

# Perceptions of Islam and Sexual and Reproductive Health and Rights in the Maldives



**Building New Constituencies for Women's Sexual and Reproductive Health and Rights (SRHR): Interlinkages Between Religion and SRHR**



This report was supported by the European Union



# NATIONAL REPORT

---

## **Perceptions of Islam and Sexual and Reproductive Health and Rights in the Maldives**

Society for Health Education (SHE)  
Asian-Pacific Resource and Research Centre for Women (ARROW)

2016



This work is licensed under the Creative Commons Attribution-Non Commercial 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/>.

Any part of the text of the publication may be photocopied, reproduced, stored in a retrieval system, or transmitted in any form by any means, or adapted and translated to meet local needs, for non-commercial and non-profit purposes. However, the copyright for images used remains with the respective copyright holders. All forms of copies, reproductions, adaptations, and translations through mechanical, electrical, or electronic means should acknowledge ARROW as the source. A copy of the reproduction, adaptation, and/or translation should be sent to ARROW. In cases of commercial usage, ARROW must be contacted for permission at [arrow@arrow.org.my](mailto:arrow@arrow.org.my).

## **Published by:**

### **Society for Health Education (SHE)**

M. Kulunuvehi, Buruzu Magu, Male', Maldives  
Telephone: (+960) 3327117 / 3316231  
Fax: (+960) 3322221  
Email: [she.maldives@she.org.mv](mailto:she.maldives@she.org.mv)  
Website: [www.she.org.mv](http://www.she.org.mv)

### **Asian-Pacific Resource and Research Centre for Women (ARROW)**

1 & 2 Jalan Scott, Brickfields, 50470 Kuala Lumpur, Malaysia  
Telephone: +60322739913/9914  
Fax: +60322739916  
Email: [arrow@arrow.org.my](mailto:arrow@arrow.org.my)  
Website: [www.arrow.org.my](http://www.arrow.org.my)  
Facebook: The Asian-Pacific Resource and Research Centre for Women (ARROW)  
Twitter: @ARROW\_Women  
YouTube: [youtube.com/user/ARROWomen](https://youtube.com/user/ARROWomen)

## **Production Team:**

Principal Researcher: Shaffa Hameed (PhD.)  
Reviewers: Azra Abdul Cader and Humaida Abdulghafoor, who reviewed an earlier version.  
Copy Editor: Sharni Jayawardena  
Layout Design: Pathum Ranaweera, Lionsbay Holdings (Pvt.) Ltd., Sri Lanka  
Photo Credit: A Fabthome

# CONTENTS

---

<b>Acknowledgements</b>	<b>ii</b>
<b>List of Acronyms</b>	<b>iii</b>
<b>list of tables &amp; figures</b>	<b>iv</b>
<b>Executive Summary</b>	<b>v</b>
<b>1. Introduction</b>	<b>1</b>
<b>2. Profiling the Maldives: SRHR and Religious Extremism</b>	<b>4</b>
<b>3. Understanding the Interlinkages</b>	<b>9</b>
<b>4. Conclusions</b>	<b>21</b>
<b>5. Recommendations</b>	<b>23</b>
<b>6. List of References</b>	<b>25</b>
<b>7. Appendices</b>	<b>28</b>

## **ACKNOWLEDGEMENTS**

---

This study has been produced with the financial support of the European Union (EU).

The Research Consultant is grateful to the members of the Society for Health Education (SHE), Maldives for their assistance and willingness to provide much-needed context and support. Similarly, thanks are due to the religious scholars for participating in this study, despite their busy schedules.

## LIST OF ACRONYMS

---

<b>ARROW</b>	Asian-Pacific Resource and Research Centre for Women	<b>NGO</b>	Non-Governmental Organization
<b>DHS</b>	Demographic and Health Survey	<b>NORAD</b>	Norwegian Agency for Development Cooperation
<b>EU</b>	European Union	<b>SHE</b>	Society for Health Education
<b>FHS</b>	Faculty of Health Sciences	<b>SRH</b>	Sexual and Reproductive Health
<b>FP</b>	Family Planning	<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>HPA</b>	Health Protection Agency	<b>SPSS</b>	Statistical Package for Social Sciences
<b>IGMH</b>	Indira Gandhi Memorial Hospital	<b>RHC</b>	Reproductive Health Centre
<b>IUD</b>	Intra Uterine Contraceptive Device	<b>UNDP</b>	United Nations Development Programme
<b>MOH</b>	Ministry of Health	<b>UNFPA</b>	United Nations Population Fund
<b>MVR</b>	Maldivian Rufiyaa	<b>UNICEF</b>	United Nations Children's Fund
<b>NBS</b>	National Bureau of Statistics	<b>WHO</b>	World Health Organization
<b>NHRC</b>	National Health Research Committee		

## LIST OF TABLES & FIGURES

---

<b>Table 1: Characteristics of interview respondents</b>	<b>3</b>
<b>Figure 1: Maldives population structure</b>	<b>6</b>

## EXECUTIVE SUMMARY

---

With a resident population of approximately 400,000 people dispersed over 188 islands, the fragmented geographical distribution of the Maldives makes equitable service provision difficult (NBS 2014). Since its inception in 1988, the Society for Health Education (SHE) has been one of the few local NGOs that have supported governmental efforts in the health sector, particularly in the field of sexual and reproductive health (SRH). A member of the International Planned Parenthood Federation (IPPF) and a strong advocate for sexual and reproductive health and rights (SRHR), SHE is partnering with the Asian-Pacific Resource and Research Centre for Women (ARROW), who commissioned this study to explore the role of Islam (the State religion) in the advancement of SRHR in the Maldives.

Although Islam had been practised in moderation in the past, there is a growing presence of fundamentalist movements within the Maldives with tendencies towards jihadist ideologies (Munch-Petersen 2010; American Foreign Policy 2013; Naseem 2015). Given their wide reach that extends to policy and public perception through social media and the education system, extreme interpretations of religion have restricted the role of women (Hope for Women 2012; UN 2012; Mohamed 2015), and as this study shows, affected SRHR in the Maldives.

Past research on sexual and reproductive health in the Maldives has shown that despite tremendous gains in family planning (MOHF 2010), there are sociocultural and perceived religious barriers to the further advancement of SRHR in the country (Hameed 2012). A recent SHE-commissioned study shows wide variation in people's perceptions regarding Islam and the permissibility of family planning, contraceptive methods, abortion as well as women's right to consent to the above, along with their right to be free from harm. This raises the question as to where people are getting such information from, and

according to this survey, "religious scholars" and "the internet" are cited as almost equally common sources (SHE, unpublished).

This study sought to explore how prevalent beliefs and perceptions about Islamic principles affect SRHR in the Maldives by studying the following research question: What is the reason behind varying perceptions regarding Islam's stance on family planning and SRHR? By interviewing leading religious scholars (n=9) who actively and regularly engage with the public through public lectures/sermons, media, and teaching, this study explored whether differing beliefs held by religious scholars may be the reason behind the wide variation in public perception regarding Islam and family planning and SRHR. The findings and analyses indicate that such a clear attribution is unwarranted, and reveals three contributing factors. It seems that the reasons behind such varied public perceptions about Islam and SRHR may be a combination of religious scholars' personal beliefs clouding their religious advice, a result of literal and incomplete interpretation of Islamic texts, and pervasive misinformation provided by some groups that may not be in line with Islamic principles. Based on the findings, this report concludes by recommending approaches to counter the varied (and often inaccurate) perceptions held by Maldivians regarding Islam and SRHR.

# 1. INTRODUCTION

---

The resident population of the Maldives approximates 400,000 dispersed throughout 188 of the 1192 islands of the country (NBS 2015). The fragmented geographical distribution of the archipelago poses formidable difficulties in the provision of facilities, including health services, proportionately across the population (NBS 2014).

Governmental efforts in the health sector are supported by the presence of several international organisations such as the World Health Organisation (WHO) and United Nations Population Fund (UNFPA), and local NGOs such as the Society for Health Education (SHE) that provide support, particularly in the field of sexual and reproductive health information and service provision. Since 2013, SHE has partnered with the Asian-Pacific Resource and Research Centre for Women (ARROW), a regional organisation, to ensure that universal access to SRHR services in the Asia-Pacific region remains high on the development agenda and that national and international policymakers and decision-makers are improving SRHR policies to achieve relevant Millennium Development Goals and International Conference on Population and Development goals. This study contributes to the broader project on the impact of extreme interpretations of religion on sexual and reproductive health and rights (SRHR) by exploring how prevalent beliefs and perceptions about Islamic principles affect SRHR in the Maldives.

A clear research gap in prior research, including the 2014 survey on public perception of Islam and family planning (SHE, unpublished)<sup>1</sup>, as well as the research on socio-cultural and religious factors influencing youth SRHR (Hameed 2012) is that neither of the studies attempted to explore the sources of religious information. Therefore, this study seeks to explore any discrepancies in beliefs regarding SRHR held and publicly communicated by leading

religious scholars in the Maldives. As this is an attempt to trace how and why such varying perceptions persist regarding SRHR, this research will not seek a definitive answer as to what is Islam's stance on SRHR i.e. none of the text or interview data from religious scholars will be evaluated for "correctness" or presented as "right versus wrong". Instead, religious scholars were interviewed about their views, how their views are informed, and how they communicate these views to the public.

In addition to filling a research gap, choosing religious scholars as participants for this study has two further advantages: firstly, gathering their views on Islamic principles regarding SRHR provides a wealth of information and arguments for SHE in their awareness-raising and advocacy work. If some scholars hold views that are found to be limiting SRHR and the rights of women, having this information will enable SHE to develop ways to counteract these groups. Secondly, establishing links with such leading religious scholars will enhance the partnership SHE currently has with a select few scholars.

## Research Objective

In the Maldives, a wholly Muslim country following the Sunni tradition, anecdotal evidence suggests that religious and cultural factors have an influence on the acceptance and use of contraception by couples, but this association has not been formally explored. Thus, based on consultations with SHE and other stakeholders, it was decided that the national research for this project would aim to shed light on religious beliefs influencing SRHR and family planning in the Maldives.

Guided by ARROW's broader research objectives including exploring interlinkages between religious fundamentalism and SRHR in the Asia-Pacific region, this study builds on the previously mentioned SHE-commissioned 2014 survey

---

<sup>1</sup> This study was also supported as part of this project and this report builds on this work.

(SHE, unpublished) that showed varying perceptions held by Maldivians regarding Islam's stance on family planning and SRHR. The main objective of the national research is to study the interlinkages between SRHR and religious beliefs and perceptions, by exploring the reasons for various perceptions about Islam and SRHR. In order to delineate the scope of this study, and to develop a readily-informative report to guide SHE's advocacy efforts, staff members of SHE were also consulted about the various elements of their work they find to be linked to religion (explored in relation to beliefs, perceptions, and fundamentalist movements).

## Research Questions

Based on these consultations and prior research, the following research question was developed for inquiry in this study: what is the reason/s behind varying perceptions regarding Islam's stance on family planning and SRHR? The sub-research question was: What is the basis for restricting access to SRHR information to young people?

The themes to be covered under "SRHR" pertain to the issue of consent and the rights of women within marriage, and include the right to decide the number, spacing and timing of children, abortion, as well as their right to be free from marital rape and other gender-based violence. In addition to the survey findings, this research question is also informed by SHE service provision and advocacy staff that report service-users and workshop attendees having varied perceptions on the aforesaid issues. The sub-question was raised with regard to the ways in which conservative beliefs about premarital sex limit and censor SRH information and services being provided to adolescents and youth. Given how young people, particularly adolescents, are a key target group for SHE, this sub-question aims to discern where scholars from various backgrounds stand regarding providing SRH information. This will then contribute to SRHR promotion and awareness raising campaigns undertaken by SHE.

## Research Methodology

The primary data for this study was collected via individual key informant interviews with selected religious scholars.

All respondents were informed about the research question and gave their consent for the audio recording of the interview, provided that the recording remains with the Consultant researcher. As the majority of the participants agreed to be interviewed anonymously, the report will not identify any participant in the findings or quotes. Instead, quotes will be attributed to an assigned code and include some of the interviewee characteristics given in the preceding section. The interview was conducted in Dhivehi, using a semi-structured interview guide (see Appendix 2 for a basic outline of the guide, i.e. it was not followed verbatim).

In addition to key informant interviews with religious scholars, six individual interviews (face-to-face as well as by phone) were conducted with past and present employees of SHE to triangulate some of the findings, as well as to iteratively check whether the scope of the study contains issues pertinent to SHE's work. These interviews were also audio-recorded with prior consent, although no identifiers will be used in the report. The content of these interviews with SHE also facilitated the development of the recommendations (based on their past experiences and lessons learned) for future work.

A key consideration in identifying participants was to include scholars with varying schools of thought. This was in order to explore the range of religious teachings to see whether the varied public perceptions may be attributed to the different views held by different religious scholars. Efforts were made to select participants from the various religious groups active and vocal in the Maldives, by snowball sampling methods as well as utilising known networks and calling listed numbers from registered organisations.

The selection criteria for participants were that they had to have active public-facing roles such as giving public sermons/lectures, TV and radio appearances, or teaching (adults or young adults). The final sample (n=9) of religious scholars was a mix of the characteristics described in the table below (where all rows sum up to a total of nine interviewees).

Table 1. Characteristics of Interview Respondents

Male (n=6)	vs.	Female (n=3)
Worked with SHE or in family planning advocacy in the past (n=3)		Has never worked with SHE or in family planning advocacy (n=6)
Known member or representative of a religious organisation (n=3)		Not known to be a part of a religious organisation (n=6)
Delivers religious messages through media (TV and radio) appearances (n=5)		Not active in media (TV and radio) to deliver religious messages (n=4)
Travels throughout the Maldives to deliver religious sessions (lectures/ sermons/ workshops) to the public (n=5)		Not known to travel throughout the Maldives to deliver religious sessions (lectures/ sermons/ workshops) to the public (n=4)
Involved in teaching (secondary or adult-learning) (n=6) <sup>2</sup>		Not involved in teaching (secondary or adult-learning) (n=3)
Affiliated with the Ministry of Islamic Affairs (n=2)		Not affiliated with the Ministry of Islamic Affairs (n=7)
Has known political affiliations (n=3)		Not known to have political affiliations (n=6)
Known to and seemed to hold moderate views <sup>3</sup> (n=5)		Known to and seemed to hold conservative views (n=4)

One of the groups known to hold very conservative views asked for a formal written request and then later could not be reached for an interview. Two other scholars agreed to the interview but then postponed and later cancelled. Besides these exceptions, all other scholars approached agreed to participate in the study.

The interview data was coded for thematic and content analyses. Emerging themes are discussed in Section 3, alongside observational data, relevant literature, and prior research findings. As mentioned previously, the interview data from religious scholars will not be evaluated for “correctness” or presented as “right versus wrong”. Instead, any major points of disagreement between the scholars will be highlighted, and their reasons elaborated. Respondent characteristics outlined in Table 1 that seem pertinent to the quote will be discussed along with minor observational data (e.g. if the scholar(s) appeared reluctant to discuss certain subjects).

<sup>2</sup> These interviewees are not referred to as “teachers” but rather that they are involved in teaching because some do so as part-time lecturers while involved in other work.

<sup>3</sup> This is the researcher’s own view based on background information of respondents prior to the interview as well as based on statements given during the interview.

## Limitations

A major overall limitation stems from the way this study brings together two issues that carry controversy and sensitivity in the Maldivian context, as briefly mentioned in the Literature Review. Inclusion of the “sexual” is still inconsistent, and official narrative (found in government reports and publications) still shows a preference for the use “family planning” which absolves any reader from acknowledging the non-procreative and non-marital aspects of SRH. Acknowledgement of the “rights” part of SRHR appears to have proceeded alongside discussions of human rights, although some aspects of SRHR, for example, the right to access SRH information and services regardless of marital status, are considered sensitive. Similarly, public discussions and differing interpretations of religion that err on the side of secularism (or are even liberal) receive scrutiny and criticisms in the least, and at worst, encounter violence.<sup>4</sup> Thus it is worth acknowledging that, given how this study is at the intersection of these two extremely sensitive topics, the contribution to the broader research objectives may be somewhat limited.

<sup>4</sup> News article 1 June 2010: “A Maldivian man who publicly declared himself an apostate during a speech by Islamic speaker Dr. Zakir Naik on Friday evening has repented and offered a public apology on Television Maldives (TVM)” (Robinson 2010).

## 2. PROFILING THE MALDIVES: SRHR AND RELIGIOUS EXTREMISM

A Profile: Maldives	
Total population (Census 2014)	338,434 Resident Maldivians
Population of women (Census 2014)	166,472
Population of young people (Less than 25 years) (Census 2014)	47.5%
Ethnic groupings	N/A
Religious groupings*	Islam: 62.8%, Hinduism: 16.3%, Buddhism: 8.6%, Christianity: 10.3%, Other: 2.1%
Official languages	Dhivehi
Mention of religion in the Constitution	Sunni Islam
Type of governance/form of government	Unitary presidential constitutional republic
Gross National Income per capita (Maldives Human Development Report 2014, 2012)	US\$ 5,750
Rate of economic growth (Asian Development Bank, 2015)	1.5%
Poverty Headcount Index (Gini coefficient, 2009-2010) (Household Income and Expenditure Survey 2009-2010)	0.37
Population growth rate (2014) (Census 2014)	1.65%
Literacy rate among females aged 10 years and over (2014) (Census 2014)	98%
Maternal mortality ratio (2015) (World Bank)	69 per 100,000 live births
Total fertility rate (2012) (World Bank)	2.29 children per woman
Adolescent (15-19 age cohort) fertility rate (2014) (World Bank)	7.28 per 1000 women
Contraception prevalence rate and unmet need (National Reproductive Health Strategy 2013)	CPR is 35% and unmet need is 28%
Access to modern contraception for women and young people (National Reproductive Health Strategy 2013)	Contraceptive services are available to married couples for the purposes of child spacing and family planning

\*Note: Generated by the National Bureau of Statistics, Maldives for SHE.

Source: In table, various

The 2014 Population and Housing Census of the Maldives estimates 338,434 Maldivians and 63,637 foreign migrants residing in the Maldives, with a third of the total population residing in the capital city Male', making it one of the most densely populated cities in the world (NBS 2015). The country has a young population structure with 47.5 per cent

being aged less than 25 years, with 48 dependants per 100 working age population (NBS 2015). Despite graduating to a Middle-Income Country status in 2011 and achieving a Human Development Index rank of 0.698 (UNDP 2013), factoring in inequality in the distribution of various dimensions suggest that pockets of poverty still persist (UNDP 2014).

Despite South Asian traditions shaping a society with a bias in favour of men, usually seen in legal situations involving property rights and inheritance, economic development post 1970, increased employment opportunity and higher education, resulting in changes to gender roles; most women are no longer confined to domestic roles but now engage in employment and education, achieving better positions economically and socially (Razee 2000). However, increased scrutiny of women's participation, empowerment, and gender-based violence has shown that gender inequalities persist as a result of shifting social norms, deficiencies in laws and policy framework, and increasingly conservative religious practices (World Bank, upcoming publication).

A republic since 1968, the Maldives is wholly a Muslim country and follows the Shari'a law. Although Islam had been practised in moderation in the past; there is a growing influence of Islamic fundamentalism (Munch-Petersen 2010). (The ways in which the state religion influences the Maldivian people and their lives is discussed in detail in Section 3.3).

### SRH in the Maldives

The sexual and reproductive health (SRH) indicators in the Maldives have shown tremendous gains in recent decades. Maternal mortality has decreased from 500 per 100,000 live births in 1990 to 56 per 100,000 live births by 2011, and 94.8 per cent of deliveries are attended to by skilled birth attendants (MOHF 2010). The Maldives DHS reports the total fertility rate as 2.5 per woman, and the age-specific fertility rate for 15-19 year-olds as 10 per 1000 women (MOHF 2010). Family planning and contraceptive services have been provided via health facilities throughout the country since the Child Spacing Programme was introduced in the 1980s (Regional Office for South East Asia 1988). However, the unmet need for family planning is 28 per cent, and 16 per cent of conceptions among married couples was reported as unwanted, and 19.8 per cent unplanned (MOHF 2010). As the preferred terminology suggests, contraceptive services are available to married couples for the purpose of child spacing and family planning as non-marital sexual activity is legally prohibited in the Maldives on the grounds

that it goes against the teachings of Islam (Government of the Maldives 2008).

In a study examining religious and sociocultural influences on sexual health policies, services and experience of youth in the Maldives, Hameed (2012) posits that the biggest demarcation of SRHR lies with marital status, and shows a mutually reinforcing relationship between official SRH data and policies where restrictive policies dictate the type and extent of data that may be collected (e.g., premarital sexual activity), which then reinforce justification of existing policies and services that restrict services from unmarried individuals. The study also highlighted that while the introduction of family planning and child spacing was a response to data on high infant and maternal mortality in the 1980s (Regional Office for South East Asia 1988), youth sexual health issues were not acknowledged in Maldivian policies until the early 2000s. Risky sexual activity, unintended pregnancies and unsafe abortions among unmarried youth were referred to in official and unofficial reports at least 10 years later (MOH 1995; MOH 1999; UNFPA Maldives 1994). The study reveals that youth sexual health provided an entry point for morality and religious discourse in the health policy and service context, restricting SRHR of the largest cohort of the Maldivian population, even though their lived experiences (based on quantitative and qualitative data) does not indicate a significant link between own religiosity and their sexual decision-making (Hameed 2012).

The Maldives Demographic and Health Survey (DHS) 2009 was the first attempt at international-standard nationally representative data that revealed SRH data, although its data on sexual behaviour of unmarried individuals is generally accepted among key stakeholders as being under-estimations (Hameed 2012). The Maldives DHS 2009 showed that among the 35 per cent of married women currently using some method of contraception, 27 per cent use a modern method and 8 per cent use traditional methods (MOHF 2010). The most commonly used modern methods were female sterilization (10 per cent) and male condom (9 per cent); the pill was used by 5 per cent of married women (MOHF 2010). The study also showed that contraceptive prevalence in the Maldives decreased with increasing

education and use of modern methods declined from 36 per cent to 21 per cent among women with no education, compared with women with more than secondary education (MOHF, 2010). This difference was due to the higher reliance on female sterilization among women with no education (MOHF, 2010). Unlike many other countries, there was no significant difference in contraceptive use between urban and rural residence and also there was no difference in contraceptive use among the wealthy (MOHF 2010).

The upcoming Maldives DHS (MDHS) 2016/17 is expected to update the above SRH data, and after much advocacy from international and local organisations, better capture SRH needs of the unmarried population by virtue of fewer censored questions. It is also expected to renew the only prevalence data on gender-based violence available in the country, which shows one in three women experienced gender-based violence, and one in five women reporting

intimate partner violence (MOHF 2007). The MDHS 2016/17 is also expected to provide much-needed insight into harmful practices that impinge on SRHR, particularly that of female genital mutilation, underage marriage, and polygamy, all of which have been reportedly rising as a result of the increasing influence of fundamentalist movements in the country (Hope for Women 2012).

### Religious Fundamentalism in the Maldives

“The culture of the Maldives has undergone changes in recent years, and many believe it is progressively being Arabized (or Wahhabized<sup>5</sup>) and more and more adherents (particularly among the youth) are following a Salafi-jihadi ideology” (The American Foreign Policy 2013, 6). This trend

<sup>5</sup> A branch of Sunni Islam, described as ultra-conservative and fundamentalist. It is also referred to as a Salafi movement.

Figure 1. Maldives Population Structure



Source: 2014 Maldives Population and Housing Census, National Bureau of Statistics

towards religious fundamentalism in the Maldives is difficult to quantify but may be captured through the various news articles from local and international media, as well as the emerging but limited literature that postulate how and why fundamentalist movements have flourished in the country.

In her research on the extent to which changing Islamic values have influenced the role of women in the Maldives, Mohamed (2015) describes how the advent of political parties and democratic freedom led to a politicisation of Islam in the country. Adhaalaath Party was formed among a group of religious clerics, establishing themselves as the Islamic party. In a country where one's religious belief is inextricably linked to their national identity (i.e., to be Maldivian is to be a Muslim), this led to the Adhaalaath Party enjoying a large following, forming a coalition with all successive governments since the first multi-party election in 2008 (Mohamed 2015). As a result, a Ministry of Islamic Affairs was founded in 2008, politicising and dominating the discourse on Islam and public policy (Mohamed 2015), and formalising the religious influence on public policy commonly seen in more theocratic Islamic states (Hameed, upcoming publication).

Some examples of the stances taken by the religious groups that subsequently took the form of policy include the Ministry of Islamic Affairs calling for an end to co-education schools and interschool singing competitions, declaring them as anti-Islamic and Western concepts (Nazeer 2012). An assessment done by the local NGO Maldives Democracy Network (2015) found that Islam textbooks for Grades 1 to 11 (covering ages 7 to 17 years) used in the national curriculum contained "radical" narratives and messages, some even contradicting the basic Islamic principles of compassion, tolerance, fairness, justice and equality.

In parallel to the growing reach of fundamentalism through policy, there were increasing reports of religiously-inclined NGOs promoting "revolutionary jihadist ideologies" through social media as well as state- and private-owned television and radio (Naseem 2015). Some of these NGOs are believed to have entered under the guise of humanitarian aid following the 2004 Indian Ocean Tsunami and are thought to have links to larger transnational Wahhabi/Salafist

organisations (American Foreign Policy Council, 2013). With the democratisation process and the 2008 Constitution protecting their freedom of expression, these organisations freely preached fundamentalist views (Mohamed 2015), their propaganda reaching even the far-flung islands in the Maldives as a result of increasing reliance on social media (Amir 2011; Naseem 2015). As a result, Islamic faith healing (Ruqya) has become an increasingly common substitute for medical care, as has non-vaccination of infants, and increased pressure on women and girls to wear hijab (Amir 2011; Hope for Women 2012; Mohamed 2015).

As a result of this confluence of factors, today there are growing concerns about the fundamentalist movements affecting the country's standing in international communities given the export of Maldivian youth participating in transnational jihadist movements (Usborne 2014; Burke 2015; Hamdhoon and Naafiz 2015; Kareem 2015). Within the country, there are ever-growing religious groups (some registered NGOs include Jamiyyathul Akhavaathu, Muslimunge Gulhun, Islamic Foundation of Maldives, Dhi-Islam, Peace Foundation, Maldivian Youth League, Al-asr Jamiyyaa, and Jamiyyathu Salaf) that influence policy, public perceptions and private life.

### Religious Beliefs as Determinants of SRH

The various factors that determine the use of contraceptives include religious and cultural factors, demographic factors, quality of family planning programs, attitude towards contraceptive use and influence from partner, family and peers (Hossain, Ahmed, and Rogers 2014; Jabbari et al. 2014; Srikanthan and Reid 2008). Previous studies have shown that level of education, knowledge and attitude towards contraception, religious beliefs about contraception and economic status influence the use/disuse of contraception (Hossain et al. 2014; Jabbari et al. 2014; Srikanthan and Reid 2008).

Although it is generally accepted that Islam permits family planning and the use of contraception (it is implied that this should be between married couples as the religion forbids extramarital sexual intercourse) (Roudi-Fahimi 2004; Sargent 2006), there is variation among people's

perceptions regarding this permissibility. In a study showing the association between religious and cultural factors and contraceptive use, a majority of Muslims believed that family planning is allowed, although some claimed that any form of contraception violates God's intentions (Srikanthan and Reid 2008). When a justification for contraception was provided, such as health, social, or economic indications, coitus interruptus was perceived as recommended, with the participants also indicating that contraception may be used only within marriage (Ibid. 2008).

In a 2014 study commissioned by SHE, researchers from the Research and Innovation Department at Villa College explored factors that contribute to contraceptive use and information sources, as well as public perceptions on the teachings in Islam regarding family planning (SHE, unpublished). The survey was administered to 776 ever-married men and women (79 per cent female and 21 per cent male; majority of the sample aged 26-30 years) in the Maldives selected via multi-stage cluster sampling where islands with varying levels of access to healthcare services were selected. Although the research concluded no statistically significant relationship between religious beliefs and contraceptive use, it highlighted an issue that

provided the basis for the current study-wide variation in people's perceptions regarding the permissibility of not only abortion but also practising family planning, and use of various contraceptive methods (the specific survey findings are reported alongside corresponding findings of this study in Section 6) (SHE, unpublished). This raises the question as to where people are getting such information from, and according to this survey, barring TV and radio, "religious scholars" and "the internet" are cited as almost equally common sources (SHE, unpublished).

### 3. UNDERSTANDING THE INTERLINKAGES

---

This section presents the findings and analysis of the study, alongside prior research findings and relevant literature. Each theme from the research question is presented separately through a rights-based lens, first recapping public perception followed by analyses from the interview with religious scholars, with key points of contention/agreement highlighted.

Reproductive rights as expounded in the ICPD states that:

*“Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health, it also includes their right to make decisions concerning reproduction free from discrimination, coercion and violence.”*

Programme of Action of the ICPD, para. 7.3, Cairo, Egypt, September 5-13, 1994.

#### Right to Decide Number, Timing and Spacing of Children

The foremost SRH-related problem for the Maldives during the 1980s was fertility control and its impact on maternal and infant mortality. Reversing a ban on condoms (then known as “French leather”) (Fulhu 2014), the Child Spacing Programme in 1984 (Regional Office for South East Asia WHO South East Asia 1988) was the first time that fertility control had been encouraged officially in the Maldives, and religious leaders were included in the outreach teams that travelled to atolls to conduct awareness sessions (Hameed 2012). Despite this, there were some island communities that resisted family planning, saying it was a Western

(and therefore ‘un-Islamic’) practice brought by Western organisations (namely UNFPA and WHO). This historical recap is worth noting because it marks an instance where religious teachings and scholars acted as a legitimising tool that facilitated the promotion of SRH (Hameed 2012).

#### ● Family Planning

Regarding people’s perception about the permissibility of family planning in Islam, the 2014 SHE-commissioned study reports that 16 per cent of respondents state that family planning is forbidden in Islam, whereas 64 per cent stated that it was allowed, and 20 per cent were reported as “somewhere in between” (SHE, unpublished, 55). In the same survey, when participants were asked what the religious teachings guided them to do, 97 per cent chose the option “plan family and bring up good children” whereas 3 per cent chose “get as many children as God gives” (SHE, unpublished, 55). While both these questions are flawed in reliability and provide leading and value-laden response options, what is worth noting is the minority respondents who perceive that Islam does not permit them to practice family planning.

In the interviews with religious scholars for the present study, all religious scholars unanimously agreed that family planning is permitted in Islam. The phrases used in Dhivehi were aailaa reyvuun (literal translation: aailaa=family, reyvuun=to plan) and dheythere dhurkuruun (literal translation: to make space in between, “children” being implied). The only times some scholars added a qualifier was when they themselves mentioned the phrase “birth control”, which they had translated to mean a subduing of the Ummah,<sup>6</sup> or Islamic nation.

---

6 Ummah: a community or a people. It is used in reference to the community of Believers or Muslims. (Alim [online], 2016; retrieved <http://www.alim.org/library/references/dictionary>)

“...all religious scholars raised the issue of taking surface meanings of hadith and the Quran, or even taking one aspect (such as the Quran) and disregarding the other. This theme of differentiating between educated interpretations versus collecting information from unverified sources appeared to be a larger underlying issue...”

When the respondents were asked to reflect on why some people perceived family planning to be prohibited in Islam, two points appeared to be key.

The first is a hadith<sup>7</sup> from Prophet Muhammad who described a longing to see a large Ummah. Respondents postulated that this hadith might have been misinterpreted by some people to mean that it is a Sunnah<sup>8</sup> to contribute to a large Muslim population. They however, then point out that this cannot be fulfilled if large numbers of children are born but not raised with strong aqeeda (faith) and Islamic values.

*“So if you want to pick at those words by the Prophet Muhammad S.A.W. and insist that this means to increase the number of children, not to strengthen Islamic Ummah . . . if you want to pick at that... for example, if I have four children and I raise them to have strong faith and good foundations, and another has 10 children but can have not one who is good, or has faith, or is pious . . . so what I am saying is, in Islam, to have a legacy [of children] who are of benefit to the Ummah, are good and pious, is what Prophet Muhammad*

*S.A.W. was encouraging. Not to give birth to numerous children and let them run in the streets to be a menace to society. So it's not quantity, but quality.”*  
RS2, female, known to and seemed to hold moderate views

The second point is linked to the reasons behind choosing to practise family planning. According to religious scholars, the following verse in the Quran may be leading some people to interpret that God will provide (rizq) for their children; however, many that they have, and thus it is not up to them to decide whether to have children.

*And do not kill your children for fear of poverty. We provide for them and for you. Indeed, their killing is ever a great sin. [Al-Isra verse 31]*<sup>9</sup>

Some scholars are of the opinion that this verse indicates that family planning or child spacing should not be an economic decision. However, most go on to elaborate that the cost of living, particularly in Male', may be taken into account as it also pertains to the way one is able to raise a child according to Islamic principles that include to educate and to be of service to society.

7 Hadith: sayings of the Prophet [Muhammad]. (Alim [online], 2016; retrieved <http://www.alim.org/library/references/dictionary>)

8 Sunnah: the examples of the Prophet's life what he said, did, implemented, how he implemented. (Alim [online], 2016; retrieved <http://www.alim.org/library/references/dictionary>)

9 Translation retrieved 23 April 2016 from <http://quran.com/17/31-41>

“In Islam, it is a right given to wives and husbands to lineage ... to sustain their lineage by having children, and also to not have children ... these two rights are bestowed upon both these people ... equally”

“... So the person who is doing family planning, is his intention for it that he wants to piously raise the children he has now, to keep his wife in good health ... for example, his wife may be giving birth twice a year, at year end and beginning, that they cannot give proper care to the children, if he is working and cannot give much time, for the children ... and his wife is breastfeeding one child and is carrying another... if they can give little attention to their children, if he wants to wait to have more children, then there is no problem with that. However, if he is thinking ‘I cannot feed my children, how can I feed 10, 12 children, my income is not enough ...’ then this is because his faith is weak. Because it is Allah who gives rizq to everyone ... yes? He has definitively said in the Quran, to not kill a child in fear of not being able to feed him. To those who do that, Allah tells them it is He who gives rizq to them, and to the children.”

RS3, male, known to and seemed to hold conservative views

Thus it appears that the above two points are creating ambiguity among some people regarding the permissibility of family planning in Islam. It is important to note that all religious scholars raised the issue of taking surface meanings of hadith and the Quran, or even taking one aspect (such as the Quran) and disregarding the other. This theme of differentiating between educated interpretations versus collecting information from unverified sources appeared to be a larger underlying issue, which will be discussed in detail in Section 4.

Interview data from SHE members indicate that the uncertainty about the permissibility of FP in Islam surfaced

only in relation to the woman’s autonomy in making reproductive decisions. This is corroborated by the most recent CEDAW shadow reports that describe the growing perception that such decisions are subject to the husband’s approval (Hope for Women 2012). When this issue was posed to religious scholars, almost all respondents immediately referred to marriage being a partnership between two people.

“Even in family planning the husband cannot force the wife to bear however many children he wants. The man and ... both of them should discuss together and decide together, like two travelling on the same dhoni [boat], that’s how it is in marriage in Islamic shariah.”  
RS4, involved in teaching, travels in the Maldives to deliver religious sessions

When this point is prodded with a question about whether the husband has more decision-making power than the wife according to Islamic principles, some refer to the economic responsibility assigned to the husband (along with the economic independence given to the wife). They postulate that this may be getting perceived as more decision-making power but they go on to state that it is the wife that bears and raises children, and that having children is a joint decision to be made between a husband and wife.

“In Islam, it is a right given to wives and husbands to lineage ... to sustain their lineage by having children, and also to not have children ... these two rights are bestowed upon both these people ... equally”  
RS2, involved in teaching, travels in the Maldives to deliver religious sessions

## ● Contraceptive Methods

When the perceptions survey asked participants whether or not they agreed or disagreed about each contraceptive method being permitted in Islam, those that agreed significantly superseded (those that disagreed and didn't know) when it was regarding natural methods such as the Standard Days Method, Lactational Amenorrhea Method, and withdrawal (SHE, unpublished). Most respondents also agreed that condoms and contraceptive pills were permitted in Islam (SHE, unpublished).<sup>10</sup> However, there was more uncertainty (i.e., slight gap between those that agreed vs. those that disagreed and did not know) when asked about methods perceived to be more invasive, such as the Intrauterine Contraceptive Devices, Implanon, and injections. Lastly, the majority of the participants disagreed with the statement that tubal ligation and vasectomy were permitted in Islam (SHE, unpublished). Based on these, the trend appears to be that most people are confident that Islam permits natural and non-invasive methods, are similarly confident that perceived permanent methods are prohibited, but are uncertain about temporary but perceived invasive methods.

Interview data shows that religious scholars generally agreed that temporary contraceptive methods are permitted upon the condition that it does not harm either of the people. They posit that the Lactational Amenorrhea Method is referenced in the Quran where mothers are instructed to breastfeed the child for two years (Al-Ahqaf verse 15), and cite instances where withdrawal (azul) was practised in the time of Prophet Muhammad. The scholars interviewed made no distinction between natural and artificial methods but some cautioned the need to ensure no harm or side effects incurred as a result of some methods.<sup>11</sup>

<sup>10</sup> The Emergency Contraceptive Pill is discussed separately at the end of the sub-section.

<sup>11</sup> Researcher observational note: a few scholars who were older emphasised caution regarding injections and IUDs, but based on their speech pattern during this discussion, this is attributed to the lack of familiarity with these methods, and not indicative of them saying these methods are prohibited.

Regarding permanent methods such as tubal ligation and vasectomy, the general consensus among interviewed religious scholars is that this should be avoided unless recommended by a credible medical practitioner. The reason for this, as given by all interviewees, is that if this decision to permanently prevent pregnancy is taken without medical necessity, it might be regretted in the future.

*"If you do it this way [choose permanent methods] what happens is, sometimes as a result of illness, both children might die . . . say this married couple had two children and then they chose "birth control", and undergo the operation to prevent pregnancy . . . and then, the whole family is lost"*

RS5, delivers religious messages through media, known to and seemed to hold conservative views

Thus, the interview data suggests that most religious scholars do not consider permanent methods as prohibited in Islam, contrary to what most survey respondents perceived. Furthermore, the perception survey's findings are unexpected given how the most common form of contraception as found the Maldives DHS 2009 is female sterilization (MOHF 2010). Although this has not been researched in-depth, the fact that the most invasive and permanent method is most common among women has raised some concerns among stakeholders about how this relates to women's reproductive decision-making power and autonomy.

Emergency Contraception Pills (EC Pill, or the Morning-after Pill) are often mentioned by service providers as a point of contention in how this is perceived by some as a form of abortion. In the same question discussed above, where survey participants were asked whether each contraceptive method was permitted or prohibited, most participants reported that they did not know, followed by those that said it was prohibited (SHE, unpublished). It is unclear whether the interviewed religious scholars considered taking the EC Pill as abortion, as only two indicated knowledge of the pill's effectiveness window.

## ● Abortion

On the specific survey question asking whether or not they believed Islam permitted abortion, 68 per cent of survey respondents stated that Islam allows abortion before four months of pregnancy if there is a medical reason, while 6 per cent reported the same applied for even non-medical reasons (SHE, unpublished). Just 1 per cent believed Islam allowed abortion at any time of the pregnancy, whereas 25 per cent stated that Islam does not allow abortion at any time of the pregnancy in any situation (SHE, unpublished).

All religious scholars interviewed highlighted the 120-day mark as when Allah gives furaana (soul) to the foetus, after which abortion is not permitted in Islam. Most are of the opinion that in cases where the mother's life (one scholar stated that it need not even be her life, but any physical damage to the mother's body) is threatened, it is acceptable to choose abortion, some saying even if it is after 120 days.

*"If there is a danger to the mother's life, any day, under any condition, the child may be aborted, or can be removed through surgery. [Interviewer: And the child's life?]. What it is, is that the mother is the one living now. If the mother's life is in danger . . . the child in the womb is not yet complete. So the priority should be given to the one living now."*

RS3, involved in teaching, delivers religious messages through media

According to the fatwa (number 6, dated 11 December 2013) released by the Islamic Fiqh Academy of the Maldives<sup>12</sup>, abortion is permitted, even after 120 days, if it is posing any danger to the mother's wellbeing. Moreover, abortion is permitted but only before 120 days if any of the following circumstances are applicable: the pregnancy is a consequence of rape or of incestuous rape; if the mother's body is too weak or not developed enough to sustain the foetus; and in cases where the foetus is found to have a debilitating medical condition, including thalassaemia

major and sickle cell major (Islamic Fiqh Academy 2013).<sup>13</sup> What seems to be the point of dispute is what constitutes other acceptable reasons for an abortion prior to 120 days. From the afore-mentioned reasons, almost all interviewed scholars agreed that abortion is permitted in cases where the child is known to have a debilitating medical condition.

However, regarding rape and incestuous rape as grounds for permitting abortion before 120 days, very few among the interviewees conceded these as acceptable reasons. As this is contradictory to the afore-mentioned fatwa, statements such as the one below were often softened with claims that this is only in their own view, and that there may be others that believe differently.

*"Because that is also a soul, yes? For example, their . . . for example, if it's a result of an undesirable or unnatural deed . . . for example, if considering a sentence [punishment], the woman will not receive any sentence for that, according to Islamic principle. Because it was against her will. But even if it was against her will, the child [inaudible] . . . that is another soul. If she does not bear responsibility for that soul, then the state must bear that responsibility."*

RS7, male, involved in teaching

The issue of abortion is often mentioned by SHE and other stakeholders as an issue where advocacy and religious beliefs were successfully navigated to create more space to advance SRHR. Although undocumented, informal discussions with key actors involved in both instances (inclusion of thalassaemia as grounds for abortion during the 1990s, and incest and rape in 2013) show that the advocacy was supported by evidence of the harm to child and mother, how it would diminish the incidence of unsafe abortions, and reduce the financial burden on the state. According to members of SHE, the agreement to issue a fatwa allowing abortion in cases of rape and incest came

<sup>13</sup> As the fatwa statement was released in Dhivehi, see English article on Sun.mv Online (2013) "Abortion permissible in five circumstances, rules Fiqh Academy" (17 December 2013) retrieved from: <http://english.sun.mv/18588>

<sup>12</sup> See <http://islamicaffairs.gov.mv/dh/f/figh.php>

amidst the trend towards fundamentalism making it an unexpected advancement to many stakeholders. However, it also coincided with strong advocacy campaigns for the Domestic Violence Bill, which most likely contributed. Based on these interviews with former and current SHE staff, one characteristic common to both instances was to involve a leading religious authority (in the first case, the Supreme Council for Islamic Affairs; the latter, Ministry of Islamic Affairs) from initial stages of the campaigns, indicating the potential for an alliance on SRHR.

### Right to be Free from Practices that Harm Women and Girls

Although forced early marriage is also a harmful practice subjected to girls, given their subsequently increased risk of intimate partner violence (Hong Le, Tran, Nguyen, and Fisher 2014), direct harmful practices such as Female Genital Mutilation (FGM) reportedly exists in the Maldives (Hope for Women 2012). The introduction of FGM has been attributed to extreme interpretations of Islam (Hope for Women 2012; Mohamed 2015) that has also led to increased practice of non-vaccination of infants and removal of girl children from schools – all of which contribute to increased vulnerabilities of girls, and subsequently hinder their wellbeing and participation in later life (UN, 2012). Although this may be the case, consultations with SHE led to the decision that the present study will focus on the two themes: harmful practices against women and girls and intimate partner violence (which “refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.” WHO 2012,<sup>14</sup>) as well as one form of such violence: marital rape or sexual violence (which includes “forced sexual intercourse and other forms of sexual coercion” WHO 2012,<sup>14</sup>). These two themes were raised by SHE members as instances where service seekers and awareness workshop attendees frequently express their perception that Islam grants husbands the right to inflict physical violence as punishment, and that the wife's consent is not necessary for sexual intercourse.

### ● Intimate Partner Violence

The 2007 Maldives Study on Women's Health and Life Experiences provides the only prevalence data on gender-based violence available in the currently which shows one in three women experience gender-based violence, with one in five women reporting intimate partner violence (MGF, 2007). Findings from the attitudinal survey conducted by the Maldives Human Rights Commission showed that in 2005, only 64.4 per cent of female respondents believed it was wrong for men to hit their wives, and the repeated survey in 2011 showed this figure dropping to 50.3 per cent women (HRCM, 2012). This is in line with interviews and consultations with SHE that show that many women they encounter still perceive that Islam permits a husband to hit his wife. When this question was posed to religious scholars, all interviewees responded that Islam does not permit aniyaa (violence) to another person, let alone the wife.

*[Interviewer: . . . within marriage, aiy iskurun [literal meaning: to raise one's hand] or violence . . . {respondent interrupts}] “Not at all . . . totally unacceptable. Under no circumstances should there be violence towards one's wife.”*

RS1, male, delivers religious messages on media

When prodded to reflect on why so many perceive differently (as indicated in interviews with SHE), scholars made reference to the following verse:

*Men are in charge of women by [right of] what Allah has given one over the other and what they spend [for maintenance] from their wealth. So righteous women are devoutly obedient, guarding in [the husband's] absence what Allah would have them guard. But those [wives] from whom you fear arrogance – [first] advise them; [then if they persist], forsake them in bed; and [finally], strike them. But if they obey you [once more], seek no means against them. Indeed, Allah is ever Exalted and Grand. [Surah An-Nisa verse 34]<sup>14</sup>*

14 Translation retrieved 23 April 2016 from <http://quran.com/4/34-44>

“Findings from the attitudinal survey conducted by the Maldives Human Rights Commission showed that in 2005, only 64.4 per cent of female respondents believed it was wrong for men to hit their wives, and the repeated survey in 2011 showed this figure dropping to 50.3 per cent women (HRCM, 2012).”

The interview data shows that two points are often stressed by religious scholars regarding this verse. First is the distinction between *jehun* (to tap, or to strike without inflicting pain) and *aniyaa* (violence, to strike in a way that inflicts pain). Some scholars quoted descriptions they had learned, describing it as a tap from *amiswak* (teeth cleaning stick), and another as tap from a folded handkerchief. The second point is an emphasis that the verse is conveying different stages (*maruhalaa*) that need to be followed before even reaching the “tap”.

When asked why there is a need to rebuke a wife by a husband (and not vice versa) in the first place, and when it should be invoked, a clear-cut answer is seldom received. Some scholars refer to earlier discussions on how the man is assigned the responsibility of providing for his wife and children, and speculate that perhaps there is more dominance over the woman. However, it was made clear that the aforesaid progression of acts mentioned in the verse is instructing a way of expressing discontent, and should never be invoked in matters that relate to the woman’s faith or any issue that is logically considered minor (e.g., “too much salt in the dish”).

It should be noted that all interviewees seemed to be expecting this question of whether Islam permits violence against women, and when asked why so many people

seemed to perceive that the wife is obliged to accept any punishment from the husband, nearly all again made reference to uneducated misinterpretations of the Quran and hadith. It is usually followed by an appeal to consider and strive to model (as is Sunnah) how the Prophet Muhammad treated his wives and his hadith:

*“The Prophet Muhammad said in a hadith ‘I am the one who is most kind to wives. And among you, the most pious man is one who treats his wife the kindest’. . . ”*  
RS7, male, involved in teaching

The references to the Prophet Muhammad’s conduct were raised by the scholars in emphasis of the care with which one’s wife should be treated, and condemning not only physical violence to one’s wife, but also the other forms such as verbal and psychological violence. A few scholars also made reference to another hadith that asks men whether their *zameer* (conscience) allows them sexual satisfaction with his wife after having treated her violently:

*“Those of you who, during the day, inflict pain on your wife, can you go to her bed at night... this is a valid hadith [inaudible] . . . during the day, your wife, for example, has not put enough salt in your dish, or too much salt, or too much spice, or its not spicy enough, for example, you beat her*

*for that during the day and that night will you go to her bed, and meet her [in sexual relations]?*

*This is not permitted by one's conscience."*

RS5, male, known to and seemed to hold conservative views

### ● Marital rape

Marital rape is technically subsumed within the definition of intimate-partner violence, which includes sexual and physical violence a person experiences from their partner, the prevalence for which, in the Maldives, is one in five women (MGF 2007). However, marital rape is specifically highlighted in this study because consultations with SHE revealed that many women they encounter (in service provision and awareness raising) perceive that Islam does not recognise marital rape, i.e., a wife's consent is not required for the couple to have sexual intercourse. Regarding whether a woman is entitled to refuse sexual intercourse with her husband, one of the stronger references made was:

*" . . . And you know the extent of consent is . . . when you want to have sex with your partner...and Prophet Muhammad S.A.W has been explicit . . . {in English:} and this is what I used to repeatedly remind our participants, even when it comes to your sexual satisfaction, you have to have the consent of your wife. {In Dhivehi:} Prophet Muhammad S.A.W has explicitly said to not do that [sexual intercourse with partner] any other way."*

RS1, male, travels throughout Maldives to deliver religious sessions

As part of the elaboration, many scholars made reference to the earlier discussion on treating a wife with care and that a marriage is supposed to be filled with ogaatherikan (care, kindness) and that marital relations should be nothing less. Despite this, when questioned whether marital rape is recognised in Islam; that is, whether Islam recognises that it is possible for a husband to rape his wife, most scholars appeared to object to the term "rape". The interview data seems to indicate that violence during sexual intercourse is abhorred but that they would characterise it more as physical violence (aniyaa) than a rape, with mentions of

how the woman then has grounds to press formal charges.

*"If it is without consent, or if forcefully having sex, then it becomes another kind of problem . . . it can't be called marital rape. Forcefully . . . if a married person forces their partner to [have sex], then that could be taken to court and given a different sentence . . . "*

RS6, male, affiliated with the Ministry of Islamic Affairs

This statement echoes stances described by Hope for Women in their CEDAW Shadow Report (2012) where they report "an Islamic scholar declared that in Islam, there is no such thing as marital rape, asserting that this is as clear as 'black and white'" and subsequent silence on marital rape in the Domestic Violence Prevention Act (Hope for Women 2012, 33). Interview data for the present study indicates that this view may be informed by interviewees' personal understanding of the term "rape" as something perpetrated by strangers.

*"We cannot really say that it is a rape, even if the husband is forcing himself . . . the difference between forcing a hiley [not wedded to him] woman and forcing his wife . . . But if he is forcing himself on his wife, I mean, in the eyes of God, he is committing a sin . . . in truth he is doing something that is not permitted by Islamic shariah. To force one's touch upon his wife . . . it should happen with love, care and his wife's consent." [Interviewer: But why did you say it probably can't be called "rape"?] I'm saying it cannot be called "rape" because . . . "rape" is, for example, a hiley [unwedded to the woman] man forcing himself on a hiley woman, right? In Islamic shariah the wife and husband are, either way, a married couple. So, even if it cannot be called that ["rape"], what the husband is doing is very wrong, and is not permitted in Islamic shariah . . . "*

RS4, female, travels throughout Maldives to deliver religious sessions

Regardless of what is informing the scholars' views, this incongruence between SRHR and Islamic principles as presented to the public by these

religious scholars is problematic in the advancement of SRHR in the country, and warrants further in-depth research on how this may be addressed.

Interestingly, most interviewees then raised the point that a woman need not endure such violence or any violence from her husband, and that Islam allowed her the right to seek a divorce. This right to seek divorce was emphasised in some interviews as indicative of how much Islamic principles sought to protect women's rights, because divorce is described as one of the most undesirable acts among those permitted in Islam. However, it was striking how the scholars did not seem to appreciate the difficulties a woman experiencing intimate partner violence may face with regard to seeking divorce. None of the interview data, even from female religious scholars, shows acknowledgment of probable isolation from family, financial dependence, custody of children or any complications commonly faced by women in abusive relationships.

### Right to SRH Education and Information

Survey findings indicate that on average 90 per cent of participants are able to name different forms of contraception, and are able to name where they would be able to obtain them (SHE, unpublished). This is consistent with the representative data from the Maldives DHS 2009 (MOHF 2010) and may be attributed to the availability of family planning counselling at the health facilities throughout the country. However, disparities do remain between urban and rural areas. A recent study commissioned by UNFPA and the Health Protection Agency indicates that varying knowledge among service-providers, especially at island facilities, have the potential to emphasise some forms of contraception over others (HPA, upcoming publication). This may, in part, explain the over-reliance of tubal ligation (sterilisation) among females found in the Maldives DHS 2009 (MOHF 2010).

However, the access to SRHR information is more clearly obstructed to the unmarried population of the country. In 2007, the Family Court introduced a regulation requiring all couples intending to marry to attend a one-day Marriage Awareness Programme that has one session on SH issues

such as STIs and contraception (MOJ 2011). It is unclear whether this is still implemented effectively or whether this is upheld as a requirement to a marriage registration in the Maldives. Regardless, this still excludes the proportion of people who do not intend to get married but engage in sexual activity.

Hameed (2012) states that the acknowledgement of sexual health concern among young and unmarried people in the early 2000s led to a disproportionate focus on "creating awareness"—the less religiously-controversial alternative to providing services to attend to the risky sexual behaviour, unwanted pregnancies, and unsafe abortions being reported at the time (NCB 2003; Thalagala 2008). However, the religious sensitivities and subsequent negotiation between the policy actors (namely, UNFPA, Ministry of Health, and the Ministry of Education) at the time led to further dilution of the awareness programmes where sexuality education was repackaged as Life Skills education with optional mention of contraceptive methods (Hameed 2012). This intervention saw many permutations, including optional stand-alone classes in some schools, which meant that SRH information has not yet been systematically provided to young people (Hameed 2012).

Despite this situation where national authorities cite religious sensitivities as a barrier to providing unmarried people with the information to prevent unintended pregnancies and STIs, Hameed notes that such restrictions did not appear to apply to awareness campaigns on HIV/AIDS which included condom promotion for the purpose of preventing HIV infections (2012). It is claimed that this instance indicates the malleability of religious influence in how they are upheld or overcome by policy actors depending on sufficient funds and political inclination to support an intervention (Hameed 2012).

Interview data for the present study suggest that some religious scholars do discern between providing information to prevent diseases with that of providing information to prevent premarital pregnancy. When first asked about the importance of being informed, almost all religious scholars agreed that information and knowledge is emphasised in Islam. When then asked if the same applied

to unmarried people, several considerations were raised, including for what purpose, what information, and how it will be delivered. Regarding purpose, most interviewees made references to HIV/AIDS and the need to prevent it, interestingly without similar regard for preventing other STIs. However, even those that seemed to be most supportive of SRHR appeared reluctant to support the same information provision for the purpose of preventing non-marital pregnancy, in case it is interpreted as condoning extramarital sexual activity.

*“ . . . But in the case of unmarried people, to prevent AIDS . . . ok, with AIDS . . . what happens is when you have intercourse out of wedlock, transmitted diseases are spread, and diseases like AIDS are transmitted. Isn't this right? So because of this issue, there is a need for contraceptives. This is an entirely different issue. Using contraceptives for the prevention of AIDS and using contraceptives for family planning. Isn't this right? [Inaudible] So these two issues should not be combined. For the purpose of family planning, yes, we can talk about this in front of married couples. That this will happen when you do this [use contraceptives]. But for the purpose of preventing AIDS . . . what happens is, we are promoting a wrong idea. Meaning . . . to put it another way {in English:} Yes, you may have sex, you may have sex, but safe sex. But in Islam, there is no safe sex out of wedlock. Whether you use contraceptives or not, there is no safe sex . . . out of wedlock . . . in Islam.”*

RS1, prior experience in family planning advocacy, travels throughout the Maldives to deliver religious sessions

Regarding the content of the SRHR education, all scholars stated that it would need to be age-appropriate though some tended to describe the dangers of planting ideas and tempting experimentation. When enquired what constitutes age-appropriate information, the consensus seemed to be that it would be limited to information about puberty and associated urges, followed by information about what is forbidden and permitted, combined with strengthening ageeda (faith). Some claimed that this would ensure more holistic and complete information given to young people as opposed to giving them SRH information, which is perceived

as promoting condom use only. Interestingly, the inverse (teaching only Islamic principles and no mention of health and social consequences) did not seem to be considered incomplete information, as almost all scholars seem to insist that a strong aqeeda(faith) is what is needed.

*“For example, getting into relationships at a young age, and then having sexual relationships . . . there is no doubt about it [inaudible] those things are happening because of little faith, because we have not been providing good upbringing in our families. Isn't that right? Then when we surpass the standards and rules of Islam, in a Muslim country . . . these are not things on which Islam is silent. Yes? Then when we leave the standards and rules given to us, we see what is there in those Western countries, for example at 13 years [inaudible] to have boyfriends and to be with them, these are the things we see then. And then we believe that there is a need to give them sex education. Yes? And that is how those children will be protected if they do indeed have sexual relations. But that can't be our thinking . . . what I believe is . . . we should probably still keep teaching them what it says in our religion.”*

RS7, involved in teaching, no prior experience in family planning advocacy

With regard to the way in which any SRHR information should be provided, most scholars seem to favour segregated information sessions. It should be noted that this point, along with much of the discussion about providing SRHR information to unmarried people, appeared to be conveyed as a personal (or professional, in the case of those with teaching experience) opinions and not as underlying Islamic principles backed by hadith or verse. This distinction between personal beliefs and their professional (as educated religious scholars) advice is an important aspect that is discussed in the Conclusions section.

“The legal system and stigma associated to an unmarried woman becoming pregnant plays a role in women resorting to abortions in unsanitary and dangerous conditions.”



“The variability among public perceptions about Islam and SRHR is mostly likely a combination of religious scholars’ personal beliefs clouding their religious advice, a result of literal and incomplete interpretation of Islamic texts, and pervasive misinformation provided by some groups that may not be in line with Islamic principles.”

## 4. CONCLUSIONS

---

This study sought to explore how prevalent beliefs and perceptions about Islamic principles affected SRHR in the Maldives by studying the following research question and sub-question: What is the reason behind varying perceptions regarding Islam's stance on family planning and SRHR? Sub-research question: What is the basis for restricting access to SRHR information to young people?

By interviewing leading religious scholars who actively and regularly engage with the public through public lectures/sermons, media, and teaching, this study explored whether differing beliefs held by religious scholars may be the reason behind the wide variation in public perception regarding Islam and family planning and SRHR. The findings and analyses presented in the preceding section indicate that such a clear attribution is unwarranted without further detailed investigation. The religious scholars interviewed did not show wide variation in views regarding women's right to consent and to decide on family planning, the use of different contraceptive methods, abortion, nor regarding their right to be free from violence, nor about young people's right to SRHR information.<sup>15</sup> Instead, the answer to the research question appears to be a combination of three factors.

The first factor is how some strongly held opinions might be clouding the advice given by religious scholars. With regard to the right of women to family planning, for example, despite their assertions about joint decision-making after a woman evaluates her own ability to raise children with strong aqeeda, most religious scholars held views that appeared very pro-natalist. During discussions about what were considered "valid" reasons to practise family planning, some scholars tended to hyperbole (e.g.: "you cannot

take another life because an abortion is easy") while some tended to emphasise that what lives on after one's death is naslu (heritage). Similarly, some tended to attach less value to reasons presented by women (to delay childbirth), i.e., women needed to prove that their value and contribution to society may be diminished during pregnancy while men need not provide such proof. Some who did not seem to be able to fathom what reasons a woman could have to delay childbirth and simply asked "why not?" What is concerning about this is that while the scholars give their educated advice about how Islam permits and indeed encourages family planning and SRHR, pro-natalist aspects of their perhaps personal beliefs are apparent in their speech. If it could not be ascertained whether their advice was based on their religious knowledge or personal characteristics in an audio-recorded interview setting, it will likely be overlooked in lecture settings.

The second factor that may be contributing to varied public perceptions regarding Islam and SRHR may be that some are informed by educated interpretations of the Quran, hadith and Islamic texts while others may be informed by shallow interpretations of the aforesaid sources. When asked to reflect on why some people perceived and cited Islamic principles so contrary to their views, all religious scholars expressed concern (and frustration) about the dangers of deriving literal, shallow and partial meanings from historic texts, a key example of which is the Quran verse that some take as licence for intimate partner violence. It was interesting to note the confidence with which all interviewed scholars spoke regarding some themes (e.g. permissibility of family planning), that no educated religious scholar would speak differently. Even more interesting was how, in those instances, there really was little to no variation to be found in the interview data.

The third factor, somewhat related to the preceding one, is how the varied perceptions regarding Islam and

---

<sup>15</sup> Please note that the lack of variation does not mean the scholars' views were necessarily supportive to advance SRHR; this is discussed alongside recommendations for the way forward, in the following section.

SRHR may be informed by unverified sources that may not be rooted in Islamic principles. As described in the Section 3, fundamentalist ideologies are being promoted in the Maldives mostly through social media. According to the interviewed religious scholars, a lot of the social media messages they see are often malicious, incorrect or misrepresentations of Islamic principles and it is a struggle to correct the misinformation people receive from unverified sources. Contrary to what is perceived by SHE personnel, all religious scholars are of the opinion that the extremist groups are small in number, despite being “loud” in social media. Interview data suggests that groups currently engaged in religious rhetoric loosely fit into four categories: graduates (those with academic religious education); CD Sheikhs (those informed by CDs of public lectures); Dot Group (those informed and vocal on the internet); and SS or Super Salaf (those who consider themselves the most pious).<sup>16</sup>

Based on the findings and analyses, it seems that the reasons behind such varied public perceptions about Islam and SRHR may be a combination of religious scholars' personal beliefs clouding their religious advice, a result of literal and incomplete interpretation of Islamic texts, and pervasive misinformation provided by some groups that may not be in line with Islamic principles. This then begs the question as to how we can discern between these and what is “correct”, and also, who decides which voices we should listen to. These questions are being raised at a crucial time—just prior to concluding the data collection it was revealed by some interviewees that the Fiqh Academy was being replaced by a Fatwa Committee. As discussed in earlier interviews, the Fiqh Academy consisted of over 20 leading and academically qualified religious scholars who researched and debated on issues to formulate fatwas (religious rulings). It was through this mechanism that SHE and other stakeholders successfully advocated to allow abortions in the case of rape and incest. The new

mechanism, the Fatwa Committee is said to consist of five members only; two to be appointed by the President, and one appointed by the Minister of Islamic Affairs.<sup>17</sup> Not only does this concentrate tremendous authority to a mere five people, the process of appointment to the Fatwa Committee undoubtedly also invites political and other non-religious interests. In addition to clouding religious knowledge and authority with political and other agenda, the five members are expected to perform this function alone, further disengaging religious knowledge from lived experiences of the public.

---

<sup>16</sup> These categories were mentioned as casual descriptions of the different types of voices contributing the religious rhetoric, and thus could not be verified by online searches or other means. More than one interviewee mentioned “Dot group” and the “Super Salaf” but “CD Sheikh” and “graduates” were mentioned by just one interviewee only.

---

<sup>17</sup> This has not been confirmed or reported in the national news at the time this report was prepared, and further details are as yet unavailable.

## 5. RECOMMENDATIONS

---

In this section, key findings of the study are coupled with recommendations that may be pursued by SHE as well as other partners in the advancement of SRHR in the Maldives.

- This study shows that leading religious scholars in the country, even those holding conservative views, agree that family planning is permitted in Islam. It appears that this is incongruent with perceptions held by many service-seekers as well as survey respondents (SHE, unpublished). Civil society organisations such as SHE should increase related religious messages in their family planning advocacy material, as well as involve more religious scholars from various organisations so that target groups may see that this is not a perspective held only by some scholars, but even by those known to hold conservative views.
- This study reveals that while all religious scholars agree about the permissibility of family planning in Islam, and that this decision should be made jointly by the couple, some express opinions (that are not backed by hadith, verse, or religious teaching) that seem pro-natalist as well as those that diminish the woman's reasons for choosing family planning. SHE should demonstrate care when selecting more religious scholars to partner with in advocacy efforts, in order to ensure that incongruent messages are not indirectly conveyed. Advocacy material and sessions should have clear consistent messaging that conveys that Islam permits family planning and that this decision is jointly made, allowing women the right to choose number, timing and spacing of children.
- This study shows that while some scholars have reservations regarding the permissibility of permanent methods of contraception, all are in agreement that different contraceptive methods are permitted in Islam. This, too, is in contradiction to perceptions held by survey respondents who showed uncertainty about which contraceptive methods were permitted (SHE, unpublished). SHE should include the message regarding the permissibility of temporary contraceptive methods in Islam in their advocacy material.
- This study shows variability among religious scholars' views regarding the grounds on which abortion is permitted (prior to 120 days of pregnancy). Similarly divisive perceptions were also found among survey respondents (SHE, unpublished). However, the two instances where advocacy campaigns led to fatwas being issued permitting abortion on additional grounds presents key lessons—that advocacy on even the most polarising of issues may succeed if campaigns are consistent, timely, and carried in conjunction with advocacy efforts that may serve political or international interests (see Section 6.1.3). SHE should monitor key policy movements (upcoming policy, parliament discussions, changes to policymakers) as well as international campaigns and case studies highlighted in the media to ensure strategic timing of advocacy campaigns. In preparation to seize such opportunities, SHE should compile evidence-based arguments, various religious perspectives, and policy briefs on issues that require rights-based policy changes.
- This study shows that leading religious scholars in the country, even those holding conservative views, agree that Islam does not permit intimate partner violence, or violence against women (see Section 6.2.1). This is in direct contrast to frequently expressed perceptions among service-seekers and participants at awareness sessions as indicated in interviews with SHE personnel. Greater progressive views and messaging is critical not just from religious scholars but also from policy and political actors. SHE should increase supporting

religious messages (including verse, hadith, and educated interpretations) in their advocacy material, as well as involve more religious scholars from various organisations so that target groups may see that this is not a perspective held only by some scholars, but even by those known to hold conservative views. Since the study indicates that these misperceptions are informed by uneducated and shallow interpretations of Islamic texts, SHE's advocacy material should include an appeal to critically consider information sources.

- This study shows that most religious scholars do not seem to accept or acknowledge marital rape, even though they condemn sexual violence against women. Further in-depth research on this issue, including ascertaining if indeed marital rape is denounced in Islam, and the religious principles (hadith, verse, or historic texts) informing this view has to be done in order to develop a way forward to counter this perception.
- This study shows that the interviewed religious scholars did not seem supportive of SRHR information provision to people, particularly unmarried young people; nor is it viewed from the rights perspective. However, the analyses indicate that this may not necessarily be informed by their religious education but rather by personal beliefs indicating potential for further research and debate including the influence of religious belief on such perceptions. A data-driven debate and dialogue on Islamic perspectives regarding the right to SRH information has to be instigated, widening the debate to include religious scholars and stakeholders from diverse backgrounds. As SRH information provision is a priority for other stakeholders (including UNFPA, the Ministry of Education, and the Ministry of Health) it is recommended that SHE pursue partnerships with such stakeholders to avoid duplication, ensure wide coverage, and strengthen impact.
- This study highlighted how the increasingly fundamentalist movements that are not necessarily in line with Islamic principles, but are able to shape public perceptions about the rights of women through pervasive reach via the media. Since the attention towards growing fundamentalist movements is unwelcomed by the government as indicated by the various news articles, the Ministry of Islamic Affairs may prove to be a willing ally to counter extreme interpretations. Such a partnership is also strategic considering the upcoming changes concentrating religious authority to the Fatwa Committee. SHE and other civil society organisations should pursue a mutually beneficial partnership with the Ministry of Islamic Affairs to provide alternative narratives through media, support informed religious scholars, and provide supporting evidence to religious rulings.

## 6. LIST OF REFERENCES

---

- Amir, H. 2011. "Islamism and Radicalism in the Maldives". Masters Diss., Naval Postgraduate School Monterey California. Accessed June 12, 2016 [http://indianstrategicknowledgeonline.com/web/11Dec\\_Amir.pdf](http://indianstrategicknowledgeonline.com/web/11Dec_Amir.pdf)
- American Foreign Policy Council. 2013. "American Foreign Policy Council." Accessed June 12, 2016. [http://almanac.afpc.org/sites/almanac.afpc.org/files/Maldives\\_3.pdf](http://almanac.afpc.org/sites/almanac.afpc.org/files/Maldives_3.pdf)
- A. Hamdhoon and A. Naafiz. 2015. "Maldives downplays Islamic extremism, says fighters in Syria less than 20."
- A. Naseem. 2015. "The Clear Banner from Paradise Now to Paradise Hereafter Maldivian Fighters in Syria." Accessed June 20, 2016. <http://jihadology.net>. Retrieved from <http://jihadology.net/2015/05/11/the-clear-banner-from-paradise-now-to-paradise-hereafter-maldivian-fighters-in-syria/>
- A. Nazeer. 2012. "Adhaalath Party Requests Education Ministry Cancel Inter-school Singing Competition." Accessed June 12, 2016. <http://minivannewsarchive.com/society/adhaalath-party-requests-education-ministry-cancel-inter-school-singing-competition-35252#sthash.tUQgM259.dpbs>.
- Asian Development Bank. 2015. "Maldives and ADB". Accessed June 12, 2016. <http://www.adb.org/countries/maldives/main>
- C. F. Sargent. 2006. "Reproductive Strategies and Islamic Discourse: Malians Migrants Negotiate Everyday Life in Paris, France." *Medical Anthropology Quarterly* 20 (2006): 31-49.
- Fulhu, M.I. 2014. "Health Care Services in the Maldives: Yesterday and the Day Before." 1st ed. Translated by M.A. Hashim. Male', Maldives: Cyprea.
- Government of Maldives. The Constitution of the Republic of Maldives. Male', Maldives, 2008. Haveeru Online. Accessed December 21, 2015. <http://www.haveeru.com.mv/news/64983>
- Hameed, Shaffa. "Sexual Health Policies and Youth: A Case Study of the Maldives." PhD Diss., The London School of Economics and Political Science (LSE), 2012.
- Hameed, S. Understanding and Contextualising the Influence of Religion on Sexual and Reproductive Health in Islamic countries. (Upcoming publication).
- H. Kareem. 2015 "Video threats, religious extremism and Maldives tourism."
- Maldives Independent. Accessed September 1, 2015. <http://maldivesindependent.com/feature-comment/video-threats-religious-extremism-and-maldives-tourism-116948>
- Hong Le, Tran, Nguyen, and J. Fisher. 2014. "Early marriage and intimate partner violence among adolescents and young adults in Vietnam." *J Interpers Violence*, 29 (2014): 889-910. doi: 10.1177/0886260513505710.
- Hope for Women. 2012. "NGO shadow report for Maldives 4th and 5th CEDAW report." September 30, 2012. Accessed June 12, 2016. <http://hopeforwomen.org.mv/wp-content/uploads/2013/07/CEDAW-SR.pdf>

Hossain, Ahmed and L. Rogers. 2014. "Does a wife's education influence spousal agreement on approval of family planning? Random-effects Modeling using data from two West African Countries." *J Health Care Poor Underserved*, 25(2014): 562-576. doi: 10.1353/hpu.2014.0098.

HPA, Health Protection Agency. Assessment of Family Planning policy implementation. (Upcoming publication).

Human Rights Commission of the Maldives. 2012. "The Rights Side of Life." Accessed June 12, 2016.

<http://www.hrcm.org.mv/publications/otherreports/TheRightSideOfLife10122012Eng.pdf>

Husna Razee. 2000. "Gender and Development in the Maldives: A Review of Twenty Years 1977-1999." Accessed June 12, 2016.

[http://countryoffice.unfpa.org/maldives/drive/Gender\\_and\\_Development\\_in\\_Maldives.pdf](http://countryoffice.unfpa.org/maldives/drive/Gender_and_Development_in_Maldives.pdf)

Islamic Fiqh Academy. 2013. "Fiqh 6 (Ref: IFA/2013/06) [in Dhivehi]". Accessed July 15, 2016.

<http://www.islamicaaffairs.gov.mv/dh//images/uploads/Fatwa%206%20-%20Nuthufa%20nahthailumai%20hayyarun%20nahtuvailumai%20dhari%20vahtailumai%20beheyR.pdf>

Jabbari, Bakhshian, Velayati, Mehrabi, Allahverdizadeh, Alikhah, H., and Naghavi-Behzad. Undated. "Effectiveness of presence of physician and midwife in quantity and quality of family planning services in health care centres."

Jason Burke, 2015. "Paradise Jihadis: Maldives sees surge in young Muslims leaving for Syria." *The Guardian*, February 26, 2015. <http://www.theguardian.com/world/2015/feb/26/paradise-jihadis-maldives-islamic-extremism-syria>. *J Family Community Med*, 21 (2014), 1-5. doi: 10.4103/2230-8229.128761

J. Robinson. 2010. "Apostate publicly repents and rejoins Islam, after counselling." Accessed June 20, 2016. <http://minivannews.com/politics/apostate-publicly-repents-and-rejoins-islam-after-counselling-7704>

Maldives Democracy Network. 2015. "Love for Islam vs. 'Holy War'." Accessed May 10, 2016. <http://www.mvdemocracynetwork.org/love-for-islam-vs-holy-war-a-review-of-islamic-studies-textbooks-in-maldives/>

Ministry of Gender and Family. 2007. "The Maldives Study on Women Health and Life Experiences." Accessed June 12, 2016.

<http://minivannews.com/files/2010/10/Maldives-Study-on-Womens-Health-and-Life-Experiences-2007.pdf>

Ministry of Health (MOH). 1995. "Health Master Plan 1996-2005." Accessed June 20, 2016.

<http://www.health.gov.mv/latest%20publications/ebooks/pdf/policyplans/HMP1996-2005.pdf>

Ministry of Health (MOH). 1999. "Reproductive Health Baseline Survey 1999." Accessed June 20, 2016. <http://www.unfpa.org.mv/downloads/ReproductiveHealthSurvey1999.pdf>

Mohamed, M. 2015. "To what extent has the changing Islamic views affected the situation of women in the Maldives?" Masters Diss., University of Nottingham, Malaysia.

MOHF, Ministry of Health and Family, & ICF Macro. 2010. *Maldives Demographic and Health Survey 2009*. Caverton, Maryland.

Ministry of Justice (MOJ). 2011. "Family Court." Accessed June 15, 2016.

<http://familycourt.gov.mv/>

Ministry of Planning and National Development (MPND). 2014. "Statistical Year Book of Maldives 2014". Accessed June 10, 2016.

<http://planning.gov.mv/yearbook2014/yearbook/Population/3.22.pdf>

National Bureau of Statistics (NBS). 2014. "Population and housing census 2014." Accessed June 12, 2016.

<http://www.planning.gov.mv/census/census%202014/CensusPreliminary/PreliminaryResults.pdf>

- National Bureau of Statistics (NBS). 2015. "Statistical Pocketbook of Maldives 2015." Accessed June 12, 2016. <http://planning.gov.mv/yearbook2015/index.html>
- National Bureau of Statistics (NBS). 2010. "Household Income & Expenditure Survey 2009-2010." Accessed June 12, 2016. <http://planning.gov.mv/nbs/wp-content/uploads/2015/09/HIES-summary-English.pdf>
- Narcotics Control Board (NCB). 2003. "Rapid Situation Assessment of Drug Abuse in Maldives 2003." Accessed June 12, 2016. <http://www.shareefweb.com/documents/Maldives%20Reports/Drugs%20Abuse/UNDP%20drug%20report%202003.pdf>
- Nils-Finn Munch-Petersen. 2010. "The Maldives – islands unknown." Accessed June 25, 2016. <http://infocus.asiaportal.info/2010/01/19/blogsinfocus2010januarythe-maldives---islands-unknown-af-nils-finn-munch-petersen/>
- Roudi-Fahimi, F. 2004. *Islam and Family Planning*. Washington DC: Population Reference Bureau.
- SHE, Society for Health Education. 2014. *Sociocultural and Religious Factors Influencing Contraceptive Use and Family Planning in the Maldives*. (Unpublished, circa 2014).
- Srikanthan & R. L. Reid. 2008. "Religious and Cultural Influences on Contraception." *J Obstet Gynaecol Can* 30 (2008): 129–137.
- Sun.mv Online. 2013. "Abortion permissible in five circumstances, rules Fiqh Academy." Last modified December 17, 2013. Accessed June 12, 2016. <http://english.sun.mv/18588>
- Thalagala, Neil. 2008. *Sociocultural Factors and Unsafe Abortions in Maldives: Qualitative Perspectives*. 2008.
- UNFPA, United Nations Population Fund. 1994. *First Country Programme*. Male', Maldives.
- UN, United Nations. 2012. *Maldives combined 4th and 5th CEDAW State Report*.
- United Nations Development Programme (UNDP). 2013. "Human Development Report 2013: The Rise of the South: Human Progress in a Diverse World." Accessed June 12, 2016. [http://hdr.undp.org/sites/default/files/reports/14/hdr2013\\_en\\_complete.pdf](http://hdr.undp.org/sites/default/files/reports/14/hdr2013_en_complete.pdf)
- United Nations Development Programme (UNDP). 2014. "Human Development Report 2014: Sustaining Human Progress: Reducing Vulnerability and Building Resilience." Accessed June 12, 2016. <http://hdr.undp.org/sites/default/files/hdr14-report-en-1.pdf>
- US State Department. 2011. "2010 Human Rights Report: Maldives." Accessed June 12, 2016. <http://www.state.gov/j/drl/rls/hrrpt/2010/sca/154483.htm>
- Usborne. S. 2014. "Is it too late to save the Maldives from climate change and Islamic extremism?" Accessed June 12, 2016. <http://www.independent.co.uk/news/world/asia/is-it-too-late-to-save-the-maldives-from-climate-change-and-islamic-extremism-9901424.html>
- World Bank. *Gender and Development in the Maldives 2015*. (Upcoming publication).
- WHO South East Asia, Regional Office for South East Asia. 1988. *Child-spacing Programme Final Project Report*.
- WHO. 2012. "Understanding and addressing violence against women." Accessed June 12, 2016. [http://apps.who.int/iris/bitstream/10665/77432/1/WHO\\_RHR\\_12.36\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf)

## 7. APPENDICES

### Appendix 1: Glossary and Working Definitions

**Fundamentalist movements:** Political movements with religious, ethnic, and/or nationalist imperatives. They construct a single version of a collective identity as the only true, authentic and valid one, and use it to impose their power and authority over “their” constituency (which varies from a particular community to most, if not all, of humanity). They usually claim to be the representatives of authentic tradition, and they speak against the corrupting influence of modernity and “the West” (which non-westerners tend to regard as the same thing). However, fundamentalists are far from being pre-modern. In order to promote their project, they use all modern technological means available, from the media to weaponry. They can use holy texts and be linked with specific charismatic leaderships; they can appear as a form of traditional orthodoxy or, as a revivalist radical phenomenon fighting against traditional corrupt leaderships.<sup>18</sup>

**Hadith:** Sayings of the Prophet [Muhammad].<sup>19</sup>

**Religious extremism:** A “rigid interpretations of religion that are forced upon others using social or economic coercion, laws, intolerance, or violence. It is accompanied by non-fluid definitions of culture, religion, nationalism, ethnicity or sect, which move citizens into exclusionary, patriarchal and intolerant communities.”<sup>20</sup>

**Religious fundamentalisms:** “The use of religion (sometimes in conjunction with ethnicity, culture and nationality) by certain political and religious leaders, institutions and parties to legitimise as divine—and thereby render unchallengeable – authoritarian political power, and to essentialise social control. This has particular negative consequences for women’s rights.<sup>21</sup> Religious fundamentalisms are “political movements of the extreme right... manipulate religion... in order to achieve their political aims.”<sup>22</sup>

**Reproductive Health:** A state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are: the rights of men and women to be informed, have access to safe, effective, affordable and acceptable methods of family planning, including methods for regulation of fertility, which are not against the law; and the right of access to appropriate health care services to enable women to have a safe pregnancy and childbirth and provide couples with the best chance of having a healthy infant.<sup>23</sup> Reproductive health is a component of reproductive rights (see below).

**Reproductive Rights:** Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights

18 Imam, A.; Yuval-Davis, N. 2004. “Introduction.” pp. ix-xviii. IN *Warning Signs of Fundamentalisms*. Nottingham, UK: Women Living Under Muslim Laws. 182p. Available at: <http://www.wluml.org/english/pubs/pdf/wsf/introduction.pdf>

19 Alim [online], 2016; retrieved <http://www.alim.org/library/references/dictionary>

20 ICAN and AWID (2014). *Extremism as Mainstream: Implications for Women, Development & Security in the MENA/Asia Region*. Brief 11 Spring 2014. Pp.2

21 AWID working definition; “Resisting and Challenging Fundamentalisms” presentation, 15 November 2007

22 Bennoune, K. (2013). *Your Fatwa Does Not Apply Here: Untold Stories from the Fight Against Muslim Fundamentalism*. NY: W.W. Norton & Co.

23 International Conference on Population and Development (ICPD), *Program of Action*, UN Doc A/CONF.171/13 1994, chap. 7.A.

documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.<sup>24</sup>

**Secularism:** Involves the strict separation of the state from religious institutions, where people of different religions and beliefs, within the state, are equal before the law. It is a separation of religion from state.<sup>25</sup>

**Sexual Health:** Deals with the enhancement of life and personal relations, not merely counselling and care related to reproduction and sexually transmitted diseases.<sup>26</sup> It refers to the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love.<sup>27</sup> Sexual health is a component of reproductive rights (see above).

**Sunnah:** The examples from the Prophet's life: what he said, did, implemented, how he implemented.<sup>28</sup>

**Ummah:** A community or a people. It is used in reference to the community of Believers or Muslims.<sup>29</sup>

---

24 *ibid*, para. 7.3.

25 Adapted from <http://www.secularism.org.uk/what-is-secularism.html>

26 ICPD, UN Doc. A/CONF.171/13 1994, para 7.3.

27 WHO. "Defining sexual health: Report of a technical consultation on sexual health. 28-31 January 2002, Geneva

28 Alim [online], 2016; retrieved <http://www.alim.org/library/references/dictionary>

29 *ibid*.

## Appendix 2: Interview Guide

[Please note that this is a guide and NOT a script. None of the questions was asked verbatim or necessarily ordered as presented below; these are just prompts and reminders of minimal questions that need to be covered in each interview.]

### 1. Introduction:

- What this study is about, duration of the interview, my links to SHE.
- Obtain consent to record. State that unless otherwise specified, they will not be identified by name. If direct quotes are to be used, they will be translated to English, and shown to the respondent beforehand. Reiterate that this interview will be used for only this research, and should they wish, only heard by me
- Begin recording
- Recap of interviewee's current work, involvement with SHE work, as ice-breaker

### 2. Working with SHE

- Why do you think SHE works with you (or other religious scholars)?
- What do you/they bring to SHE's work on SRHR?
- Why is it needed?
- Does it make a difference? How?

### 3. What are your views on:

- Islam, Consent, and Rights of Women
  - Number of children
  - When to have them
  - Contraception. Different types of contraception
  - Seeking services, and who from
  - Abortion
  - Consent for sex/ marital rape
- What about violence?
  - Why is there such a variation in belief about permissibility of violence within marriage?
  - Where is this coming from?
- Would it surprise you if I told you that a recent study showed that xxx percentage of people believed differently to what you've said?
- What about the right to information?
  - Should unmarried women receive SRH information?
  - What are your thoughts about SRH information being given in schools? Why?
  - Is this reason related to Islam? How?

### 4. Now that we have covered your thoughts on Islam and the above issues...

- What are some other religious views on these? (prompt each mentioned above)
- Why is there a difference?
- Where does this difference in interpretation come from? [If they quote hadith or verses, ask them to name them so that they may be retrieved later]

- When you think about people in the Maldives, or Male', do you think more people think more similar to you or to the other interpretations?
- Do you think this has changed in the last 10 years?
- Why has there been a change?
- What effects has this change brought?
- Do you think this affects the kind of work SHE does? (i.e., SRHR and family planning)
- How? Why?
- Did it surprise you to know that there's such a wide variation about what people think Islam's stance is on FP, contraception, SRH information, abortion, women's right to consent, etc?
- What is your advice to SHE?

## 5. Wrap-up

- Thank again
- Any references that would be useful? [Ask for email address] or verses or translations?
- I plan to interview religious scholars of varying stances – who would you suggest?
  - Why would you suggest them?
  - Obtain contact details
- Is there anything else you would like to add before we finish?
- As mentioned before, if I am quoting you, I will translate the quote first and run it by you. [Obtain email address]
- Our gratitude and thanks for participating



This research is an initiative of a regional partnership working on building the interlinkages of religion (fundamentalisms and extremisms) on Women's Sexual Reproduction Health and Rights (SRHR). The ten partners are from India, Sri Lanka, Pakistan, Bangladesh, the Maldives, Indonesia, the Philippines, Malaysia, Morocco and Egypt. The regional partnership generates evidence on the interlinkages and the effects on wellbeing and human rights as part of national and international processes to achieve sustainable development and the realisation of human rights. The research for partners from India, Sri Lanka, Pakistan, Bangladesh, the Maldives, Indonesia, and the Philippines was supported by the European Union as part of the action "Strengthening the Networking, Knowledge Management and Advocacy Capacities of an Asian-Pacific Network on SRHR" and the Swedish International Development Cooperation Agency (Sida). The research for Malaysia, Morocco and Egypt was supported by the Norwegian Agency for Development Cooperation (Norad).

**ARROW** is a regional and non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

Since its inception in 1988, SHE has been a strong advocate for Sexual and Reproductive Health. Its work addresses issues concerning Sexual and Reproductive Health, counselling and psychosocial support, thalassaemia and health education. SHE has also always promoted the empowerment of women to be involved in the decision-making process for the use of contraception. Family wellbeing is at the core of their beliefs, believing that in order to have a healthy and safe pregnancy and bear healthy children, adequate spacing, timing, and determining the number of children that a couple would like to bear depending on their needs and circumstances are equally important. In this regard, SHE's services ensure that both partners make informed choices about their sexual and reproductive health.

### **Society for Health Education (SHE)**

Address: M. Kulunuvehi, Buruzu Magu, Male', Maldives

Telephone: (+960) 3327117 / 3316231

Fax: (+960) 3322221

Email: [she.maldives@she.org.mv](mailto:she.maldives@she.org.mv)

Website: [www.she.org.mv](http://www.she.org.mv)



This report was supported  
by the European Union

