

1 **Perspectives and motivations for modern contraceptive use among young Christian and**
2 **Muslim women in Kenya's Mombasa and Wajir Counties: Does Religion Influence**
3 **Their Choices?**

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32 **Data Availability:** The datasets generated and/or analysed during the current study are not
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45 **Muslim women in Kenya’s Mombasa and Wajir Counties: Does Religion Influence**
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47 **Background:** Understanding the nuanced influence of religious beliefs on young women's
48 contraceptive decision-making is vital, particularly in diverse cultural settings. Research has
49 presented varying viewpoints regarding the impact of religious norms on contraceptive
50 practices, some suggesting that religious beliefs act as barriers to modern contraceptive use,
51 while others contend that socio-economic factors play a more pivotal role. The study aimed to
52 explore the impact of religious interpretations on family planning practices among young
53 women affiliated with Christianity or Islam in Wajir and Mombasa Counties, Kenya. Existing
54 literature shows varied opinions on the impact of religious norms on contraceptive practices,
55 necessitating an in-depth investigation to address these gaps and tailor effective reproductive
56 health interventions.

57 **Methods:** Qualitative interviews were conducted with 24 young contraceptive users in Wajir
58 and Mombasa. Participants, affiliated with Christianity or Islam, were recruited through health
59 facilities based on their religious practice intensity. In-depth interviews were conducted using
60 a semi-structured guide, focusing on family planning experiences, religious beliefs, and their
61 impact on contraceptive decisions.

62 **Results:** The study found that religious interpretations significantly impact attitudes towards
63 contraceptive practices. Muslim participants expressed mixed views on family planning,
64 acknowledging both permissions and prohibitions. Christians, too, varied in their perspectives,
65 with some feeling their religious doctrine discouraged contraceptive use, while others viewed
66 it as a personal choice. Spousal support for family planning differed between the religious
67 groups, with Muslims emphasising its importance. The motivations for contraceptive use

68 among Christians were primarily practical, focusing on economic considerations and personal
69 circumstances, whereas Muslims linked their choices to religious permissibility, especially
70 concerning child spacing and maternal health.

71 **Conclusions:** This study reveals religion's complex role in enabling and restricting access to
72 contraceptive information and services. Tailored, religion-sensitive messaging and cross-
73 sectoral collaborations are recommended for effective family planning programs in diverse
74 religious contexts.

75 **Keywords:** Contraception, religious interpretations, young women, family planning, Kenya.

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90 **Introduction**

91 Religion and reproductive health decisions are intertwined in a complex and multifaceted
92 domain, where people’s choices and attitudes towards modern family planning methods are
93 influenced by their deeply held beliefs and cultural norms. To understand how family planning
94 users of different faiths navigate their contraceptive options and rationalise their use based on
95 religious teachings, it is important to explore the intersection of religion and contraceptive
96 decision-making.

97 Religion and religious beliefs play a crucial role in shaping decision-making processes and
98 attitudes towards modern family planning methods. Exploring the intersection of religion and
99 contraceptive decision-making can shed light on how family planning users of different faiths
100 navigate their choices and justify their contraceptive use based on religious beliefs (1). Religion
101 holds significant cultural and personal importance for many individuals worldwide, shaping
102 their behaviour, morality, ideology, and decision-making processes (2). It serves as a
103 perspective that offers culturally tailored insights to address various aspects of life, including
104 sexual and reproductive health. As a result, religion significantly influences individuals' sexual
105 behaviours and attitudes (3). The impact of religious beliefs and practices on these decisions
106 has been the subject of substantial scholarly investigation, aiming to understand how
107 individuals' religious affiliations shape their attitudes, choices, and behaviours regarding
108 contraception and reproductive health. There are divergent perspectives within this field
109 regarding the impact of cultural and religious norms on reproductive decision-making. Some
110 studies suggest that these norms can act as barriers, impeding the adoption and use of modern

111 contraceptives (4–6). For example, religious beliefs are thought to shape individuals' attitudes
112 towards contraception, leading to restrictions or prohibitions based on religious teachings (7).
113 One argument pertains to the influence of Christian doctrine on attitudes towards contraception,
114 where certain conservative interpretations emphasise the sanctity of life, which asserts that
115 human life is sacred and should be protected from conception until natural death (8–10).
116 Consequently, some individuals who adhere to this interpretation may view any interference
117 with the natural process of conception and reproduction as a violation of this sacredness and
118 disruption of God's plan for procreation, leading to their rejection of modern contraceptive
119 methods (11). On the other hand, Islamic teachings regarding family planning can also be
120 subject to diverse interpretations. Some scholars argue that contraception is allowed to protect
121 the health of the mother and family (12,13), while others maintain that it is only permitted
122 under specific circumstances, such as economic hardship, social welfare, or sexual violence
123 (12,14). However, it is important to note that other studies present a contrasting viewpoint,
124 contending that religious beliefs do not significantly hinder the utilisation of modern
125 contraceptives. These studies argue that socioeconomic and demographic factors, such as
126 education, wealth, health services, and marital status, have a stronger influence on
127 contraceptive use than religious beliefs (14–16). Moreover, these studies show that there is
128 diversity and flexibility within religious traditions regarding contraception and birth control
129 and that many religious adherents do not follow the official teachings of their faiths on this
130 issue (10,14).

131 Existing research has primarily focused on investigating the influence of religious leaders and
132 influential actors on shaping religious norms and practices related to modern contraceptive use
133 of women of reproductive age (5,10,17,18). However, there has been limited exploration of the
134 perspectives and motivations of young women and how religion affects their contraceptive
135 decision-making. Understanding the realities of young women and examining their

136 justifications for using or not using contraceptives is vital. Recent studies have compared the
137 perspectives of Christian and Muslim adolescent girls regarding their religious beliefs and
138 contraceptive use. For example, (19) conducted a qualitative study in Kenya, highlighting the
139 misinterpretation of Islamic teachings on contraception, cultural beliefs, and limited decision-
140 making power as barriers to contraceptive use among Muslim girls. Additionally, a study from
141 the United States (20) examined knowledge and attitudes towards contraceptives among
142 adolescents and young adults and revealed that Christian girls exhibited higher levels of
143 knowledge and more positive attitudes compared to their Muslim counterparts, with religious
144 beliefs significantly influencing their contraceptive choices and behaviours. Additionally, a
145 study from Ghana (21) explored the role of religion in adolescent girls' contraceptive decision-
146 making and found that both Christian and Muslim girls encountered religious opposition but
147 also used religious arguments to justify their contraceptive use or non-use. These studies
148 emphasise the importance of further research to gain a deeper understanding of the perspectives
149 and motivations of young women concerning religion and contraceptive use, addressing their
150 unique needs and ensuring comprehensive reproductive healthcare support.

151 This study aims to explore the influence of religion and religious beliefs on the contraceptive
152 decision-making of young Christian and Muslim women in Kenya's Mombasa and Wajir
153 Counties. By delving into their perspectives and motivations regarding modern contraceptive
154 use, our research seeks to address the vital question of whether and how religion plays a role
155 in shaping contraceptive decisions. Our ultimate aim is to inform the development of
156 interventions and programs specifically tailored to these populations' needs, promoting sexual
157 and reproductive health and rights in a manner that respects and acknowledges the individual
158 beliefs and perspectives of young women. Central to our study is the commitment to nurturing
159 the agency of young women and honouring their unique experiences and aspirations. Through

160 our research, we aspire to contribute to a more equitable and inclusive approach to reproductive
161 health that embraces young women’s personal realities and aspirations in these communities.

162 Data and methodological process

163 This research forms a crucial component of a larger multicountry research project spanning
164 Kenya, Burkina Faso, and Niger. While this paper exclusively presents comprehensive data
165 from the study conducted in Kenya, it is imperative to grasp the broader context in which this
166 research was carried out. In this section, we provide an overview of the data collection methods,
167 analysis, and unique aspects of the Kenyan study that contribute to our understanding of
168 contraceptive practices among young women in diverse cultural and religious settings.

169 Study design

170 This qualitative study utilised in-depth interviews (IDIs) employing a semi structured interview
171 guide as a comprehensive data collection method. The target participants were young women
172 aged 18-25 years from Christian and Muslim communities who regularly and consistently used
173 a modern contraceptive method. The respondents were encouraged to discuss their personal
174 experiences with family planning and their religious perspectives and beliefs concerning
175 contraceptive use. The interviews sought to identify whether and how religion affects their
176 decision-making processes regarding the utilisation of contraceptives and the selection of a
177 specific method. To effectively address the research question regarding the role of religion in
178 contraceptive decision-making, the study only included participants who were actively
179 practising their religion. In this context, "practising the religion" was defined as Christians
180 attending religious worship at least once a week and Muslims who pray at least five times daily.
181 Prospective participants who did not meet the established eligibility criteria were thanked for
182 their interest and subsequently excluded from the study. By leveraging a rigorous qualitative
183 approach, this study seeks to provide an in-depth understanding of the link between religious

184 beliefs and contraceptive decision-making among young women in Mombasa and Wajir
185 Counties of Kenya.

186 **Study setting**

187 The study was part of a larger multicountry research project conducted in Kenya, Burkina Faso,
188 and Niger. The data presented in this paper are specific to the study conducted in Kenya. In
189 Kenya, the study was implemented in two purposively selected counties, namely, Wajir County
190 and Mombasa County. These counties were chosen to enable meaningful comparisons with the
191 other two study countries, Burkina Faso and Niger.

192 Wajir County was specifically chosen because of its predominantly Muslim population, which
193 shares similarities with the religious composition in Niger. By including Wajir County in the
194 study, we aimed to capture young Muslim women's perspectives, beliefs, and decision-making
195 processes concerning contraception within the context of their religious faith. This allowed a
196 comprehensive understanding of the influences of Islam on their attitudes towards family
197 planning and contraceptive use.

198 Mombasa County was selected due to its religiously diverse demographics, which are similar
199 to the religious composition found in Burkina Faso. In Mombasa County, we sought to explore
200 and compare the experiences and perspectives of both Christian and Muslim young women.
201 This comparison aimed to shed light on how religious beliefs, be they Christianity or Islam,
202 shape the decision-making processes and choices regarding modern contraception among
203 young women.

204 **Data collection methods**

205 We conducted in-depth interviews (IDIs) with young women who practice their religion and
206 were using modern contraceptives to gather insights into their decision-making processes and
207 how they reconcile their contraceptive use with their religious beliefs and practices. The

208 recruitment of study participants was facilitated through close collaboration with healthcare
209 facilities and community health workers who possess preexisting networks with potential
210 respondents. The IDIs were conducted by trained female interviewers who followed a
211 standardised interview guide. Prior to conducting the interviews, we followed ethical protocols
212 by obtaining written informed consent from each participant. The consent form was read to all
213 participants in their language of preference, ensuring that the participant comprehended all
214 aspects before providing their signature. This process was crucial to guaranteeing that the
215 participants were fully informed and willing to participate in the study while ensuring that their
216 rights and privacy were respected throughout the research process. To create a comfortable
217 environment for the participants, the interviewer identified a suitable location where the young
218 women would feel at ease to engage in open and candid discussions. Throughout the
219 interviews, the interviewer prioritised the confidentiality and privacy of the interviewees,
220 ensuring that the interview site offered a safe and secure space.

221 In Kenya, the interview guides were translated into the local languages spoken in the survey
222 areas: Swahili for Mombasa and Somali for Wajir. This linguistic adaptation ensured that the
223 participants could express themselves fluently and accurately, enabling a better understanding
224 of their perspectives and experiences. All IDIs were audio-recorded. Later, the recorded
225 interviews were transcribed verbatim and translated into English for subsequent analysis. The
226 transcription process aimed to capture the exact words and nuances expressed by the
227 participants, allowing for a thorough examination of the data. Each IDI lasted approximately
228 60 minutes.

229 **Data Processing and Analysis**

230 The in-depth interview (IDI) data were coded and analysed using Dedoose, an into Dedoose,
231 qualitative data software that is useful for collaborative coding and analysis. The coding team,
232 consisting of JR, SM, JSK, and ISS, commenced the analysis by coding the same transcript and

233 engaging in discussions to refine the resulting codes. After this initial coding, the team met to
234 review coding decisions, reconcile differences, and identify any additional codes necessary to
235 capture the nuances of the study.

236 Once this initial process was complete, the team proceeded to code a second interview and
237 conducted another round of comparison to ensure alignment in code application and the
238 inclusion of a comprehensive set of relevant codes. After jointly comparing the coding of the
239 second interview and establishing agreement, each coder was responsible for coding
240 subsequent interviews, with each interview being coded by a single person. With all the data
241 coded, a deep analysis was undertaken to identify important themes within the study.

242 Direct quotes from the participants were particularly valuable in providing rich and illustrative
243 examples to support the identified themes. Code summaries were developed for each final code,
244 highlighting the key subthemes within each code and reviewing the supporting evidence.

245 Ethical Approval

246 This study obtained ethical approval from multiple relevant authorities. The AMREF Ethical
247 Review Committee, with the reference number ESRC P 1299-202, and the National
248 Commission for Science, Technology, and Innovation (NACOSTI) in Nairobi, Kenya, with the
249 reference number NACOSTI/P/22/19360, granted ethical permission to conduct the research.
250 Additionally, the study received approval from the Institutional Ethics Board at the University
251 of North Carolina in the United States under protocol number #22-1125.

252 Results

253 Demographic characteristics of the participants

254 The demographic characteristics of the study participants are summarised in Table 1. The study
255 involved a total of 24 participants from both Mombasa and Wajir counties, comprising

256 individuals of Christian and Muslim faiths. The participants, aged between 18 and 25 years,
 257 had a mean age of approximately 22.8 years. Marital status varied, with the majority (21 out of
 258 24) being married, while 1 participant was single and 2 had occasional partners. Regarding
 259 contraceptive methods, a diverse range was reported, with implants and injectables being the
 260 most common, each used by approximately one-third of the participants. Other methods,
 261 including pills, IUDs, and male condoms, were also reported among the participants.

262 **Table 1: Demographic Characteristics of Study Participants**

Demographic			
Characteristics		Count (N)	Percentage (%)
Religion			
	Christian	6	25
	Muslim	18	75
County			
	Mombasa	12	50
	Wajir	12	50
Age Group			
	18-20 years	3	12.5
	21-25 years	21	87.5
Current Method			
	Implant	9	37.5
	IUD	2	8.3
	Male Condom	1	4.2
	Injectable	7	29.2
	None	1	4.2

	Pills	5	20.8
Marital Status	Married	22	91.7
	Occasional Partner	1	4.2
	Single	1	4.2
Total Participants		24	100

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264 Our analysis is framed by three central themes that encapsulate the intricate connection
265 between religious beliefs and contemporary contraceptive utilisation among young women.
266 These themes explore how religion shapes attitudes and behaviours concerning contraceptive
267 practices (religious perspective on contraceptive use), the motivations driving family planning
268 choices (motivation for family planning), and the influence of religious beliefs on decision-
269 making processes (Does religion influence contraceptive decision-making?). Within these
270 themes, we examine the nuanced interplay between religion, personal circumstances, and
271 practical considerations, shedding light on both shared and distinct aspects of this complex
272 relationship among Christian and Muslim participants.

273 1. Religious perspective on modern contraceptive use

274 The analysis highlighted that religious beliefs play a role in shaping participants' attitudes and
275 behaviours concerning modern contraceptive use. Individuals' acceptance and interpretation of
276 contraceptive practices varied significantly depending on their religious denominations.

277 1. a. Differences in interpretation and acceptance of contraceptive use within 278 religion among Muslims and Christians

279 We found that there are varying perspectives on religion's position on family planning among
280 Christian and Muslim young women. The Muslim participants expressed mixed interpretations
281 of the permits and prohibitions of modern contraceptive use within their religious context. A

282 prevailing understanding among Muslim participants was that family planning could be
283 permissible for child spacing purposes and for promoting maternal and child health. *“Family*
284 *planning is permitted to allow people to space children for a minimum of two years and with*
285 *no maximum years. The legalisation of family planning is for reasons such as to guarantee the*
286 *well-being of the mother and allow the healthy growing of children.”* (24-year-old Muslim
287 woman in Wajir)

288 However, a certain degree of variation emerged among Muslim participants. While one
289 respondent ardently asserted that her religious doctrine categorically rejected family planning,
290 the majority of participants expressed a more nuanced stance.

291 *“There is nowhere that religion supports family planning. Family planning is not permitted by*
292 *religion in its entirety. Furthermore, there is no family planning method that religion permits*
293 *because, according to religion, family planning is family planning. Family planning is not good*
294 *in its entirety, even though it is largely used by the community. People use it while knowing*
295 *that it is forbidden. It is not good according to religion”* (21-year-old Muslim woman in Wajir)

296 They posited that, within certain contexts, family planning could be deemed permissible. These
297 specific situations encompassed instances in which married couples sought to strategically
298 space their children or aimed to safeguard the well-being of the mother and child. However, it
299 was noteworthy that even among those who acknowledged the permissibility of family
300 planning under particular conditions, reservations remained regarding certain contexts where
301 its usage was not widely sanctioned. This included scenarios involving unmarried individuals
302 or the deployment of family planning methods for adulterous purposes.

303 *“As I told you there is nowhere the religion expressly encourages young people to use family*
304 *planning. Religion allows one to use family planning during certain circumstances. This advice*

305 *differs if one is married or unmarried because one is not allowed to use FP if unmarried. It is*
306 *only married people who can use family planning.*” (21-year-old Muslim woman in Wajir)

307

308 Similarly, for Christian participants, a range of interpretations emerged within the context of
309 their religious beliefs. Some participants expressed a firm standpoint that their religious
310 doctrine unequivocally prohibited premarital sex and, by extension, unmarried individuals' use
311 of any family planning methods. *“First, religion does not support sex before marriage, so*
312 *people who are not married have no chance of using any FP method, whether natural or*
313 *artificial”* (22-year-old Christian woman in Mombasa.) A more permissive perspective was
314 also observed among Christian participants, who acknowledged that family planning could be
315 seen as an individual decision guided by personal circumstances. While religious leaders might
316 not explicitly endorse it, this perspective emphasised individual agency and the need to
317 consider what is best for oneself. *“Yes, it is allowed. It is just that they cannot tell you, “Go and*
318 *use FP” ... no, they cannot do that. They cannot tell you to use, but maybe they can tell you not*
319 *to. However, it is up to you; you have to look at your life and know what is best for you.”* (22-
320 year-old Christian woman in Mombasa.)

321 Within the context of marital consent and communication, Muslim participants emphasise the
322 utmost importance of obtaining spousal permission and maintaining transparent
323 communication within the bounds of marriage. *“There are three things that our religion*
324 *condemns if your husband does not permit you to use FP and you are using secretly; it is not*
325 *allowed; if the woman is avoiding to bare children for that specific man, it is not also allowed*
326 *and finally, those unmarried couple to use for adultery purpose it is not allowed.”* (24-year-
327 old Muslim woman in Wajir) This perspective extends to refraining from preventing childbirth

328 intentionally for a partner and strongly condemns contraception use by unmarried couples
329 engaging in adulterous pursuits.

330 Furthermore, the spectrum of acceptance towards family planning practices diverges between
331 these religious groups. Many Muslim participants acknowledge the support of their husbands
332 and family members for their family planning use. Conversely, certain Christian participants
333 disclose challenges in persuading their husbands to embrace family planning measures. *“Just*
334 *me... I told him but it is like he did not want... My husband... but it is like he did not want so I*
335 *just decided on my own and started using it... he just kept saying that I should go and remove*
336 *it but I tell him that it has no problem... he was not supportive of it... even right now he can*
337 *stay for sometime and then tell me to go and remove it... I don't know on his side but he says it*
338 *might bring me problems.”* (23-year-old Christian Woman in Mombasa)

339 These variations in decision-making patterns and acceptance dynamics present a
340 multidimensional understanding of how religious beliefs intersect with family planning
341 choices, resulting in distinct outlooks within the Muslim and Christian communities.

342 1. b. Personal Choice and Autonomy within Religious Teachings

343 Our data analysis revealed distinct perspectives on personal choice and autonomy in family
344 planning among Christian and Muslim participants. One striking similarity is the idea that
345 individuals from both religious backgrounds express a degree of conflict or ambivalence about
346 their family planning choices in relation to their faith.

347 Among the Christian participants, a degree of conflict or ambivalence was apparent, with some
348 individuals acknowledging that their family planning methods contradicted their religious
349 teachings. They recognised the religious discouragement of contraception but felt compelled
350 to use it due to personal circumstances or preferences. This internal conflict highlighted the
351 tension between personal choices and religious teachings.

352 *"I see it's not good, but I am forced to do it... Because in the bible, it has not been written you*
353 *plan your family. You are just doing it because you have said let me plan like this and like*
354 *this."* (22-year-old Christian woman in Mombasa.)

355 Another participant stated, *"You see, I haven't seen or heard anywhere in the Bible where we*
356 *have been told to do FP... so, I have already gone against it. Therefore, let us just say by using*
357 *FP, I have gone against the religion. You see, in the bible, we are not told to use FP or to use*
358 *injectables to prevent pregnancy."* (22-year-old Christian woman in Mombasa).

359 These individuals recognised the contradiction between their actions and their religious beliefs.

360 Moreover, some participants acknowledged the conflict between their use of family planning
361 methods and their religious beliefs but also emphasised the importance of personal
362 circumstances and self-reflection. They recognised that their religion might not permit
363 contraception, but they believed that considering their own well-being and planning for their
364 future was necessary. One participant expressed,

365 *"Religion does not allow. You see how life is; even if religion does not allow it; you have to*
366 *look at yourself and think about yourself. Because look at religion, will you just pray? No, it is*
367 *better you plan yourself. Therefore, with respect to religion, God will just have to forgive me."*
368 (24-year-old Christian woman in Mombasa).

369 On the other hand, some participants expressed a more accepting view of their use of family
370 planning methods within their religious context. While acknowledging that their religion may
371 discourage family planning use, they found ways to rationalise their choices. For instance, one
372 participant mentioned using contraception only during breastfeeding for a specific period,
373 aligning their use with a natural child-rearing phase.

374 *"In religion, it is discussed, but it is discussed because they are those who use it too much; in*
375 *my case, you will find that I normally use it when breastfeeding. When the baby gets to 2 years,*
376 *when they stop breastfeeding, I stop using it."* (24-year-old Christian woman in Mombasa).

377 This participant found a way to incorporate her faith by restricting the use of contraception to
378 a particular phase of childbearing and specifically using it for child spacing.

379 Religion-based conflict was also observed among Muslim participants, albeit less frequently
380 than among their Christian counterparts. This psychological conflict arose from the tension
381 between their religious teachings and the practical necessity of using family planning methods.
382 Some Muslims recognised that contraceptive use might contradict their religious beliefs and
383 be considered a sin. However, they felt compelled to embrace family planning due to the
384 myriad challenges of the world and pragmatic considerations.

385 *It is not good based on religious teachings, and it is a sin to use family planning, but because*
386 *of worldly challenges, we are forced to use family planning.* (21-year-old Muslim Woman in
387 Wajir)

388 Despite this, the overall attitude of Muslim participants towards family planning remained
389 positive and in alignment with their faith's principles. They emphasised that Islam permits and
390 even encourages family planning for the purpose of responsible child spacing. Within Islamic
391 teachings, a clear distinction was drawn between permissible family planning and the
392 unacceptable act of killing children due to extreme circumstances such as famine or hunger.
393 This distinction is based on the Quran's assurance of divine provision for both parents and
394 children, alleviating concerns of scarcity. *"Islam has no issues with family planning as long as*
395 *the intention is for purposes of child spacing. It discourages the killing of children for reasons*
396 *such as escaping hunger. That is what it forbids. The Quran says, "Do not kill your children*

397 *for fear of famine and hunger, for we will surely provide for you and your children".* (24-year-
398 old Muslim Woman in Wajir)

399 The acceptability of specific family planning methods within Islam further underscored the
400 nuanced nature of this inner conflict. Participants recognised that the level of acceptability
401 might hinge on personal choices and individual circumstances. Short-term methods such as
402 contraceptive pills or temporary implants garnered relatively higher acceptance, as they
403 facilitated child spacing without committing to extended periods of contraception. However,
404 the employment of long-term methods such as intrauterine devices (IUDs), which involve more
405 prolonged prevention of conception, raised religious concerns for some Muslims. The notion
406 of deliberately avoiding childbirth for economic reasons posed a potential conflict with their
407 faith's emphasis on procreation. *"First, contraception has different periods. For example, you
408 can use pills for three months and then stop. The implant that I am currently using ranges
409 between 3 and 5 years. Therefore, I think it depends on personal choices. If, for example, one
410 has given birth through caesarean, it is recommendable to space their children for 3-4 years,
411 and for normal delivery, it is ok to space their children for 2 years with no restrictions. If, for
412 example, one uses IUD, say, for example, for 10 years, then that raises legitimate religious
413 concerns, such as deliberately avoiding children for economic reasons, such as concerns about
414 their upbringing and provision. Therefore, IUD for 10 years raises challenges even though one
415 can remove it after 2 years."* (24-year-old Muslim woman in Wajir)

416 2. Motivation for Family planning

417 The interviews conducted with participants from Christian and Muslim backgrounds revealed
418 both similarities and differences in their motivations for using family planning methods. Both
419 groups shared a common concern for maternal and child health and the importance of child
420 spacing and adequate provision. However, the role of religious beliefs in their decision-making
421 processes varied. For Muslim participants, their motivations were strongly influenced by their

422 religious faith, as they considered family planning permissible within the context of Islam for
423 child spacing. In contrast, Christian participants' motivations were more driven by practical
424 considerations and personal circumstances, such as the need for child spacing and the
425 convenience it provided for their work and daily life.

426 2 a Maternal and Child Health and Child Spacing:

427 Participants, irrespective of their religious backgrounds, expressed concerns about the well-
428 being of both the mother and the children. They recognised the importance of maternal and
429 child health in making decisions about family planning. Many participants emphasised the
430 challenges of giving birth too closely together, acknowledging the difficulties in providing
431 adequate care and attention to multiple young children simultaneously.

432

433 *“The thing that motivated me is giving birth too close; giving birth too close, to be honest on*
434 *my side, is hard. You will find you have a child they are not yet one year, and you're pregnant,*
435 *the other one has not got to 2 years you have another one. To be honest, on my side, this is*
436 *hard.”* (24-year-old Christian woman in Mombasa)

437

438 They believed that spacing pregnancies would allow for better maternal and child health
439 outcomes, ensuring that each child receives the necessary care and support. This concern for
440 the health and well-being of both mothers and children served as a significant motivator for
441 participants to choose FP methods.

442

443 *First, religion is not against family planning. What motivated me is, to start with, when a*
444 *woman is delivering, she will lose a lot of blood; when a child is born, the mother will lose a*
445 *lot of things. For me to return and improve my health to a normal state, I preferred to use*
446 *family planning. I was also motivated when I was delivering my child, I lost a lot of blood and*

447 *underwent a lot of pain, and my blood group was A-ve [A negative]; very rare to get people*
448 *with Blood group A negative, and I got a ureteral injury; I underwent surgery, the uterus was*
449 *sutured, underwent an episiotomy and was repaired. I even thought I would die or will leave.*
450 *Before I underwent the abovementioned problems, I never wanted to use family planning. (24-*
451 *year-old Muslim Woman in Wajir)*

452

453 **b. Economic Considerations and Adequate Provision:**

454 Christian and Muslim participants alike considered economic factors as motivation for using
455 FP. Christian participants expressed concerns about financial stability and the ability to
456 adequately provide for many children. They highlighted the potential negative impact on their
457 children's education and the family's financial situation.

458

459 *Okay, there, I will not lie to you; I just sat down and thought about myself, the way life is, and*
460 *if I got four, five children here without any spacing, there is nothing else I will ever do. Because,*
461 *if it is education ... yes, maybe all of them will go to school; every kid has their own blessings,*
462 *but can you imagine if you have kids following each other one is in PP1, PP2, which one will*
463 *you educate and which one will you leave out? (24-year-old Christian Woman in Mombasa)*

464

465 Muslim participants also acknowledged the financial responsibilities of raising children and
466 desired to offer their children a higher standard of living and better educational opportunities.
467 The participants from both religious backgrounds recognised the importance of adequate
468 provision for their children and saw FP as a practical solution to achieve economic stability
469 and provide a nurturing environment.

470

471 *It is just the state of life only that led to it. I looked and said I do not have a job; I am trying to*
472 *make ends meet through small business; this child has needs then I looked, my husband does*
473 *not have a permanent job. It is a casual job, so sometimes he does not have money so we have*
474 *to look and it is only one child, if you get another child that will mean more responsibilities,*
475 *this is what made me decide. (24-year-old Muslim Woman in Mombasa)*

476

477 While Christian participants noted that their religion does not explicitly support FP, their
478 motivations were primarily driven by practical considerations and personal circumstances.
479 They aimed to balance the teachings of their faith with their own aspirations, such as pursuing
480 education or employment, and recognised that having numerous children in quick succession
481 could hinder these goals.

482 *"I just decided I do not want to have a second child now because this one.... I have not become*
483 *a grown up, so I need to stop and think, even if I did not get funds to finish school, I need to*
484 *look for a course and go." (24-year-old Christian Woman in Mombasa)*

485 In contrast, Muslim participants found that their religious teachings allowed for flexibility
486 regarding FP, particularly for the purpose of child spacing. They saw FP as compatible with
487 their faith and emphasised the well-being of the mother and children. Despite these differences
488 in religious influences, both groups ultimately made personal decisions to use

489

490 3. Does religion influence contraceptive decision-making?

491 The question of whether religion matters in the context of family planning decision-making
492 emerged as a significant theme in the interviews, with notable differences between the Muslim
493 and Christian participants' perspectives. To explore this further, participants were asked
494 whether they considered religion when making contraceptive decisions, if they consulted their
495 religious communities, and whether they based their decision-making on any religious texts.

496 Religious influence on contraceptive decision-making varied significantly between the Muslim
497 and Christian participants in the study. This distinction was notable in how they consulted their
498 religious communities and their awareness of religious teachings concerning family planning.

499 3. a. Consultation within Religious Communities:

500 In exploring the influence of religion on the decision-making process regarding family
501 planning, the interviews conducted revealed distinctive contrasts between Christian and
502 Muslim participants. This section dissects the varied approaches and considerations of religious
503 influence within the spheres of family planning decision-making. It scrutinises the extent to
504 which participants from Muslim and Christian backgrounds consult their religious
505 communities, prioritise religious teachings, and consider them in their contraceptive decision-
506 making. The following discussion delves into the nuances observed in the consultation within
507 religious communities and the awareness of religious teachings, elucidating the significant
508 disparities in approaches adopted by Christian and Muslim participants.

509 Regarding consultation within religious communities, the Christian participants often revealed
510 a more individualistic approach, prioritising personal considerations over religious teachings.

511 One participant explicitly mentioned a divergence from religious doctrines in their decision-
512 making process. This emphasised a pragmatic perspective, recognising the necessity of family
513 planning despite religious limitations. For instance, a Christian woman in Mombasa conveyed
514 the conflict between religious doctrine and practical needs

515 *Oh! May God forgive me! Haha, you know... ah... you know some religions do not allow, but*
516 *you are just forced to plan with the situation. You just have to make your own decision and put*
517 *religion on the side... Yea, because if you follow religion, you will just give birth and give birth,*
518 *so in regard to that, I just told God that He will have to forgive me. (24-year-old Christian*
519 *woman in Mombasa) This narrative epitomised a prioritisation of individual needs over*
520 *stringent religious teachings.*

521

522 On the other hand, the Muslim participants showed a higher inclination to seek guidance from
523 their religious leaders or communities regarding family planning. They demonstrated a
524 readiness to consult sheikhs or religious leaders to discern the permissibility of family planning
525 in specific situations or when confronted with challenges. This adherence to religious authority
526 and seeking guidance is evident in the statement of a 24-year-old Muslim woman from
527 Mombasa.

528 *Yes, I did consult with my religious leaders. The religious leaders advised it is ok so long as it*
529 *will not have effects on me. Remember I told you I used family planning for purposes of child*
530 *spacing and to avoid pregnancy because I had a C-section? (24-year-old Muslim Woman in*
531 *Mombasa)*

532

533 The difference in the level of consultation within religious communities between the Christian
534 and Muslim participants suggests a variation in the emphasis placed on religious authority and
535 guidance in family planning decision-making. While some Christian participants seemed to
536 prioritise personal considerations, the Muslim participants demonstrated a greater inclination
537 to seek religious advice and guidance, considering the compatibility of family planning with
538 their religious teachings.

539

540 3. b. Awareness of Religious Teachings

541 Most Muslim participants displayed a moderate to high level of awareness regarding the
542 teachings of the Quran on family planning. While specific verses or chapters addressing family
543 planning were not consistently cited, participants emphasised that the Quran promotes child
544 spacing and the importance of breastfeeding for two years. They believed that these teachings
545 indirectly encouraged family planning. Some participants mentioned that religious leaders had

546 discussed the permissibility of family planning under certain circumstances, such as medical
547 conditions or surgical procedures.

548 *I think I have discussed this question. The Quran does not explicitly discuss family planning,*
549 *but there is a revealed verse that sanctions mothers to breastfeed their children for two*
550 *complete years. A critical consideration of this verse is that two years allow the mother to*
551 *regain her shape and the child to grow, which indirectly encourages family planning.*
552 *Therefore, there is no reason to discourage family planning based on religion. (24-year-old*
553 *Muslim Woman in Wajir)*

554 However, a few participants acknowledged their limited personal knowledge of the Quranic
555 verses, relying more on the guidance provided by religious leaders within their community.

556 The Christian participants generally expressed limited awareness regarding specific verses or
557 teachings in the Bible that directly guide their decisions on family planning. Many participants
558 stated that they were not aware of any specific parts in the Bible that offer guidance on the
559 methods of family planning or its use. Some participants indicated that they had not heard or
560 come across any teachings on family planning in the Bible.

561

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565 Discussion

566 This qualitative study critically investigated the profound role of religious beliefs in influencing
567 the perspectives and motivations of young Christian and Muslim women concerning modern
568 contraceptive practices in Kenya. The findings demonstrated the significant sway of religion

569 over participants' views on family planning, leading to diverse interpretations and patterns of
570 acceptance. Specifically, the study highlighted Muslim and Christian participants' perspectives
571 in their interpretations of religious teachings, directly impacting their acceptance of
572 contraceptive practices.

573 The study revealed that among Muslim participants, there was a prevalent endorsement of
574 family planning, specifically for child spacing, deeply entrenched within the Islamic context.
575 They often cited Quranic teachings, notably emphasising the recommended breastfeeding
576 duration and the broader goal of fostering a healthy family environment as subtle endorsements
577 of the acceptability of family planning practices within Islam. This perspective is aligned with
578 the fundamental concept of responsible parenthood deeply rooted in the framework of Islamic
579 teachings, emphasising a conscientious approach to childbearing within the Muslim faith.
580 Participants frequently associated their understanding of child spacing with the broader
581 principles of Islam and responsible family management, wherein having healthy children and
582 ensuring the well-being of the mother were paramount.

583 In contrast, Christian participants displayed diverse viewpoints regarding family planning
584 practices. Some Christians appeared to place less emphasis on religious factors when deciding
585 on contraceptive practices, while others adopted a more personalised approach, aligning their
586 choices with their unique life situations. This variance among Christians highlighted the
587 multifaceted nature of decision-making concerning family planning, showcasing a spectrum of
588 interpretations and applications of religious teachings. Some Christians seemed to base their
589 contraceptive decisions more on individual circumstances and pragmatic considerations,
590 possibly indicating a varied level of influence that religious doctrines had on their choices.
591 Conversely, other Christian participants maintained a strong adherence to their faith,
592 acknowledging the potential conflict between their contraceptive choices and religious beliefs

593 but felt compelled to navigate through this tension due to personal circumstances or individual
594 needs.

595 The findings underscore a critical observation about the interplay between religious beliefs and
596 family planning practices, emphasising the varied nuances within each religious group. While
597 Muslims predominantly adhered to the religious principles of responsible parenthood, drawing
598 insights from specific Quranic teachings, Christians showcased a spectrum of adherence to
599 religious teachings, where some participants acknowledged the conflict between their actions
600 and their faith but found ways to rationalise their choices based on individual needs. This
601 complex relationship between religious doctrines and individual life circumstances highlights
602 the necessity for a more comprehensive understanding of how religious teachings shape
603 attitudes and choices surrounding family planning practices among different religious groups.

604 These findings are consistent with prior research highlighting the impact of religion on family
605 planning decisions across diverse cultural and religious contexts (22,23) The present study
606 explored the subtle differences that exist among and between religious communities, giving us
607 a deeper understanding of how religious beliefs are closely connected with choices about
608 family planning. Furthermore, the observed variations in the interpretation and acceptance of
609 family planning practices among Muslims and Christians resonate with literature on the
610 complex interrelationship between religion and reproductive health (24,25). The divergent
611 perspectives on the permissibility of family planning and the involvement of religious leaders
612 in decision-making processes further underline the significance of understanding religion's
613 multifaceted influence on individual choices.

614 An important implication of these findings is the recognition of religion-based ambivalence
615 among Muslim and Christian participants. The participants' narratives revealed instances where
616 personal decisions conflicted with their religious teachings, necessitating a negotiation between

617 faith and practical considerations. This religion-based ambivalence underscores the complex
618 nature of decision-making and the human tendency to reconcile conflicting beliefs to navigate
619 real-world challenges. The study contributes to the literature by illustrating the prevalence of
620 religion-based conflicts across religious groups, thereby enriching our understanding of the
621 psychological mechanisms underlying family planning decisions.

622 The significance of these findings becomes evident in how health professionals can integrate
623 individuals' religious beliefs into the provision of family planning services. Gaining insight
624 into the religious foundations of contraceptive viewpoints can assist healthcare providers in
625 delivering culturally attuned and ethically informed guidance, fostering open conversations
626 about reproductive health alternatives, and managing potential clashes between religious
627 doctrines and individual choices.

628 Despite its contributions, this study has limitations that warrant consideration. Additionally, it
629 is important to acknowledge that the study's findings are derived from self-reported accounts
630 of a specific demographic of young women residing in two counties in Kenya. This
631 demographic may not provide a comprehensive representation of the diverse range of religious
632 beliefs and practices that exist across various populations within Kenya. The study's sample
633 size was relatively small, comprising a total of 24 youth participants, with 12 individuals from
634 each research site. Furthermore, the participant pool primarily consisted of married individuals,
635 which raises considerations about the extent to which these findings can be generalised.

636 Moreover, it is worth noting that Mombasa, one of the study sites, is predominantly an urban
637 area, which might have influenced the religious dynamics observed in this research. Kenya
638 boasts a wide spectrum of religious diversity that extends beyond the scope of this study, and
639 this diversity can significantly impact family planning practices. Additionally, the age range of
640 the participants, falling within the 18-24-year-old bracket, may not fully encompass the

641 perspectives of older individuals within these religious communities. These important
642 contextual factors should be considered when interpreting the study's results.

643 In light of these limitations, future research endeavours should address these gaps to further
644 advance our comprehension of the intricate interplay between religious convictions and family
645 planning decisions among young women. One crucial direction involves expanding the
646 participant pool to include a more diverse range of individuals. This diversity could encompass
647 various marital statuses, religious affiliations, and age groups to capture a wider spectrum of
648 experiences and viewpoints among young women concerning their religious beliefs and family
649 planning choices.

650 Moreover, engaging with a more comprehensive spectrum of perspectives by involving
651 unmarried individuals and those from various religious affiliations would offer a more
652 comprehensive understanding of the complexities at play. By exploring a broader cross-section
653 of society, future studies can delve deeper into the diverse factors that shape family planning
654 choices within the context of religious beliefs.

655 Conclusion

656 This study has illuminated the impact of religious beliefs on individuals' interpretations and
657 acceptance of modern contraceptive practices. The differences observed among Muslim and
658 Christian communities show the complexity of balancing religious teachings with practical
659 choices in family planning. These findings suggest that health professionals need to
660 understand the religious foundations and nuances of contraceptive perspectives among
661 different religious groups and provide culturally appropriate and respectful guidance that
662 addresses the potential conflicts and tensions between religious doctrines and individual
663 needs.

664 The study also highlighted the need for further research on the relationship between religion,
665 reproductive health, and individual autonomy among diverse communities. The study did not
666 examine how religious beliefs and practices have changed over time or how they might
667 change in the future, as these are beyond the scope of the current research. However,
668 exploring these aspects could provide valuable insights into how individuals cope with the
669 challenges and opportunities of the modern world and how they balance their faith and
670 practicality in family planning decisions. Such knowledge could inform the development of
671 more comprehensive and supportive reproductive health services that respect individuals'
672 religious convictions while empowering them to make informed choices for their well-being.

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