George's (2007) analysis. As George (2007) put it, the above issues have enormous implications for the Muslim families, especially the youth. In many Muslim households, large family sizes have been a drain on the economic resources of the men who are unable to cater adequately for their families, especially children (George, 2007); consequently, the Ghanaian Muslim youth and for that matter the young Muslim generation are facing many social and economic challenges culminating in crimes in Zongos (a Hausa term for Muslim communities).

5.2 Summary of Discussions

These discussions concentrate on the awareness of the Ghanaian Muslim Marriage about contraception and reproductive matters against the challenges religious doctrines on its acceptance by Muslim couples. The findings show that awareness is high but not in a positive sense because the general patronage among couples is low while among the unmarried, the awareness has negatively affected the morality of some of the youth.

Issues identified include the fact that there is a disconnection between the service providers and the community while some Muslims perceive contraception as something that could reduce the Muslim population and are, therefore, unsure of its ethical legitimacy.

It was argued that, certainly, the perception for the survival of the human person is central to Islamic marriage, and indeed, the whole human thought in Islam and producing many children is an ultimate expression of this instinct and indeed an affirmation of the need to increase the Muslim population amply recommended by the prophetic traditions.



However, the necessity to qualitatively cater for these numbers places a certain obligation on Muslim parents that overrides any other consideration and reaffirms the core objective of marriage and childbirth in Islam. Hence, it was upheld that contraception is permitted for Muslims provided there is ethical justification, and in view of the social and economic challenges Ghanaian Muslims couples are facing resulting in increase rate of population.

Formal education was seen to have positive impact on attitude to contraceptive and reproductive issues, hence, it was recommended, among others, that the government must tackle the problem of education in the Zongos. The Ulama (Islamic clerics) must also dialogue with the service providers to reconcile the religious and secular divergences to create the ethical trust between the health providers and the Muslims while safeguarding the community's ethical standards.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter essentially deals with summary of the key findings which were obtained after the analysis and interpretation of the data. Conclusion for this study is also drawn based on the findings and proposing some policy recommendations aimed at improving on the effectiveness of family planning among Muslim couples.

6.1 Summary of key findings

The study found that, majority of the respondents were found to be among the age group of 31–40 signifying a youthful Muslims who could contribute considerably in assisting the elderly Muslim faithful in accepting family planning in the Islamic perspective.

The study again showed that, majority of the respondents who were males constituted 55% demonstrating the fact that despite the higher population of women in the country, men are found to always be in the forefront of issues relating to family planning in Muslim communities.

With reference to the marital status of the respondents, majority of the respondents were found to be married, there were others who were divorced/separated. It was observed that, despite the fact that, most of the respondents were Basic Education Certificate Examination (BECE) holders, others had tertiary education qualification making it very essential in the appreciation of the basic concepts related to family planning. It was also found that, most of the respondents were self-employed, though there were civil/public servants, retired persons as well as house wives all contributing to the study.





The study also revealed that most of the respondents, especially the male respondents were aware of family planning services in the Tamale Metropolis indicating their involvement in practicing family planning. As the study revealed, the Muslims families discuss family planning among themselves. The aspects of family planning being discussed were found to include abstinence, the use of contraceptives, child spacing and withdrawal.

The study again found that, majority of the respondents thought, it is good to practice family planning; however, some of the respondents rejected this notion. The study revealed no rule in Islam that regulates the number of children Muslim couples should have. It was further revealed that, Muslim married couples do not regularly attend family planning sessions organized by family planning agencies in the Tamale Metropolis.

The contents of programmes of family planning services were disclosed as forms of family planning, methods of family planning, healthy family living and personal hygiene.

According to the study, Muslim couples are unable to implement the lessons learnt from family planning education.

The study rejected the use of abortion of pregnancy as part of family planning technique and therefore described as an evil act. The reasons used to support the rejection were found to include the condemnation of the act by the Holy Qur'an, it is seen to be barbaric, it is unsafe and may be injurious to the women.

The study further revealed that, the ability of Muslim couples to give birth to desired number of children, having control over the family members, the potential for population

growth and the possibility of reducing burden on family were to be the effects of family planning.

The study revealed that, organizing training to educate practitioners of family planning, subsidizing the cost of contraceptives for family planning, inclusion of family planning in moral talks and preaching as well as opening more agencies of family planning in the regions are aimed at making family planning issues better so as to ensure its effectiveness among Muslim couples.

6.2 Conclusion

The effectiveness of family planning in ensuring birth control has played an important role in assisting Muslim couple in planning for effective management of their respective families. nevertheless, family planning among Muslim couples are characterized by problems such as inadequate information on the proper use of family planning forms and techniques, the negative attitude of some Muslim couples towards family planning, high costs of contraceptives used in family planning and limited family planning offices across the country are therefore militating against the effective implementation of family planning programme in the Metropolis and the other districts in the region.

As a matter of fact, the contribution of family planning towards effective family management and control of child birth cannot be underestimated. Also, until the family planning policy concentrates on educating the Muslim and other couples on the forms of family planning, methods of family planning, healthy family living and personal hygiene, the success of family planning will continue to be in limbo.



It is therefore essential that, family planning programme are effectively utilized so as to achieve the aims and objective for which the family planning concept was introduced into the country.



6.3 Recommendations of the Study

In order to strengthen the effectiveness of family planning among Muslims in the Tamale Metropolis, the study recommended the following:

Since majority of the respondents were aged between 31– 40, the Muslim youth and other elderly Muslims should be involved in the campaign for intensifying education on the family planning concept in order to ensure a longer working life in the city's bid to use the Muslim community as agent of change in birth control.

Efforts by the agencies such as PPAG, religious bodies and other NGOs should be made to encourage both males and females to appreciate the family planning policy in order to ensure gender balance in keeping national and international protocols in fair utilization of family planning for all sexes in the Tamale Metropolis.

Though the respondents obtained various educational qualifications, such as tertiary and second cycle, they should be encouraged to go for further studies since majority of them are basic education qualification holders, to make them more experienced so as to enable them appreciate different issues relating to family planning.

Since majority of the respondents thought, it is good to practice family planning; they should be encouraged and assisted to reach out to those in the outskirts of the Metropolis so as to effectively assist in the implementation of family planning in the Muslim communities.



In view of the fact that Islam does not regulate the number of children Muslim couples should have, this particular teaching should be included in sermons of Friday prayers by Imams so as to spread the teaching very fast. Muslim married couples should be encouraged to regularly attend family planning sessions in the Tamale Metropolis so as to enable them grasp the techniques of family planning.

In order to make family planning more attractive to the Muslim couples, modern forms of family planning that are acceptable in this contemporary era should be included in the training programmers of the family planning so as to encourage more people to practice family planning. At this stage, the advantages and disadvantages of the methods of family planning should be brought to bear so as to enable the Muslim couples make their right choices to make family planning effective. Furthermore, healthy family living should be encouraged among the Muslim couples on each session of the family planning lessons.

The Muslim couples should be encouraged and assisted to have confident so as to effectively implement the lessons learnt from family planning education as part of the population control measures.

Since majority of the respondents rejected abortion as family planning techniques, the prominent clerics and the other useful scholars in Islam should conduct more researches on abortion in order to determine the actual stance of Islam on it as a method of family planning to disabuse the minds of the categories of scholars who have openly condemned it in their preaching.

The study eventually recommend that, organizing training to educate practitioners of family planning is useful and should be continued by the agents of family planning in the Metropolis.

Another recommendation worth mentioning is the issue of subsidizing the cost of contraceptives for family planning for those using them so that more would be encouraged.

Finally, the inclusion of family planning in moral talks in schools is of great essence and should therefore be encouraged. Also, preaching by the Muslim clerics should make issues of family planning a priority in their day-to-day religious preachings. Opening more agencies of family planning in the regions is quite commendable and should be encouraged by the agents of family planning so as to ensure its effectiveness among Muslim couples.



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APPENDICES

Appendix A

**QUESTIONNAIRES ON FAMILY PLANNING DECISION AMONG
MUSLIMS IN THE TAMALE METROPOLIS**

UNIVERSITY FOR DEVELOPMENT STUDIES

The researcher who is a student of University for Development Studies, Tamale is currently conducting a study on Family Planning Decision among Muslims in the Tamale Metropolis. This study is a partial requirement for the fulfillment of the award of Master’s Degree; hence the researcher would be most grateful if you could assist by answering the following questions. All information released would be treated with all the confidentiality that it deserves.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

(1) Age of respondents

- (i) 21-30
- (ii) 31-40
- (iii) 41-50
- (iv) 60 and above.

(2) Sex distribution of respondents

- (i) Male []
- (ii) Female [].

(3) Marital Status of Respondents

- (i) Single []
- (ii) Married []
- (iii) Divorced/separated []
- (iv) Other, specify

(4) Number of Children

(5) Number of wives





(6) Educational Background of Respondents

- (i) No Formal Education []
- (ii) Primary School []
- (iii) Junior High School []
- (iv) Senior High School []
- (v) Tertiary Education []
- (viii) Other, specify
.....

(7) Occupation Distribution of Respondents

- (i) Unemployed []
- (ii) Self employed []
- (iii) Civil/Public Servants []
- (iv) Retired/pensioner []
- (v) House Keeping []
- (vi) Other
.....

Section B: Family Planning Decision

(8) Are you aware of family planning service in the Metropolis? (i) Yes [] (ii) No []

(9) If your response to the question in 8 is in the affirmative, where is your source of information? (i) Plan Parenthood Association of Ghana [] (ii) Hospitals [] (iii) Information Services Department [] (iv) the Media [].

(10) Do you practice or use family planning? (i) Yes [] (ii) No []

(11) If you agree to the usage of family planning, what motivated you into using family planning?

(12) Do you discuss family planning issues with your spouse? (i) Yes [] (ii) No []



(13) If you agree to the above assertion, who leads the discussion? (i) Volunteers [] (ii) Husbands [] (iii) Wives [] (iv) Children [].

(14) What aspect of family planning do you discuss with your spouse? (i) Abstinence [] (ii) Use of contraceptives [] (iii) Child Spacing [] (iv) withdrawal (Coitus Interruptus) [] (v) Other

(15) Do you decide with your spouse on the number of child to have? (i) Yes [] (ii) No [].

(16) Give reasons to support your answer

(17) What type of family planning do you practice (i) Abstinence [] (ii) contraceptives [] (iii) Child Spacing [] (iv) withdrawal (Coitus Interruptus) [] (v) Other

(18) Give reasons to support your answer

(19) Do you sometimes practice family planning without the consent of your spouse (i) Yes [] (ii) No [].

(20) Give reasons to support your answer.....

Section C: Attitude of Muslims towards Family Planning

(21) Is it good to practice family planning? (i) Yes [] (ii) No [] (iii) No Response [].

(22) Give reasons to support your answer

(23) Are Muslims allowed to practice family planning? (i) Yes [] (ii) No [] (iii) No response [].

(24) Is there a rule in Islam regulating the number of children to have? (i) Yes [] (ii) No [] No response [].

(25) Can family planning be used as mechanism to regulate the number of children one should have? (i) Yes [] (ii) No [] (iii) No response [].



(26) Do you attend family planning sessions organized by family planning agencies? (i) Yes [] (ii) No [] (iii) No response [].

(27) What are some of the contents of programmes of the family planning agencies? (i) The various forms of family planning [] (ii) the methods of family planning [] (iii) Planning to plan healthy family [] (iv) Personal Hygiene [].

(29) Do you implement or practice whatever lessons learnt from education given to you? (i) Yes [] (ii) No [].

(30) Is your spouse in support of the above issue? (i) Yes [] (ii) No [].

(31) Do you consider abortion of pregnancy as part of family planning? (i) Yes [] (ii) No [].

(32) Give reasons to support your answer in question in 31.....
.....

(33) What are the effects of family planning for families? (i) To produce the number of offspring that can be catered for [] (ii) control over the family members [] (iii) contributes to population control [].

(34) Have you conceived after practicing family planning?
.....
.....
.....

Section D: Ways of Improving on Family Planning among Muslim Couples

(35) Is it possible to improve on the effectiveness of family planning among Muslim couples in the Tamale Metropolis?

(36) If your response to question 35 is in the affirmative, kindly indicate the various ways of improving on the effective of family planning among Muslim families?

.....

.....



UNIVERSITY FOR DEVELOPMENT STUDIES

Appendix B

**KEY INFORMANTS INTERVIEW GUIDES ON FAMILY PLANNING
DECISION AMONG MUSLIMS IN THE TAMALE METROPOLIS**

UNIVERSITY FOR DEVELOPMENT STUDIES



The researcher who is a student of University for Development Studies, Tamale is currently conducting a study on Family Planning Decision among Muslims in the Tamale Metropolis. This study is a partial requirement for the fulfillment of the award of Master's Degree; hence the researcher would be most grateful if you could assist by answering the following questions. All information released would be treated with all the confidentiality that it deserves.

- Do you think family planning should be promoted?

.....
.....

- What are your thoughts on the benefits of planning to the family, the community and the Metropolis as a whole?

- What is the position of Islam on the concept of family planning?

.....

- Does the Islamic religion support the use of family planning?

.....
.....

- What factors barriers to the use of family planning services by both Muslim men and women family planning?

.....



- Does Islam permit Muslim woman to decide on the number of children a couple should have family planning?

.....

- What does Islam say about fertility or a number of children a couple should have?

.....

- What are your recommendations on the use of family planning among Muslim couples?

.....