

# Reproductive Health Policy

Islamic Relief



Islamic Relief is dedicated to alleviating the poverty and suffering of the world's poorest people.

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*“O mankind! Be careful of your duty to your Lord who created you from a single soul, and from it created its mate, and from them twain, has spread a multitude of men and women” (An-Nisa/ The Women [4] 1)*

*“And kill not your children for fear of want. We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin. (Al-Isra/ The Night Journey [17] 31)*

## Introduction

Reproductive health is “a state of complete physical, mental and social well-being and 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 capability to reproduce and the freedom to decide if, when and how often to do so”.<sup>1</sup> Good reproductive health also means that men and women have the information and means to protect themselves from harmful practices and sexually transmitted infections (STIs).

Poor reproductive health is an enormous problem in the developing world. According to the UN, in 2005 more than 500,000 women died during pregnancy, childbirth or in the six weeks after delivery. Ninety-nine per cent of these deaths occurred in the developing regions, with sub-Saharan Africa<sup>2</sup> and Southern Asia accounting for 86 per cent of them. In sub-Saharan Africa, a woman’s risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7,300 in the developed regions

Improving maternal health care is goal 5 of the MDGs<sup>3</sup>. Target 2 of goal 5 is to ‘achieve universal access to reproductive health. Though, according to the UN, antenatal care is on the rise everywhere and adolescent fertility is declining slowly, there is still an unmet need for family planning, which undermines the achievement of several other goals. For example if parents have many children these children will have less chance to all be educated, thus obstructing the achievement of MDG goal 2 of achieving universal primary education.

Similarly, many of the estimated 100 to 140 million women who have undergone female genital cutting (FGC) have their health jeopardised.<sup>4</sup> With many poor countries being heavily indebted (see IR debt policy) and suffering from adverse trade climate (see IR’s trade policy), poor countries’ ability to invest in health services are limited. In the 2004 Strategic Conference of Islamic Relief, reproductive health was classified by the majority of Islamic Relief staff as a top priority for which a policy was needed. A 2006 survey of Islamic Relief field partners<sup>5</sup> confirmed that reproductive health is a pressing issue in the communities in which they work and reconfirmed the need to have a policy in this field.

This policy aims to address a range of reproductive health problems effectively and in compliance with Islamic teachings. It is based on a review of existing literature; international and national laws, regulations and conventions on reproductive health; and extensive verbal and written consultations with Islamic Relief colleagues, religious scholars and leaders, and people working for specialist reproductive health-related organisations.

## Reproductive health and poverty

Poor reproductive health is an enormous problem in the developing world, particularly in the countries that Islamic Relief works in. Today, some 200 million couples have an unmet need for contraception and an estimated 80 million women have unintended or unwanted pregnancies every year. This results in 45 million abortions annually, and an estimated 68,000 women die as a consequence of the abortive operation. More than half a million women die every year from other pregnancy-related complications. Another widespread reproductive health problem is FGC. Many of the estimated 100 to 140 million women who have undergone FGC have their health jeopardised as a consequence, and a large proportion of these women live in countries in which Islamic Relief has a presence.<sup>6</sup>

Improving reproductive health will improve the well-being of millions. Having the knowledge and means to make informed choices about one's reproductive health is fundamental to human well-being and is an integral part of human rights<sup>7</sup>. Ensuring good reproductive health is recognised as vital to achieving the Millennium Development Goals<sup>8</sup>, and typically requires improving antenatal, delivery, postnatal, and newborn care; providing services for family planning; eliminating unsafe abortion; combating AIDS, STIs, and harmful practices; and promoting sexual health education<sup>9</sup>.

Improving reproductive health primarily benefits women, as they face the heaviest burden of reproductive health problems, but also has beneficial trickle-down effects on other groups. Good pre-natal and obstetric care protects mothers and children and strengthens the family. Women who can plan the timing and number of births have greater opportunities for work, education and social participation outside the home, which benefits society as a whole. Indeed, in a number of countries, smaller average family sizes have led to a larger proportion of girls being educated, and to more women moving into professional positions.<sup>10</sup>

Ensuring good reproductive health is one of the biggest challenges we face and is fundamental in achieving the Millennium Development Goals (MDGs) to end poverty.

## Reproductive health and Islam

Islam has prescribed an approach to both health and sexuality, two important components of a healthy reproductive life.

Health is considered in Islam as a blessing given by God to human beings. The Prophet (PBUH) said, *"There are two blessings which many people do not appreciate: health and leisure time."*<sup>11</sup> It is a human's responsibility to preserve the blessing of health. In the context of reproductive health, this means that all should be done to prevent women's reproductive roles (i.e. pregnancy, child birth) from jeopardising their health.

Sexuality within the context of marriage is seen as one of the good things in life. Islam does not entertain the notion that sex is incompatible with devotion and does not encourage celibacy or have a tradition of monasticism. The Prophet (PBUH) made this clear when he told the companions: *“I pray and I sleep; I fast and I break my fast; and I marry women. Whoever turns away from my way of life is not from me.”*<sup>12</sup>

### **Procreation**

Family planning has been discussed at length by many religious scholars. It is very clear from the Qur’an and the hadiths that the Muslims’ responsibility is to inhabit and develop the earth, and in order to do so people are ordained to multiply. Thus, one of the principal purposes of marriage is procreation. This is in accordance with the following verses and hadiths:

*“He brought you forth from the earth and delegated you to inhabit and develop it”.* (Q11:61)

*“O mankind! Be careful of your duty to your Allah who created you from a single soul, and from it created its mate, and from them twain, has spread a multitude of men and women”* (Q4:1)

*“And kill not your children for fear of want. We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin. (Q17:31)*

*“Marry women who are loving and fertile, for I will be proud of your great number before the other nations on the Day of Resurrection”* (Abu Dawud<sup>13</sup> 1754)

However, Islam is a religion of mercy and does not decree anything that is beyond the capacity of humankind. Fertility can be controlled for birth spacing purposes; if it compromises the quality of life of the mother or the child, or the ability of the parents to raise their children.<sup>14</sup> The Qur’an reads:

*“Allah charges no soul except to its capacity”.* (Al-Baqarah/ The Cow [2] 286)

Many religious scholar and Muslim authors have supported this argument<sup>15</sup>. In his book Omran (1992) argues that: “if excessive fertility leads to proven health risks to the mother and children, and/or if it leads to economic hardship or embarrassment for the father, or if it results in the inability of parents to raise their children according to religious traditions, and educate them socially, then Muslims would be allowed to regulate their fertility in such a way that these hardships are warded off or reduced.”<sup>16</sup>

### **Birth spacing**

There is a consensus among scholars and a verse in the Qur’an which clearly states that a distance between children should be observed. Mothers should breastfeed their children for two years, during which she should not become pregnant. This is according to the following verse which reads:

*"The mothers shall give such to their offspring for two whole years, if the father desires to complete the term"* (Al-Baqarah/ The Cow [2] 233)

There is a consensus among religious scholars that mother requires one further year to recover<sup>17</sup>. Hence, 36 months is advised for birth spacing. This is the same advice as is provided by the World Health Organisation on this matter that after a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, prenatal and infant outcomes<sup>18</sup>.

### **Use of contraceptive methods**

There are some disagreements about the types of contraception that would be acceptable in Islam. *AzI* (coitus interruptus) as a form of contraception practiced at the time of the Prophet Mohammad (PBH) is considered by the majority of Religious Scholars as permissible. This is in accordance with the following hadiths<sup>19</sup>:

*"We [the Companions of the Prophet (PBUH)] used to practice al-azI [coitus interruptus] during the time of the Prophet (PBUH) while the Qur'an was revealed"* (Hadith Bukhari 4911, Muslim 1440).

*"We [the Companions of the Prophet (PBUH)] used to practice coitus interruptus. So we asked the Prophet (PBUH) about it and he said, So you really practice it? He said this trice and then said, there is no soul that is destined to exist but will come into existence, until the Day of Judgment"* (Bukhari 4912)

*"We [the Companions of the Prophet (PBUH)] used to practice coitus interruptus during the lifetime of the Messenger of Allah (PBUH). The Messenger of Allah (PBUH) came to know it and he didn't forbid us from practicing it"* (Muslim 1440).

From these hadiths, the four schools of thought agreed that coitus interruptus is permissible, provided that the wife authorises the husband to do so. The wife has this authority because of her right of enjoyment and to have children<sup>20</sup>. This is in accordance with the following hadith:

*"On the authority of Abu Huraira the Prophet (PBUH) said al-azI is not allowed without the consent of the wife"* (hadith reported by Abu Dawood)

The four schools of thoughts accept that any scientific means of contraception, such as the pill, condoms, injections, and intra-uterine devices, that aim to achieve the same result as *azI* is acceptable.<sup>21</sup>

Finally, it is important to mention that *azI* or other methods of contraception mentioned here cannot interfere with Allah's creation. If Allah wants to create a soul, nothing can stop it.

### **FGC and Islam**

One of the common misconceptions is to connect female circumcision with the teachings of Islam. No mention of female circumcision is to be found in the Qur'an either directly or indirectly. There is no known hadith which requires female

circumcision<sup>22</sup>. There is one hadith which suggests it is “honourable”<sup>23</sup>, but this is a weak hadith<sup>24</sup>. Shari'ah prohibits the cutting off of any part of the human body except for unavoidable reasons (e.g. medical treatment, trimming nails or hair, or for an explicitly specified reason such as male circumcision). Such necessity or need does not exist in female circumcision. Nothing justifies genital mutilation. In fact, no mutilation is allowed by Islam even in the battlefield<sup>25</sup>.

## **Islamic Relief reproductive health policy**

Islamic Relief believes that women and men are regarded as complementary to each other.<sup>26</sup> By mutual consent, they are at liberty to try to control the number and spacing of their children.

Islamic Relief will support voluntary decisions about child bearing and methods of family planning, and enable people to meet their reproductive health needs in the course of their life cycles in a culturally sensitive and religiously sound manner.

As a humanitarian organisation and in line with Islamic thought, Islamic Relief wants to protect the health of women and ensure the well-being of the family. Hence, providing advice and guidance on family planning methods and birth spacing in the context of marriage is in line with Islamic Relief's position as an Islamic faith based organisation. In addition, the organisation may provide contraceptives in the context of marriage, when people cannot afford them or when they are inaccessible. Where women and men fear the side effects of contraception, Islamic Relief should provide medical advice regarding potential side effects that may accompany various methods of contraception.

Since Islamic Relief regards marriage between man and women as an essential building block for a cohesive society, it will not condone sexual relationships outside marriage – even though this is acknowledged to be a greatly concerning reality in the Muslim world. An implication is that Islamic Relief will not provide contraceptives to unmarried couples, unless failure to do so causes harm that exceeds the harm of sex out of wedlock.

An example of such a situation is a woman who is forced into sex work, and who Islamic Relief is unable to lift out of it (through counselling, livelihood alternatives or any other method). In such a case, the organisation could consider providing her with contraceptives, whilst simultaneously bringing her in contact with organisations that may be able to support her in gaining her freedom from sex-work by way of legal protection, alternative livelihood support and/or charitable support. The motivation for this course of action is twofold. First, the contraceptives do not encourage illegitimate sex but merely make it safer. Second, the alternatives – destroying lives through likely abortions and possible transmission of the HIV virus – are more sinful than illegitimate sex. If one is forced to choose between two evils, one should choose the least harmful. Losing one's faith and religion is the worst evil, followed by losing one's life. Lastly comes the issue of one's *irdh*, which concerns one's actual detestable deeds, like fornication. Muslims who fornicate have the chance to repent, and can see their earlier sins changed to good deeds, as the Holy Qur'an states (“O you who believe! Turn to Allah with sincere repentance: In the hope that your Lord will remove from you your ills and admit you to Gardens beneath which Rivers flow,- the Day that

Allah will not permit to be humiliated the Prophet and those who believe with him. Their Light will run forward before them and by their right hands, while they say, "Our Lord! Perfect our Light for us, and grant us Forgiveness: for You have power over all things.", At-Tahrim/ Prohibition [66] 8).

In many places where Islamic Relief is active, the level of awareness related to reproductive health issues among young people (especially women) is extremely low. Knowledge about issues such as STIs' transmission mechanisms, the dangers of unsafe abortion, and family planning methods to help space births, is a necessary (though not always sufficient) condition for safe, responsible behaviour. Sexual health education during adolescence and thereafter can be an important tool in helping people improve their own reproductive health.

Islam encourages discussion of issues related to sexuality. Aisha, the wife of the Prophet (PBUH) said, "Blessed are the women of the *Ansar* (the citizens of Madina). Shyness did not stand in their way seeking knowledge about religious matters related to sexuality." (*Sahih Muslim*<sup>27</sup>). A woman's menstrual cycle should be discussed as part of sexual education as failure to do so will cause unnecessary anxiety and prevent Muslims from attaining *Tahara*<sup>28</sup> (purification).

Generally, reproductive health is to be presented as part of broader health issues, with the overall objective of enabling youth to develop into healthy, responsible, educated adults. However, irrespective of the depth of the programmes, terminological caution may be required (e.g., depending on the circumstances, Islamic Relief may choose to use the term 'life skills education' rather than 'sexual health education').

Sexual health education also includes raising awareness about family planning methods, within the context of the family. Islamic Relief will inform people about options that are available in order to enable them to ensure a safe space between children and so that women are not putting their health at undue risk of potentially dangerous pregnancies.

This policy has been developed with the above two principles in mind. (which two principles?) Compared to other organisations, Islamic NGOs are relatively well-equipped to work in culturally and religiously sensitive ways in Muslim communities. They are also well-positioned to work jointly with Muslim leaders, who often play an important role in people's reproductive health-related choices. Amongst the countries in which IR implements programmes, currently four countries – Bangladesh, Ethiopia, Sudan and Pakistan – are implementing some reproductive health programmes targeting women and adolescents in particular.

In order to protect and promote reproductive health:

- Islamic Relief ensures that comprehensive information and services related to reproductive health are available to people in the communities it aims to serve.
- Islamic Relief respects and supports voluntary decisions about child bearing and methods of family planning, and Islamic Relief enables people to meet their reproductive health needs in the course of their life cycles in a culturally sensitive and religiously sound manner.

- Islamic Relief only engages in or offers referrals for abortion if this is in line with Islamic values and humanitarian imperatives. Islamic Relief does provide post-abortion care, as it is a duty of humanitarians and doctors not to make judgements but to save lives and meet a patient's needs.
- Islamic Relief provides education and raises awareness about the impacts and consequences of FGC among all members of the communities the organisation works with.
- As part of its adherence to the Red Cross and Red Crescent Code of Conduct<sup>29</sup>, Islamic Relief will consciously – where possible – include reproductive health issues in its emergency response if and when possible. In this respect Islamic Relief has recently signed an MoU with UNFPA (*planned for February '09*).

Women and girls face the biggest burden of reproductive health problems. They face risks of complications during pregnancy and childbirths; they suffer complications from unsafe abortions; they are exposed to contracting STIs, and exposed to harmful practices such as FGC. Therefore, reproductive health projects will tend to focus its attention disproportionately on women and girls. As many of the traditional methods of conveying messages (e.g., through newspaper articles or sermons) do not reach women and girls, considerable creativity is required.

Men's participation to reproductive health programmes is often limited, but can be crucial. Providing access to health information and service can help men to adopt safe sexual behaviour, and prevent them from contracting STIs. Furthermore, men can play a vital role in suggesting or approving family planning methods which can protect and improve the reproductive health life of their wives.

Adolescence is a time of transition and growth from childhood to adulthood. Adolescents constitute one fifth of the world's population. Many adolescents lack information and services regarding reproductive health. As a result, adolescents may be at risk of unwanted pregnancies; incur health risks associated with early pregnancy, unsafe abortions, STIs, and HIV; and be exposed to harmful health practices such as female genital mutilation. Neglect of this population can jeopardise their health and future well being. Thus, Islamic Relief will ensure that comprehensive information and services related to reproductive health are available to adolescents.

## Notes:

<sup>1</sup> 165 nations endorsed this definition proposed by the WHO at the International Conference on Population and Development (Cairo, 1994).

<sup>2</sup> A woman in Niger has a one in seven chance of dying during the course of her lifetime from complications during pregnancy or delivery. That's in stark contrast to the risk for mothers in America, where it's one in 4,800 or in Ireland, where it's just one in 48,000. Source: State of the World's Children 2009 (<http://www.unicef.org/sowc09/> )

<sup>3</sup> <http://www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/Goal%205%20FINAL.pdf>

<sup>4</sup> Islamic Relief provides education and raises awareness about the impacts and consequences of FGC among all members of the communities with which the organisation works.

<sup>5</sup> IR works in: Africa (Chad, Congo (D.R.), Ethiopia, Kenya, Malawi, Mali, Niger, Somalia, South Africa, Sudan); Middle-East/ Eastern Europe (Albania, Bosnia Herzegovina, Egypt, Iraq, Jordan, Kosovo, Lebanon, occupied Palestine, Russian Fed, Yemen) and Asia (Afghanistan, Bangladesh,

China, India, Indonesia, Pakistan, Sri Lanka) – at the time of the survey IR was not working in all mentioned countries nor did all existing IR countries participate in a similar way

<sup>6</sup> Mahmoud F Fathalla, Steven W Sinding, Allan Rosenfield and Mohammed MF Fathalla, Sexual and reproductive health for all: a call for action. *The Lancet, Volume 368, Issue 9552, 9 December 2006-15 December 2006, Pages 2095-2100*

<sup>7</sup> There are a number of other international agreements related to reproductive health, notably the 1995 World Conference on Women, the 4<sup>th</sup> International Conference on Population and Development, the International Covenant on Economic, Social and Cultural Rights, and the Covenant for the End of All Forms of Discrimination against Women”.

<sup>8</sup> See Annex 1.

<sup>9</sup> These core issues are the first issues that this policy is going to highlight, because they were identified by Islamic Relief field partners. However this policy doesn't elaborate on HIV/AIDS as this is discussed in a separate policy paper.

<sup>10</sup> <http://www.unfpa.org/intercenter/cycle/labour.htm> , presenting the examples of Indonesia, Singapore, South Korea and Thailand.

<sup>11</sup> Sahih Al-Bukhari, Book 81, Chapter 1, Hadith No. 6412, p. 1232.

<sup>12</sup> Recorded by Ahmad and ibn Hibban: The Prophet (PBUH) came to this conclusion as follows: *‘Three men came to the Prophet (PBUH)’s wives questioning them about his devotion (‘ibada). When they were told they were for despising slightly his devotion, saying, “Where do we come short of the Prophet (PBUH)? And God has pardoned his sins past and future.” One of them said: “As for me I will ever pray by night.” The second said: “I will ever fast by day and not break by fast.” The third: “I will turn aside from women and never marry.” Then the Prophet (PBH) came to them, and said: “Are ye they who speak thus? Verily I am the most God-fearing and pious among you, yet I fast and break my fast. I pray and sleep; I marry women. And he who turns away from my sunna is none of mine.”* [Ahmed, Ibn Habban]

<sup>13</sup> Abu Da’ud Sulayman ibn Ash’ath al-Azad Sijistani, was a noted collector of hadith.

<sup>14</sup> This is the view of many Religious scholars who issued the following fatwas in support to family planning (FP):

- “Sheikh Mahmoud Shaltout (the former Grand Imam of Al-Azhar, Egypt) in 1959 endorsed the use of contraception for health, social and economic reasons: Planning in this sense is not incompatible with nature, and is not disagreeable to national conscience, and is not forbidden by Sharia’a, if not prescribed by it (Omran, Abdel Rahim, “Family Planning in the Legacy of Islam”, Routledge, London and New York, 1992 (p.75).
- Sheikh Sha’arawi (Omran 1992) also sanctioned FP. His only reservation and warning was to be careful not to confuse planning with predestination or guarantee of rizq (sustenance) by Allah. Nevertheless he listed among the acceptable indications the preservation of the wife’s health and beauty and limited space in the family house.
- Also, the proceedings of the Rabat Conference held in Morocco in 1971 to review the Islamic position on FP and to exchange information on population problems in the Muslim world clearly indicate a favourable position towards FP: ...the Islamic law allows the Muslim family to be able to look after itself as regards the procreation of children, whether this is in the sense of having many or few of them. It also gives the right ...to plan suitably spaced pregnancies” (in Omran 1992)

<sup>15</sup> Mulana Abul Kalam Azad , the most famous and well known Islamic scholar in Bangladesh, chairman of the Masjid Council for Community Advancement (MACCA). Furthermore, the biggest discussion of family planning and birth control was undertaken in 1988 by 23 scholars of various schools of thought at the Majma al-Fiqh al-Islaami. They concluded that “it is permissible to control the timing of births with the intent of distancing the occurrences of pregnancy or to delay it for a specific amount of time, based on mutual consultation and agreement between them”. Their proceedings, papers and discussions may be found in Part One of the Fifth Volume of Majallah Majma al-Fiqh al-Islaami (1988/1409 A.H.). These proceedings are 748 pages all about the question of birth control and related issues.

<sup>16</sup> Omran, Abdel Rahim, “Family Planning in the Legacy of Islam”, Routledge, London and New York, 1992 (p.75)

<sup>17</sup> Many Religious scholars came together in Pakistan in 2005 to discuss this. They came with the consensus that mothers require 34 months for birth spacing.

<sup>18</sup> DaVanzo J, Razzaque A, Rahman M, Hale L, Ahmed K, Khan MA, Mustafa AG, Gausia K (draft, no date). The effects of birth spacing on infant and child mortality, pregnancy outcomes and maternal morbidity and mortality in Matlab, Bangladesh.

<sup>19</sup> This is the view of many Religious scholars who issued the following fatwas to show their support contraceptive methods:

- “In 1964 Sheikh Abdullah Al-Qalqili, Mufti of Jordan issued a fatwa in which he stated: “There is agreement among the exponents of jurisprudence that coitus interruptus, as one of the methods for the prevention of childbearing, is allowed. Doctors of religion inferred from this that it is permissible to take a drug to prevent childbearing, or even to induce abortion. We confidently rule in this fatwa that it is permitted to take measures to limit childbearing”. (Omran, 1992)
- In 1980 Sheikh Yusuf al-Qaradawi, Professor of Islamic Studies at Qatar University confirmed that modern contraceptive methods are similar in purpose to *azl* and are allowed by analogy. (Omran, 1992)
- In 1971 at the Rabat Conference, Sheikh Mahammad Mahdi Shamsuddin argued that Islam wants his followers to be healthy, safe and happy and anything that may endanger this goal should be avoided: this includes frequent pregnancies, unwanted children and large families. This shows his support to family planning as well as to methods of contraception” (*ibid.*)

<sup>20</sup> see Omran: 1992 and Obermeyer: 1992: Obermeyer, Makhoulouf Carla, “Islam, Women, and Politics: The Demography of Arab Countries” Population and Development Review, Vol. 18, No.1 (Mar., 1992), pp 33-60

<sup>21</sup> Sheikh Faysal Mawlawi, deputy chairman of the European Council for Fatwa and Research, states: In addition, the majority of Muslim scholars agree that any scientific means that help achieve the same result gained through *Al-`Azl* is permissible, especially when resorting to this scientific means is driven by a religiously acceptable reason. However, if the wife agrees not to beget children, then all forms of *Al-`Azl* becomes permissible according to all scholars.”

<sup>22</sup> Reference is sometimes made to a saying of the Prophet Muhammad (PBUH) narrated in Ahmad, (also Malik with similar wordings) to the effect that if the two areas of circumcision (for a male and female) touch one another, then Ghushl (bathing) is required. This expression simply signified that after the intimate matrimonial relationship, both husband and wife must take a complete bath before they perform their daily prayers. The relevant part of this Hadith, however, is its reference to the *two* circumcised parts. Imam Ahmad uses this Hadith as an evidence that women (in Madinah) used to be circumcised. **This is no evidence, however, that it was religiously required. It could have been a cultural practice which was not prohibited.**

<sup>23</sup> “Circumcision is a commendable act for men (Sunnah) and is an honorable thing for women (Makromah).”, Al-shawkani, *Nayl Al-awtar*, Dar Al-Jeel, Beirut, 1973, vol. 1, p. 139

<sup>24</sup> Explain weak hadith

<sup>25</sup> is there a hadith to support this or the point about cutting? This would strengthen this argument

<sup>26</sup> This in accordance with the following verses: “the believer, men and women, are protector one of another” At-Tawbah:71; “ your wives are your garments, and you are their garments” Al-Baqarah: 137 “And among His signs is this, that He created for you mates from among yourselves, that you may dwell in tranquillity with them, and He has put love and mercy between your hearts. Undoubtedly in these are signs for those who reflect.” (Qur’an 30:21)

<sup>27</sup> The title of the books of hadith compiled by Abul Husayn Muslim Ibn al-Hajjaj, a religious scholar. The collection is described as Sahih (authentic).

<sup>28</sup> In Islam, tahara is a state of ritual purity. Tahara is required for participating in daily prayers or other ritual acts. Two types of purification are possible: major and minor. Major purification is required after things like menstruation and sexual intercourse, whereas minor purification is required before prayers. The use of water is recommended, but the use of sand is permitted if no water is available.

<sup>29</sup> In this case in particular: “8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.”