

## Contraception – an Islamic perspective

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### Abstract

Currently, the stance of Islam on the use of different methods of contraception remains unclear amongst most Muslims including physicians as well as couples wishing to use family planning. This uncertainty as well as the confusion caused by conflicting views from different sources have led to a low uptake of contraception in most Muslim countries. Although most Muslim governments legitimise contraceptive methods, many Muslims have doubts about the incentives of this approach being politically driven. In this article, we will study the main ethical and religious issues associated with the use of modern contraceptive methods. We will also present the *Islamic* stance on contraception with an evidence-based approach considering all available sources of juristic Islamic law.

### Introduction

Although contraception is widely practiced globally by people of all religions and cultures including Muslims, the exact position of Islam on this important practice remains unclear amongst a large section of the Muslim community. Whilst studies have found up to 75% of western women of reproductive age use contraception, the United Nations reported a lower utilization of contraception in predominantly Muslim countries ranging between 38% to 63% (Budhwani et al, 2018). This wide variation in the uptake of contraception amongst Muslim communities reflects the differences in views and lack of clarity on the Islamic law on conception as well as several other cultural and social factors.

Currently, most Governments of Muslim countries legitimise and promote contraception and family planning in order to overcome the rapidly growing population. However, this governmental enthusiasm is met with resistance from most Muslims due to the prevailing belief that contraception is prohibited or at least “*makruh*” (disliked) in Islam. Furthermore, many

Muslims believe that the governmental enthusiasm towards contraception is driven by political incentives.

It is well known that Islamic laws and teachings play an important role in all aspects of the lives of Muslims especially when it relates an ethical issue such as reproduction. The primary sources of Islamic laws are the Quran and authentic prophetic sayings (Hadith), which constitute the Islamic Religious Texts (IRTs). The Quran does not explicitly mention contraception. The Hadith, on the other hand, approves the withdrawal method of contraception (*AzI*). Traditionally, the position commonly held by many Islamic jurists (*Ijmaa*, the third source of Islamic law) stems from Al-Ghazali's interpretation that coitus interruptus is not completely forbidden, but *makruh*. However, a minority of scholars have completely prohibited any form of contraception. More recently, with a better understanding among the current jurists of the different types of contraceptive methods, it has been possible to legitimize most modern contraceptive techniques using *Al-qiyas* (analogical reasoning), which is the fourth source of Islamic law.

Another area of misunderstanding amongst Muslims is viewing contraception as a theological rather than a Fiqh issue using arguments such as “contraception interferes with the will of God” being used to demonise contraception.

This article will provide a brief overview the commonly used contraceptive methods, the main ethical and religious issues related to different methods, the role of procreation in Islam and the current *Fiqh* stance on contraception.

## Current methods of contraception

Several types of contraceptive methods are currently in use. These are divided into two main categories including temporary (reversible) and permanent (irreversible) contraception (also called sterilisation).

### Temporary (reversible) methods

Temporary contraceptive methods prevent conception by different mechanisms and fertility is resumed after discontinuation. These methods are further classified into natural contraception, barrier methods, intra-uterine devices and hormonal contraception.

#### Natural Methods

The natural methods include fertility awareness (also called the rhythm method) and coitus interruptus (also called withdrawal and the Arabic term is *Azl*). In the former method, the couples avoid sexual relationship during the fertility window of each cycle. Both methods have limitations, carry a relatively high failure rate and are not suitable for every couple. For instance, fertility awareness requires a good level of education and is only suitable for women with very regular cycles.

#### Barrier methods

Barrier methods on the other hand include the male condom, the cervical caps and female condom. These barriers prevent the sperms from entering the female reproductive system and reaching the woman's egg thereby preventing fertilization. Barrier methods are mostly used with spermicides to enhance effectiveness. They are relatively successful, but not suitable for or acceptable by all couples.

#### Intra-uterine devices (non-hormonal)

Intrauterine contraceptive devices (IUCDs), commonly known as coils, are special devices made of copper and

plastic, which are placed inside the cavity of the womb. It is exactly not known how they work, but it is widely held that the IUD releases copper ions which impair sperm function thereby preventing fertilization of the egg. If the egg has already been fertilised, copper ions may prevent its implantation in the lining of the womb. Although some may argue that this is an early termination, this is not a universally accepted view. According to guidelines issued by American College of Obstetricians of and Gynecologists, termination is only considered if disruption occurs after implantation has been established, which does not happen with the IUD (Practice Bulletin No. 152).

#### Hormonal methods

Hormonal methods include administration of the female hormones (oestrogen and / or progestogen) through different routes to interfere with the reproductive function of the woman. They are generally divided into combined oestrogen + progestogen or progestogen only preparations. All hormonal preparations are highly effective, but commonly cause some undesirable side effects. The combined preparations are widely used, and they are commonly given in the form of daily tablets for the first three weeks of the cycle. These preparations work by inhibition of ovulation i.e. they stop the release of the egg from the ovaries.

On the other hand, the progestogen only preparations come in different preparations including daily tablets (called the mini-pill), three-monthly injections, intrauterine devices and implants that are inserted under the skin in the arm (lasting for 3 – 5 years). They work through two main mechanisms including stopping ovulation and preventing the passage of the sperms through the reproductive system due to thickening of the mucous secretion of the neck of the womb.

#### Emergency contraception

Emergency contraception is used soon after an unprotected intercourse and is generally highly effective. It can be achieved by administration of the morning after pill (levonell or ellaOne) or insertion of a copper intrauterine device (IUD). Levonell is a high dose combined contraceptive pill, which should be given within three days after intercourse. EllaOne is an anti-progestogen called ulipristal acetate, which is given within five days. The morning after pill works by inhibiting ovulation, so it will be ineffective if ovulation has already occurred. The mechanism of action of IUDs is as described above .

## Permanent (irreversible) contraception

Permanent methods for contraception, also known as sterilisation, are commonly utilised in the western countries. In the female, sterilization is achieved by blocking the Fallopian tubes either by applying a special clip or by ligating it. This is usually performed via a laparoscopic (keyhole) procedure under general anaesthesia. Male sterilization is achieved by transecting the two tubes which convey sperms from the testicle to the urethra (called the vas deferens). This procedure is called vasectomy and is performed through small incisions in scrotum under local anaesthesia. Sterilization is highly effective in the male and female. Although considered permanent, sterilization can be successfully reversed via a surgical procedure, which is generally effective in helping women and men to regain their fertility.

## Advantages, disadvantages and the necessity of contraception

Contraception confers many advantages for women and their families. Spacing pregnancies allows the woman to fully recover from childbirth and regain her health before starting another pregnancy. This is crucial for the wellbeing of the new-born who needs a healthy mother. On the other hand, successive pregnancies without gaps could be damaging to the woman and her offspring. Contraception is also beneficial in reducing maternal, foetal and infant mortality.

Contraception also offers many medical benefits such as relieving period pains, lightening heavy periods and protecting against sexually transmitted diseases. Other benefits include improvement of acne, premenstrual syndrome and iron deficiency anaemia. Contraception also offers protection against pregnancy related risks (especially in high risk women), certain reproductive cancers and bone thinning.

Social benefits of contraception include allowing the parents to focus on providing good support and quality upbringing for their children. Contraception may also prevent financial strains on the family (World Health Organization, 2018).

Based on the above, contraception seems to be a necessity for the health and success of the family. Practically, if contraception is not used, a family may potentially grow to an unmanageable size resulting in poor health, upbringing and education of the children. It is worth mentioning here that raising children well is a major Islamic responsibility and obligation on the

parents. Furthermore, successive pregnancies without gaps are medically considered harmful to the mother and baby and indirectly to the society. Based on the well-established major Islamic legal Maxim known as "*La Darar Wa La Dirar*" i.e. no intended or unintended harm allowed, successive conceptions without gaps may be considered prohibited "*Haram*".

There are also several disadvantages with the use of contraception. Most hormonal contraceptives are associated with significant side effects such as irregular bleeding, headache, weight gain and mood changes. Oestrogen containing contraceptives may also pose some health risks such as deep vein thrombosis and cerebrovascular diseases.

## Islamic Concept of Procreation

Islam greatly values and encourages marriage and reproduction to protect humanity and to allow nations to flourish and survive. This is highlighted in Islamic scriptures, with a huge emphasis on the concept of marriage, family formation, lawful reproduction, and maintaining a correct and morally functioning society (Serour, 2013). There is a consensus amongst scholars of Islam that the concept of procreation and Islamically lawful reproduction is one of the great objectives of Islamic law (*Maqasid Al-Shari'a*). This is highlighted in an authentic prophetic hadith stating: 'Marry those who are loving and fertile, for I will be proud of your great numbers before the other nations on the day of judgment' (Ibn Haban).

## Foundation of Fiqh Rulings in Islam

In general, Fiqh is primarily sought from Islamic Religious Texts (IRTs) including Quran and authentic Prophetic Hadith. In the absence of a direct IRT, Islamic rulings are usually provided by reputable and respected Scholars either as individuals or institutions based on specific and well-documented evidence. This evidence could include indirect IRTs, rulings on similar issues (*Qiyas*), or well-established Islamic legal Maxim (*Usool*). In Islam, no scholar or Fatwa council has the authority to produce a verdict on any matter without providing an acceptable evidence.

***In order to reach a valid Islamic ruling, scholars need to have a good grasp of the Principles of Fiqh, a good understanding of the subject matter and awareness of all cultural circumstances of the population concerned. They also need to consider all potential consequences of their rulings. All these require input from***

**multidisciplinary experts from various relevant fields.**

Apart from the unanimously accepted and well-established Islamic rulings based on IRTs and Usool, many Scholars and schools of *Fiqh (madhhab)* have produced, over the centuries, many different rulings “*Fatwas*” on various issues concerning Muslims. Many of these rulings need to be reviewed and updated by contemporary scholars in view of emerging new information. Furthermore, current scholars need to address new issues that were not known to the predecessors. In recent years, there has been a greater focus by scholars to collate their efforts in research papers and articles, which can be widely available for those seeking the Islamic stance on various issues (Sachedina, 2005; Padela, 2007; Badakhsh, Balouchi and Balouchi, 2016); the Islamic Code of Medical Ethics (The Islamic Code of Medical Ethics, 1982) being a good example of this.

**Ruling on Contraception**

**General Rulings**

Considering Islamic IRTs, contraception is not mentioned in the Quran, but several authentic prophetic sayings “*Hadith*” indicate the permissibility of coitus interruptus (*‘azl*) as a means of preventing conception. Traditionally, the position held by modern day Islamic jurists stems from the classical view of Imam Al-Ghazali’s interpretation that coitus interruptus is an acceptable but disliked (*makruh*) act.

Applying the concept analogical reasoning “*Al-Qiyas*” has allowed modern Muslim Scholars and Islamic Fatwa councils to legitimize various contraceptive techniques based on the permissibility of coitus interruptus. Currently, there generally two different views on family planning, with one generally approving in all circumstances (e.g. Al-Azhar Fatwa Committee, see below) and the other only allowing in the presence of a valid reason (*makruh tanzihī*, see below).

In 1988, Al-Azhar Islamic Research Academy, Fatwa Committee issued an important Fatwa approving family planning (Al-Azhar Islamic Research Academy, 1988). The committee stated that Islamic Law allows for individuals to purposely delay childbirth, so long as it is done within Islamic Law’s general rules, prescribed by a trustworthy physician, and is not harmful when practiced. Another condition includes the consent of both spouses. This is based on the principle that having a child though the marital relationship is the right of both parties and contraception without consent denies the spouse his/her

right (Faraz, 2012). The Fatwa also confirmed that family planning does not contradict Allah’s words, but it is not permissible for a country to codify a law for family planning.

On the other hand, some Fuqaha allowed contraception only when there is a valid reason. In the absence of such a reason, contraception is considered a disliked (although tolerated) act due to its contradiction with the Islamic encouragement of procreation (*makruh tanzihī*) (Faraz, 2012). Examples of these reasons include increased risk of birth defects; unsuitable personal circumstances (wealth, housing etc.); mother’s weakness or ill health, unstable marital relationship, fear if impact on the upbringing of current children and being away from home for a period of time. (Faraz, 2012; Atighetchi, 1994)

**Ruling on reversible contraception**

Natural methods are permissible as they comply with the Islamic general rules. Barrier methods are also allowed, although female condoms and caps are disliked as they require an item inserted into the vagina. Some scholars of *Fiqh* state that inserting items unnecessarily through the vagina is disliked. Similarly, for the same reason, the use of intrauterine devices is permissible, but discouraged. Finally, hormonal methods are regarded permissible provided that they pose no health risk based on medical advice (Faraz, 2012).

**Ruling on irreversible contraception (sterilisation)**

There seems to be a significant body of *Fiqh* prohibiting sterilisation. In the absence of a direct IRT, Scholars applied the concept of analogical reasoning “*Al-Qiyas*” to forbid sterilization being similar to castration, which is forbidden by an authentic prophetic hadith. Al-Bukhari narrates, that Abu Hurayrah (may Allah be pleased with him) sought the Prophet’s permission to undergo castration, as he could not afford to get married, but the profit did not allow him. Also, in a hadith narrated by Imam Ahmad, the Prophet (PBUH) forbade fighters in the cause of Allah, who miss their wives for long times, from getting castrated.

Another “*qiyas*” used to prohibit sterilization is that it leads to a change in the creation of Allah, which is not permissible in Islam. Preventing the reproductive organs from performing their natural function contradicts the Divine Wisdom behind creating both sexes.

Based on the above, the Fuqaha concluded that sterilization should be forbidden, unless justified on serious health grounds.

***However, with all due respect to all Scholars, the above two Qiyas methods are not accurate from a medical point of view. Whilst sterilization is prevention of the reproductive function, castration is prevention of the sexual function, which completely different. With regards to permanent contraception being a change of the creation of Allah, this could also apply to temporary contraception, which has the same effect on reproduction, but on a temporary basis. If prevention of reproduction is a change of Allah's creation, it should be the same regardless of being temporary or permanent. We therefore urge Scholars to reconsider their position on permanent contraception after careful review of the available medical knowledge.***

## Conclusion

Most modern Scholars and Islamic Fatwa councils legitimize various reversible contraceptive methods based on the Prophetic approval of the withdrawal method. Whilst some Scholars allow reversible contraception in all circumstances, others consider it a disliked act, which is only permissible when there is a valid medical or social reason. On the other hand, there is a consensus amongst Scholars that permanent contraception is forbidden based on the prophetic disapproval of castration and on the prohibition of any act that changes of creation of Allah. However, this rational warrant further consideration by Scholars given the inaccuracy of these conclusions based on medical knowledge.

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