

Attitudes Towards and Use of Contraception in the Muslim Refugee Population

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Introduction

One of the most important conversations between a woman and her primary care physician is choosing a method for pregnancy prevention. This is a sensitive and complicated issue for many women and knowing how to properly approach the individual patient is important when navigating this discussion. There are currently an abundant amount of contraception methods available on the market and it is the prerogative of the patient to decide what is best for her. While it has been shown that there is no method that is strictly aligned to any racial or ethnic group,¹ it is vital to understand the perspectives and attitudes concerning contraception when caring for a specific population. Many Muslim refugees in the United States are not only new to this country, but are also both ethnic and religious minorities. Furthermore, many of these patients have undergone a substantial amount of stress during their relocation process and an unintended pregnancy has the potential to cause additional psychological distress in the mother.² However, some Muslim refugees

can be hesitant to discuss their family planning methods due to a number of issues including general language and cultural barriers, lack of sexual and reproductive health knowledge, and potential religion-based stigma for using contraception. This paper aims to explore the Muslim teachings concerning contraception, the use of contraception in both Muslim and refugee populations, and the potential barriers of care that affect our Muslim refugee women.

Islam and Contraception

When it comes to sex and relationships, multiple studies have shown that women who are more religious are less likely to use contraception.³⁻⁵ Most of the International Family Medicine Clinic (IFMC) refugees are from countries that value religious practice as a part of their culture. Therefore these beliefs can have a substantial influence over decisions that refugees make concerning their daily life. The Qur'an states that sex is forbidden outside of marriage. However, it does say that *"wives are a place of sowing of seed for you, so come to your place of cultivation*

however you wish and put forth [righteousness] for yourselves.” (The Qur’an 2:223). The comparison of wives as a “place of sowing seed” supports the Islamic ideal that marriage is an opportunity to procreate and increase the number of believers. This concept is in stark contrast with the idea of contraception.⁶ The Qur’an doesn’t specifically mention contraception in its text, but does say “...do not kill your children for fear of poverty. We provide for them and for you. Indeed, their killing is ever a great sin. (The Qur’an 17:31). While this passage is mainly interpreted as a comment on abortion, this verse has been used as an argument against all family planning including contraception. However this is considered to be an extreme view.⁷

On the other hand, Islamic jurists reference more than just the Qur’an in their teachings. Hadiths, defined as talk or conversation, refers to the teachings and actions of the Prophet Muhammad and the early scholars of Islam. The Sahih Muslim, one of the six major hadiths, discusses the practice of ‘azl in the Book of Marriage. ‘Azl means “isolation” in Arabic, but in the context of the Book of Marriage it refers to the withdrawal method. Specifically the hadith says:

“We took women captives, and we wanted to do 'azl with them. We then asked Allah's Messenger (may peace be upon him) about it, and he

said to us: Verily you do it, verily you do it, verily you do it, but the soul which has to be born until the Day of judgment must be born.” - Sahih Muslim, Book 8, Hadith 3373

Since the composition of the hadiths, contraception methods have evolved beyond the withdrawal method. Qiyas, the fourth source of Islamic law that speaks to more modern issues, has permitted most forms of birth control.⁷ However, sterilization of either sex is frowned upon in the Islamic faith. This is mainly due to the permanence of sterilization and the Muslim ideal that the intent of contraception is to space out pregnancies and not completely inhibit them.⁸

Utilization of Contraception

Contraception and Its Effectiveness

The ability for a woman to prevent pregnancy through contraceptive methods has been shown to reduce the need for abortions, increase potential for higher education and stimulate economic growth.⁹ One of the factors in deciding what birth control to choose is effectiveness. The World Health Organization has categorized contraceptive methods based on their effectiveness. Barrier methods (condoms, sponges, and diaphragms), withdrawal method, and fertility awareness are considered to be “less effective” meaning that there will be 10-30 pregnancies per

100 women per year with average use.¹⁰ Hormonal methods (pill, patch, ring and injections) are considered to be “effective” meaning that there will be 3-9 pregnancies per 100 women per year with average use.

¹⁰ Long acting reversible contraception (intrauterine devices and implants) as well as sterilization of both genders were determined to be “more effective” with 2 or fewer pregnancies per 100 women per year with average use.¹⁰

Factors in Choosing A Method

Effectiveness is not the only factor that comes into play when deciding what contraceptive method to use. Additional factors include affordability, ease of use, and cultural and religious preference. The importance of these additional factors has been shown to differ across ethnic and racial groups. A 2016 study comparing racial and ethnic differences in regard to factors driving their choice of contraception, showed that Black and Latina women were more likely to choose methods that were associated with fewer side effects and allowed for more patient control.¹ The methods associated with these factors include some of the “less effective” methods of birth control.

Muslim Women and Contraception

Unfortunately, Muslim women are understudied when it comes to their healthcare preferences, so there are not a

lot of data concerning their use of contraceptives.¹¹ The American College of Obstetrics and Gynecology published an article discussing the care of Muslim women which reported that most forms of reversible birth control are permitted for Muslim women in terms of their religious beliefs.¹² In the Muslim world, the use of contraception varies by country. In 2010, the United Nations reported that the use of contraception in Afghanistan was 22.2%, Iran 72.6%, Iraq 50.5 %, Saudi Arabia 39.4%, and Syria 58.5%.¹³ A study investigating Muslim women’s use of contraception in the United States reported a utilization rate of 79.5%.¹¹ For comparison the use of contraception for all women in the United States was reported at 77.1%.¹³ It should be noted that the majority of the Muslim women in this study had private healthcare insurance.¹¹

Interestingly, women who attended worship services less than once a month and those women who attend services more than once a week were the most likely to use contraception compared to women who reported attending services at a rate in between. Additionally, women who reported that they were Sunni compared to Shia or general Muslim, were less likely to utilize contraception.¹¹

This study also compared the methods of contraception used by Muslim women in the United States with some women in the study reporting more than

one method. Overall, about 66% used oral contraceptive pills, 66% used condoms, 33% used the withdrawal method and about 15% used IUDs.¹¹ When comparing the methods of all women using contraception in the United States, about 26% use oral contraceptive pills, 25% use female sterilization, 15% use male condoms, 11% use IUDs, 8% use vasectomy, 4.8% use the withdrawal method, and 10.2% use other methods.¹⁴ Based on these data, Muslim women did not utilize sterilization as much as the average woman in the United States and used the withdrawal method much more frequently.

Refugees and Contraception

Overall, refugees are at risk for increased rate of unmet contraceptive needs.^{9,15} In the refugee camps in particular there is a lack of access to contraception. Some of the challenges include the transport of the materials, cost, misconceptions about family planning, and provider bias.¹⁶ Even when refugees have been relocated they are still have unmet needs.^{9,15} Refugees in Canada were found to have a rate of unmet contraceptive needs that was three times that of the rest of the Canadian population.⁹ Furthermore, a Dutch study found that providers did not discuss or prescribe contraception as frequently with refugees compared to native Dutch and migrant women.²¹⁶ A possible explanation is that refugee women

are less likely to start the conversation about contraception due to the language barrier, their cultural beliefs concerning sexuality, prior lack of sexual and reproductive health knowledge, or prioritizing other concerns above family planning.¹⁵

Barriers to Care

There are very little data on the healthcare practices of Muslim women and even less focused on refugee women. However, there are data on the barriers to care that affect refugee populations. These include language, culture, access to healthcare, and healthcare knowledge.

Language and Cultural Barriers

One of the biggest challenges of working with a refugee population is the language barrier. In the clinic the provider must use either an in-person interpreter or a phone interpreter. Discussing sexual and reproductive health is especially difficult when using interpreters due to the lack of female interpreters and their sexual and reproductive health knowledge.¹⁷

The cultures of the IFMC Muslim refugee population is tightly intertwined with religion. As discussed previously, Islamic teachings do not condemn contraception. However, certain sects are opposed and can essentially force women to abstain from using contraception through social pressure and the threat of

stigmatization.¹¹ Furthermore, it is not uncommon for a patient's spouse to be involved in medical decision making.¹⁸ A 2008 cross-sectional study analyzed contraceptive use in women in Kabul, Afghanistan and reported that the two most common reasons for lack of contraception was desiring pregnancy and spousal disapproval.¹⁹

Overall, sexuality is a complex issue within Muslim populations. It has been reported that Muslim men and women tend to avoid discussing issues concerning sexuality even when talking to their health care provider.^{8,18} One of the more sensitive issues is the sexuality of unmarried women. It is generally stressed that Muslim women maintain their virginity until they marry. Some unmarried women will decline a pelvic examination because it may risk their virginal status.⁸ However, once a woman is married, sex is acknowledged as an important part of her relationship with her husband.^{12,20} Female orgasm and pleasure are also highly regarded in some Islamic cultures and the acceptance of 'azl implies that sex is allowed without the intention of pregnancy.²⁰

Sexual and Reproductive Health Knowledge and Access to Healthcare

Islam and its associated cultural practices can be interpreted in a variety of ways, but it is ultimately up to the individual to decide how they want to integrate their

religion into their life. Interestingly, education has been shown to play a role. A 2012 cross sectional study investigated the knowledge, attitudes and use of contraception in Afghan refugees who had been relocated to Pakistan in the 1980s. At the time of their arrival, the healthcare of the refugees was divided between two different local non-profits. One of the non-profits provided their patients with subsidized health care while the other did not. The women with the healthcare subsidy were more likely to have access to healthcare as well as access to education concerning family planning. This group was also less likely to consider contraception against Islam and were more likely to use some form of it.²¹ While this was not shown to be causal relationship, there have been other studies that show that more sexual and reproductive health knowledge is associated with increased contraceptive use.^{5,22} Therefore it is reasonable to assume that access to healthcare and greater sexual and reproductive health knowledge has the potential to change the way that contraception is viewed and can even increase its use. Refugees are not always guaranteed access to healthcare much like the control group in the aforementioned study. This can have a negative effect on their contraceptive use and potentially increase their unmet contraceptive needs.^{9,11,21}

Discussion

The overall use of contraceptives in Muslim women in the US was reported to be about the same as the average use of all women in the US.^{11,13}; however, Muslim women tended to use less effective methods of birth control.¹⁰ Effectiveness is an important factor when choosing a birth control method, but it is not the only factor. Muslim women in particular may lean towards more traditional methods for religious reasons; however, being more or religious does not necessarily indicate decreased utilization of contraception as a whole.¹¹ In fact, Islamic scholars even have a wide range of opinions on other family planning matters such as abortion. More traditional scholars would argue that abortion is only permissible when the mother's life is in danger, while others say that it is permissible for cases of rape, fetal abnormalities and unwanted pregnancies. However, most Islamic teachings prohibit abortion past "ensoulment" of the fetus which is considered either 40 or 120 days depending on the scholar.^{12,23,24} Overall, providers should not make assumptions based on a women's religion on how she will approach family planning matters.

Refugees relocated in countries other than the United States were found to have a rate of unmet contraceptive needs.^{9,16} Furthermore, many of the Muslim refugees seen in the IFMC are from Afghanistan, which has a much lower

contraception utilization rate compared to the United States and other Islamic states.¹³ So even though Muslim women in the United States utilize contraception overall, it is quite possible that the IFMC's Muslim refugee population is at risk for unmet contraceptive needs as well.

Conclusions

Overall, research focused on Muslim women and refugees is limited^{11,18,23} and it is not clear what the actual contraception utilization rate is for the Muslim refugee population in the United States. There is a need for more research focused on refugee women and their health practices to reveal their contraception use and possible unmet contraceptive needs. As discussed above, many Muslim women are open to the idea of contraception, and have been found to favor reversible methods over sterilization. However, Muslim refugee patients can face multiple barriers to care that prevents them from utilizing it. These barriers to care include language barriers, cultural preferences, sexual and reproductive health knowledge and access to healthcare. It is imperative that providers do not make assumptions about the individual's beliefs and practices based on their religion alone and start conversations about contraception with all of their female patients. Specifically, they should take the time to talk with their female Muslim

refugee patients, preferably with female interpreters, and listen to their thoughts on family planning before working with the individual to decide on the best method for her.

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