



The Influence of Customs and Religious Convictions on Parents' Selection of Family Planning Techniques: A Review of the Literature

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Abstract

The Sustainable Development Goals (SDGs) emphasize the importance of family planning (FP) and reproductive health in achieving sustainable development. Religion plays a crucial role in shaping attitudes towards fertility and FP, particularly in Muslim communities where religious leaders significantly influence public opinions. Their interpretations can either support or hinder the acceptance of modern contraceptive methods, often due to perceived religious restrictions. Studies from various countries reveal that while some religious leaders endorse FP, others resist it, impacting contraceptive use and women's reproductive choices. Cultural, social, and economic factors further affect FP uptake, with misinformation and gender norms contributing to barriers. Despite religious teachings, actual contraceptive practices often differ from official doctrines. To improve FP access, policies must ensure equitable availability of affordable contraceptives for all individuals, regardless of marital status or cultural background. Promoting accurate FP information and reducing healthcare provider biases through education are essential steps towards meeting reproductive health needs and advancing sustainable development.

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Introduction

Implemented in 2016 to replace the Millennium Development Goals (MDGs), the Sustainable Development Goals (SDGs) set goals and objectives for nations to develop sustainably over the following 15 years ^[1]. According to the United Nations Development Program, these goals center on reducing poverty, addressing environmental issues, reducing economic inequality, and promoting good governance and peace. Family planning and reproductive health are directly or indirectly related to eight of the seventeen goals ^[2]. The relationship between religion and fertility has been extensively studied, with a large portion of the research concentrating on the claims that Muslims and traditional religionists had higher fertility and more resistant to FP than followers of other religions ^[3]. The implementation of contemporary FP approaches is also significantly hampered by religion, or more specifically, the local clergy's religious interpretations ^[4]. The acceptability of FP is greatly influenced by religion, which also has a significant social, economic, and cultural impact. Effective contraceptive use is hampered by individual beliefs, which can be influenced by both culture and religion. ^[5] Religious leaders' differing opinions may be one factor contributing to the diversity in the prevalence of contraceptive use in Muslim societies ^[6]. Islam is practiced under the direction of religious leaders, the majority of whom are men. These leaders constitute a sort of elite group, and they are admitted to this position through the religious instruction given in madrasas, or religious schools ^[7]. The opinions of religious leaders are widely held and have a significant impact on the opinions of students in madrasas and, in turn, on the conduct of the general public ^[8]. Since this prevents the general public from adopting favorable opinions of FP, it should not be assumed that religious leaders in Muslim nations are always conservative. ^[9] The primary source of information on FP in Ethiopia, for example, is Islam, the religion of the Muslims. Islam was the primary contextual factor influencing FP acceptance in the community under consideration,

according to a study conducted in Ethiopia. Religious leaders' opinions and convictions have the potential to be quite potent^[10]. It was believed that preventing women from getting pregnant went against Islamic and other religious beliefs. One obstacle to the use of FP is the Islamic legal ban on birth prevention, which is haram (forbidden) according to Islamic religious views^[11]. According to earlier research, religious leaders have a significant influence on public opinion. They can play an important role in educating the community about FP, contraception, and fertility behavior since they have a significant impact on communities^[12]. Religious leaders can either encourage or discourage the real adoption of behavior that supports the use of contraceptives, FP, and the number of children to have, according to studies conducted in African nations^[13]. Religious leaders stated that contemporary contraception had undesirable side effects and were less supportive of FP and its usage, according to Underwood's study in Jordan and Population Services International's study in Niger^[14]. Religious authorities in Islamic cultures frequently worry that family size is being restricted through FP means, which is against Islamic law^[15]. Religious leaders in Niger have differing opinions about FP. Those who advocate for it are unwilling to publicly lecture about the advantages of contraception^[16]. Krishnaratne demonstrated that in Egypt, women's decisions on FP were impacted by the acceptance of FP by religious leaders, which was a major element in the increase in community approval^[17]. Religious leaders' capacity to recognize that FP was consistent with their religious views was what led to their acceptance of FP. Religious leaders accepted FP because they saw they did not have to change or compromise their religious convictions in order to support it^[18]. Likewise, religious leaders in Pakistan were found to have a significant impact on communities and could be crucial in educating the populace about the advantages of FP^[19]. In this case, exposure to FP messaging and knowledge from medical professionals affected religious leaders' acceptance of FP. According to the Nigerian study, women who had received FP messages from religious leaders were much more likely to take contraceptives than women who had not.^[16, 17] Religious leaders in Malawi were the subject of a research that looked at their role. They were usually in favor of holding such events in their communities, particularly when it came to educating their congregations about the advantages of FP^[20]. FP messages have often benefited from the participation of religious leaders. This study also discovered that the usage of contemporary contraceptives was predicted by the message of religious leaders. Here, it is evident that the application of FP techniques is enhanced by involvement of several significant stakeholders, including religious leaders, in advocacy, demand creation, and media coverage^[21]. In the UK, religious leaders have a big say in whether or not FP is used in communities. Information addressing Burkinabe religious leaders' views on the use of FP techniques and fertility preferences is still lacking^[22]. Women of reproductive age still have limited access to and utilization of FP and other RH services, while high rates of poverty, illiteracy, and various cultural and religious views are obstacles to providing RH services to them^[23]. In order to better understand how religious leaders view modern contraception and how they affect fertility practices and FP uptake, research is necessary, especially in nations where their opinions can significantly impact people's reproductive choices^[24]. Burkina Faso, like many other nations, has endorsed the Sustainable

Development Goals (SDGs) of 2015, WHO purposes promoting education and economic opportunities for women and girls as these techniques have been proven to decrease fertility rates^[25].

Sexuality and Family Beliefs

The boundaries of marriage should be observed when engaging in sexual interactions. Such relationships exist for both pleasure and reproduction. It is believed that marriage is necessary to maintain societal order. However, a cultural emphasis on patrilineal age has led to a great emphasis on the necessity for male children, even if reincarnation requires children to pray for the souls of ancestors^[26]. Despite the fact that cultural forces have historically promoted big families, the ideal family is exemplified by the sacred families, which are modest and cohesive with a strong sense of duty, honor, justice, and righteousness^[27].

Trends in Culture Today

Regarding contraception, Muslim adherents' opinions range from not permitted to authorized but discouraged. Traditional couples were more supportive of family planning when it was used interchangeably with birth spacing rather than as a means of controlling the ultimate size of the family^[28]. The decision to have children is influenced by religious, familial, and customary pressures in Muslim countries. Gender, socioeconomic status, gender and number of children, place of residence, country of origin, education, perceptions of other women in the home, availability of resources, misunderstandings regarding the negative effects of contemporary contraceptives, and associations of fertility with femininity are other factors that have been found to influence the use of contraceptives^[29]. Use of contraceptives may be further hampered by Muslim women's poor status in some areas. These disparities are a product of the societies in which the women reside. Muslim women are seen as equal to men in terms of their religious, social, and patriotic duties under Islamic law^[21]. Not many Muslims are aware that using contraceptives is acceptable, despite this fact. Contraception is not specifically forbidden by Hinduism, but it is believed that women were made to bear children, especially sons. Contraception is acceptable as procreation is not emphasized in Buddhist religious doctrine^[30]. Cultural influences frequently support big families, which may restrict the use of contraceptives, even if Buddhism and Hinduism are permissive of this practice^[31]. Religious customs in China do not forbid birth control. A lack of knowledge on the safety of contraceptive techniques, cultural beliefs that link them to promiscuity, and access issues resulting from the cost or availability of contraceptives may all hinder their successful usage^[32]. Religion plays a significant role in decision-making, however followers of a faith do not always follow its prescribed doctrines. In North America, 95% of women will use a method of contraception at some point throughout their reproductive years, even if some religions forbid the use of contemporary contraception^[33]. North American women's practices are not often reflected in the views and practices surrounding contraception for the many religions examined here. Given the difficulties of adjusting to a new community and lifestyle, women could be more likely to cling more firmly to conventional religious and cultural norms around reproduction, sexuality, and family^[34]. The cultural beliefs and behaviors that can affect recent immigrants may be better understood with the help of evidence from the larger

worldview discussed below ^[35] Lastly, healthcare professionals should exercise caution to avoid assuming that women who seek guidance about contraception have stereotypical religious, social, or cultural traits ^[36]. The generalizations made in this review ought to raise awareness and acknowledgment of the settings and value systems that could affect religiously diverse couples' decisions about contraception ^[37] The knowledge that every patient contact is different should temper this heightened cultural competency. An individual woman's beliefs could not align with the official religious teachings that are documented or with the expected cultural norms that other members of the same group report ^[38].

Recommendation

1. Regardless of sociocultural considerations like marital status, states must guarantee equal access to a variety of modern, inexpensive, and high-quality contraceptive options. Although there is research that suggests a rise in unsafe abortions due to the lack of access to contraception among unmarried youth, there is no evidence that denying them access to contraception deters them from engaging in sexual activity. In order to prevent discrimination against the youth cohort on the basis of gender or marital status, state policy pertaining to family planning services must be inclusive of all people and groups.
2. States must embrace a rights-based strategy in accordance with international human rights norms established in conventions and charters, rather than allowing customs and unwritten laws that profit from power disparities to dictate people's rights.
3. To reduce conscientious objection based on pure provider bias, accurate family planning information must be promoted through state-sponsored mass media campaigns, value clarification attitudinal transformation trainings, and client-centered policies/guidelines for service providers

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