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Abstract

The objectives of this quantitative study were to identify factors associated with contraceptive use by Jordanian Muslim women; to estimate factors that predict the variance in contraceptive use; and recommend appropriate health and social policies to enhance quality of life of Jordanian women. A cross -sectional design was used to collect data from 487 married non-pregnant women aged 18 to 49 years who resided in three southern governorates in Jordan using a structured interview guide. Results showed that 63.2% of women used some form of contraceptive method; IUD was the most frequently used method (44.2%). The percentage of women exposed to violence was 5% and 9.2% for physical and verbal abuse respectively. Findings also showed that there was a significant relationship between psychological wellbeing of women and contraceptive use. Furthermore, no relationship between women's perceived religious stance towards contraceptives and their use. Predictors of contraceptive use were: women aged 40-45 years explained 23.3% of the variance in contraceptive use; and the woman's approval of contraceptive use for birth spacing explained 21.4% of the variance in contraceptive use. The Islamic stance towards contraceptive use was not significant in these women; however further studies are needed to confirm these findings as well as the generalizability to Muslim women in other countries. The study findings have implications for health and social policies relevant to family planning services in order to enhance and increase the use of contraceptives to reduce the TFR in Jordan. Furthermore,

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health care providers, social and economical policy makers need to integrate women's cultural views and contraceptive use in strategies and policies beyond health to improve women's quality of life and build on the global consensus for women and children to achieve the Millennium Development goals.

Keywords: Contraceptives use, health and social policy, Jordanian Muslim women

Background and Significance

According to the Jordanian Population and Fertility Health Survey (JPFHS), the Total Fertility Rate (TFR) in women aged (15–49 years) continues to be high at 3.8 (Department of Statistics, 2009). The TFR decreased from 4.4 in 1997 and this decrease was attributed to the increased acceptance and use of traditional and modern contraceptive methods among women in addition to the approval of contraception by Islamic rulings. Contraceptive use by married Jordanian women has increased substantially in the last two decades, from 40% in 1990 to 57% for both traditional and modern methods in 2007 (Department of Statistics, 2007).

Jordan is a middle income country with a population of over 6 million and 2.2% growth rate. Women constitute 49.6% of Jordan's population with a gender gap in illiteracy (women at 8.3% compared to 3.4% for men aged ≥ 6 years) (Department of Statistics, 2007). Administratively, Jordan is divided into 12 governorates which are then grouped into three regions; the North, Central and South region. Until the 1990's, Jordan had no explicit official population policy. Currently the Higher Population Council (HPC) is responsible for the population challenges. The characteristics of the Southern Region (the setting of the study) shows that the south has the highest percentage of women aged 15-49 years with no education (9.9%) compared to the north and central regions (4.4% and 2.8% respectively). Furthermore, the southern region had the lowest level of current use of family planning (53 %), the lowest contact with health care providers (8.6% compared to 24.6 and 20.8% in the North and Central regions) and the highest percentage of unmet needs for family planning (16.6%). Approximately 32% of married Jordanian women aged (15-49) years in the south reported that they had been subjected to spousal abuse at some point. Women in the south also had the highest percentage of physical abuse during pregnancy (7.6% compared to 5.2 in the other two regions). It was evident that women with no education or with 6 years of education were more likely to have experienced violence during pregnancy than those with secondary and higher education (JPFHS, 2007).

Jordan is predominantly a Muslim country. Contraception and family planning are allowed in Islam and there is no explicit opposition to contraception in the Quran. Muslim couples are encouraged to have children, who are referred to as their 'wealth'; furthermore, Muslims believe that every baby comes with his own provision. Muslims are influenced by the Prophet Mohammed's call to 'get married and multiply', and believe that procreation is one of the most important objectives of marriage (Kridli & Libbus, 2001).

The Islamic legal interpretation, allows for the use of some forms of birth control. Others revealed that birth control is not forbidden, in contrast to nonreversible ones such as tubal ligation, which are considered unlawful (Mughees, 2006; Alamah, 2008).

Although the use of reversible contraception is not forbidden in Islam, these are regarded as undesirable, and the use of them must have medical reasons and must not cause harm to the user (Alamah, 2008). Justifiable reasons for contraceptive usage include life-threatening health risks, economic reasons, preservation of the woman's appearance and improving the quality of off springs (Omran, 1992). On the other hand, modern methods of contraception are permitted by religious authorities, provided that they are temporary, safe, legal and are used only in the context of marriage (Schenker & Rabenou 1993; Pennachio 2005); any device that does not induce abortion, and is reversible may be used (Omran, 1992; Manning, & Zuckerman, 2005). The consent of the marital partner is essential for the use of any contraceptive method, including withdrawal because the husband's or wives' unilateral decision may jeopardize the rights and interests of the other partner, including the right to full sexual enjoyment (Mehryar et al., 2007).

Jordan has made progress in reproductive health/family planning service provision over the last ten years, the prevalence of contraceptive use has reached a plateau; unmet contraceptive needs remains virtually static. This was explained by the high frequency of utilization of traditional contraceptive methods used by younger women; in addition, a large cohort of well-educated young women are using less effective methods, high rates of method failure, and high discontinuation rates (Department of Statistics, 2007).

On the other hand, the socio-cultural and traditional values and beliefs consist of pressure to have children, male preference, number of children, education, and age of the mother remain important factors in their avoidance of contraception use (Greene & Biddlecom, 2000; Al-Oballi Kridli and Libbus 2001; Srikanthan & Reid, 2008).

Moreover, a number of studies in other countries have noted that contraceptive use was associated with many factors including history of intimate partner violence (IPV), psychiatric disorders, such as major depression and post-traumatic stress disorders (Elliot & Johnson 1995; Stein, 2001). In addition, women of low-income who were exposed to IPV were less likely to use contraception (Rickert, 2002). Furthermore, IPV was an independent risk factor for unintended pregnancies (Pfitzer, 2003).

In Jordan, few studies have examined contraceptive use in relation to husband's approval, Islamic views and violence against women. Hasna (2006) explored the utilization of family planning services and methods in the Governorate of Zarqa, Jordan, and the findings showed that the most prevalent modern methods were oral contraceptives and IUD's. In addition, women's age, number of children and especially male children, employment, education and economic reasons were determinants of contraceptive use as well as perception of permissibility of contraceptive use by Islamic rulings (Hasna, 2002). Khalaf, et al., (2007) explored perceptions of women, living in the south of Jordan regarding their needs for family planning services and found that the women's husbands discouraged the use of available family planning services provided at the health centers.

Clark et al., (2008) examined the association between IPV and women's experiences of interference with their attempts to avoid pregnancy. Approximately 20% of respondents indicated that their husbands or someone else had interfered with their attempts to avoid pregnancy. Spousal physical violence was significantly associated with an increased risk of experiencing interference with their attempts to avoid pregnancy,

along with factors like non-consanguineous marriage, residing with in-laws, and rural residence. Furthermore, Oweis et al., (2009) reported a significant association between unplanned pregnancy and husband abuse; women who did not plan their current pregnancy with their husbands were 2.5 times more likely to be abused.

The association between violence and use of contraception has been reported in several countries. Fikree, et al., (2006) in Karachi Pakistan explored the magnitude and determinants of IPV before and during pregnancy as well as the attitudes regarding domestic violence in a cohort of women who had recently given birth. Findings indicated that contraceptive use without spousal permission provoked violence in (14%) of the participants. Similarly, Fanslow, et al., (2008) reported that women who had experienced IPV were significantly more likely to report having "ever used" contraception, compared with women who had not experienced IPV (85.2% vs. 91%). Findings also indicated that partner refusal of contraceptive use was significantly more common among women who "had ever: experienced IPV (5.4%) compared to (1.3%) who had not experienced IPV. The impact of family planning on women's lives has been the focus of many studies especially within the context of women's empowerment and autonomy (Barnett et al., 1999). Family planning was found to be a strategy that women could use to become autonomous in several aspects of their lives which subsequently improved their quality of life, and allowed them to contribute to sustainable development of their countries through better education and employment.

It can be concluded that studies on contraceptive use conducted in Jordan and elsewhere, focused primarily on socio-demographic factors and availability and access to services, while the role of the psychological factors, Islamic stance, and spouse's approval of contraceptive use were not adequately addressed. Therefore, the purposes of this study were to identify factors associated with contraceptive use by Jordanian women and to estimate whether such variables predict the variance in contraceptive use.

Findings of this study have implications for reproductive health/family planning services and health and social policies at the national and international levels. At the national level, the government of Jordan needs to develop, implement and evaluate strategic plans, social and health policies to reduce Total Fertility Rate (TFR). Additionally, encourage use of contraceptives to enhance the quality of life of Jordanian women and build on the global consensus for women and children to achieve the Millennium Development goals. The current study provides valuable information to health care providers, social and economic policy makers who need to integrate cultural views and religious stance in strategies beyond health, emphasizing dimensions of women's empowerment such as participation in the workforce, conservation of resources, social networking and enhancement of the prosperity of the future generation to reduce poverty. At the international level, findings can also inform Arab women and health care providers, as well as family planning programs serving Arabic and Muslim women living in both the developing and the developed countries including Europe, USA and Canada; since Muslim immigrant families tend to bring their social, cultural values and beliefs with them when they immigrate.

Methods, Design and Sample

	Taffileh	Karak	Aqaba	Total
Number of blocks selected	20	24	24	68
Number of eligible households	240	288	288	816
No. of HH successfully visited	232	280	264	776
No. of HH which closed refused to be be interviewed	8	8	24	40
HH response rate	96.7%	97.2%	91.7%	95.1%
Distribution of participants	30.7%	39.3%)	30.0%	100.0%

Table 1 Number of blocks and households included in the survey and the response rate.

A cross- sectional study design nested within larger population based study was used to answer the research questions. The Jordanian Department of Statistics (DOS) designed the sampling strategy in 2003 to obtain a representative sample from each of the three southern Governorates of Jordan (Karak, Tafileh and Aqaba). The geographic distribution of the sample was: (39.3%) were from Karak, (30.7%) from Tafileh, and (30.0%) from Aqaba (Table 1). The original survey investigated the health and social backgrounds of married and unmarried women ages 9 to 65 years. A representative sample of women was selected using a multi-stage sampling procedure (Directorate of Military Women's Affairs, 2005). The total original sample was 1,734 of which 1,563 were successfully interviewed, with a response rate of 90.2%. The questionnaires were structured to ascertain information from women ages 15-49 years. The subset for the present report provides responses of 487 married, non-pregnant Muslim women in the ages of 18 to 49 years, from both urban and rural areas.

Measurements

A structured interview guide (in Arabic) composed of four sections was used. The socio-demographic data form included questions about the women's age, age at marriage, years since marriage, and number of living children, educational level and family income followed by the question "do you currently use any contraceptive methods?" to assess the current use of any contraceptive method and in case they were using contraception which method was used.

The second section of the interview guide included eight statements to ascertain the psychological feelings of women, with two questions about exposure to violence, by asking the woman if she had been subjected to physical and/or verbal abuse in the last 12 months. The third section included questions to assess women's perception of the religious stances towards contraceptive use by asking women whether the use of contraceptives is '*Halal*' (meaning permitted in Islam), *Makrooh*' (meaning allowed but discouraged) or '*Haram*' (meaning forbidden). The fourth section included four questions to assess women's and husband's approval of contraceptive use for birth spacing or for

limiting births. Responses to all questions were recorded as dichotomous "Yes/No" options.

Face and content validity were achieved by a panel of expert researchers and clinicians; and the instrument was pilot tested in 50 women from the study regions. The pilot test yielded information that no modifications were required. The instrument was administered by face-to-face interviews which lasted for approximately 30 minutes. Selected households were approached by nurses who were trained in data collection procedures, and who explained the purpose of the study and data collection procedure.

Ethical Considerations

This study was approved by the Ministry of Health (MOH), Royal Medical Services and the Department of Statistics. Participants had the study purposes explained to them; were assured anonymity and confidentiality of their data; and participation was voluntary and women could stop their participation at any time during the interview.

Data Analysis

Descriptive statistics including numbers, percentages, means, standard deviations and chi-square were used to describe the sample characteristics and study variables. Two multiple logistic regression models estimated variables that may predict contraceptive use. All variables were dummy coded (no= 0 and yes=1) for the logistic regression equation. The first model included nine socio-demographic variables; the second model included eight variables: psychological well-being, exposure to two violence, and five religious stance variables. Both Logistic regressions were reported as odds ratio (OR) with (95%) confidence intervals (CI's).

Results and Discussion

Results showed that the participant's mean age was 34 ± (SD= 7.45) years while the mean age at marriage was 19.56 (SD ± 3.94) years. The average number of years that they had been married was 15.10 (SD± 8.35) with an average number of 5.04 (SD 2.8±4) living children.. Around 37% of women had less than high school certificates, 51.3% of women had more than four children, and 57.8% live in families with less than 399JD/month (one JD=USD 1.4). Around 63% (n=308) of respondents were using contraceptive methods at the time of the interview. Findings also showed that IUD was the most frequently used modern method (44.2%, n=136), followed by natural methods (16.9%, n=52), contraceptive pills (16.6, n=51) and Lactation Amenhorrea Method (LAM) by 5.8% (n=18). The lowest rates for the use of contraceptive were reported for condoms (5.5%), spermicides / jellies (1.3%), and injections (1.0%), (Table 2).

Table 2 Distribution of respondents according to demographic characteristics, current use of contraceptives and type of methods used (n= 487).

Variable	Mean	SD
Age	34	7.45
Age at marriage	19.55	3.94
Length since marriage in years	15.10	8.35
Number of children	5.04	2.84
	n	%
Age distribution of respondent		
20-29	155	31.8
30- 39	219	44.9
40- 49	113	23.2
Family monthly income/JD*		
Less than 199	141	28.9
200- 399JD	141	28.9
400-499	136	27.9
500 or more	69	14.1
Parity		
1-2	62	12.7
3-4	170	34.9
More than 4	250	51.3
Duration of marriage (mean SD)	15.10	± 8.3
Less than 5 yrs	26	5.3
5-9 yrs	143	29.3
10-14 yrs	122	25.0
More than 15	196	40.2
Education		
Less than high school	181	37.1
High school	221	45.3
College and more	85	17.4
Current users of contraceptives	308	63.2
Type of method		
- IUD	136	44.2
- Natural Methods	52	16.9
- Pills	51	16.6
- Female Sterilization	27	8.8
- LAM (lactation Amenorrh	18	5.8
method)	17	5.5
- Condom	4	1.3
- Spermicids/jellies	3	1.0
- Injections		

*1JD=US $1.4

The demographic characteristics of women in this study were similar to the general population of women in Jordan between the age of 15-49 years with respect to prevalence and type of contraceptive use. The above findings showed that a high percentage of women in this study had less than high school education, young in age with high number of children that exceeded the national fertility rate of 3.8. These findings also indicate that women in the study were married at a young age and did not complete their basic education. The Population and Fertility Health Survey (2007) showed that illiteracy among women between the ages 15-49 was 9.9 in the southern region of Jordan and it is higher in the North and Middle regions. Early marriage tends to curtail women's educational opportunities; those who marry early tend to have low levels of educational attainment which may place them at higher risks for early child bearing and physical abuse (Lloyd, 2005).

Contraceptive use is associated with markers of socioeconomic status of women in Jordan, most importantly is the women's education; contraceptive use was positively linked to level of education. The link between female education and use of contraception plays an important role in development of family policies in developing countries such as strengthening school health programs on family planning and increasing age of marriage to empower young girls to make decisions for the future of various reproductive health matters.

Psychological Wellbeing and Exposure to Violence

The majority of women (91.4%) (n=439) reported that they have control over their lives, felt secure (91.3%, n=439), are optimistic about the future (93.1%, n=445) and looked forward to the future (94.7%, n=449). However, 29.7% (n=143) reported that they felt depressed and hopeless toward their future while half of them (49%, n=236) indicated that they did not live "happily" nor "relaxed". Three quarters of the women (75.1%, n=362) indicated that they always felt tense. Results also showed that few (4.9 % n=23) of respondents were exposed to physical violence by their husbands during the last year and (9.2%, n=44) were exposed to verbal abuse. Results of selected psychological characteristics and exposure to violence are presented in table 3.

Table 3 Distribution of respondents according to psychological wellbeing and exposure to violence (n=487)

Statement	n	%
Psychological wellbeing		
I feel secure	439	91.3
I have control over my life	439	91.4
I look optimistically to the future	445	93.1
I look forward to the future with hope.	449	94.7
I always feel tense	362	75.1
My Future is depressed and hopeless	143	29.7
In the way I live there is neither happiness nor relaxation	236	49.0
I am Happy in my life	469	97.0
Exposure to Violence		
Physical violence	23	4.9
Verbal violence	44	9.2

The findings on psychological well-being indicated that women who endorsed questions suggesting low psychological functioning were also less likely to be current users of a contraceptive method. Conversely, women who responded positively to questions suggesting good psychosocial functioning, such as "I look optimistically to the future" were significantly more likely to be contraceptive users. These findings are consistent with previous studies (Hardee, 2004; Severy, 2003). These findings were expected in this group of women in light of the low percentage of women who reported being abused and the high number of children reflecting fulfillment of socially expected roles to be fertile with many children.

Women exposed to physical abuse within their marriage were significantly less likely to use contraceptives. These findings are consistent with previous studies (Williams, Larsen & McCloskey, 2008; Heise et al.1999; Kishor & Johnson, 2004). It may be that women who are in abusive marriages are less empowered to negotiate birth control methods with their husbands and are trapped in a violence relationship with less choices including autonomous decisions on family planning. The association between abuse and contraceptive behavior deserve further in depth study. Jordanian women's experience with violence was described by Oweis et al,(2009) who found that women described forms, intensity, and consequences of their husband's acts. Despite their anguish, women justified, normalized, and tolerated abuse; this acceptance reflected their cultural values and norms. Furthermore, Gharaibeh,& Oweis, (2009) identified five reasons for why Jordanian women remain with an abusive husband, these are: the inherited social background, financial dependency, lack of family support, sacrificing self for the sake of their children, and the adverse social consequences of divorce.

Therefore, the unmet needs for family planning of abused women should be taken into consideration by the health care system and the reproductive health family planning programs in Jordan. Despite abuse, Jordanian women still believe that having a large

number of children, especially boys, is considered a protection for the future and a source of power for women; this concept has been coined in Arabic as "*EZWA*" (Severy et al., 2003; Hasna, 2002, 2003).

Health care providers and policy makers need to pay more attention to women's psychological status and their exposure to violence. Possibly women who are exposed to violence also have low psychological functioning and thus they were less likely to use contraception. Therefore, health care providers and policy makers need to pay attention to this dynamic and work toward identifying violence and put in place appropriate strategies such as early screening and reporting of violence and implementing prevention programs that encourage abused women to use more reliable contraceptive methods.

Religious Stance and Approval of Contraceptive Use

The results reflect the participants' views on contraceptive use which showed that less than 5% of respondents believed that the use of family planning is *haram* (Forbidden) and (6%) stated that they do not know whether the use of contraceptives is *halal* (permissible) or *haram (*Forbidden) and less than 1% considered it as *Makrooh* (allowed but discouraged). Furthermore, around 73% indicated that tubal ligation is *haram* (Forbidden) and less than 5% indicated that the use of natural methods and LAM are *haram* (Forbidden). Moreover, 92.7% (n=447) of women approved the use of contraceptives for spacing but not for limiting births (3.5%, n=17). While 88% (n=425) of husbands approved the use of contraceptives for birth spacing and 23.9% (n=115) approved it for limiting births.

Findings also showed that the majority of women 279 (66.9%), who considered the use contraceptives as "*Halal" (permissible)* are currently using contraceptives, while 11 (55%) of those who considered it as "*Haram"* are currently users, and 3 (75%) of those who considered it as discouraged "*makrooh"* they were all users of contraceptives; and 14 (50%) of those who did not know the, were current users of contraceptives without knowing the Islamic religious stance on the use contraceptives.

Table 4 Current use of contraceptives and women's religious stance towards contraceptive use (n=487)

	Current contraceptive use				**Total**	
	Yes		No			
Is use of contraceptives?	n	%	n	%	n	%
Permitted/ Halal	279	66.0	144	34.0	423	100
Forbidden/Haram	11	55.0	9	45.0	20	100
Allowed but discouraged/ Makrooh	3	75.0	1	25.0	4	100
Don't know	14	50.0	14	50.0	28	100

These results showed that a woman's perception of whether the use of contraceptive methods was *Halal*, *Haram or Makrooh* was not consistent with their practices of current use of contraceptive methods. It is clear that women in this study were not fully aware of the religious stance of Islam on contraceptive use. *Makrooh* may be considered for some of these women as a gray area between *Halal* and *Haram* that can be used for the benefit of the family. Although natural methods and LAM were the methods that had almost unanimous approval by women as being *Halal* (more than 95% for each method) these methods were among the least used ones. These finding might be explained by women's need for a reliable contraceptive method. Seventy four percent of women in this study believed that the use of tubal ligation was *Haram*; these views were consistent with the legal stance of Islam on non-reversible methods of contraceptives such as tubal ligation, which are considered unlawful as opposed to reversible contraception (Mughees, 2006; Alamah, 2008).

This finding should be taken seriously and used by Muslim religious leaders to emphasize the level of awareness of women and the welfare of their families. They could take advantage of this awareness and increase not only the women's roles in family planning and the role of men who influence the number of children. Other areas to be emphasized are the consequences of having many children on the family affaires including poverty, low contribution of women to the workforce, early marriage among girls to reduce the financial burden of the family and alleviate poverty.

The Relationship between Study Variables and Contraceptive Use

The relationship between psychological well-being, exposure to violence, religious stance and contraceptive use indicated that contraceptive use was significantly associated with almost all psychological well-being statements, except for the statements "I have control over my life" and "I always feel tense" in addition to exposure to physical violence ($p>0.05$). Findings also indicated that women who reported a low psychological status and who were exposed to violence were less likely to use contraceptives (table 5).

Table 5 Psychological wellbeing, exposure to violence and current use of contraceptives (n=487)

Psychosocial well being	Response	Current use		Total
		Yes %	No %	No (%)
I feel secure*	Yes	66.1	33.9	439 (100)
I always feel tense	Yes	61.9	38.1	42 (100)
My Future is depressed and hopeless**	Yes	49.7	50.3	120 (100)
I am happy in my life*	Yes	64.5	35.5	338 (100)
In the way I live there is neither happiness nor relaxation**	Yes	54.7	45.3	23(100)
I have control over my life	Yes	63.8	36.2	246 (100)
I look optimistically to the future*	Yes	64.9	35.1	445 (100)
I look forward to the future with hope. **	Yes	65.5	34.5	449 (100)
Exposure to physical violence*.	Yes	43.5	56.5	23 (100)
Exposure to verbal violence	Yes	52.3	47.7	44 (100)

*=p< 0.05; ** p< 0.01

Findings also showed that the couple's approval of contraceptive use for both birth spacing and birth limiting was significantly associated with their current contraceptives use ($p < 0.05$). While the religious stance of women whether contraceptive use is *Halal* (permitted) or *Haram* (forbidden) was not significantly associated with their current use of contraceptives ($p = 0.19$) table 6.

Table 6 Distribution of respondents according to current use of contraceptives in relation to the approval of use and religious stance toward contraceptive use

	Response	Current use		Total n (%)
		%Yes	% No	
Respondent's approval of use for spacing**	Yes	67.1		32.9447 (100)
Respondent's approval of use for limiting**	Yes	82.417.6		17(100)
Husband's approval of use for spacing**	Yes	69.9		30.1425 (100)
Husband's approval of use for limiting**	Yes	72.2		27.8115 (100)
Religious stance				
Halal		66.9	33.1	141 (100)
Haram		83.3	16.7	12 (100)

*=p<0.05; **=p<0.01

Furthermore, findings showed that the two variables that predicted contraceptive use were the women's age between 40-45years (OR= 4.24, 95% CI: 1.86, 13.17) that explained 23.3% of the variance in contraceptive use and the women's approval of contraceptive use for purposes of birth spacing (OR=6.32, CI: 17.99, 21.68) which explained (21.4%) of the variance in contraceptive use. Furthermore, the findings of this study indicated that religious stance as not a significant factor in the woman's decision to use or not use contraceptives. It is clear that, women between the ages of 40-45 years old and those who approve the use of contraceptive for birth spacing were more likely to be users of contraceptives. These findings are expected for women in this age group because when they reach their 40th they would have already completed their fertility profile and may therefore try to avoid further pregnancies. These findings are consistent with that reported by Barnett et al. (1999) who concluded that women reported that the use of contraceptives freed them from unnecessary pregnancies and increased their access to available work opportunities. These findings highlights the importance of implementing social policies targeting women at younger ages to use contraceptives and reduce their fertility and take advantages of educational opportunities, employment, social mobility and networking which are considered important dimensions of women's empowerment to improve their quality of life and assume stronger role in their family and community life.

Conclusion, Implications and Recommendations

The study established an empirical link between contraceptive use and the women's approval of contraceptives for birth spacing and psychological well-being. Furthermore, similar to other religious doctrines (Catholicism), women's understanding of Islamic views on contraception played a limited role in their decision to use contraceptives. Women who approve the use of family planning for birth spacing were more likely to be current users of contraceptives. Islam approves the use of contraceptives for birth spacing not for limiting births (WHO, 1998; Omran, 1992). These findings reflected the importance of the preservation of one's lineage through marriage, family formation, and procreation as stated in Islam. The Qur'an states: "*Wealth and progeny are the allurements of this world" (18:46).*

Given the fact that Jordan is facing an economic crisis with limited resources and increasing poverty, as well as a low percentage of women in the workforce, these findings deserve to be critically viewed because they reflect the actual social and cultural transitions creating profound population issues.

Findings of this study are important to health care providers, social and economic policy makers and national and international donors that implement reproductive/family planning programs targeting population issues. They need to benefit from the positive indicators found in this study including the positive psychological wellbeing, the flexible religious views on contraceptive use and the low prevalence of violence, and use them as a window of opportunity for increasing women's participation in sustainable development. Policy makers at all levels need to develop, plan and implement programs and campaigns to increase women's awareness of the importance of their contribution to the sustainable development, and to empower them to participate in the income generating activities and the national workforce.

Researchers and policy makers need to improve family planning services by taking into consideration the psychological status of women, their approval of contraceptive use, and the interventions for women who are exposed to violence. These could include, counseling women on expanding their social roles, empowering women to report violence and to seek professional assistance, and build capacities of health care providers on important socio-cultural factors affecting contraceptive use to be integrated in their care.

Health care providers need to be aware of woman's religious stance regarding the use of contraceptives and its impact on their decision to use contraceptives especially for spacing childbirth and take this into considerations when counseling women about family planning. Therefore, successful contraceptive counseling should be individualized to meet the specific contraceptive needs of each woman. Counseling services could be offered during one -to-one counseling, or counseling of group of women, and/or including men in the counseling. Furthermore, healthcare professionals worldwide need to play an instrumental role in providing culture-specific and evidence-based care to empower abused women to use contraceptives and decrease their fertility, taking into consideration the influence of Arab Muslim culture.

Further qualitative studies investigating social and cultural changes regarding the use of contraception are needed in different areas in Jordan especially Zarka and Mafraq which have also high fertility rates and cultural diversity.

Policymakers can use findings of this study to plan and implement appropriate family planning strategies including offering more contraceptive options and appropriate follow up care and counseling services taking into consideration these factors to decrease the high fertility rate that is affecting the economical status of the whole country.

The main strength of this study is its emphasis to investigate important socio-cultural and religious factors affecting the use of contraceptive in a large representative sample of women living in the southern region of Jordan.

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