# Religious Factors Contributing to Underutilization of Family Planning Methods among Muslim Community in Nepal

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**Abstract**

*This paper will analyze the family planning practices in the Muslim community in Nepal. It aims to find the ways in which religious tenets shape the practices of family planning among Muslims in Nepal, as well as the influence of community influencers in this regard. For the purpose of this paper, the researcher has adopted the qualitative approach as well as the exploratory research design. It is a fact that religious beliefs, social structures, and/or customs and traditions have a dominant impact on women's reproductive health. Almost all of the data for this research was obtained from previous research and studies. The researcher expresses in this paper a paradox. In spite of the enhancements to the availability of family planning services, a number of Muslim women have a dearth of information and/or religious and cultural beliefs which, coupled with the aforementioned factors, contribute to the lack of use of contraceptives. Furthermore, community leaders and religious leaders from the community shape and influence family planning, and, in turn, contribute to the misconceptions that the use of contraceptives is un-Islamic.*

## Introduction

Religion is most certainly not just a set of spiritual beliefs or practices. It is a very powerful institution that shapes values, norms, and social behaviors over generations. Classical sociologist Emile Durkheim defined religion as a "unified system of beliefs and practices relative to sacred things" that serves to bind people into a moral community (Durkheim, 1915). In this instance, religion is one of the most deeply embedded forms of social structures, deeply influencing people's social constructs of self, including their roles, duties, and identities. Over time and through various forms of community life and practice, the structures that people

have all become social structures. These affect the totality of people's lives, including the most intimate spheres of life, the restrictions/behaviors that people have in regard to sex, reproduction, and family life.

Religion in Nepal, a country that is varied in terms of culture and religion, deeply impacts the behavioral patterns of people - of both an individual and a collective nature. Most of the population in Nepal practice Hindusim, which spiritually ties fertility to economic prosperity and as a spiritual duty (CBS 2021). In traditional Hindu families, having many children, especially sons, is viewed as very positive and blessed. Buddhism is a permissive religion, but the values of karma and rebirth tend to influence the practice of family planning and the number of children a family decides to have.

Christian communities in Nepal may be smaller in number, but some may support natural methods of family planning and may oppose modern methods of contraception based on their particular religious doctrine (Yogi et al., 2016). Beliefs in all religions, while personal, influence how people approach obtaining medical assistance, roles assigned to men and women, and decisions to have children.

Family planning, a contemporary public health measure, typically contradicts religious ideologies that view childbearing (and) reproduction as a moral or spiritual necessity. For example, in some conservative Hindu or Christian communities, contraceptive use is believed to be a violation of divine will or to disturb the 'natural order' of life. In some Buddhist and Hindu families, the reproduction of women is seen as a means to continue the family line and serve the needs of the ancestors. Religious teachings and even secular festivals have been known to promote these notions and limit the ability of individuals (and) particularly, women, to have control over their fertility. Many religious teachings promote and support ideals of traditional family and domestic roles. The intersection of religious identity with contraception is often primarily negative, affecting knowledge, attitudes, and access to family planning methods (Tuladhar et al., 2012).

This phenomenon is especially prominent in Muslim communities, both worldwide and in Nepal. Religion significantly impacts attitudes toward family planning and contraception in various Muslim-majority states, as well as in small Muslim minority communities, which include Pakistan, Nigeria, and Afghanistan. Family planning is viewed as being against Islam, so use of family planning methods is very low (Adedini et al., 2018). In Islam, family planning is not prohibited, but there is lack of clarity among the religious communities due to the differing interpretations of the religious texts and fatwas which lead to confusion and lack of trust, especially when religious leaders discourage the use of contraceptives. In addition, the adverse religious influences are the negative impacts of social and religiously ascribed gender roles, lack of education and

unavailability of reproductive health services. These barriers to reproductive health services are also evident in Nepal.

Many of its citizens practice Islam, which is the world's second largest religion. In Nepal, Muslims are around 4.4% of the total population with the majority being in the southern Terai districts of Kapilvastu and Rupandehi (Central Bureau of Statistics, 2021). These districts are known for Islam majority population. Most of the Nepalese Muslims are residents of Terai region of Nepal where they practice traditional Islam. Although, the contraceptive use has increased in Nepal, Muslims has the lowest contraceptive use (Ministry of Health and Population, 2022).

Within certain areas of Nepal's Muslim communities, an ultra-traditional perspective on Islam creates a kind of religious duty where contraception is prohibited. Many women are taught that their primary purpose is childbearing, and not doing so is a source of community and familial shame (Dhakal et al., 2020). This is often compounded by the power that religious leaders possess. Many community members view religious leaders' disapproval of family planning as a means of removing their options.

In addition, the decision-making process for a woman's health is compounded by the involvement of her husband, her mother-in-law, and other older family members. For some women, even discussions about contraception are viewed as impolite (Khanal & Shrestha, 2022). Most countries experience the same phenomenon where the combination of inadequate education, religious adherence, and social expectations result in a system that is impenetrable for women seeking reproductive health (Nasrullah et al., 2013).

The focus of this research is the Muslim community in Nepal, particularly the women in the more conservative parts. It is concerned with the intersection of religious belief, gender expectation, and community imposition and their combined effect on family planning.

This research aims to understand how women's lived experiences can be tied to national trends and global evidence and use this understanding to suggest ways to make reproductive health programs more respectful, inclusive, and effective.

**Statement of the Problem**

Use of family planning methods among the Muslim population of Nepal has seen the least improvement despite the nation as a whole making improvements to reproductive health services. Muslim women have seen the slowest improvement. Muslim women have family planning knowledge, and religious and social expectations prevent them from family planning. In Muslim Community of Kapilvastu, the community is ethnically and religiously homogenous. Attitudes to family planning are determined by religious and community leaders. Negative

attitudes surround birth control due to the ongoing belief that it is against God and Islam (Musa et al., 2017).

Use of family planning is not Islamic, although family planning methods are permitted. Many Muslim communities have restricted family planning methods due to the male dominated and religious belief systems of the society. Community leaders and Islamic scholars discourage the use of contraceptives. This is the central contradiction that underlies the problem.

Many Muslim families include gender practices that respect neither the autonomy of women nor the decisions that can be made by male family members. The interplay of social and religious norms creates obstacles to the ability to plan families in ways that are most safe, desirable, and healthy. Addressing these challenges means developing approaches that are appropriate to the culture and involve men and women, respect religious beliefs, and emphasize family planning in ways that are consistent with the teachings of Islam.

Besides the religious issues, the gender relations within a family also creates challenges. The male partner or senior family members in the line of decision making about the number of children in the family and the reproductive rights of women. In many families, wives are expected to be obedient and to perform her role in bringing children, which can mean multiple children. Such norms in the family can result in early marriage, a lot of pregnancies, which is dangerous, and a lot of problems in her health, especially if she has no rights to control the number of children in the family (UNFPA, 2019). Women in the Muslim community can also face barriers to accessing family planning services if they face challenges in travelling, language issues, they lack trust in health services, or they fear the community's reaction. The community's expectations and women's personal needs can cause a lot of problems when a lot of people, speak about it, and no one is willing to take action.

In planning the number of children in Muslim families, the interplay of traditional customs, social norms, and religious values is considerable. Understanding the problem at hand requires focus on religious teachings and the conservative readings of Islam. Although Islam advocates for family planning, many religious officials discourage such planning through their interpretations of Islam. Additionally, the gender relations of many Muslim homes strip women of the autonomy to exercise their reproductive health rights, since such decisions are predominantly made by men. The combination of all the above social and religious factors continue to fuel the existence of barriers to the reach and use of family planning services. Reducing such barriers calls for culturally appropriate measures that fully consider the religious stance and promote family planning education within the Islamic context to both men and women.

This is not an isolated case to Nepal. Other countries with conservative Muslim communities such as Nigeria, Pakistan, and Afghanistan have experienced similar patterns. Here, the religious interpretations and patriarchal customs that curb women's rights to make decisions about their reproductive health are predominant (Adedini et al., 2018). However, Nepal is particularly unique because of the context it finds itself in. This is especially so due to the combination of secular policies and rigidly conservative customs. While the Nepali government has put reproductive health rights policies in place, Muslim marginalized communities continue to be disproportionately affected.

The gap between policies and their implementation continues to widen. When designing targeted health interventions that incorporate women's health and empowerment, it is important to understand the religious and sociocultural factors that affect the less usage of family planning methods by Muslim women in Nepal.

Family planning is crucial in improving the health of women, decreasing impoverishment, and advancing equality of the genders. However, many Muslim women in Nepal face challenges in exercising their rights to make decisions about family planning. Such challenges stem from strong religious ideologies, social impositions, and the lack of dominion to make decisions. National health policies and plans in Nepal have ignored the focus of this study, which is to document the challenges that women face and are often silent about.

Looking at the religious and cultural aspects of Muslim communities, this study provides an understanding of the reasons why some women do not use contraceptives other than the fact that they do not. There is an emphasis on the interconnection of religious doctrines, social customs, and family structures in determining women's choices.

This study also adds value by representing women who are typically absent in the research and policy processes. Health workers, NGOs, and government agencies can develop more compassionate, inclusive, and effective family planning services. When we understand the barriers people face, whether they are religious, traditional, or socially imposed, we offer supportive alternatives. Ultimately, this research promotes dignity, health, and the right to choice for all women, irrespective of their circumstances.

The research aimed to understand the impact of the interpretation of religious beliefs, gender roles, and socio cultural systems on the use of contraception by Muslims in Nepal. This research sought to understand the extent to which community leaders and religious bodies influence the practice of family planning. On the basis of these purposes, the study is guided by the following research questions.

1. How religious beliefs interpretation, gender dynamics and socio cultural structures influence contraceptive use among Muslims in Nepal?

2. What role community leaders and religious institutions play in shaping family planning behavior?

**Theoretical framework**

Focusing on Muslim women in Nepal and their underused family planning services means looking at religion, gender, and social structures. Many authors, including Yogi et al., (2016), point out that family planning decisions are social rather than health-related and are influenced by cultural, ethical, and religious factors.

In some Islamic cultures, there is a common assumption that Islam prohibits the uptake of contraceptives. This is a common, but not entirely correct assumption. It is true that there are differences in Islamic religious laws and guidelines pertaining to family planning. Some scholars from some Islamic sects hold that using temporary contraceptives for the purpose of birth spacing and safeguarding the health of the mother is not prohibited, while others who regard any form of interference with motherhood as sinful. In Nepal, where religious knowledge and teaching are informally and traditionally orally based, the latter view is predominant (UNFPA, 2019).

**Sociological Perspective**

Male partners and community elders are the most influential. According to Khanal & Shrestha (2022), family size and birth spacing decisions are almost always made by husbands, partners, or elders.

Women in these circumstances often do not have the agency to make decisions about their reproductive health (Yogi et al., 2016). Although some health workers attempt to conduct awareness campaigns, these often do not reach women due to mobility restrictions, language issues, or lack of trust (UNFPA, 2019).

Some studies show that changing attitudes towards family planning is possible with the inclusion of religious leaders in the programs. For example, in the study of UNFPA (2019), when some imams were invited to discuss Islam and reproductive health, they actively supported the promotion of contraception to safeguard the health of mothers. This indicates that the challenge is not religion, but its certain local interpretations.

Hence, the sociological view of the underuse of family planning services by Muslim women in Nepal indicates that it is the result of the religious belief system, gender inequality, community norms, and organizational constraints. This suggests that in order to increase the use of contraceptives, the mentioned factors have to be addressed together.

### Emile Durkheim's Theory of Collective Conscience

To capture how the interconnected religious and cultural beliefs shape individual choices, Durkheim's notion of collective conscience is useful. In this case, the dominant perceptions within the Muslim community, about family planning, particularly that the use of contraception is immoral, profoundly constrains the reproductive choices available to women.

Durkheim claimed that if a society expresses strong moral views, individuals will adopt these views to avoid being rejected by society (Durkheim, 1915). In the case of Nepalese Muslim women, when women go against the religious norms of the family, they may face public scorn. Such women may even ignore the benefits of using contraceptives (Khanal & Shrestha, 2022).

### Pierre Bourdieu's Theory of Habitus and Symbolic Violence

Bourdieu's theory of habitus aids in understanding how socialization in Muslim communities leads to certain behavioral conditioning. Habitus is the term for the constellation of socialized dispositions, preferences, and beliefs of individuals, which they acquire during the process of socialization in a particular culturally defined context (Bourdieu, 1977). In the conservative Muslim society of Nepal, women are instilled with notions of obedience, modesty, and family honor, and often see family planning as something alien or bloody (Bourdieu, 1990). In addition, Bourdieu's theory of symbolic violence helps us see that cultural and social structures can perpetuate the lesser status of women, not by direct means, but by indirect means through culturally defined behavior. With a little inclination, these norms can actually impede women from exercising their autonomy in reproduction (Bourdieu, 1990).

### Gendered Power Dynamics

The most relevant component to the context of this study is the consideration of gendered power relations in the process of decision making.

In most Muslim families in Nepal, reproductive health decisions, including family size and the decision to use contraceptives, are made by men, including husbands and elders. This reinforces the lack of autonomy for women and is consistent with the patriarchal social norms that limit women's involvement in reproductive health decision making (Khanal & Shrestha, 2022). Research shows that although women may have knowledge about family planning, lack of social power may inhibit her from exercising it (UNFPA, 2019).

### The Role of Religious Authority

The use of religious authority in family planning is predominant. There is considerable power in the hands of religious leaders in Muslim communities, and their interpretations of religious texts may either promote or limit the practice of

contraception (Musa et al, 2017). Conservative views of Islam that prioritize having children may limit the use of contraceptives, and this is true for Nepal, where religious leaders have a huge influence on the attitudes of the community about family planning (Dhakal et al., 2020). When these leaders are for or against family planning, it may influence women's decision to use contraceptives.

Sociological theories help in understanding the family planning practice in Muslim communities in Nepal. The synthesis of Durkheim's collective conscience, Bourdieu's theories of habitus and symbolic violence, frameworks of gender, and religious authority offers insight into the ways social and religious constructions impact the reproductive decision-making of women.

## Methods and Materials

This paper employs a qualitative and exploratory approach to examine how religious convictions, gender expectations, and sociocultural traditions shape women's reproductive health choices. Some of the secondary literature were reviewed to understand the religious contexts of the underuse of family planning services among Muslims in Nepal and the influence of community leaders and faith-based organizations on the family planning practices. These secondary sources included peer-reviewed journals, government and policy documents, and publications from the Ministry of Health and Population 2022, UNFPA 2019, and WHO 2021.

## Result and Discussion

### Religious factors contributing to underutilization of Family Planning methods among Muslim community in Nepal

Yogi et al. (2016) suggest that the Muslim communities in Nepal face complex socio-religious challenges that lead to the underutilization of family planning services. Religious beliefs, especially conservative interpretations, significantly shape individual and community behaviors.

The perceived authority of religious leaders can also limit family planning services. In many cases, religious leaders are viewed as more credible and knowledgeable than medical professionals, particularly in family and reproductive health issues. Because of this, religious leaders often are not involved in promoting the religion-approved use of contraception. Additionally, the partnerships that exist between religious entities and health care organizations are often weak, resulting in a lack of integrated religious and health services.

There are also many misconceptions surrounding Islam, contraception, and family planning within Muslim communities. Some members of these communities view family planning as a 'Western Ideology' that aims to reduce their community's population. Such beliefs are a major barrier to the use of family planning services.

As a multi-religious nation, Nepal's Hindus make up 83.5% of the population, while Muslims comprise 4.4%. The 2022 Nepal Demographic and Health Survey (NDHS) indicates a disparity for non-Hindu women, Muslims included, who have a greater unmet need for family planning (FP) relative to Hindu women. This indicates the extent to which religious views and interpretations of the role of women in a family and society impact the availability and acceptability of family planning services.

The use of family planning services and socio-economic status is an area in which education is a critical factor. The NDHS 2022 report indicates 26% of the respondents in the 15-49 age bracket are non-educated. Surprisingly, even women with primary or secondary education are more likely to have an unmet need for family planning compared to a woman with no formal education. In fact, the lack of education increases the likelihood of family planning, service utilization, and women, especially in the rural areas, are more likely to be Muslims. The research conducted on the Muslim female youth population in Nepal revealed unprecedented illiteracy, 46.3%, and in stark contrast to 36.3% and 11.5% illiteracy rates in the other Terai castes and Terai Janajatis, respectively (KC et al. 2024).

The use of family planning services varies by region. According to the NDHS 2022, women in rural areas have marginally better odds of meeting family planning needs than those in metropolitan areas. This is not the case, however, for Muslim women, and especially for rural Muslim women, where the situation is much worse. Challenges for this demographic include inadequate healthcare, rigid traditional customs, and lack of community exposure to family planning which are barriers to the use of contraceptives.

Nonetheless, discerning between religion and the various perceptions and interpretations of it is essential. Like virtually every other religion, Islam has various schools of thought; some of which, when interpreted in a progressive and a more humane manner, can advocate for and accept family planning, especially when it is aimed at safeguarding the health of women and children (Musa et al., 2017). Responsible parenthood and the well-being of families is one of the many principles that The Quran promotes and which are also consistent with modern reproductive health care (Khan, 2018).

Regrettably, access to such interpretations is limited in many societies. Instead, the community tends to rely on a local religious official, who is likely to have a conservative approach to religion, and is often described as having a small mind in terms of exposure to the vast and diverse thinking within Islam (Dhakal et al., 2020). Such religious leaders are often perceived as ethical and moral figures to such an extent that it becomes extremely difficult for people to take action on their own.

The authors suggest that engaging these leaders in educational dialogues and using religious justification for family planning in outreach materials may close the acceptance gap and health services (Khanal & Shrestha, 2022).

Gender inequality is still a barrier. In the Muslim community, women do not make decisions regarding their health (Yogi et al., 2016). The social pressure to have many children, especially sons, further exacerbates this. If these power imbalances are not addressed, then efforts to promote family planning will not be very useful.

The women in this community have limited mobility. The restictions posed by traditional roles and cultural practice s affect the the freedom of of women. These sets of factors limit access to health facilities, and create a gap in information and awareness regarding the effective utilization of family planning services, and health care services.

There is a need for culturally sensitive programs and services. Health initiatives lacking consideration for religious sensitivities may be seen as alien or hostile. On the other hand, developing programs that utilize the local religious and social structures, and that address both men and women, can be more successful in the long-run. (WHO, 2021)

## Conclusion

Nepalese Muslims' inadequate usage of family planning is not a public health problem, but a cultural, social, and religious one. The beliefs of a religious community and more so when they are social norms, have a profound impact on the behavior surrounding reproduction. A woman's capacity to access and utilize contraceptive services is further inhibited by the control of social norms and hierarchy.

Despite the fact that there is a high cultural resistance to the usage of contraception, many of the Muslim women are still unaware of the possibility, and in this sense, the community is not adapted to trust and attitude changes, The community's religious leaders and the commitments of the community govern family planning decisions, generating a confusion that contraceptive use is counter to their faith.

## References

Adedini, S. A., Omisakin, O. A., & Somefun, O. D. (2018). Religion, religiosity, and adolescent contraceptive use in Nigeria. *Reproductive Health, 15*(1), 1–9.

Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge University Press.

Bourdieu, P. (1990). *The logic of practice*. Stanford University Press.

Central Bureau of Statistics. (2021). *National population and housing census 2021: Preliminary report*. Government of Nepal.

Dhakal, R., Aryal, S., & Regmi, P. (2020). Community engagement and reproductive health service delivery in Nepal. *Journal of Health Research, 34*(6), 512–520.

Dhakal, U., Shrestha, R. B., Bohara, S. K., & Neupane, S. (2020). Knowledge, attitude, and practice on family planning among married Muslim women of reproductive age. *Journal of Nepal Health Research Council, 18*(2), 238–242.

Durkheim, É. (1915). *The elementary forms of religious life* (J. W. Swain, Trans.). George Allen & Unwin. (Original work published 1912)

KC, A., et al. (2024). Unmet need for family planning and associated factors among currently married women in Nepal: A further analysis of Nepal Demographic and Health Survey—2022.

Khan, A. (2018). Islamic perspectives on family planning: Ethical and theological debates. *Journal of Islamic Ethics, 2*(1), 45–61.

Khanal, D. R., & Shrestha, P. (2022). Gendered decision-making and family planning use in Nepal's Muslim communities. *Asian Social Work and Policy Review, 16*(2), 150–163.

Khanal, M. N., & Shrestha, D. R. (2022). Knowledge and practices of modern contraceptives among religious minority (Muslim) women: A cross-sectional study from Southern Nepal.

Ministry of Health and Population. (2022). *Annual report 2021/22*. Government of Nepal.

Ministry of Health and Population. (2022). *Nepal demographic and health survey 2022: Key indicators*. Government of Nepal.

Musa, R., Lemo, J., & Saidu, B. (2017). Islamic perspectives and family planning in Muslim communities. *Journal of Religion and Health, 56*(5), 1509–1522.

Musa, R., Zulkifli, S., & Isa, M. R. (2017). Islamic teachings and family planning: Reconciling tradition and modernity in reproductive health. *Reproductive Health Matters, 25*(50), 112–120.

Nasrullah, M., Zakar, R., & Krämer, A. (2013). Effect of child marriage on use of maternal health care services in Pakistan. *Obstetrics & Gynecology, 122*(3), 517–524.

Tuladhar, J. M., Khanal, M. N., Luintel, Y. R., & Gautam, A. (2012). *Developing a family planning communications strategy for faith-based organizations in Nepal*. USAID.

UNFPA. (2019). *Muslim minority women break barriers to embrace family planning in Nepal*. https://www.unfpa.org/news/muslim-minority-women-break-barriers-embrace-familyplanning-nepal

UNFPA. (2019). *Reproductive health and rights for all.* United Nations Population Fund.

World Health Organization. (2021). *Family planning/Contraception methods.* https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception

Yogi, A., K.C., P., Neupane, S., & Acharya, D. (2016). Designing evidence-based family planning programs for the marginalized community: An example of Muslim community in Nepal. *Frontiers in Public Health, 4*, 122.