

A Work Project, presented as part of the requirements for the Award of a Master's degree in
Master in Management from the Nova School of Business and Economics.

Islam, Religiosity, and Sexual Attitudes: Understanding Contraception in Pakistan

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14.01.2025

Abstract

This study explores how religiosity, Islamic law interpretations, and sexual attitudes shape contraceptive perceptions among Pakistani Muslims. Data were collected through a questionnaire measuring religiosity by Centrality of Religion scale and sexual permissiveness by 23-item Brief Sexual Attitudes Scale. According to study, Islamic sect and fiqh impact religiosity but not sexual permissiveness, with both factors influencing contraception perceptions. It addresses gaps in research on sexual attitudes, especially among unmarried individuals in Pakistan. The findings offer insights for organizations working in sexual and reproductive health, highlighting the importance of understanding consumer behavior in this context.

Keywords: Contraception, Birth Control, Pakistan, Islam, Sect, Fiqh, Religiosity, Sexual Attitude, Permissiveness

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Introduction

Globally 9% of women have unmet contraceptive needs while nearly 270 million women lack the access to modern methods of contraception (Focus 2030, 2024). The numbers are higher for women in developing countries and almost 15% of women unmet needs for family planning in comparison to 7% women in developed countries (UNFPA, 2024). Globally the contraceptive prevalence rate in women aged between 15-49 is only 50% while in the least developed countries it is 33% (UNFPA, 2024). An estimated 120 million unintended pregnancies occur annually and almost 61% (73 million) of these end in abortion (Bearak et al, 2020). Out of these abortion, 45% are unsafe and account for 13% of deaths related to pregnancy and childbirth (WHO, 2024). In developing regions, estimated 21 million adolescent girls (aged 15-19) become pregnant and 12 million give birth (Sully et al, 2020). Modern contraception can play a vital role in reducing unintended pregnancies and improving the sexual and reproductive health of women (Bellizzi et al, 2019).

Despite an increase in the use of modern contraception, the difference in numbers is huge between developed and developing countries such as Pakistan. Pakistan is the fifth largest country by population of 240 million. According to a Demographic Health Survey, the Contraceptive Prevalence Rate (CPR) is only 34%, while the number of abortions is around 2.2 million annually (UNFPA Pakistan, 2024). The unmet need of modern contraception for women between ages 15-49 who want to avoid pregnancy is 50% while the unmet need for adolescent girls aged 15-19 is 79% (Sully et al, 2019). The reproductive health outcome for women will drastically improve by filling the gap of unmet contraceptive needs. Unintended pregnancies as well as unsafe abortions in women aged between 15-49 will reduce by 80% while maternal deaths will fall by 70% (Guttmacher, 2022). For adolescent girls (15-19 year), unintended pregnancies would decrease by 72% from 221,000 to 62,000 per year, abortions

would decrease by 72% from 128,000 to 36,000 annually while maternal deaths would fall by 76%, from 1,020 to 250 annually (Pakistan Demographic and Health Survey, 2019).

The Question arises, if the use of contraception can have such massive impacts on the health of women, why is the prevalence rate so low ? One of the commonly mentioned reasons is the lack of awareness. However that is not the case. Nearly 96% of married Pakistani women have awareness regarding at least one modern contraceptive method (UNFPA). Furthermore, the public sector provides free contraception through family planning programs (Jamali, 2024). In the 1990s the Pakistani government launched a National Program for Family Planning and Community Health that comprised a workforce of Lady Health Workers to provide basic contraception methods and raise awareness at the doorstep. Initially there was a rise in contraceptive prevalence however after 2000's, the rates remained stagnant (Jamali & Simon, 2024). Since 1990's the GDP and education levels have increased, two important factors that impact CPR. Regardless of all these improvements, why does the contraceptive prevalence rate remain low? Are there other intangible reasons that go unnoticed ?

One reason that has constantly been cited over the years as a factor for low consumption of contraceptives is religion. The Islamic Republic of Pakistan, although is a democracy, has a rather theocratic system of governance with the sharia law (Islamic ruling system) governing over everything (Hamdani, 2022). The population is 97% muslim and Islam is the thread of social fabric and it plays a major role in almost all aspects of people's daily life.

Much of literature regarding perception and use of contraception addresses the impact of socioeconomic and demographic elements while research studying the impact of personal factors, such as interpretation of Islam and individual religiosity has been rather limited.

Religiosity is the degree of religious commitment, practices, beliefs, and activities exhibited by an individual or group (Glock and Stark, 1965). Another very important factor that impacts the decision of people is their own openness and attitude towards sexual

relationships. Sexual attitudes encompass an individual's beliefs, feelings, and tendencies toward aspects of sexuality including sexual behaviors, norms, and permissibility (Hendrick and Hendrick, 1987; Fisher et al, 2011). These attitudes are shaped by personal experiences, culture, religion, education, and social influences. This element is completely missing from current literature in Pakistan due to the controversial and “sinful” nature of the topic. This paper aims to look into the impact of individual religiosity and the sexual attitudes on perceptions regarding contraception among Muslims, in Pakistan.

Literature Review

Understanding Shariah and Sectarianism in Islam

Islam is a monotheistic religion that strictly believes in only one God, Allah, and Prophet Muhammad to be the last prophet. The Muslims follow Sharia, the Islamic law, for guidance in all aspects of life, individual private and public affairs, theological, state matters, law and social issues. With Quran and Hadith being the key sources, Sharia is derived from several sources that are in a specific order (Bassiouni & Badr, 2001; Dupert, 2018).

1. **Quran:** The Quran is considered to be the immutable word of God and the primary source of guidance by Muslims. However, there are certain matters on which the Quran does speak directly and in these issues, Muslims turn to other sources (Bassiouni & Badr, 2001; Dupert, 2018).
2. **Hadith or Sunnah:** Hadith are the sayings or actions of Prophet Muhammad while Sunnah refers to examples or practices of Prophet Muhammad, that were recorded and compiled by his companions. In matters where the Quran is silent or does not provide certain details, Hadith provides the details and explanation of the Quran. In certain aspects, such as ethics, societal issues or law, Hadith is used to understand the context of Quranic guidance (Bassiouni & Badr, 2001; Dupert, 2018).

3. **Ijma:** Ijma refers to consensus of Muslim jurists and scholars that is performed in case there is no guidance of Quran and Hadith. It is usually performed to determine the ruling on an issue that arose after the death of Prophet Muhammad (Ali, 2010).
4. **Qiyas:** Qiyas is the process of applying analogical reasoning to an existing Islamic law where an unprecedented situation arises with no definitive answers from primary sources. Scholars use Qiyas to compare a situation with a similar one, where the issue is already addressed by the primary sources of Sharia (Hasan, 1976).

Sectarianism in Islam

Islam is a diverse religion with various sects and movements that differ in beliefs, practices, traditions and interpretations of Islamic law. The two main sects are Sunni and Shia.

Sunni: Sunnis are the largest sect in Islam making up almost 85% to 90% of the Muslim population. They can be considered traditionalist and believe in community consensus for interpretation of Islamic law. They consider Abu Bakar to be the first rightful caliph elected by consensus after the demise of Prophet Muhammad, and that is their main difference with Shia Muslims (Schmidtke, 2016).

Within Sunni Islam, there are four different schools of thought (*Fiqh*), Hanafi, Maliki, Shafi'i, and Hanbali, each with different interpretations of Islamic Law.

Shia: Shia are the second largest sect. They believe in the role of Imams, leaders that are appointed by God. Unlike Sunnis, they reject the caliphate chosen by consensus and believe Hazrat Ali, Prophet's cousin and son-in-law, to be the first rightful leader (Imam). The three main divisions in Shias are, Twelvers, Ismailis and Zaidis. They mostly follow the Jafari school of thought that is based on the Quran, Hadith and text from Imams (Blanchard, 2006).

Movements in Islam

Over time, many revivalist and reformist movements have emerged within Islam. Some of the movements have shaped the religious, social and political map of South Asia and the Middle east. Following are the three main ones mentioned in the paper.

Ahle Hadees: This movement emerged in the 19th century and the people who follow this strictly follow Quran and Hadith. They practice a more literal and strict Islamic law, rejecting the reliance on school of thought (fiqh) for interpretations. The movement has a strong presence in South Asia, especially in India, Pakistan, Bangladesh (Blanchard, 2006).

Deobandi: This movement, started in the 19th century, believes in preserving traditions and conservative views. Deobandis follow the Hanafi school of thought and they place emphasis on traditional Islamic scholarship through madrasas (Islamic schools) (Reetz, 2007).

Ahmadiyya: Ahmadiyya movement was founded in the late 19th century and Ahmedis believe in the concept of promised Messiah. Ahmedis believe in peaceful propagation and have rather unorthodox and modern views on Islam. However, this group is considered to be heretic by most muslims (Martin, 2013).

Sexual Permissiveness in Islam

Islam has clear boundaries on what is halal (lawful/missible) and what is haram (unlawful) in regards to sexual relationships. Sexual relationships are only permissible between husband and wife and any activity outside this bond, pre-marital, extra-marital and same-sex relationship is unequivocally prohibited (Halstead, 1997; Dialmy 2010). According to Islamic tradition, the act of illicit sexual intercourse between men and women is called *Zina* and it is one of the major sins for which the punishment is 100 lashes for the unmarried and stoning to death for the married (Mir-Hoessini, 2011). The punishments are conditional and depend on circumstances and there are rare historical records of these punishments being carried. Most importantly *zina* must be proven either through a confession or the testimony of four

eyewitnesses who must have directly observed the act and provide consistent accounts. These conditions create room for leniency and many jurists use negotiations to protect people, in humanitarian concern, from punishment of *Zina* (Mir Hoessini, 1993; Jansen, 2007).

On the other hand, Islam discourages celibacy and does not consider it as an acceptable way of life (Halstead, 1997). Therefore, Islam encourages marriage (*Nikkah*) to live a balanced life and fulfill the need of physical, mental and spiritual intimacy in an acceptable boundary.

Sexual Permissiveness in Pakistan

Pakistan is the fifth most populous country in the world with 97% muslim population while the rest consists of Christian, Hindus, Sikhs, Ahmadis and other religions. Pakistan was declared an Islamic republic in 1956 and later in 1991 the sharia law was declared as the supreme law (Iqbal et al, 2024). Despite numerous ethnicities, tribes, and religious groups, with Islam woven into culture, the country predominantly adheres to Islamic culture and law.

According to section 496 B of Pakistan Penal code, “whoever commits fornication shall be punished with imprisonment for a term which may extend to five years and shall also be liable to fine not exceeding ten thousand rupees” (Pakistan Penal Code (Act XLV of 1860)).

Although adultery was already a criminal offense under the Pakistan Penal Code, inherited from the colonial period, the *Zina* Ordinance (VII of 1979) extended criminalization to all non-marital sexual relations (Zia, 2022). During the Islamization era (1979 -1988), gender relations were closely monitored in public institutions, with the state even intervening in the private sphere (Jahangir & Jilani, 1990). The sexual and social behaviors are largely controlled by families and communities, with consent seen as a proxy right of parents.

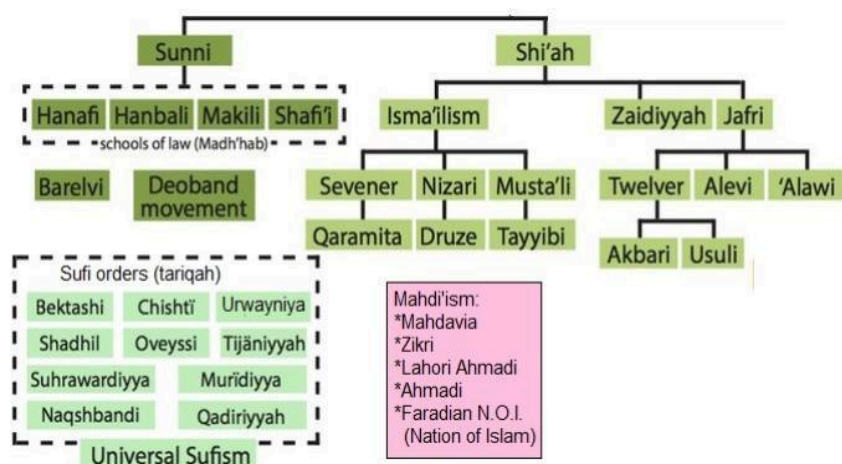
Women's virtue is tied to virginity, and resisting sexual autonomy, even in marriage, is viewed as piety (Shahab, 2020). In some cases, this virtue of women is the reason for honor killings by male family members who kill women for acts of “dishonor” like premarital sex, refusal to marry, failure to seek husband’s consent or just immodest attire (Miller, 2024).

Since the 1980's, the right's based movement has resisted such challenges. This defiance is observable in the recent "Aurat (Women) March" in Pakistan, with its core claim for sexual autonomy under the slogan of "Mera Jism, Meri Marzi" (My Body, My Choice) which is countered by the religious opposition under the narrative of "Mera Jism, Allah ke Marzi" (My Body, Allah's Choice) (Zia, 2022). As long as these legal, cultural and socio political institutions, alongside deeply ingrained notions of shame, secrecy, vulgarity, and indecency persist, sex will continue to be a social taboo. Such beliefs are so firmly entrenched that both men and women often avoid discussing their sexual and reproductive health (Irfan, 2022). In Pakistan, topics related to sex, including birth control, reproductive health, and sexually transmitted diseases (STDs), are typically avoided or discussed in whispered tones. Contraceptives, particularly condoms, are often associated with lust and immoral behavior, with those possessing such items potentially being linked to fornication, adultery, or extramarital sex (Faraz & Saeed, 2018) The mere discussion of these topics can lead to individuals being labeled as indecent, immoral, or characterless.

Family Planning in light of Islamic Law

The relationship between contraception and Islamic law is rather complex and unclear (Atighetchi, 1994). With a number of different sects and *fiqh* (school of thoughts on Islamic jurisprudence), there is no central authority that all Muslims follow. This has created space

for different interpretations and understanding of the religion that allows muslim to practise and implement Islam in their own specific way (Ataullahjan, 2018). Different sects follow different hadith traditions and different schools of thought are governed by different



understanding of the (*fiqh*) islamic jurisprudence. Additionally, the intertwining of Islam with diverse cultures further created new movements and varying interpretations (Bowen, 2004). The central source of Islamic law, the Quran, does not mention contraception (Habib, 2020). The second source of Islamic law, Hadith, permits the use of withdrawal (*azl*) as a means of birth control (Hassan, 2000; Bhala, 2011). On the basis of this, despite the sectarian differences, the majority of muslim scholars believe that withdrawal is permitted (El Hamari, 2010). Using this rationale that since (*azl*) withdrawal is allowed, most muslim scholars gave the reasoning that the modern contraceptive methods are permissible as long as they do not produce any irreversible changes and this is the general consensus among Muslims (Ataullahjan et al, 2019; Bhala, 2011). Permanent methods like hysterectomy (removal of the uterus) and tubal ligation (procedure to block or cut the fallopian tubes to prevent pregnancy) are permitted in order to preserve the life and health of women (Ghanem, 2011; Shah, 2015). While the use of contraception as a means to family planning is permitted, the concept of fatalism comes in direct contradiction (Agha, 2010). Some scholars argue that limiting the fertility of women is a defiance to the will of God and predestination (*qadr*) and many even view contraception as a challenge to God as the ultimate provider (Ataullahjan et al, 2019; Roudi-Fahimi, 2004; Mussawar & Khan, 2011). Moreover, the tacit pronatalist ideology of Islam further complicates the approach towards contraception (Sheikh, 2004). According to this approach, the use of contraception for family planning is Haram (forbidden in Islam) and that God commands women to have more children (Ali & Ushimaji, 2005; McCarthy, 2011). While Islam clearly plays a key role in structuring approaches towards contraception, contraceptive prevalence rates (CPR) differ massively across different Islamic countries.

	CPR among married women (%)	CPR among all women (age 18-49) (%)	Modern methods CPR among married women (15-49)(%)	Modern methods CPR among all women (15-49)(%)
Afghanistan	29	21	26	19

Bangladesh	64	52	56	45
Egypt	62	45	60	43
Indonesia	63	44	60	42
Iran	82	58	66	47
Morocco	71	43	62	37
Pakistan	40	27	31	20

Contraceptive Prevalence rates in different Islamic Countries (UNFPA)

While these differences do exist due to differences in socioeconomic, education levels, political approach, healthcare systems and other factors, it is pertinent to take into account the varying approach of clergy and the religious elite on the subject matter. The support of the religious head not only helps in framing legal rulings regarding contraception, but it shapes the views of an individual. For example, the two main sects of Islam Shia and the Sunni Muslims have different positions. Many Shia scholars are of the view that (azl) withdrawal is absolutely necessary for the prevention of unwanted pregnancy therefore contraception is permissible without any condition or prohibitions (Muhammad, 2005). However the Sunni Scholars only allow this under certain conditions and with the approval of the man. This not only limits the circumstance under which contraception can be used but also removes the agency of women in the decision making process (Alaeinovin, 2014; Jacobson, 2016). Another approach in Sunni sect of Islam was mentioned by the Fatwa Committee of the Al-Azhar Islamic Research Academy in Cairo according to which family planning is completely acceptable in Islam and individuals are allowed to make decisions regarding contraception use and family planning according to their own situation (1988). Such fatwas (Islamic rulings) help massively in removing the stigmas surrounding contraception and reduce social, religious and psychological barriers in accessing sexual and reproductive healthcare.

Islam and family planning in Pakistan

Pakistan initiated its Family Planning Programme in 1965 but the initiative was not successful and the CPR only increased at 0.25% annually till 1990 (Khan et al, 2013). In 1991, the government launched another family planning program with the collaboration of the private sector. The Green star network was designed by Population Services International (PSI) and its local affiliate, Social Marketing Pakistan (SMP) and by 1995 the Green Star Network was implemented. The aim of this network was to provide family planning products and services to increase the CPR by using the potential of private sector health providers (Ahmed, 2001). The initiative was a success and the CPR rates increased from 12% in 1990 to 33% in 2000s. However in 2006 the CPR fell 30% and had a rather stagnant growth (Madni, 2017; Khan et al, 2013). According to data, only 50% of women aged 15 - 49 have access to modern contraceptives, 17% rely on condoms, 3% use pills/ rings, 6% use injectables, 6% use IUDs or implants and 19 % use sterilisation. The remaining 50% women who still have unmet needs, use traditional methods (17%) while the remaining 33% use no contraceptives (Guttmacher, 2022). The met need for modern contraception in adolescent girls, aged 15-19, is at mere 21%. Only 11% of adolescent girls have access to condoms, while 3% use patch/ring, 5% use injectables, 2% use IUDs, 8% use traditional methods, while the remaining 71% use no methods of contraception at all (Sully et al, 2020). This highlights significant gaps in reproductive health access, especially for young women, underscoring the urgent need for targeted interventions.

A large body of literature suggests that Islam is considered as an important factor while making a decision regarding family planning (Azmat et al, 2015; Mustafa et al, 2015). According to the literature, the prevailing belief is that use of contraception is a sin (Zafar et al, 2003; Shah et al, 2008). Furthermore, *tawakul* (reliance on God), *qadr* (predestination) and submission to God's will regarding family size are some common beliefs that create resistance to the idea of contraception (Ali & Ushijima, 2004). Another prominent belief in

Pakistan is that God has promised and written the *rizq* (sustenance) of each soul that is brought to earth and many even believe that their *rizq* will find them regardless of their own efforts or actions (Ataullahjan, 2018). Using this argument many believe that the use of contraception for family planning due to fear of financial burden is a lack of belief in God. Contrary to this belief, according to one of the most prominent jurists, theologian and philosopher of early Islamic era, Al Ghazali, withdrawal (*azl*) can be used to prevent pregnancy due to health, avoid financial hardship, or other domestic problems (Nasr, 2006). Using this analogy, the Grand Mufti of Egypt Shaikh Jad-al-Haq, who at the time was the final authority on controversial matters of religion in Egypt, stated that all modern methods are completely permissible in all circumstances (Dardir & Ahmed, 1981). With the lack of a central body on Islamic jurisprudence, such conflicting interpretations create confusion. The sectarian divide within Islam in Pakistan is widening day by day and the religious leaders have their own varying interpretations. According to one study there are a lot of misconceptions and uncertainty regarding the permissibility of use of contraception in Pakistan that contributed to the failure of the Family Planning Programme (Nasir & Hinde, 2011). In order to clear these misconceptions, the family planning programme tried to engage the religious leaders and local clergy to promote contraceptive use (Varley, 2012). However the results did not change much.

When engaging with Islam in Pakistan, the question of “which Islam” arises. According to Ataullahjan most of the existing literature focuses “to unearth the singular role of Islam in family planning without due consideration to the multiplicity of Islam” (2018). It is often overlooked that multiple versions of Islam exist in multiple cultural contexts that are strongly intertwined and cannot be separated. An emerging body of literature has attempted to understand how muslims use their own interpretations and negotiate their religious norms in myriad ways to accommodate and justify behaviours that may lie outside the borders of

religious permissibility (Hirsch, 2008; Varley, 2012; Sahu & Hutter, 2012). An example of this is the work of Sahu and Hutter that analysed how muslim women in India and

Bangladesh innovate their beliefs to justify their decisions of induced abortions (2012).

In order to truly understand the impact of Islam on contraceptive use, research must not be limited to establishing the Islamic traditions regarding contraception but rather in

understanding how different muslims understand, interpret and practise their faith in

particular social and cultural contexts. Despite the large body of research on family planning in Pakistan, many research gaps still exist.

This paper attempts to understand how the individual religious understanding of concepts of birth control and contraception lead to different approaches regarding contraception usage.

Does the particular sect or school of thought (fiqh) followed by an individual impacts their

religiosity and their sexual permissiveness? Does the level of religiosity impact, if so to what

extent, their approach towards contraception and birth control ? What is the impact of

individual attitudes of sexual permissiveness on contraception and birth control ?

Hypotheses

H1: Different sects will impact levels of Religiosity and Sexual Attitudes.

H2: Different Schools of thought (Fiqh) will impact Religiosity levels and Sexual Attitudes.

H3: Religiosity will have a negative relationship with perceptions on contraception and birth control. Higher the religiosity, the more conservative approach towards contraception.

H4: Different sects will impact Sexual permissiveness.

H5: Different Schools of thought (Fiqh) will impact Sexual permissiveness.

H6: Sexual Permissiveness will have a positive relationship with perceptions on contraception and birth control. Higher the sexual permissiveness, the more open approach towards contraception.

Methodology

Methods

To collect data, a questionnaire based survey was conducted online for a duration of 2 weeks from 5th November 2024 to 19th November 2024.

Participants

The survey was specifically targeted towards the Pakistani Muslim population. In the Muslim population, all and any of the sects were taken in consideration without any discrimination.

The survey did not impose any age restrictions, though it primarily focused on individuals between the ages of 15 and 60. By design the target audience became limited to those who had some basic formal education. This was important to ensure that participants would be able to comprehend the requirement of the questionnaire and complete the survey honestly.

To ensure clarity, the questions were kept simple and direct.

Questionnaire

The questionnaire was divided into five parts. The first section focused on collecting demographic information regarding age, gender, educational background, and religious affiliations. The second section focused on understanding the participants' general understanding and views regarding birth control and the use of contraception.

The third section measured the religiosity levels of individuals using the Centrality of Religiosity Scale (CRS). The dimensions of public practice, private practice, religious experience, ideology and the intellectual dimensions were taken in consideration as representative for overall measure of religiosity. The scale has 15 questions that were specifically adapted to Islamic Religion. Examples of questions are “I pray five times a day” and “I believe in an afterlife”.¹ Responses were collected on a 5-point Likert scale² ranging from 1- 5. To categorize the groups, the following threshold was used: 1.0 to 2.0 for “non-religious”, 2.1 to 3.9 for “religious”, and 4.0 to 5.0 for “highly-religious”.

¹ Refer to Appendix 2 for complete questionnaire

² For complete scale refer to table 1

In the fourth section, the 23-item Brief Sexual Attitudes Scale was used to measure the individual attitude of people towards sex, mainly in the domain of permissiveness. The scale is used to evaluate four dimensions of sexual attitudes: permissiveness, birth control, communion, and instrumentality (Hendrick et al., 2006). The permissiveness subscale (9 items) measures attitudes toward casual sexual behaviors and included statements such as “casual sex is acceptable” and “It is okay to have sex with many partners”. The participants responded on a 5-point Likert scale. The higher the score, the more liberal attitudes towards practices of casual sexual practices, and those who engage in them.

The last section assessed people's attitude towards contraception and birth control in light of their religious understanding. This section looks into understanding individual interpretations and understanding of Islam leading to different approaches towards concepts of birth control, family planning and contraception. This section included questions such as “The use of contraception / birth control is a defiance to the will of God and predestination (*taqdeer*)” or “According to my belief it is completely permissible to use contraception to avoid unintended pregnancy in any circumstance”. The participants responded on a 5-point Likert scale.

Statistical Analysis

The data analysis was conducted using the SPSS (Statistical Package for the Social Sciences). Analysis included descriptive statistics, chi-square tests, correlation tests and regression tests.

Ethical Considerations

No personal information such as names or emails were recorded to ensure the anonymity of participants. This encourages participants to complete the questionnaire truthfully without the fear of judgment. Throughout the survey, conscious effort was made to avoid using any terms, phrases or language that would offend the cultural or religious sentiments of participants.

Results

Demographics of Respondents

The total sample consisted of 163 participants, out of whom 38% (n = 62) were female while 62% (n = 101) were male. The participants were between 15 and 55 years of age, with 62% (n=101) in ages between 26-30, 19.6% (n=32) were 21-25 year old, 11.7% (n=19) were between 31-35, 4.9% (n=8) were 36-40 years old while only 1 respondent (0.6%) belonged to the age range of 15-20, 46-50, and 51-55 years old each.

57.1% (n = 93) of participants had a bachelor degree while 41.1% (n = 67) had a masters degree and only 1.8% (n = 3) had a high school education. Most of the respondents belonged to urban cities like Lahore (77%), Islamabad (7.3%), Karachi (7.9%), Rawalpindi (4.3%) and 1 respondent (0.61%) belonging to cities like Peshawar, Quetta, Bannu, Sahiwal and Gujrawala each. Only 27% (n=44) respondents were married while 73% (n=119) were unmarried. 10.4 % (n=17) respondents have children while 89.6% (n=146) have no children. Concerning religious affiliations, majority of respondents, 65% (n=106) are Sunnis followed by 19.6% (n=32) who follow no specific sect while 8.6% (n=14) are Shia, 2.45 % (n=4) are Ahle Hadees, 3.07% (n=5) are Ahmedis, 1.2% (n=2) are Deobandis. Regarding the (Fiqh) schools of thought on jurisprudence, 25.2 % (n=41) follow the Hannafi, 6.7% (n=11) follow the Jafari fiqh while majority of respondents, 68.1% (n=111) follow no specific fiqh. ³

Views on contraception and birth control

According to the survey, most of the respondents agreed (39.3%) or strongly agreed (53.4%) that they had a good general understanding of the purpose of contraception while only 7.4% were neutral. Regarding the question, whether respondents were aware of the different available contraceptives in Pakistan, 26% strongly agreed, 45% agreed, 17% were neutral while 8% disagreed and 3% strongly disagreed.

The survey suggests that health is the most significant factor influencing contraception decisions, with a combined 61.4% of respondents agreeing or strongly agreeing. Financial

³ Refer to table 2

status is moderately influential for 35%, but a significant portion of people feel that it doesn't play a major role. Family pressures are largely rejected, with 58.9% disagreeing or strongly disagreeing that family pressures affect their contraception choices. Religious beliefs appear to have the least impact, with only 20.8% agreeing or strongly agreeing.⁴

For contraception, the most common method is condoms (60.1%) followed by birth control pills (9.2%), withdrawal method (8.6%), IUD (1.8%) and 8% used other methods.

Religiosity

The mean score for religiosity was 3.32 and the standard deviation was 0.677. This indicates that the majority of respondents fall within the "religious" category (score ranging between 2.1 to 3.9), and the standard deviation (0.676) indicates that most respondents' scores are centered in this range. The relatively low standard deviation (0.676) suggests that the religiosity of the sample is fairly consistent, with little variability between individual scores.

Impact of Sects/movements and Fiqh on Religiosity levels

The sect or movement has a noticeable influence. Sunni and Shia adherents display distinct patterns tied to their predominant Fiqh, while unaffiliated individuals ("No particular sect") are more varied in their religiosity. The Deobandi group shows the highest mean score (3.865), followed by the Shia group (3.520), the Sunni group (3.492), and the Ahmadi group (3.358). This suggests that overall, respondents from the Deobandi group report higher religiosity levels than others. Those without a specific sect tend to report a middle-range religiosity level (3.123), with a relatively wide range of scores.

For most sects, religiosity levels within specific Fiqh categories have lower standard deviations. This indicates that defined Fiqh categories might lead to more uniform religiosity levels. For example, Sunnis that follow Hanafi fiqh had the highest mean religiosity level (3.49) and a low SD = 0.588, showing less variation compared to people who follow "no

⁴ See table 3 for details.

specific Fiqh” that had the highest standard deviations across sects (e.g., Sunni: SD = 0.712, Shia: SD = 0.646). Relatively high religiosity mean and consistency suggest a strong alignment between sect and fiqh contributing to relatively consistent religiosity. On the contrary, being unaffiliated with any specific sect or fiqh allows for diverse expressions of religiosity. For example, people with no specific sect and fiqh exhibit the broadest range of religiosity (min = 1.130, max = 4.070). This shows that defined Fiqh categories (Hanafi, Jafari) result in more consistent religiosity, while "No specific Fiqh" leads to variability. Analysis suggests that since $p\text{-value} < 0.05$, we can say that there is a significant effect of the sect/movement on religiosity level. The Bayes factor (0.027) and the $p\text{-value} = 0.065$, combined, indicated weak or no real effect of Fiqh on religiosity levels.⁵

H1: The evidence supports the hypothesis that sect/movement impacts religiosity.

H2: There is no strong evidentiary support for the hypothesis that Fiqh impacts religiosity.

Defined affiliations (e.g., Sunni + Hanafi, Shia + Jafari) lead to consistent religiosity. In contrast, without clear affiliations there is greater variability, showing that the lack of structure reduces the impact.

Impact of religiosity levels on perceptions regarding contraceptives and birth control

Regression and correlation test analysis were performed to understand the relationship and impact of religiosity on the following elements.

1. The use of contraception birth control is a defiance to the will of God

According to analysis, $r = 0.314$ and $p < 0.001$, a moderately positive correlation exists between the two variables that is statistically significant at the 0.01 level. This positive correlation means that as Religiosity Levels increase, the perception that contraception/birth control is a defiance to the will of God also tends to increase. However, the low R^2 (0.098) highlights that religiosity alone cannot comprehensively explain these perceptions.⁶

⁵ See table 4, 5 & 6 for details.

⁶ See table 7 & 8.

2. Perspective on children

2.1. Number of children is a matter of fate/destiny.

The correlation coefficient ($R = 0.460$) shows that religiosity levels have a noticeable but not strong influence that is statistically significant at the 0.01 level ($p < 0.001$). This supports the conclusion that as religiosity increases, so does the likelihood of considering the number of children a matter of fate or destiny.

2.2. Religion encourages to have many children

The analysis shows, $R = 0.460$, $p < 0.001$, a weak positive correlation exists. While this correlation is not strong, it still indicates that higher religiosity is linked to a stronger belief that religion encourages having larger families.⁷

3. Permissibility to use contraception to avoid unintended pregnancy in any circumstance

The $r = -0.154$, indicates a weak negative correlation although the p-value ($p = 0.050$) suggests that it is statistically significant, it might not indicate a substantial practical effect. This suggests that as religiosity increases, individuals are slightly less likely to believe that using contraception in any circumstance is completely permissible.⁸

3.1. Permissibility of contraception due to health issues

There is a moderate negative correlation, $r = -0.093$, $p > 0.05$, that is not statistically significant meaning that religiosity does not have a strong relationship with the belief that contraception is permissible for health reasons.

3.2. Permissibility of contraception due to lack of resources/finances

There is a moderate negative correlation, $r = -0.253$, $p < 0.01$, that is statistically significant meaning high religiosity is associated with a disapproval of contraception use due to finances.

3.3. Permissibility of contraception due to domestic reasons/career

⁷ See table 9.

⁸ See table 10 & 11.

There is a moderate negative correlation, $r = -0.264$, $p < 0.01$, that is statistically significant meaning that individuals who are more religious are more likely to disapprove of contraception for reasons related to personal life or career choices.⁹

4. Permissibility to use contraception without the approval of the husband.

There is a moderate negative correlation of -0.313 , significant at the 0.01 level ($p < 0.001$), indicating that higher levels of religiosity are associated with a lower acceptance of the idea that contraception can be used without the husband's approval.¹⁰

5. Concept of Rizq (sustenance)

5.1. Belief that the rizq (daily sustenance) of each soul is written

The analysis suggests, $r : 0.699$ and $p\text{-value} < 0.001$, that there is a strong positive correlation that is significant at the 0.01 level. The higher the religiosity levels, the more likely individuals are to believe that sustenance is predetermined.

5.2. Belief that rizq (daily sustenance) will find a person regardless of their efforts

Analysis shows $r : 0.440$ and $p < 0.001$ (significant at the 0.01 level), a moderate positive correlation exists. This relationship is weaker than the one for the previous statement.

There is also a moderate positive correlation, $r = 1.528$, $p\text{-value} : < 0.001$ (significant at the 0.01 level), between the belief that rizq is written for each soul and the belief that rizq will find a person regardless of their efforts. This suggests that those who believe in preordained rizq also tend to believe that it will come to them regardless of their actions.¹¹

6. Understanding and adopting reasoning of different fiqh/sects on use of contraception

6.1. Awareness regarding rulings of different fiqh/sects

There is a weak positive correlation, $r = 0.107$ and $p > 0.05$, however this correlation is not statistically significant. This implies that there is no strong relationship between how religious a person is and their awareness of religious rulings on contraception.

⁹ For 3.1, 3.2, 3.3 see table 12.

¹⁰ See table 13.

¹¹ See table 14.

6.2. Openness to using reasoning from other sects/fiqh if more lenient

According to analysis, $r=-0.084$ and $p > 0.05$ there is a weak negative correlation that is not statistically significant between religiosity levels and the openness to using reasoning from other sects/fiqh if it is more lenient.¹²

A weak positive correlation exists, $r= 0.158$, $p < 0.05$, between the awareness and openness to using more lenient reasoning from other sects/fiqh and this is statistically significant.

H3: Evidence supports the hypothesis that religiosity levels have a negative relationship with perceptions on contraception and birth control.

Sexual Attitude Scale (Dimension of Permissiveness)

The mean for Sexual attitudes scale was 2.73 while the standard deviation was 0.978. This suggests that, on average, the respondents' attitudes toward casual sexual practices are slightly below the neutral score of 3. This means that the majority of the people tend to be more conservative than liberal, although their attitudes are not strongly conservative either. The standard deviation of 0.978 indicates that there is moderate variability in the responses.

Engaging in Sexual Activity

An interesting element of this survey was that only 30% people have not engaged in any sexual activity while 70% of respondents reported to engage, currently or in the past, in sexual activity and only 39% of these respondents are married. This means that the majority (61%) of those engaging in sexual activity outside the bonds of marriage. This is an important element since there is no existing national data available regarding the prevalence of premarital sex among Muslim population in Pakistan (UNFPA, 2016). However, according to a study conducted among 16 - 45 year old men in urban areas, 27% reported having premarital sex (Mir et al, 2013). Furthermore, since the country is an Islamic republic, the general notion prevails that people do not engage in sexual relationships outside of marriage.

¹² See table 15.

Impact of Sects/movements and Fiqh on Sexual Attitude (Permissiveness)

Sects like Shia and Deobandi are associated with lower permissiveness, possibly reflecting conservative interpretations. Sunni and Ahmadi groups exhibit moderately permissive attitudes, especially when not strictly following a specific Fiqh. People with "No particular sect" show higher permissiveness levels.

People who follow "No Specific Fiqh" showed an overall higher permissiveness across sects (2.879) and the lowest variance (0.008), suggesting a correlation between strict adherence to schools of thought and conservative attitudes that is not statistically significant ($p = 0.132$).

H4: Evidence does not support the hypothesis that sects impact Sexual permissiveness.

Regarding the impact of Fiqh, the results ($p=0.049$) suggest that there is a significant difference in sexual permissiveness, however, the Bayes Factor (0.037) suggests weak evidence. This means that while the ANOVA test shows that the groups differ significantly in their permissiveness, the evidence supporting a real, meaningful effect is weak.¹³

H5: Evidence does not support the hypothesis that different Schools of thought (Fiqh) will impact Sexual permissiveness.

Impact of Sexual Attitudes (dimension of permissiveness) on perceptions regarding contraceptives and birth control

Regression and correlation tests analysis were performed to understand the relationship and impact of permissive sexual attitudes on the following elements.

1. The use of contraception birth control is a defiance to the will of God

The $r = -0.237$ and $p\text{-value} : 0.002$, which is statistically significant at the 0.01 level indicates a weak negative correlation. This indicates that individuals with a more permissive sexual attitude are less likely to hold the belief that contraception is against the will of God.¹⁴

2. Perspective on children

¹³ See table 16,17,18..

¹⁴ See table 19 & 20.

2.1. Number of children is a matter of fate/destiny.

Analysis, $r = -0.345$ and $p < 0.001$, indicate a moderate negative relationship that is highly significant. As sexual permissiveness increases, belief in children being a matter of fate/destiny decreases.

2.2. My religion encourages to have many children

There is a moderate negative correlation, $r = -0.228$, $p < 0.001$, that is statistically significant. This means that more permissive sexual attitudes are associated with a weaker belief that religion encourages having many children.¹⁵

3. Permissibility to use contraception to avoid unintended pregnancy in any circumstance

The $r = 0.199$, indicates a weak positive correlation that is statistically significant at the 0.05 level. This suggests that individuals with more permissive sexual attitudes are slightly more likely to believe contraception use is permissible under all circumstances.¹⁶

3.1. Permissibility of contraception due to health issues

There is a moderate negative correlation, $r = 0.079$, $p > 0.05$, that is not statistically significant meaning sexual permissiveness does not significantly influence beliefs about contraception use for health reasons.

3.2. Permissibility of contraception due to lack of resources/finances

There is a weak positive relationship, $r = 0.145$, $p > 0.05$, that is statistically insignificant meaning there is a slight, non-significant trend suggesting more permissive individuals may find using contraception for financial reasons acceptable.

3.3. Permissibility of contraception due to domestic reasons/career

¹⁵ See table 21.

¹⁶ See table 22.

There is a weak positive relationship, $r = 0.160$, $p < 0.05$ ($p = 0.042$), that is statistically significant indicating individuals with more permissive sexual attitudes are slightly more likely to support contraception use for reasons related to career or domestic priorities..

4. Permissibility to use contraception without the approval of the husband.

There is a moderate positive correlation, (r): 0.314, that is significant at the 0.01 level ($p < 0.001$), suggesting people with more permissive sexual attitudes are moderately more likely to believe that contraception use without a husband's approval is permissible.¹⁷

5. Concept of Rizq (sustenance)

5.1. Belief that the rizq (daily sustenance) of each soul is written

The analysis shows, $r : -0.382$ and $p\text{-value} < 0.001$, there is a moderate negative correlation. When sexual permissiveness increases, belief in the predetermined rizq decreases.

5.2. Belief the rizq will find a person regardless of their own efforts or actions

With values of $r : -0.180$ and $p\text{-value} < 0.05$, there is a weak negative correlation that suggests that individuals with permissive sexual attitudes are less likely to believe that rizq will find a person regardless of effort and place more value on individual agency and efforts.¹⁸

6. Understanding and adopting reasoning of different fiqh/sects on use of contraception

6.1. Awareness regarding rulings of different fiqh/sects.

There is a negligible positive correlation, $r = 0.038$ and $p > 0.05$, that is not statistically significant. This implies that there is no actual relationship between permissive sexual attitudes and awareness of rulings from different sects/fiqh regarding contraception.

6.2. Openness to using reasoning from other sects/fiqh if more lenient

According to analysis, $r = 0.232$ and $p < 0.05$, there is a weak positive correlation that is statistically significant. Individuals with more permissive sexual attitudes are slightly more open to adopting reasoning from other sects/fiqh if it aligns with leniency.¹⁹

¹⁷ See table 23 & 24.

¹⁸ See table 25.

¹⁹ See table 26.

H6: The evidence, although weak, does support the hypothesis that sexual permissiveness has a positive relationship with perceptions on contraception and birth control. Higher the sexual permissiveness, the more open approach towards contraception.

In conclusion, the analysis shows distinct patterns in the relationship between religiosity, sexual permissiveness, and associated perceptions. Sect affiliation significantly impacts religiosity, while schools of thought (Fiqh) show weak or no effect on religiosity levels. Structured religious affiliations lead to consistent religiosity, whereas a lack of clear structure increases variability. Furthermore, religiosity levels negatively correlate with attitudes toward contraception and birth control, while sexual permissiveness positively correlates with more open attitudes toward contraception. However, no significant evidence links sects or Fiqh to sexual permissiveness, underscoring the nuanced interplay between these variables.

Practical and Managerial Implications

In Pakistan, religiosity and sexual permissiveness profoundly impacts people's thoughts and attitudes toward contraception and birth control. The interplay of cultural norms, religious doctrines, and individual attitudes create a complex environment that can be difficult to navigate. However, increasing acceptance of contraceptives emerges when framed within Islamic values, like maternal health, family welfare, and avoiding financial strain.

Understanding these dynamics is critical for institutions and businesses to create strategies that resonate with consumers' values and sensitivities while promoting public health.

Business Approaches to Contraception

Organisations must understand the importance of framing messages and approach this issue with sensitivity. Businesses must adopt strategies that respect cultural norms while meeting diverse consumer needs to avoid perceptions of controversy or insensitivity. For more conservative segments, marketing should focus on family welfare and marital harmony, avoiding language that could be perceived as overly liberal or controversial. Campaigns that

highlight the impact of contraception on the health of mothers and children and its compatibility with responsible family planning within Islamic teachings will resonate with consumers. This framing must be done in a way that will appeal to all of the sects and groups within Islam in Pakistan. This can be done with the cooperation and testimonials of religious leaders from all different sects, which can strengthen the credibility of such campaigns and will mitigate resistance among conservative audiences. Sales strategies should prioritize respectful and culturally informed dialogue and teams must be trained to address religious concerns empathetically and provide information. Organisations should also be aware of the psychological impact of sexual permissiveness in the decision making process. Campaigns targeting urban, younger, and moderately liberal audiences may adopt a progressive tone, emphasizing personal autonomy and modernity, yet keeping the concern of health the primary focus. Discreet product delivery through pharmacies and digital channels ensures privacy. Organisations must update themselves on shifting attitudes, particularly among youth, to uncover emerging opportunities that will allow them to bring innovation in their products, services, and strategies, according to new demands. Currently the unmarried youth, a big percentage of Pakistani population, are not part of conversations of contraception under the pretext that they do not engage in sexual activities. However, according to this study, a majority of them engage in premarital sex but due to socioreligious environment of Pakistan, they are unable to raise their reproductive health concerns. Partnerships of businesses with health clinics and NGOs can increase the consumer reach while providing direct access to the underserved populations, like unmarried youth, offering education and counseling in discreet, supportive and non judgement environments. Businesses must acknowledge that methods suitable in the west, cannot be directly applied to Pakistan. A concept considered progressive in one cultural context may be perceived as offensive or unacceptable in another.

Implications for the Healthcare Sector

Healthcare institutions should use culturally sensitive messaging aligned with Islamic teachings, highlighting family planning's ethical and health benefits for mothers and children. Training for healthcare professionals is essential to equip them with the skills to approach discussions about contraception empathetically and respectfully, addressing common religious concerns. In rural regions, traditional values like family welfare and marital harmony should take precedence. Create digital platforms to provide space for private and anonymous education, enabling broader reach in a culturally sensitive manner.

Policy makers

Policymakers should integrate family planning into maternal and child health initiatives, promote subsidized contraceptives, and launch more community education campaigns to reduce stigma. Public-private partnerships with NGOs and healthcare providers can enhance reach and efficiency. Supporting research on shifting youth attitudes and tailoring interventions for specific demographics ensures relevance and effectiveness.

Non-Governmental Organizations

NGOs can engage communities through grassroots efforts, involving community members and religious leaders to reduce resistance. They should address unmarried youth's health needs by creating safe spaces. Partnerships with religious institutions and clinics can expand outreach, while engaging men as partners promotes family planning in patriarchal settings.

A multi-stakeholder approach is essential to navigate the complexities surrounding contraception in Pakistan. Healthcare institutions, NGOs, policymakers, and businesses have pivotal roles in addressing cultural sensitivities, engaging religious leaders, and fostering community acceptance but they must tread cautiously. However, it is important to recognize that cultural change happens gradually and can take decades to influence deeply held beliefs and perceptions, especially those rooted in religion. By understating the complexity of this

landscape, adopting culturally sensitive strategies, and leveraging religious institutions can create sustainable change, promoting responsible family planning and maternal health across Pakistan. These efforts will not only enhance organizational success but also contribute to improving public health outcomes and societal well-being.

Limitations

The study was performed on Pakistan's urban population, and the rural perspective was not taken into consideration. In addition to this, the questionnaire was conducted in English, a language not understood by many people. The study also did not take sexual orientation in account and lack LGBTQ+ inclusivity. Additionally, since the survey was online, it was restricted to individuals who use social media and have a certain technological understanding. Only 28.58% of Pakistan's population use social media (World Population Review, 2024), meaning a large portion of typical consumers were not reached by the survey. Despite being open to the public, the survey's limited reach led to a relatively low number of participants.

Direction for future research

Future directions involve conducting the study on a larger scale with the cooperation of universities, NGOs and researchers. These studies would have an equal number of participants from different sects and fiqh for better understanding of the impact of these aspects. Studies should also look into differences among urban vs rural spaces, different regions, provinces and ethnic groups to better identify localized attitudes and practices. An interesting study would be to investigate the influence of family structures in Pakistan (i.e nuclear vs joint family) on perception regarding contraception. It is also crucial to look into the perceptions and behaviors regarding sexual attitudes and contraceptives among unmarried youth in Pakistan. Studies should also investigate the awareness of STDs and its influence on contraceptive use. Furthermore, the research surveys should be conducted in person and in Urdu or other local languages for better communication.

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Appendix 1

Table 1 : Likert Scale

5	4	3	2	1
Strongly Agree Always	Agree Always	Neutral Occasionally	Disagree Rare	Strongly Disagree Never

Table 2: Results of Demographic Variables

Category	Percentage	Frequency
Total sample		163
Gender		
Male	38%	62
Female	62%	101
Age Group		
15 - 20	0.6%	1
21 - 25	19.6%	32
26 - 30	62%	101
31 - 35	11.7%	19
36 - 40	4.9 %	8
41 - 45	0.6%	1
46 - 50	0.6%	1
51 - 55	0.6%	1
Educational Background		
High School	1.8%	3
Bachelor's Degree	57.1%	93
Masters Degree	41.%	67
City of Residence		
Lahore	77%	125
Islamabad	7.3%	12
Karachi	7.9%	13

Category	Percentage	Frequency
Total sample		163
Gender		
Rawalpindi	4.3%	7
Peshawar	0.6%	1
Quetta	0.6%	1
Bannu	0.6%	1
Sahiwa	0.6%	1
Gujranwala	0.6%	1
Marital Status		
Married	27%	44
Unmarried	73%	119
Children		
Yes	10.4%	17
No	89.6%	146
Religious Affiliation		
Sunni	65%	106
Shia	8.6%	14
Ahle Hadees	2.4%	4
Deobandi	19.6%	2
Ahmedi	3.1%	5
No specific sect	1.2%	32
Fiqh (Jurisprudence)		
Hanafi	25.2%	41
Jafari	6.7%	11
No specific Fiqh	68.1%	111

Table 3: Survey Results of views on contraception

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My health impacts my decision of using contraception.	22.7%	38.7%	33.1%	3.7%	1.8%
My religious beliefs impact my decision to use contraception.	6.7%	14.1%	25.8%	25.8%	22.6%

My financial status impacts my decision to use contraception.	11.7%	23.3%	20.9%	30.1%	14.0%
Family pressures impact my decision to use contraception.	4.9%	16.0%	20.2%	35.6%	23.3%

Table 4: Descriptive analysis of Religiosity levels across Sects and Fiqh

Descriptive Analysis

	sect / movement	School of thought (Islamic Fiqh)	Religiosity Levels
N	Ahle Hadees	Hannafi	0
		Hannbali	1
		Jafari	0
		No specific Fiqh	3
	Ahmadi	Hannafi	5
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Deobandi	Hannafi	2
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	No particular sect	Hannafi	1
		Hannbali	0
		Jafari	1
		No specific Fiqh	30
	Shia	Hannafi	0
		Hannbali	0
		Jafari	10
		No specific Fiqh	4
Sunni	Hannafi	32	
	Hannbali	0	
	Jafari	0	
	No specific Fiqh	74	
Missing	Ahle Hadees	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Ahmadi	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Deobandi	Hannafi	0
		Hannbali	0
		Jafari	0
			0

		No specific Fiqh	0
	No particular sect	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Shia	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Sunni	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
Mean	Ahle Hadees	Hannafi	NaN
		Hannbali	4.330
		Jafari	NaN
		No specific Fiqh	2.823
	Ahmadi	Hannafi	3.358
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	Deobandi	Hannafi	3.865
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	No particular sect	Hannafi	3.530
		Hannbali	NaN
		Jafari	3.000
		No specific Fiqh	3.193
	Shia	Hannafi	NaN
		Hannbali	NaN
		Jafari	3.520
		No specific Fiqh	3.133
	Sunni	Hannafi	3.492
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	3.276
Median	Ahle Hadees	Hannafi	NaN
		Hannbali	4.330
		Jafari	NaN
		No specific Fiqh	2.670
	Ahmadi	Hannafi	2.930
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN

	Deobandi	Hannafi	3.865
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	No particular sect	Hannafi	3.530
		Hannbali	NaN
		Jafari	3.000
		No specific Fiqh	3.330
	Shia	Hannafi	NaN
		Hannbali	NaN
		Jafari	3.600
		No specific Fiqh	3.365
	Sunni	Hannafi	3.600
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	3.365
Standard deviation	Ahle Hadees	Hannafi	NaN
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	0.266
	Ahmadi	Hannafi	0.820
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	Deobandi	Hannafi	0.092
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	No particular sect	Hannafi	NaN
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	0.690
	Shia	Hannafi	NaN
		Hannbali	NaN
		Jafari	0.646
		No specific Fiqh	0.646
	Sunni	Hannafi	0.588
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	0.712
Minimum	Ahle Hadees	Hannafi	NaN
		Hannbali	4.330
		Jafari	NaN
		No specific Fiqh	2.670
	Ahmadi	Hannafi	2.530

		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	Deobandi	Hannafi	3.800
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	No particular sect	Hannafi	3.530
		Hannbali	NaN
		Jafari	3.000
		No specific Fiqh	1.130
	Shia	Hannafi	NaN
		Hannbali	NaN
		Jafari	1.930
		No specific Fiqh	2.200
	Sunni	Hannafi	1.600
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	1.270
Maximum	Ahle Hadees	Hannafi	NaN
		Hannbali	4.330
		Jafari	NaN
		No specific Fiqh	3.130
	Ahmadi	Hannafi	4.530
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	Deobandi	Hannafi	3.930
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	No particular sect	Hannafi	3.530
		Hannbali	NaN
		Jafari	3.000
		No specific Fiqh	4.070
	Shia	Hannafi	NaN
		Hannbali	NaN
		Jafari	4.470
		No specific Fiqh	3.600
	Sunni	Hannafi	4.400
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	4.600

Table 5: Impact of Sect and Fiqh (school of thought) on Religiosity

Religiosity levels	Sum of Squares	df	Mean Square	F	Sig.	Bayes Factor ^a
Between Groups	3.282	3	1.094	2.459	.065	.027
Within Groups	70.735	159	.445			
Total	74.017	162				

a. Bayes factor: JZS

Table 6: Impact of sect and Fiqh (school of thought) on Religiosity

Bayesian Estimates of Coefficients^{a,b,c}

Parameter	Mode	Posterior		95% Credible Interval	
		Mean	Variance	Lower Bound	Upper Bound
School of thought = Hannafi	3.495	3.495	.011	3.286	3.703
School of thought = Hannbali	4.330	4.330	.451	3.013	5.647
School of thought = Jafari	3.473	3.473	.041	3.076	3.870
School of thought = No specific Fiqh	3.236	3.236	.004	3.111	3.361

a. Dependent Variable: Religiosity levels

b. Model: School of thought

c. Assume standard reference priors.

Table 7: Regression analysis: Religiosity levels on the belief that contraception is defiance to God

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.314 ^a	.098	.093	1.004079

a. Predictors: (Constant), Religiosity levels

Table 8: Correlation test: Religiosity levels and belief that contraception is defiance to God

Correlations

		Religiosity levels	The use of contraception birth control isa defiance to the will of God
Religiosity levels	Pearson Correlation	1	.314**
	Sig. (2-tailed)		<.001
	N	163	163
The use of contraception birth control isa defiance to the will of God	Pearson Correlation	.314**	1
	Sig. (2-tailed)	<.001	
	N	163	163

** Correlation is significant at the 0.01 level (2-tailed).

Table 9: Correlation test: Religiosity levels and belief regarding children

		Correlations		
		Religiosity levels	The number of children is a matter of fate/destiny	My religion encourages to have many children
Religiosity levels	Pearson Correlation	1	.460**	.236**
	Sig. (2-tailed)		<.001	.002
	N	163	163	163
The number of children is a matter of fate/destiny	Pearson Correlation	.460**	1	.333**
	Sig. (2-tailed)	<.001		<.001
	N	163	163	163
My religion encourages to have many children	Pearson Correlation	.236**	.333**	1
	Sig. (2-tailed)	.002	<.001	
	N	163	163	163

** . Correlation is significant at the 0.01 level (2-tailed).

Table 10: Correlation test: religiosity levels and permissibility to use contraception to avoid unintended pregnancy in any circumstance

		Religiosity levels	According to my belief it is completely permissible to use contraception to avoid unintended pregnancy in any circumstance.
Religiosity levels	Pearson Correlation	1	-.154 [*]
	Sig. (2-tailed)		.050
	N	163	163
According to my belief it is completely permissible to use contraception to avoid unintended pregnancy in any circumstance.	Pearson Correlation	-.154 [*]	1
	Sig. (2-tailed)	.050	
	N	163	163

*. Correlation is significant at the 0.05 level (2-tailed).

Table 11: Regression Analysis: Religiosity levels and permissibility to use contraception to avoid unintended pregnancy in any circumstance

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.154 ^a	.024	.018	.944145

a. Predictors: (Constant), Religiosity levels

Table 12: Correlation tests: Religiosity levels and permissibility to use contraception under circumstances of: Health, Financial reasons, domestic reasons

		Correlations			
		Religiosity levels	It is permissible to use contraception to avoid pregnancy due to health issues.	It is permissible to use contraception to avoid pregnancy due to lack of resources and finance.	It is permissible to use contraception to avoid pregnancy due to domestic reason /career preferences.
Religiosity levels	Pearson Correlation	1	-.093	-.253**	-.264**
	Sig. (2-tailed)		.235	.001	<,001
	N	163	163	163	163
It is permissible to use contraception to avoid pregnancy due to health issues.	Pearson Correlation	-.093	1	.590**	.468**
	Sig. (2-tailed)	.235		<,001	<,001
	N	163	163	163	163
It is permissible to use contraception to avoid pregnancy due to lack of resources and finance.	Pearson Correlation	-.253**	.590**	1	.756**
	Sig. (2-tailed)	.001	<,001		<,001
	N	163	163	163	163
It is permissible to use contraception to avoid pregnancy due to domestic reason /career preferences.	Pearson Correlation	-.264**	.468**	.756**	1
	Sig. (2-tailed)	<,001	<,001	<,001	
	N	163	163	163	163

** . Correlation is significant at the 0.01 level (2-tailed).

Table 13: Correlation test: Religiosity level and permissibility to use contraception without the approval of the husband

		Correlations	
		Religiosity levels	According to my belief it is permissible to use contraception without the approval of husband.
Religiosity levels	Pearson Correlation	1	-.313**
	Sig. (2-tailed)		<,001
	N	163	163
According to my belief it is permissible to use contraception without the approval of husband.	Pearson Correlation	-.313**	1
	Sig. (2-tailed)	<,001	
	N	163	163

** . Correlation is significant at the 0.01 level (2-tailed).

Table 14: Correlation test: Religiosity level and concept of Rizq

		Correlations		
		Religiosity levels	I believe that the rizq (daily sustenance) of each soul is written.	I believe the rizq will find a person regardless of their own efforts or actions.
Religiosity levels	Pearson Correlation	1	.699**	.440**
	Sig. (2-tailed)		<,001	<,001
	N	163	163	163
I believe that the rizq (daily sustenance) of each soul is written.	Pearson Correlation	.699**	1	.528**
	Sig. (2-tailed)	<,001		<,001
	N	163	163	163
I believe the rizq will find a person regardless of their own efforts or actions.	Pearson Correlation	.440**	.528**	1
	Sig. (2-tailed)	<,001	<,001	
	N	163	163	163

** . Correlation is significant at the 0.01 level (2-tailed).

Table 15: Correlation test: Religiosity level and Understanding and adapting reasoning of different fiqh/sects on use of contraception

		Correlations		
		Religiosity levels	I am aware of the rulings of different fiqh/sects regarding use of contraception.	I am open to using reasoning of other sect /fiqh if it is more lenient
Religiosity levels	Pearson Correlation	1	.107	-.084
	Sig. (2-tailed)		.173	.289
	N	163	163	163
I am aware of the rulings of different fiqh/sects regarding use of contraception.	Pearson Correlation	.107	1	.158*
	Sig. (2-tailed)	.173		.043
	N	163	163	163
I am open to using reasoning of other sect /fiqh if it is more lenient	Pearson Correlation	-.084	.158*	1
	Sig. (2-tailed)	.289	.043	
	N	163	163	163

*. Correlation is significant at the 0.05 level (2-tailed).

Table 16: Descriptives for Sexual Attitude Scale

Descriptives

	sect / movement	School of thought (Islamic Fiqh)	Permissiveness Sexual Attitude Scale
N	Ahle Hadees	Hannafi	0
		Hannbali	1
		Jafari	0
		No specific Fiqh	3
	Ahmadi	Hannafi	5
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Deobandi	Hannafi	2
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	No particular sect	Hannafi	1
		Hannbali	0
		Jafari	1
		No specific Fiqh	30
	Shia	Hannafi	0
		Hannbali	0
		Jafari	10
		No specific Fiqh	4
Sunni	Hannafi	32	
	Hannbali	0	
	Jafari	0	
	No specific Fiqh	74	
Missing	Ahle Hadees	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Ahmadi	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Deobandi	Hannafi	0
		Hannbali	0
		Jafari	0

		No specific Fiqh	0
	No particular sect	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Shia	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
	Sunni	Hannafi	0
		Hannbali	0
		Jafari	0
		No specific Fiqh	0
Mean	Ahle Hadees	Hannafi	NaN
		Hannbali	2.330
		Jafari	NaN
		No specific Fiqh	2.927
	Ahmadi	Hannafi	2.904
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	Deobandi	Hannafi	1.555
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	No particular sect	Hannafi	1.330
		Hannbali	NaN
		Jafari	3.330
		No specific Fiqh	3.056
	Shia	Hannafi	NaN
		Hannbali	NaN
		Jafari	2.594
		No specific Fiqh	3.635
Sunni	Hannafi	2.386	
	Hannbali	NaN	
	Jafari	NaN	
	No specific Fiqh	2.764	
Median	Ahle Hadees	Hannafi	NaN
		Hannbali	2.330

		Jafari	NaN
		No specific Fiqh	3.220
	Ahmadi	Hannafi	3.220
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	Deobandi	Hannafi	1.555
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	No particular sect	Hannafi	1.330
		Hannbali	NaN
		Jafari	3.330
		No specific Fiqh	3.110
	Shia	Hannafi	NaN
		Hannbali	NaN
		Jafari	2.275
		No specific Fiqh	3.440
	Sunni	Hannafi	2.220
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	2.945
Standard deviation	Ahle Hadees	Hannafi	NaN
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	0.820
	Ahmadi	Hannafi	0.844
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	Deobandi	Hannafi	0.474
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
	No particular sect	Hannafi	NaN
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	0.935

Minimum	Shia	Hannafi	NaN
		Hannbali	NaN
		Jafari	0.873
		No specific Fiqh	0.390
	Sunni	Hannafi	1.032
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	0.973
	Ahle Hadees	Hannafi	NaN
		Hannbali	2.330
		Jafari	NaN
		No specific Fiqh	2.000
	Ahmadi	Hannafi	2.000
		Hannbali	NaN
		Jafari	NaN
		No specific Fiqh	NaN
Deobandi	Hannafi	1.220	
	Hannbali	NaN	
	Jafari	NaN	
	No specific Fiqh	NaN	
No particular sect	Hannafi	1.330	
	Hannbali	NaN	
	Jafari	3.330	
	No specific Fiqh	1.330	
Shia	Hannafi	NaN	
	Hannbali	NaN	
	Jafari	1.670	
	No specific Fiqh	3.440	
Sunni	Hannafi	1.000	
	Hannbali	NaN	
	Jafari	NaN	
	No specific Fiqh	1.000	
Maximum	Ahle Hadees	Hannafi	NaN
		Hannbali	2.330
		Jafari	NaN
		No specific Fiqh	3.560
	Ahmadi	Hannafi	3.670
		Hannbali	NaN
		Jafari	NaN

	No specific Fiqh	NaN
Deobandi	Hannafi	1.890
	Hannbali	NaN
	Jafari	NaN
	No specific Fiqh	NaN
No particular sect	Hannafi	1.330
	Hannbali	NaN
	Jafari	3.330
	No specific Fiqh	5.000
Shia	Hannafi	NaN
	Hannbali	NaN
	Jafari	3.890
	No specific Fiqh	4.220
Sunni	Hannafi	4.440
	Hannbali	NaN
	Jafari	NaN
	No specific Fiqh	4.780

Table 17: ANOVA test: Impact of Sect and Fiqh on Sexual Permissiveness

ANOVA						
Sexual Attitde permissivness	Sum of Squares	df	Mean Square	F	Sig.	Bayes Factor ^a
Between Groups	7.480	3	2.493	2.683	.049	.037
Within Groups	147.771	159	.929			
Total	155.251	162				

a. Bayes factor: JZS

Table 18: Impact of Sect and Fiqh on Sexual Permissiveness

Bayesian Estimates of Coefficients ^{a,b,c}					
Parameter	Mode	Posterior		95% Credible Interval	
		Mean	Variance	Lower Bound	Upper Bound
School of thought = Hannafi	3.495	3.495	.011	3.286	3.703
School of thought = Hannbali	4.330	4.330	.451	3.013	5.647
School of thought = Jafari	3.473	3.473	.041	3.076	3.870
School of thought = No specific Fiqh	3.236	3.236	.004	3.111	3.361

a. Dependent Variable: Religiosity levels

b. Model: School of thought

c. Assume standard reference priors.

Table 19: Correlation test: Sexual permissiveness and the belief that contraception is defiance to God

		Correlations	
		Sexual Attitde permissivness	The use of contraception birth control isa defiance to the will of God
Sexual Attitde permissivness	Pearson Correlation	1	-.237**
	Sig. (2-tailed)		.002
	N	163	163
The use of contraception birth control isa defiance to the will of God	Pearson Correlation	-.237**	1
	Sig. (2-tailed)	.002	
	N	163	163

** . Correlation is significant at the 0.01 level (2-tailed).

Table 20: Regression Analysis: Sexual permissiveness and the belief that contraception is defiance to God

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.237 ^a	.056	.050	1.027371

a. Predictors: (Constant), Sexual Attitde permissivness

Table 21: Correlation test: Sexual permissiveness and the belief regarding children

		Correlations		
		Sexual Attitde permissivness	The number of children is a matter of fate/destiny	My religion encourages to have many children
Sexual Attitde permissivness	Pearson Correlation	1	-.345**	-.228**
	Sig. (2-tailed)		<.001	.003
	N	163	163	163
The number of children is a matter of fate/destiny	Pearson Correlation	-.345**	1	.333**
	Sig. (2-tailed)	<.001		<.001
	N	163	163	163
My religion encourages to have many children	Pearson Correlation	-.228**	.333**	1
	Sig. (2-tailed)	.003	<.001	
	N	163	163	163

** . Correlation is significant at the 0.01 level (2-tailed).

Table 22: Correlation test: Sexual permissiveness and the permissibility to use contraception under any condition or under circumstances of: Health, Financial reasons, domestic reasons

		Sexual Attitude permissiveness	According to my belief it is completely permissible to use contraception to avoid unintended pregnancy in any circumstance.	It is permissible to use contraception to avoid pregnancy due to health issues.	It is permissible to use contraception to avoid pregnancy due to lack of resources and finance.	It is permissible to use contraception to avoid pregnancy due to domestic reason /career preferences.
Sexual Attitude permissiveness	Pearson Correlation	1	.199*	.079	.145	.160*
	Sig. (2-tailed)		.011	.319	.065	.042
	N	163	163	163	163	163
According to my belief it is completely permissible to use contraception to avoid unintended pregnancy in any circumstance.	Pearson Correlation	.199*	1	.565**	.540**	.627**
	Sig. (2-tailed)	.011		<.001	<.001	<.001
	N	163	163	163	163	163
It is permissible to use contraception to avoid pregnancy due to health issues.	Pearson Correlation	.079	.565**	1	.590**	.468**
	Sig. (2-tailed)	.319	<.001		<.001	<.001
	N	163	163	163	163	163
It is permissible to use contraception to avoid pregnancy due to lack of resources and finance.	Pearson Correlation	.145	.540**	.590**	1	.756**
	Sig. (2-tailed)	.065	<.001	<.001		<.001
	N	163	163	163	163	163
It is permissible to use contraception to avoid pregnancy due to domestic reason /career preferences.	Pearson Correlation	.160*	.627**	.468**	.756**	1
	Sig. (2-tailed)	.042	<.001	<.001	<.001	
	N	163	163	163	163	163

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table 23: Correlation test: Sexual permissiveness and permissibility to use contraception without husbands approval

		Sexual Attitude permissiveness	According to my belief it is permissible to use contraception without the approval of husband.
Sexual Attitude permissiveness	Pearson Correlation	1	.314**
	Sig. (2-tailed)		<.001
	N	163	163
According to my belief it is permissible to use contraception without the approval of husband.	Pearson Correlation	.314**	1
	Sig. (2-tailed)	<.001	
	N	163	163

**. Correlation is significant at the 0.01 level (2-tailed).

Table 24: Regression Analysis: Sexual permissiveness and permissibility to use contraception without husbands approval

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.314 ^a	.099	.093	1.081280

a. Predictors: (Constant), Sexual Attitde permissivness

Table 25: Correlation test: Sexual permissiveness and the beliefs regarding rizq

Correlations				
		Sexual Attitde permissivness	I believe that the rizq (daily sustenance) of each soul is written.	I believe the rizq will find a person regardless of their own efforts or actions.
Sexual Attitde permissivness	Pearson Correlation	1	-.382 ^{**}	-.180 [*]
	Sig. (2-tailed)		<.001	.021
	N	163	163	163
I believe that the rizq (daily sustenance) of each soul is written.	Pearson Correlation	-.382 ^{**}	1	.528 ^{**}
	Sig. (2-tailed)	<.001		<.001
	N	163	163	163
I believe the rizq will find a person regardless of their own efforts or actions.	Pearson Correlation	-.180 [*]	.528 ^{**}	1
	Sig. (2-tailed)	.021	<.001	
	N	163	163	163

^{**}. Correlation is significant at the 0.01 level (2-tailed).

^{*}. Correlation is significant at the 0.05 level (2-tailed).

Table 26: Correlation test: Sexual permissiveness and understanding and adopting reasoning of different fiqh/sects on use of contraception

		Correlations		
		Sexual Attitde permissivness	I am aware of the rulings of different fiqh/sects regarding use of contraception.	I am open to using reasoning of other sect /fiqh if it is more lenient
Sexual Attitde permissivness	Pearson Correlation	1	.038	.232**
	Sig. (2-tailed)		.633	.003
	N	163	163	163
I am aware of the rulings of different fiqh/sects regarding use of contraception.	Pearson Correlation	.038	1	.158*
	Sig. (2-tailed)	.633		.043
	N	163	163	163
I am open to using reasoning of other sect /fiqh if it is more lenient	Pearson Correlation	.232**	.158*	1
	Sig. (2-tailed)	.003	.043	
	N	163	163	163

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Appendix 2

Questionnaire

Section 2 Religiosity (Adapted from The Centrality of Religiosity Scale (CRS))

5	4	3	2	1
Strongly Agree Always	Agree Always	Neutral Occasionally	Disagree Rare	Strongly Disagree Never

1. I often think about religious issues
2. I believe in the existence of God
3. I take part in religious services
4. I pray regularly
5. I have experienced situations in which I feel that God or something divine is present.
6. I am interested in learning more about religion
7. I believe in an afterlife
8. It is important to take part in religious services
9. Daily prayer is an important part of my life
10. I have experienced situations in which I feel that God allowed something to be communicated or revealed to me.
11. I regularly read the Quran and other religious scriptures
12. I believe that predestination (qadr) exists
13. It is important to stay connected to religious community
14. I often pray more than the 5 mandatory prayers
15. I have experienced situations in which I feel God or something divine intervened in my life.

Section 3. Attitudes towards sexual relationships (adapted from Hendrick et al, 2006, The Brief Sexual Attitudes Scale)

1. People do not need to be married to a person to have sex with him/her
2. Casual sex is acceptable
3. It is okay to have sex with many partners.
4. It is okay to have one night stands
5. It is okay to have ongoing sexual relationships with more than one person at a time.
6. Sex as a simple exchange of favours is okay if both people agree to it.
7. Life would have fewer problems if people could have sex more freely.
8. It is possible to enjoy sex with a person and not like that person very much.
9. It is okay for sex to be just good physical release