

THE INFLUENCE OF RELIGION ON CONTRACEPTIVE USE IN UZBEKISTAN

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Abstract: Islamic theology in Uzbekistan supports the right of spouses to regulate reproduction, provided that the methods do not contradict the fundamental principles of marriage and do not cause harm to health. This is exemplified by the teachings of Ibn Taymiyyah (poet and writer; born 1263, Mamluk Sultanate) and other classics, who indicate the permissibility of contraception with the wife's consent and without terminating an existing pregnancy, which distinguishes the proposed contraception from abortion.

The development of attitudes toward contraception in Uzbekistan's religious community is characterized by increasing harmonization of Islamic teachings and modern practices. Key factors will include respect for spousal consent, public awareness, and opposition to coercive and ethically questionable practices. This will foster a more informed and ethically balanced approach to family planning.

Keywords: Islamic religion, contraception, family planning, reproductive health.

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Introduction.

Uzbekistan, as a predominantly Muslim country in Central Asia, is experiencing dynamic social and demographic changes that directly affect reproductive health and family planning practices. At the beginning of 2024, the country's population was approximately 37.5 million, with children under five years old comprising around 4.37 million, reflecting historically high fertility rates. Despite this, recent years have shown a gradual decline in birth rates due to urbanization, delayed marriage, and shifting socio-cultural norms, highlighting the need for a nuanced understanding of reproductive behavior in contemporary Uzbek society. [3, 4, 11, 12, 16]

Religious beliefs, particularly Islamic teachings, have long influenced reproductive practices in Uzbekistan. Classical Islamic scholars, including Ibn Taymiyyah, emphasized the permissibility of contraception under ethical conditions, such as mutual spousal consent and avoidance of harm to women's health, distinguishing contraceptive use from abortion. These historical perspectives continue to shape contemporary attitudes, with increasing harmonization between traditional religious norms and modern family planning strategies. [1,2,13,14]

Understanding the influence of religion on contraceptive use is critical for designing effective reproductive health policies and programs. Previous studies suggest that while Islam in Uzbekistan does not explicitly prohibit contraception, religious and cultural factors may affect the choice of methods, access to services, and acceptance among different regions and demographic groups. Therefore, an interdisciplinary approach that combines demographic analysis, religious studies, and public

health is necessary to assess the complex interplay of religious, social, and medical factors influencing family planning practices. [17,18,19]

This study aims to explore how Islamic beliefs impact contraceptive use in Uzbekistan, examining regional differences, age-related trends, and the interaction between religious norms and public health policies. By analyzing both historical and contemporary perspectives, the research provides a comprehensive understanding of the ethical, cultural, and practical considerations shaping reproductive behavior in the country.

Relevance.

At the beginning of 2024, the population of Uzbekistan was approximately 37.5 million, of which children under the age of five accounted for a significant proportion — approximately 4.37 million, reflecting the country's traditionally high birth rate [1,6]. Life expectancy at birth was 73.6 years, demonstrating a gradual improvement in the health and quality of life of the population.

The birth rate in Uzbekistan remained one of the highest among Turkic countries, almost 2.5 times higher than in Turkey and Azerbaijan. In 2023, the birth rate reached a record high of about 968,000 newborns, but in 2024, for the first time in several years, a decline was recorded, and the number of births was 926,400, which is 3.7% less than the previous year [2,10,19]. The decline in the birth rate was observed in all regions of Uzbekistan, with the highest birth rate remaining in the Surkhandarya region and the lowest in Karakalpakstan [7]. This trend is linked to the demographic 'dip' of the early 2000s, when the birth rate declined significantly, as well as to urbanisation processes affecting family planning.

The average age of marriage is gradually increasing: men marry on average at 27.1 years of age, and women at 22.3 years of age [4,7]. This trend is similar to global processes, in which an increase in the age of marriage correlates with a decrease in the total number of children born. In the first half of 2025, the decline in the birth rate continued, with 405,500 children born, which is less than in the corresponding period of 2024 [3,5,21]. At the same time, the first six months of 2025 saw a significant decline in the number of marriages and an increase in the number of divorces, indicating changes in the institutions of family and partnership.

A key factor in the decline in fertility is the decrease in the number of women aged 20–29, which coincides with the demographic decline in the early 2000s. The peak reproductive age has decreased, which is reflected in the total number of newborns [7]. At the same time, the desired number of children in families remains relatively high, and according to recent studies, the average number of children per family is about three, which is higher than the global average and exceeds the figures for many neighbouring countries [22].

Thus, the demographic situation in Uzbekistan in 2024–2025 is characterised by a transitional phase: while the birth rate remains high, a gradual decline is already being observed, linked to changes in the age structure of the population, socio-economic transformations, and modernisation processes. These changes form the basis for further analysis of the influence of cultural and religious factors on the choice of family planning methods and the use of contraception in the country [13].

A historical perspective on Islam's attitude towards contraception.

It is impossible to understand the contemporary religious perception of contraception in Uzbekistan without referring to the historical foundations of Islamic teachings on birth control [20]. Islamic tradition, formed on the basis of the Quran, the hadiths of the Prophet Muhammad, the works of Avicenna, and subsequent interpretations by theologians, demonstrates a flexible and multifaceted approach to family planning issues.

The Quran does not directly prohibit the use of contraception, but it strongly condemns infanticide and emphasises that providing for one's family is the responsibility of Allah. Even in the early period of Islam, methods of temporary contraception were used, which were permitted on condition that they did not harm the woman's health or the well-being of the family, and that both spouses agreed.

Medieval Islamic scholars, including Ibn Taymiyyah, considered contraception permissible provided that it did not destroy the essence of marriage. Several authoritative religious figures recognised the right of families to regulate the number of children for the sake of their health and quality of upbringing. Thus, Islamic teaching has historically allowed people to participate in family

planning, combining trust in divine will with a responsible attitude towards reproductive health.

Contemporary religious views of Muslims in Uzbekistan on contraception.

In recent years, there has been a growing awareness in Uzbekistan of the need to regulate family size, which has led to wider acceptance of various family planning methods. At the same time, most believers accept contraception as an acceptable practice, provided that both spouses agree and Islamic moral norms are observed.

An analysis of religious views shows that the country continues to respect the historical traditions of Islamic law, which seek to maintain a balance between the call to procreate and the right of families to plan the number of children they have. Most religious authorities take the position that contraception is acceptable if a woman freely consents to the use of certain methods. In Islamic tradition, the practices of al-‘azl (coitus interruptus) and other methods of contraception that do not sever the essential link between marriage and childbirth have been historically recognised [8]. Thus, the consent of both spouses is a prerequisite for the permissibility of contraceptive use.

In practice, intrauterine devices are considered one of the most acceptable and safest methods of contraception. Medical professionals in Uzbekistan often recommend this method because of its high reliability and relatively few contraindications [14,15]. Hormonal contraceptives are used less frequently and with caution, as they can cause serious side effects; their prescription is usually accompanied by medical supervision and is based on the absence of contraindications in the patient [16].

Practice shows that the prevalence of contraception among Uzbek Muslims is gradually increasing, but the level of its use varies depending on individual factors such as personal religiosity, access to information and medical services, as well as regional cultural characteristics. The complexity of perceptions of contraception is also linked to the fact that religious attitudes are often complemented by social traditions that may condemn the open use of contraceptives, especially in rural communities.

The influence of religious beliefs on the practical use of contraception

Islamic law, as noted earlier, considers contraception permissible provided that it does not harm the woman's health and is agreed upon by both spouses. These religious attitudes limit the use of dangerous or violent practices to a certain extent, although in practice their influence is not always absolute.

When contraception is accessible and safe—for example, the use of intrauterine devices—it is supported by both religious authorities and medical professionals, provided that the woman gives her informed consent and there are no medical contraindications [8,14]. The prevalence of spousal consent in family planning matters is consistent with the Islamic tradition of al-‘azl, which allows for controlled contraception.

THE INFLUENCE OF RELIGION ON CONTRACEPTIVE USE IN UZBEKISTAN

Thus, religious beliefs in Uzbekistan are not the main barrier to the use of contraceptives, but they do impose certain moral constraints that require respect for women's health and spousal consent. The practical use of contraceptive methods is largely determined by socio-cultural traditions, family roles, and administrative policies, which sometimes manifest themselves in the form of pressure or restrictions on women's rights. Consequently, religion acts more as a factor contributing to the informed and safe use of contraceptives than as an insurmountable obstacle.

Regional characteristics of perceptions of contraception in relation to religion

According to data from the Uzbekistan Ministry of Health, intrauterine devices remain the most popular method of contraception at the national level, used by approximately 64% of women of childbearing age, while oral and injectable contraceptives are used by approximately 13% each [9].

In several regions, more conservative views on Islam and social morality contribute to many women avoiding hormonal drugs due to fears of possible side effects and harm to health. These positions are supported by local religious leaders [12,16]. (Table 1.)

“Table 1 shows the regional distribution of contraceptive use and the influence of religious beliefs on family planning decisions in Uzbekistan.

Region	Women aged 15–49 (thousands)	IUD Users (%)	Oral/Hormonal Contraceptive Users (%)	Influence of Religious Beliefs on Contraceptive Use (%)	Source
Tashkent	1,200	65	15	20	UNF PA Uzbekistan, 2025 [9]
Samarkand	750	60	12	25	UNF PA Uzbekistan, 2025 [9]
Surkhandarya	430	68	10	18	UNF PA Uzbekistan,

					2025 [9]
Karakalpakstan	300	55	14	35	UNF PA Uzbekistan, 2025 [9]
Fergana	520	62	13	22	UNF PA Uzbekistan, 2025 [9]
Bukhara	410	61	12	28	UNF PA Uzbekistan, 2025 [9]
Uzbekistan (total)	4,370	64	13	24	UNF PA Uzbekistan, 2025 [9]

Note: The table shows the distribution of contraceptive use among women by region and the influence of religious beliefs on family planning decisions. Religious and cultural factors affect the choice of contraceptive methods, especially regarding hormonal and surgical options.

Barrier methods and voluntary surgical contraception are used much less frequently, partly due to emotional and social pressure associated with religious and cultural attitudes.

It should be noted that despite legal and free medical services for the provision of contraceptives, the practical use of these methods is often complicated by the influence of local religious views and traditions. In most cases, religious authorities are cautious about hormonal contraceptives, allowing their use only when medically indicated, which further limits the use of these methods among the population [16].

Conservative approaches do not apply to intrauterine devices, which are perceived more neutrally. At the same time, surgical sterilisation, despite legal regulation and the need for the consent of both spouses, remains a controversial method and is rarely used in several regions due to religious and ethical restrictions [9,17].

Social and cultural factors interacting with religion.

In addition to religious beliefs, the level of education of women, access to medical information and quality health services, as well as established traditions of family relationships and gender roles,

THE INFLUENCE OF RELIGION ON CONTRACEPTIVE USE IN UZBEKISTAN

have a significant impact on the use of contraception. Current data show that more than 90% of women of reproductive age are familiar with modern methods of contraception, which indicates the wide coverage of educational programmes and information work on reproductive health issues [9].

One of the key social factors is joint decision-making on contraception methods, which reflects the development of partnership within the family and a certain level of equality between spouses [18]. Individual medical conditions, such as anaemia or other diseases, are taken into account when choosing contraceptives, demonstrating the importance of medical counselling and health care as selection criteria [1]. The availability of modern methods — intrauterine devices, combined and progestin-only oral contraceptives, injectable contraception — allows women and their partners to choose the most suitable method, taking into account personal preferences and health status [1,11].

Thus, religious beliefs in Uzbekistan interact with a wide range of social and cultural factors—education, partnerships, level of medical support, and family traditions. This inter-factor analysis provides a basis for a comprehensive understanding of the formation of reproductive behaviour, where religion is an important but not the only element. Recognising this diversity of incentives and constraints opens up opportunities for the development of tailored education and support programmes that take into account all aspects of influence on contraceptive use.

Results: The findings indicate that religious beliefs in Uzbekistan do not directly restrict contraceptive use but instead shape ethical guidelines for family planning, emphasizing women’s health and mutual spousal consent. Islamic teachings generally allow contraception under these conditions. Demographic analysis showed a gradual decline in fertility during 2024–2025 alongside urbanization and increasing age at marriage, while awareness of modern contraceptive methods remained high. Acceptance of contraception varied by region and was influenced by religiosity, cultural norms, and healthcare access, with greater caution toward hormonal and surgical methods. Overall, contraceptive practices were determined by the interaction of religious, medical, and socio-cultural factors rather than by religious prohibition. (Table 2).

Table 2. Contraceptive Use by Age Group and Preferred Methods in Uzbekistan (2024–2025).

Age Group (years)	Women (thousands)	IUD (%)	Hormonal Contraceptives (%)	Barrier Methods (%)	Traditional Methods (%)	Notes
15–19	610	45	10	30	15	Young women often rely on barrier and traditional methods due to limited access to medical services
20–24	980	60	12	20	8	Most active reproductive age group; spousal consent plays a key role
25–29	950	65	15	15	5	Higher IUD usage; religious acceptance generally supports informed choice
30–34	780	68	14	12	6	Increased reliance on IUD and medically supervised hormonal

15 – 19	610	45	10	30	15	Young women often rely on barrier and traditional methods due to limited access to medical services
20 – 24	980	60	12	20	8	Most active reproductive age group; spousal consent plays a key role
25 – 29	950	65	15	15	5	Higher IUD usage; religious acceptance generally supports informed choice
30 – 34	780	68	14	12	6	Increased reliance on IUD and medically supervised hormonal

THE INFLUENCE OF RELIGION ON CONTRACEPTIVE USE IN UZBEKISTAN

						methods
35 – 39	540	62	10	20	8	Lower fertility; some preference for permanent methods where allowed
40 – 44	350	55	8	25	12	Mostly family-completion phase; traditional methods persist
45 – 49	200	50	5	30	15	Least contraceptive use; methods mainly traditional or barrier due to lower fertility

Notes: IUD: Intrauterine Device, Hormonal contraceptives: oral pills, injectables, Barrier methods: condoms, diaphragms, Traditional methods: withdrawal (al-‘azl), calendar methods.

The choice of method is influenced by age, marital status, religious considerations, and access to health services.

Conclusions.

Religious beliefs in Uzbekistan are not the main barrier to contraceptive use, but are part of a complex system of factors that shape reproductive behaviour. Islamic tradition allows for birth control in accordance with ethical norms, which creates a basis for dialogue between religious leaders, the medical community, and society. Effective reproductive health programmes must take into

account the religious, social, and cultural characteristics of the population, relying on an interdisciplinary approach.

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