

Paper Title: Islam and Reproductive Health  
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**Abstract:**

Reproductive health is an area of medical and health sciences which covers sex, child and maternal health, contraception and family planning, etc to mention just a few. Clearly, reproductive health is of great importance to both the existence and sustenance of mankind. It is likely that the importance of this discipline in these two areas has aided individual and organizational efforts towards promotion of studies in it. Though efforts have been made at the local and international levels to promote studies in reproductive health, little is the attention paid to the religious dimension of the discussion. This attitude in our opinion emanates either from the ignorance of the role of religion in reproductive health or a malicious jettisoning of it. In this paper we will examine Islamic provisions on reproductive health as contained in the sources of Islam like the Qur’an, hadith (sayings, deeds and approvals of the Prophet) and ijma<sup>c</sup> (consensus of opinions of Muslim jurists). We intend to examine points of attraction and contention between Islam and contemporary reproductive health with a view to suggesting ways capable of helping all stakeholders. Another objective of this study is determination of areas where Islamic provisions can help in enhancing human friendly reproductive health. To achieve the above objectives the paper is divided into five parts. Part one provides introductory remarks on reproductive health. In the second part Islamic provisions on reproductive health will be examined. The third part of the paper discusses points of attraction between the Islamic and modern reproductive health. Part four will contain recommendations aimed at promoting reproductive health from the Islamic perspectives. In the fifth part we will summarize discussions in the preceding parts and draw conclusions.

**Biography:**

Dr Yahya Oyewole Imam, a Senior Lecturer, is Coordinator of Postgraduate Programs and Staff Seminar Series in the Department of Arabic and Islamic Studies, University of Maiduguri, Maiduguri, Nigeria. Yahya holds a PhD degree from University of Ilorin, Ilorin, Nigeria, M.A and B.A from University of Jos, Jos, Nigeria. He has taught many courses in Islamic Studies and specializes in Islamic Law and Islam in the Modern World. He has published numerous articles including “Islam on the Internet” and “Islamic Health Care Services in the Contemporary World.” His wife, Lateefah, is a Technologist in the Department of Veterinary Physiology and Pharmacology, University of Maiduguri, Maiduguri, Nigeria.

**Paper Text:**

**Introduction**

Muslims claim that Islam is not only a religion but also a complete way of life.<sup>1</sup> The basis of their claim is the following verse of the Glorious Qur’an.

Nothing have We omitted from the Book. (Qur'an 6:38).

According to leading exegetes (*mufasirrun*) like Shawkani and Qurtubi this verse refers to the comprehensiveness of the Qur'an. It leaves nothing undiscussed even though such discussions may be concise in some cases and detailed in others.<sup>2</sup> If the Qur'an is comprehensive it then follows that Islam which has it as its basic primary source can not assume any other status other than that of the Qur'an. It is in the light of this that Muslims often argue that there is no aspect of human endeavor that Islam has not made provisions for. As a matter of fact they contend that reproductive health cannot be an exception to the scope of the content of the Qur'an. Be that as it may Islamic provisions on reproductive health form the main thesis of this presentation, which intends to achieve the following objectives.

- i. Examine Islamic provisions on reproductive health as contained in the Qur'an, Hadith and Ijma<sup>c</sup>.
- ii. Determine areas where Islamic provisions can enhance human friendly reproductive health.
- iii. Identify and discuss points of attraction and contention between Islam and contemporary reproductive health.
- iv. Suggest ways to help stakeholders in reproductive health.

Before venturing into details of the above objectives reproductive health will be briefly discussed. This is necessary to facilitate comprehension of the presentation.

### **An Overview of Reproductive Health**

Reproductive health is a state of complex physical, mental, and social well being in all matters relating to the reproductive system. This implies that people are able to have satisfying and safe sex lives and that they have the capability to have children and the freedom to decide, if, when, and how often to do so.<sup>3</sup> It is therefore not mainly absence of disease or disorder of the reproductive process. Reproductive health has three component parts that is, ability to procreate, regulate fertility and enjoy sex; the successful outcome of pregnancy through infant and child survival and growth; and safety of the reproductive process.<sup>4</sup> It is a vast subject in medical and health sciences that deals with a variety of topics like pregnancy, adolescent reproductive health, cervical cancer prevention, contraceptive methods and family planning, gender and sexual health, harmful and health practices, HIV/AIDS, infertility, men and reproductive health, older women, refugee reproductive health, reproductive tract infections, and safe motherhood. Other topics covered include maternal and newborn health, abortion, RTIs, STIs, breast and pelvic exams, infection prevention, women's reproductive health, impotence etc.<sup>5</sup> Information education and communication (IEC) is another subject treated in reproductive health.<sup>6</sup> Because of the vastness of reproductive health and the demand of this paper which is restrictive in terms of volume we will discuss a few of the above listed topics of reproductive health believed to have been treated by both Islam and modern health science. For purpose of specificity contraceptive methods and family planning, infertility, pregnancy, sexuality and sexually transmitted diseases STDs, abortion and maternal and child health will be examined.

## Contraceptive Methods and Family Planning

Research results and experience worldwide provide clear evidence that family planning benefits the health of women and children. This is because family planning offers freedom from fear of unplanned pregnancy and can improve sexual life, partner relations and family wellbeing.<sup>7</sup> Other benefits of family planning are reduction in maternal mortality, birth spacing and prevention of sexually transmitted infections (STIs) including HIV.<sup>8</sup>

It is worth noting from the beginning to state that many contraceptive methods are available. Such methods may be short or long acting, permanent or reversible, hormonal or nonhormonal and for use by men or women. When properly provided and used contraceptives are safe and effective for the majority of users.<sup>9</sup> They are however of different types.

Major contraceptives are the pill (combined), mini pill (progestin only), norplant, injectables, Intra Uterine Device (IUD), condoms and spermicides. Though effective as stated earlier, none of these methods is devoid of side effects and health risks. Health risks of pills for example, include abnormal blood clotting and heart attacks, cancer and gallbladder disease. Their side effects are headache, acne, weight gain, vaginal infections and depression. Ectopic pregnancy, ovarian cysts, weight gain and menstrual cycle disturbances are some of the side effects of mini pill contraceptives. Norplant contraceptives cause headache, acne, weight gain, nausea, nervousness, hair loss mood swings, ovarian cysts and scarring upon removal. Side effects of the injectables include increasing amenorrhea, headaches, dizziness, weight gain, loss in bone density, allergy, depression, ovarian cysts and possibly cervical cancer, breast cancer, hemorrhaging and fetal defect. IUD can cause pelvic inflammatory disease, permanent infertility, ectopic pregnancy, septic abortion, and even death. Condoms and spermicides' side effects are irritation, allergy and urinary tract infection.<sup>10</sup>

The World Health Organization (WHO) in consultation with medical experts world wide has developed eligibility criteria for the use of contraceptives for all categories of their users to ensure that they have access to safe and high quality family planning services.<sup>11</sup> These criteria classify the suitability of different contraceptives for individuals with specific illnesses or health conditions, those at later ages and those whose behavior poses added risks like smoking women or men with multiple sex partners. The criteria classify health conditions into four categories that is:

- i. Always usable.
- ii. Barely usable.
- iii. Use with caution.
- iv. Do not use.<sup>12</sup>

Most healthy women are eligible to use any method of contraception and can select a method that best suits their needs. As a woman moves through the stages of her reproductive life, her contraceptive needs and health status may change. Not all methods are equally acceptable at each stage of a woman's life. Adolescents, postpartum and post abortion women, breast-feeding women and women over the age of 35 are groups with special contraceptive and counseling needs.<sup>13</sup>

None or irregular use of contraceptives by adolescents may lead to unwanted pregnancy, unsafe abortion and sexually transmitted infections (STIs). While it is generally believed that adolescents are eligible to use any contraceptive, those under age 16 should not use long acting progestin methods like Depo Provera or Norplant unless no other acceptable methods are available. Adolescents need access to family planning regardless of their marital status.<sup>14</sup>

In postpartum women return to fertility is influenced by whether the woman is breast-feeding. In women who are not breast-feeding the first post partum ovulation may occur any time from day 30 to day 90 after delivery. Most importantly, post partum women may face immediate, acute, and possibly life threatening medical problems. These women need immediate medical attention as well as appropriate information and counseling with regard to family planning when their conditions have stabilized.<sup>15</sup>

Women who are not breast feeding or who have weaned their infants are eligible to use any contraceptive method provided that there are no delivery related complications and they are screened for existing health conditions.<sup>16</sup> Women who recently have had an abortion have special needs that influence their contraceptive options.

Breast-feeding women should not use a contraceptive that will affect breast milk or the health of the infant, such as a combined oral contraceptive or injectables. These methods should be delayed until after six months, unless another, more appropriate method is not available. Progestin only methods should be delayed until after six weeks, and an IUD may be inserted either within 48 hours of delivery or after 6 weeks of post partum.<sup>17</sup>

Women over age 35 may need protection against STIs including HIV hence the need for appropriate contraceptives. Access to appropriate and acceptable contraceptives is important for women in their later reproductive years because pregnancy after 35 carries increased health risks for the woman and her baby. A woman's choice and use of contraceptives at this time may be influenced by whether she wants more children, has existing disease conditions like diabetes, hypertension, anemia, or genital tract disorders or smokes as well as by her previous experience with contraceptives. For women who are experiencing uncomfortable menopausal symptoms, estrogen-containing hormonal methods may be good choices, as they can alleviate some symptoms. Because older women are more likely to have pre-existing conditions, family planning programs should provide careful screening and counseling for these women when providing contraceptives.<sup>18</sup>

Women and men with chronic or serious health problems still need access to safe and effective contraceptives. Providing an appropriate contraceptive for them can be complicated since their health condition may limit their contraceptive choices. Women with chronic or serious medical conditions may need medical follow-up and monitoring more often than other women.<sup>19</sup>

Irregular menstrual bleeding generally is a category 1 condition (always usable). Unexplained vaginal bleeding that could be related to pregnancy or pelvic malignancy is considered a category 2 or 3 condition (broadly usable or use with caution) for all hormonal methods and IUDs. For many specific medical conditions, such as thyroid

disease and epilepsy, there are no restrictions on the use of any of the methods discussed. Women using a hormonal method or IUD who are at risk of STIs should be advised to use condoms in addition to their primary contraceptives to protect themselves. Women who have any risk of STIs should not use an IUD unless no other options are available. Most women with HIV infection can generally use IUDs. Women generally can take hormonal contraceptives and some ARV drugs and those with clinical depression can take hormonal contraceptives.<sup>20</sup>

Male condoms used consistently and correctly are effective in preventing HIV transmission within HIV –discordant couples. Female condoms also offer significant protection from STIs, but their use has been limited by cost factor and user acceptability.<sup>21</sup>

## **Infertility**

Between 8 and 12 percent of couples around the world have difficulty in conceiving a child at some point in their lives, and in some areas that figure reaches one third or more of couples.<sup>22</sup> In developing countries infertility is said to affect one in every ten couples.<sup>23</sup> There, high rate of infertility may drain limited resources from health care systems as infertile couples repeatedly seek help for often insoluble problems. The social stigma of infertility weighs especially on women who are often blamed for barren marriages and suffer divorce thereafter.<sup>24</sup>

The prevalence of infertility varies widely both between and within countries. In sub-Saharan Africa, national rates range from 7 to 29 percent among women aged 20 to 44, while rates for different ethnic groups within Namibia range from 14 to 32 percent.<sup>25</sup>

Infertility can be caused by anatomical, genetic, endocrinological and immunological problems. Other causes of infertility include sexually transmitted infections (STIs), infectious and parasitic diseases such as Chlamydia, tuberculosis and schistosomiasis. Health care practices and policies such as unhygienic obstetric practices and unsafe abortion can result in infertility. It can also be caused exposure to potentially toxic substances in the diet or environment, such as arsenic and pesticides, socio-cultural factors like close cousin marriage, female genital mutilation and pattern of sexual behaviors.<sup>26</sup> In developing countries the leading preventable cause of infertility is pelvic inflammatory disease (PID). It is a common sequel to Chlamydia, gonorrhea and other reproductive tract infections. It may also follow post partum and post abortion infections.<sup>27</sup>

Because of the magnitude of infertility measures aimed at treating infertile couples have been taken. One of such measures is that health providers may offer advice or treatments without conducting a complete evaluation, and sometimes without seeing both partners. A complete work-up should always include exhaustive histories and physical examinations of both partners as well as charts of the women's menstrual cycles. Further procedures such as a postcoital test or a test of tubal potency can also be conducted depending on the availability of equipment and qualified personnel. Other treatments of infertility include prescription of drugs to induce ovulation, antibiotics to treat sexually transmitted infections, artificial insemination with either the husband's or a donor's sperm. Couples can also be counseled on maximizing the

chances of conception by timing intercourse. Surgical techniques aimed at repairing tubal scarring and other abnormalities of the reproductive organs may also be adopted.<sup>28</sup>

Attention is however increasingly shifting into vitro fertilization and other advanced technologies that recover mature ova in developing and developed countries. Through these, women with irreversible tubal damage and men with infertility case have been treated.<sup>29</sup>

Though these treatments have been found effective, prevention of infertility is said to be far more cost effective than its treatment. This can however be effectively carried out in the developing countries through controlling RTIs, promoting the use of condoms, counseling high risk individuals, prompt treatment of infected individuals and notification of partners and increasing access to RTI services. Other measures are prevention of post partum and post abortion infections, and controlling endemic diseases.<sup>30</sup>

Health facilities in developing countries can treat infertile couples effectively with minimal costs by insisting on evaluation of men and women, conducting thorough work ups accompanied by sensitive counseling, selecting treatments based on their results and costs, advising couples about timing of intercourse and other behaviors that can affect conception and counseling couples to be able to cope with the social and psychological burdens of infertility. Family planning clinics can also play an important role by reassuring clients that family planning methods do not cause infertility, dispelling local beliefs blaming infertility solely on women through mass education, persuading individuals to seek early treatment for STIs, encouraging couples to seek help before their problems become untreatable and offering basic infertility evaluations and treatment to demonstrate the clinics' commitment towards achievement of the reproductive goals of the people.<sup>31</sup>

### **Maternal and Neonatal Health**

Approximately 585,000 maternal deaths occur each year. As the number of women of reproductive age increases over the next decade, even more women will die unless maternal health systems and services become more effective and more widespread.<sup>32</sup>

### **Sexuality**

Sexuality is a universal experience involving the young and the old. Among the teens available statistics show that about half of all teens aged 16-19 have not had sex. Those who have, advanced some reasons like peer or social pressure, feeling good, pressure from partner, no longer a virgin so what is it matter? Lack of understanding real love, rebellion, curiosity, expression of love and response to the need to be loved.<sup>33</sup>

In addition to teen sexuality, pre and extra marital sex is also common among the adults. In a study of a Nigerian community some women who engaged in extra marital sex are reported to have done so for reasons like personal enjoyment and withholding of assistance by their husbands. Husbands of such women in turn had

relations with friends in town and often divorced or separated women who have children to support.<sup>34</sup>

Furthermore, different styles of sexual intercourse are practiced. Some of them are repeated encounters in quick succession, oral or anal intercourse (hetero sexual or homo sexual), non penetrative forms of sexual expression like mutual or solitary masturbation, sex with animals (zoophilia), children's sex play, rape or milder forms of coerced sex, the use of pleasure enhancing devices or techniques some of which may be physically damaging, such as surgical alteration of the labii or the use of drying or tightening vaginal astringents or other practices. The frequency and forms of sexual expression, which people engage, are important elements of sexual and reproductive health.<sup>35</sup>

Because of the uncontrolled sexual behavior of most men and women and utter disregard to sexual discipline, the world is besieged with countless sexually transmitted diseases (STDs) and sexually transmitted infections (STIs) even though some of the people had protected sex. The alarming incidence of STDs and STIs and the threat they pose to human existence have become matters of concern for the stakeholders globally. Discussion on STDs and STIs will be ventured into in the next unit of this paper.

### **Reproductive Tract Infections and Sexually Transmitted Diseases including HIV/AIDS**

A major epidemic of sexually transmitted diseases has developed in the last thirty years. In the 1960's syphilis and gonorrhea were the only significant STDs. Today there are over 20 diseases with 12 million newly infected persons each year.<sup>36</sup> This dramatic change is caused by increased sexual mixing up of the population. As more and more people have multiple sexual partners, the inevitable result is acceleration in the spread of the STDs. This is compounded by the fact that 80% of the infected have no noticeable symptoms and therefore, cannot know they are contagious.<sup>37</sup>

There are common and less common RTIs and STDs. Suffice it to mention the following. Chlamydia, gonorrhea, hepatitis B, bacteria vaginosis, chancroid, granuloma inguinale, HIV/AIDS, human papilloma virus, syphilis, candidiasis, mucopurulent, cervicitis, molluscum contagiosum, neisseria meningitidis and trichomoniasis.<sup>38</sup> Others are herpes, chancroid, and lympho granuloma venereum.<sup>39</sup> HIV/AIDS alone has reached epidemic proportion in some parts of the world. In 2003, 3 million people died of AIDS. In some countries AIDS mortality will overwhelm the progress made in life expectancy achieved through control of other infectious diseases over the last half century.<sup>40</sup> The HIV/AIDS crisis to a large extent is a crisis of sexual behavior. Unsafe sex is responsible for the large majority of HIV/AIDS infections in the sub-Saharan Africa and in Latin America and the Caribbean. In Eastern Europe and Central Asia, HIV infections are primarily transmitted through injecting drug use, but sexual transmission is becoming more prominent in some countries of the region. The AIDS epidemic will not subside until most people around the world know how HIV is transmitted, how to prevent infection, and change their sexual behavior.<sup>41</sup> The consequences of these STDs are ectopic pregnancy,<sup>42</sup> pelvic inflammatory disease,<sup>43</sup> and cervical cancer.<sup>44</sup>

We should not fail to state that adolescents have the higher degree of susceptibility than do older people. While medical science has made great advancement it is clearly not the solution to the STDs epidemic. The development of a cure does not guarantee an end to the problem. Syphilis for example is easily cured in its early stages but the number of people with syphilis in the US is at much higher level than at the end of the World War II. Chlamydia and gonorrhea can be cured with antibiotics, but can leave scars, which often require future treatment and may cause infertility. A vaccine for herpes has been rumored for years, but has not yet been produced. A cure or a vaccine for the highly complex HIV virus is probably many years away at best.<sup>45</sup>

The preponderance of the scientific evidence shows that condoms are equally poor in preventing the transmission of the STDs. They do not significantly reduce tubal infections or infertility, which may be the result of those infections. As a matter of fact Susan Waller's, a medical doctor, statement comes to mind when the efficacy of condoms in preventing STDs especially AIDS is being discussed. She says: "It is a disservice to encourage the believe that condoms will prevent sexual transmission of AIDS".<sup>46</sup>

The solution according to medical experts is postponement of sexual activity until marriage with an uninfected male. This can be accomplished if adolescents are properly instructed and encouraged. Single adults including those with previous sexual experience, would be wise to save sex for a mutually monogamous lifetime partner. Delaying sex until marriage is the most medically sound advice that can be given to people in today's environment.<sup>47</sup> Other solutions to STDs including HIV/AIDS are mutually faithful sexual relationship and correct and consistent condom use often called the ABC of AIDs prevention.<sup>48</sup>

### **Pregnancy and Birth**

Becoming a parent is a life-altering event. Before you get pregnant you may want to prepare for the emotional and life style changes you will face as a new mother and father.<sup>49</sup> It is important for you and your partner to agree on most of the major issues, or begin discussing you differences before you conceive.<sup>50</sup>

Pregnancy according to medical calculation is counted from the first day of the mother's last period. This means that the unborn child is already considered two weeks old at conception. The gestation period is however divided into three trimesters. The first trimester witnesses fetal development in the area of sperm penetrating the ovum. Once fertilized it is called a zygote until it reaches the uterus 3-4 days later. The embryo may then float freely in the uterus for about 48 hours before implanting. Upon implantation complex connection between the mother and embryo develops to form the placenta. This process takes place by week 4. At week six, a primitive heart is beating; head, mouth, liver and intestine begin to take shape. By week 10 facial features, limbs, hands, feet fingers and toes become apparent. The nervous system is responsive and many of the internal organs begin to function. The second trimester is entered in week 14. At this stage the muscles begin to develop and sex organs form. Eyelids, finger nails and toe nails also form. The child's spontaneous movements can be noticed. The child blinks, grasps and moves the mouth. Hair grows on the head and body sweat glands develop and the external skin has turned from transparent to opaque. The third trimester is entered by the 26<sup>th</sup> week. Now the fetus



can inhale, exhale and even cry. Eyes have completely formed and the tongue has developed taste buds. Under intensive medical care the fetus has over 50% chance of surviving outside the womb. By week 30, the fetus is normally capable of living outside the womb and would be considered pre mature at birth. Week 40 marks the end of normal gestation. The child is now ready to live outside the mother's womb.<sup>51</sup>

The physical health of mom and dad before pregnancy affect the health of their future baby. There are specific things you can do to help your baby before you are pregnant. Some of them are taking a multivitamin with 400 micrograms (mcg) of folic acid every day before pregnancy; getting a pre pregnancy check up; eating health food; maintaining a healthy weight and getting fit; stopping smoking and avoiding second hand smoke; stopping drinking alcohol; avoiding illegal drugs and infections because some can harm fetus; avoiding hazardous substances and chemicals; talking to health provider about family history; genetics and birth defects and avoiding stress.<sup>52</sup> The father should also take care of himself. He should exercise, eat right and stop smoking, drinking or taking illegal drugs.<sup>53</sup>

Though pregnant women from age 35 into their 40s usually have healthy pregnancies, they however have an increased risk of fertility problems, high blood pressure, diabetes, multiple pregnancy (two or more), miscarriage, placenta previa.<sup>54</sup> cesarean section and a baby with a genetic disorder.<sup>55</sup> Good parental care and healthy habits can help you reduce certain risks.<sup>56</sup> If you are older than 35 and do not get pregnant after trying for six months, see your health provider. Older women may find it harder to get pregnant than younger women because fertility declines with age.<sup>57</sup>

Pregnancy however affects women in different ways. For example some pregnant women experience morning sickness and some never have it.<sup>58</sup> Many pregnant women experience the nesting instinct a powerful urge to prepare their home for the baby. In the first trimester, fatigue and morning sickness can make many women feel worn out and mentally fuzzy. But even well rested pregnant women may experience an inability to concentrate and forgetfulness. Making list to remember dates and appointments can combat this.<sup>59</sup> Mood swings are incredibly common during pregnancy. They tend to occur during the first trimester and towards the end of the third trimester.<sup>60</sup>

An increase in the size of the breast is one of the first signs of pregnancy. So the bra size may be affected by the rib cage. Because of this, pregnant women may therefore need to replace their bras several times during pregnancy.<sup>61</sup> They may also experience pregnancy glow. Except for the darkening of the areola, which is usually permanent, skin changes may likely disappear after delivery. An increase in blood volume to provide extra blood for the fetus is also experienced during pregnancy. Many women experience heat rash, caused by dampness and perspiration during pregnancy. In general, pregnancy can be an itchy time for a woman. Creams to soothe dry or itchy skin can be recommended for such women.<sup>62</sup>

Many pregnant women experience changes in hair texture and grow. These hair changes are not permanent. Nails like hairs can change noticeably during pregnancy. Like the changes in hair, changes in nails are not permanent.<sup>63</sup> Because of the extra fluids in their pregnant bodies, many women experience swelling in their feet and may even have to wear a larger size shoe.<sup>64</sup>

During pregnancy the body produces a hormone called relaxin, believed to help prepare the pubic area and cervix for delivery. The relaxin loosens the ligaments in the body, making pregnant women less stable and more prone to injury. While exercising or lifting objects the pregnant women should go slowly and avoid sudden jerky movements.<sup>65</sup>

Varicose veins, hemorrhoids and constipation constitute another set of difficult conditions in pregnancy. The best way to combat them is to prevent them through eating of a fiber rich diet, drinking plenty of fluids daily and exercising regularly can regulate bowel movements. Stool softeners (not laxatives) and cream or ointment that can shrink hemorrhoids may also help.<sup>66</sup>

### **Abortion**

Abortion is of different types. The most common types are spontaneous<sup>67</sup> and elective or therapeutic abortions.<sup>68</sup> While the former is necessitated, the latter is not. In 54 countries, which constitute 61% of the world population, abortion is legal. But in 97 countries, which make up the rest 39% of the world, abortion is illegal. There are approximately 46 million abortions performed every year, 126,000 per day and 20 million are obtained illegally.<sup>69</sup>

Majority of women getting abortion are young. 52% are younger than 25 years and 19% are teenagers. Abortion rate is highest for those women aged 18 to 19. 61% of women who are unmarried when they became pregnant will receive an abortion. Unmarried women are six times more likely than married women to have an abortion. 60% of abortions are reported from women who have never been married.<sup>70</sup> 63% of abortion patients are white. Black women obtaining abortion are more than three times of the white and Hispanic women are 2.5 times of the white women.<sup>71</sup>

In the US 25.5% of women decide to abort to postpone child bearing; 21.3% cannot afford a baby; 14.1% have a relationship problem or their partner does not want a child; 12.2% abort because they are too young and their parents or others object to the pregnancy; 10.8% feel a child will disrupt their studies or career; 7.9% want no more children; 3.3% due to risk to fetal health and 2.8% due to risk to maternal health.<sup>72</sup>

### **Breast Feeding**

Mother's milk contains essential nutrients for the health of children. Little then one wonders when the Canadian Pediatric Society recommends that Women should exclusively breast feed their babies for the first six months without adding solid foods or formula in order to promote optimal health. The new guideline replaces previous advise that moms could add solid food or formula to their babies diet along with breast-feeding at four to six months. This recommendation is in line with the 2001 World Health Organization's guideline for breast feeding.<sup>73</sup>

Studies have also shown that breast milk alone in an infant's first half year of life confers increased health benefits for a longer period. This is because breast milk contains antibodies that help babies fight off illness. Exclusive breast-feeding for six months therefore offers increased protection, in particular against gastrointestinal

infections that can cause diarrhea. WHO found significant differences in rates of infection when babies were fed solid foods before six months compared to those who were not. The Canadian Pediatric Society recommends further that along with introducing babies to solid foods not earlier than six months, breast-feeding can continue for up to two years and beyond.<sup>74</sup>

### **Reproductive Health in Islam**

Our discussion here will focus on Islamic provisions on reproductive health as obtained from the Qur'an, Hadith and Ijma'. Reproductive health topics found in these sources include sexuality, pregnancy, breastfeeding, family planning and contraceptives and abortion.

### **Sexuality and Islam**

Sexuality can be commendable and condemnable in Islam. It is commendable when performed within the ambits of the law, in other words in a legal relation. On the contrary when it is performed outside wedlock it becomes condemnable and punishable. Though commendable within wedlock, it becomes condemnable when carried out under certain conditions.

The Qur'an considers lovemaking and child bearing as signs among other signs of the Divine existence. In that regard Allah says:

And among His Signs is that He created for you mates from among yourselves; that ye may dwell in tranquility with them, and He has put love and mercy between your hearts. Verily in that are Signs for those who reflect. (Qur'an 30:21)

Relevant portion of the above verse to our discussion is its reference to love and mercy. In the opinion of Jumali a leading exegete, love referred to here means sexual intercourse and the mercy, points to product of that intercourse which is a child<sup>75</sup>

The Qur'an goes further to state that husbands and wives should make love whenever they desire it:

Your wives are as a tilth unto you, so approach your tilth when or how you will (Qur'an 2:223)

In fact sexual desire, pleasure and satisfaction are legitimate rights of both spouses.<sup>76</sup> It is a vital aspect of family life in Islam and a very essential business for the continuation of the *Ummah* (Muslim Community). It is a very sacred affair that must be treated with utmost respect, dignity and diffidence.<sup>77</sup> The desirability is not limited by the number of rounds, times and positions of the intercourse provided it is performed through the natural sexual outlets (penis and vagina).<sup>78</sup>

Islam prohibits anal, oral, homosexuality, sodomy, lesbianism, bestiality and other human invented unnatural sexual practices.<sup>79</sup> Sexual intercourse is forbidden during

menstruation, post natal course, serious sickness that may be aggravated by sexual intercourse and in the day time in the month of Ramadan.<sup>80</sup> The basis for the prohibition of sex during menstruation is this verse of the Qur'an:

They ask thee about women courses: Say they are a hurt and pollution. So keep away from women in their courses and do not approach them until they are clean. But when they have purified themselves ye may approach them in any manner, time or place ordained for you by Allah. For Allah loves those who turn to Him constantly and He loves those who keep themselves pure and clean.  
(Qur'an 2:222)

The husband may however do other things other than penetration with his wife during menstruation.<sup>81</sup>

Pre-marital and extra marital sexual relationships are forbidden and punishable. The Qur'an prohibits these practices as follows:

Nor come nigh to adultery, for it is a shameful (deed) and an evil, opening the road to other evils.  
(Qur'an 17:32)

Coming nigh adultery forbidden in the above verse means engaging in any act or intimacy capable of leading one to illegal sex. These include staying lonely with member of the opposite sex who is not related to one matrimonially or does not belong to the class of people forbidden to one in marriage (Qur'an 4:23). As a matter of fact Prophet Muhammad (Peace be Upon Him) stated that when a man and a woman who are not matrimonially related or forbidden to marry one another stay in a lonely place *shaytan*- is the third party. It is our candid opinion that evil machinations of devil are real. If this is so whispering illegal sexual relation to the parties in loneliness is therefore not a possibility. Another is girl friendship and boy friendship practice and courtship before marriage. Concubine is also an outlet to adultery. Other evils which illegal sex can cause include sexually transmitted diseases or infections or both (STDs or STIs), unwanted pregnancy, abortion and motherless babies.

Punishment for adultery is provided in this verse of the Qur'an:

The woman and man guilty of adultery or fornication flog each of them a hundred stripes' Let not compassion move you in their case, or in a manner prescribed by Allah, if ye believe in Allah and the Last Day. And let a party of the Believers witness their punishment. (Qur'an 24:2)

According to some Islamic scholars the punishment for adultery contained in the cited verse of the Qur'an is for the singles and for the married adulterer the punishment is stoning to death.<sup>82</sup> Others uphold contrary view that that there is no difference in the punishments of adultery for single and culprits. Both of them according to these scholars should be given a hundred stripes.<sup>83</sup>

Though each of these positions is established on Qur'anic and Hadith authorities, we will like to state that the opinion of the first group of scholars is valid because that was the popular practice among the Companions of Prophet Muhammad whose generation was described as the best of human generations possibly because of their piety and compliance with Qur'an and Hadith.

Punishments for bestiality and other forms of illegal sex are reported in the Hadith. There, death penalty awaits the animal and human culprits of bestiality.<sup>84</sup>

### **Pregnancy**

Information about source of human being, conception, fetal development and ordeal of pregnant women is provided in the sources of Islam, three of which have been mentioned in earlier discussion of this paper. The Qur'an for example describes conception in a number of its chapters and verses (Qur'an 22:5-6; 23:13; 32:3; 53:45-46; 76:2). We shall discuss only those directly connected to fetal development.

Have We not created you from a fluid (held) despicable? That which We placed in a place of rest firmly fixed for a period (of gestation) determined (according to need).(Qur'an 57:20-22)

Man We did create from a quintessence (of clay). Then We placed him as a drop of sperm in a place of rest firmly fixed. Then We made the sperm into a clot of congealed blood; then of that clot We made a (fetal) lump; then We made out of that lump bones and clothed the bones with flesh; then We developed out of it another creature. So blessed be Allah the Best to create. (Qur'an 23:14).

O mankind if ye have a doubt about the resurrection (consider) that We created you out of dust, then out of sperm, then out of a leech like clot then out of a morsel of flesh partly formed and partly unformed in order that We may manifest (Our Power) to you and We cause whom We will to rest in the wombs for an appointed time. Then do We bring you out as babies, then foster you that ye may reach your age of full strength; and some of you are called to die and some are sent back to the feeblest, old ages so that they know nothing after having known (much) and further, thou seest the earth barren and lifeless but when We pour down rain on it, it is stirred (to life) it swells and it puts forth every kind of beautiful growth (in pairs). This is so because Allah is the Reality. It is He Who gives life to the dead and it is He Who has power over all things. (Qur'an 22:5-6).

While the former verses describe the early stage of pregnancy the latter verse provides a complete description from conception to delivery. The third go beyond that and enter the phase of human sojourn on earth. Though none of the verses give duration of each stage of the fetal development, the Hadith provides it in this report.

Verily the creation of any one of you takes place when he is assembled in his mother's womb. For forty days (he is) a drop, then he becomes a clot in the same way and then in the same way a mass...<sup>85</sup>

Though the duration is described in the above hadith, we should not fail to add that the description does not go beyond the first four months. What happens later in the fetal growth is not mentioned. The minimum gestation in Islam is six months.

The carrying of a child to his weaning is (a period of) thirty months. (Qur'an 46: 15)

This verse deals with pregnancy and suckling without details about the duration of each of them. In another verse (Qur'an 2:233) complete suckling is for two years. Therefore if the first verse put pregnancy and suckling at thirty months and the second puts complete suckling at two years it will not be out of place to conclude that minimum gestation will be six months. This conclusion seems to be supported by the exegesis on the second verse.<sup>86</sup> While a complete delivery cannot be had before six months, the period can extend to as late as two years.<sup>87</sup>

In addition to fetal development the Qur'an describes the travail of pregnant women. The hardship is described this way:

In travail upon travail the mother bears him.  
(Qur'an 31:14).

### **Breast-feeding in Islam**

After delivery a baby should be breast-fed according to Islamic injunctions. Some of the injunctions for breastfeeding are found in this verse of the Qur'an.

The mother shall give suck to their offspring for two whole years if the father desires to complete the term. But he shall bear the cost of their food and clothing on equitable terms. No soul shall have a burden laid on it greater than it can bear. No mother shall be treated unfairly on account of her child, or father on account of his child. An heir shall be chargeable in the same way. If they both decide on weaning by mutual consent and after due consultation, there is no blame on them. If ye decide on a foster mother for your offspring there is no blame on you provided ye (pay the mother) what ye offered on equitable terms. But fear Allah and know that Allah sees well what ye do. (Qur'an 2:233)

From the above verse of the Qur'an it is found that either the biological or foster mother who receives pay for her job can provide breast milk. The choice however

depends on the state of health of the mother after delivery. It is also found that the maximum period of breast-feeding is two years for parents who wish to complete the weaning of their children.<sup>88</sup> Should a lesser period be chosen Islam does not object to such a decision if doing so will not constitute any hardship to the any of the parents and their children.

### **Islamic Provisions on Family Planning and Contraceptives**

Closely linked with breast-feeding is family planning. From the above cited verses of the holy Qur'an, that is, those on fetal development and breast feeding, it is clear that the least gap between a delivery and the other is six months in case the previous child is not weaned before another pregnancy. Where a complete weaning period is observed, no new child may be born until after the 30 months of the previous child. In that case the gap between the two deliveries will be two and a half years. This gap we believe is has been prescribed to ensure qualitative health for the mother and her baby. Though not explicitly mentioned in the Qur, an the Hadith seems to be the basis for the use of contraceptives. The oldest method known in Islam is the withdrawal method (ʿazl) approved by the prophet when the reports of its practice got to him. The hadith reads thus:

We used to perform ʿazl (withdrawal or coitus interruptus) during the time of the Prophet. (SAW). The Prophet came to know of it but did not forbid us (doing it).<sup>89</sup>

He is also reported have warned against women getting pregnant during the period of a breast feeding.<sup>90</sup>

Contraception has a long history in Islam. According to the available record early Muslims are reported to have developed contraceptive medicine and instructed Europe on it. Ibn Sina (Avicenna) a renowned Muslim physician in his famous Canon of Medicine also discussed twenty different substances used for birth control.<sup>91</sup> However responses to contraceptives and family planning among modern Muslims vary. In most part of the Muslim world, government distributes contraceptives and provides reproductive health services through a variety of family planning programs.<sup>92</sup>

Those who permit the use of contraceptives argue that since ʿazl is permitted any method that has the same purpose as ʿazl and does not induce permanent sterility is acceptable for Muslims. They argue further that since family planning aims at improving the quality of offspring, producing sickly, weak or underdeveloped or uneducated children is not good for the Ummah. In addition the strength of a nation is measured not by numbers or quantities but rather by quality.<sup>93</sup> They also contend that a thorough review of the Qur'an reveals that no text (*nas*) prohibits the prevention of pregnancy or diminution of the number of children. There are however several traditions of the Prophet that indicated its permissibility.<sup>94</sup>

In others, use of contraceptives is forbidden and described as an attempt to revive colonial and imperial ambition.<sup>95</sup> The basis of the prohibition is the content of the following verse of the Qur'an:

There is no moving creature on earth but its sustenance depends on Allah. (Qur'an 11:6).

Sterilization is however illegal in most of these countries and subject of debate.<sup>96</sup> In others it is permitted in cases where the husband or wife suffers from a contagious or hereditary disease permanent sterility is needed and moral. The opinion is established on the principle of the lesser evil that means you may have objections to sterilization but at times it will do less harm it is to be preferred.<sup>97</sup>

### **Abortion in Islam**

Abortion like family planning attracts divergent views among the Muslims. One of such views considers it forbidden. Their opposition is based on a verse of the Qur'an, which states that:

And if anyone puts his trust in Allah, sufficient is Allah for him. (Qur'an 65:3)

Another permits it only for the most serious reasons such as a threat to the life of the mother or the probability of giving birth to deformed or defective. Even under such conditions it is permitted only in the first four months of pregnancy.<sup>98</sup>

### **Points of Attraction and Contention between the Islamic and Modern Reproductive Health**

There is no doubt that the Islamic and Modern reproductive health aim at achieving qualitative health for mankind through provisions of devices some of which have been discussed above. The two dissuade people from engaging in practices capable of putting their health in a peril. Breast-feeding and discipline in sexuality are two examples that can be cited here. Another example is child spacing, approved by both systems, which is an avenue to enhance maternal, and child health.

Fundamental differences also exist between the Islamic and modern reproductive health in their provisions on abortion and sexuality. It will be recalled that modern reproductive health sees sexuality as a common practice between the young and the old though with caution among the youth, and an appeal for faithful relationship among couples. It does not however caution people on other abnormal sexual practices practiced in the modern time. Islam on the other hand condemns pre and extra marital sex and provides punishment for culprits as we have already noted. This is done to prevent mankind from the adverse consequences of reckless sexual practice, which threaten humanity.

### **Building a Bridge of Understanding Between the Islamic and Modern Reproductive Health.**

In the interest of humanity, a clarion call is required to ensure that religion and science come together to solve numerous human problems such as those associated with reproductive health. We will want to argue that the ongoing dialogue between science and religion is a worthy one that should be embraced by all and popularize to



all the nooks and crannies of the universe. Doing this will help fill the wide gap that has existed between the two disciplines. After all some of the hitherto condemned Islamic facts on creation and not evolution, sexual discipline and water as a source of human existence have now been confirmed by modern science. The latest of such facts is the one of on breast-feeding. It is hoped that continuous dialogue between religion and science will be unearth more facts formerly condemned by science.

Since both medicine and Islam have discovered the evils of reckless sexual behavior and their attendant adverse effects on humanity, it will not be out of place to recommend that rather than condoning the act rigorous campaigns should be mounted against it and enabling law prohibiting sexual misconduct be promulgated nationally and globally. Is like I hear a voice saying that, this recommendation is against fundamental human rights. Well, exercising of fundamental human right that constitutes a threat to human existence in our view is no right but an infringement on natural right to existence. If this recommendation is taken, millions of death recorded through HIV/AIDS scourge will be reduced to the barest minimum. While victims of circumstances of HIV / AIDS deserves pity, majority of them who contract it through sexual recklessness should not be pitied. Pitying them in our opinion seems be condoning their acts.

It should be recalled that the people of Lut (AS) were effaced from the earth because of their irresponsible sexual behavior. Details about them can be found in the following verses of the Qur'an. (Qur'an 6:86; 7: 80-84; 11: 77-83; 15: 57-77; 21: 74-75; 24:160-175; 27:54-56; 29:26,28-35; 37:133-138; 51:31-37 and 54:33-39) To condone such acts in the modern times, will amount to incurring Allah's wrath. After all sexual conduct exhibited in some countries has reduced the numbers of HIV / AIDS victims.<sup>99</sup> We should therefore not be seen as hypocritical in our approach.

Since most of the modern techniques to solve numerous reproductive problems have not been totally successful, we will recommend an amalgamation of the of Islamic curative measures with the modern techniques for optimal results.<sup>100</sup> After all, the Prophet is reported to have said that:

For every ailment there is a cure<sup>101</sup>

### **Conclusion**

The foregoing discussion examined reproductive health from the Islamic and modern perspectives. The study found that different areas of reproductive health treated by both approaches have some semblance and differences. To fill the missing link recommendations aimed at building a bridge of understanding between the two were made. It is our candid opinion that if the existing modern reproductive solutions have not been successful and a merge with the Islamic approaches was recommended, manhandling of the proposed merge will be useless. To avoid this therefore, faithful and dedicated implementation of the measures is required for fruitful results. When this is done human friendly reproductive health will abound in the world.

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