



Islamic Relief Worldwide

Sexual and Reproductive
Health and Rights policy

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Definitions

Abortion:	The deliberate ending of pregnancy, either through surgical or medical means, or by using none safe abortion methods.
Antenatal and post-natal care:	Pregnancy care consists of prenatal (before birth) and postpartum (after birth) healthcare for expectant mothers. It involves treatments and training to ensure a healthy pre-pregnancy, pregnancy, labour and delivery for mother and baby
Birth spacing:	Birth spacing is the practice of waiting between pregnancies. A woman's body needs to rest following pregnancy. The World Health Organisation (WHO) recommends 24 months between pregnancies to maintain the best health for her body and her children. ¹
Child protection:	Child protection is the prevention of and response to abuse, neglect, exploitation and violence against children (and refers to a subset of children's rights). It also describes the work being undertaken to strengthen laws, policies and systems that are designed to protect children. ²
Contraception:	Any behaviour, device, medication, or procedure used to prevent pregnancy. This is also known birth control such as the pill, condoms, injections, and intra-uterine devices. ³
Early/ Child marriage:	Early or child marriage is a marriage in which at least one spouse is below age 18, or lacks comprehensive maturity, encompassing their biological, intellectual, emotional and psychological readiness to enter into a marriage and considered a form of GBV.
Family planning:	Family planning refers to making plans and taking actions, like using birth control measures, which supports decisions on whether and when to have children and how many children to have.
Female Genital Mutilation/ Cutting (FGM/C):	FGM/C is defined by the WHO as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' and is a form of GBV. ⁴
Forced marriage:	Forced marriage is any marriage in which at least one spouse has not given their free consent, either with regards to the timing of the marriage or the choice of partner, ⁵ regardless of age. Forced marriages can affect girls and women of any age and ability.
Gender based violence (GBV):	An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females or any other gender identity. GBV can include domestic violence, sexual harassment, trafficking of women and children, forced prostitution, early and forced marriage, FGM/C and honour killing. ⁶
Gender justice:	Gender justice encapsulates both equity and equality, which emphasises both the equal value and importance of women, girls, men and boys to society, and the importance of equity in treatment of all people, regardless of their sex, age, race, religion, or gender identity. This should include equal opportunities and equitable access to resources and services according to gender needs, as well as recognition of all.
Interagency Working Group on Reproductive Health in Crises (IAWG):	IAWG is an international coalition of organisations and individuals working collectively to advance sexual and reproductive health and rights in humanitarian settings. They have developed the minimum initial service package, which is referred to across the humanitarian sector. ⁷
Intimate partner violence:	Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. ⁸
Madhabs:	SRHR and Islam section is based on understanding from the four major Madhabs (schools of jurisprudence/law) that are followed by Sunni Muslims which are Hanafi, Maliki, Shafi'i and Hanbali.
Maternal mortality:	Maternal mortality refers to the death of mothers due to complications of pregnancy or childbirth. This is different from child or infant/newborn mortality, which refers to the death of children under the ages of five or one years old, respectively.
Minimum Initial Service Package (MISP):	MISP is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. The MISP is not just kits of equipment and supplies; it is a set of activities that must be implemented in a coordinated manner by appropriately trained staff to prevent and manage consequences of sexual violence, reduce HIV transmission, prevent maternal death, and plan for comprehensive SRH care. ⁹
Obstetric care:	Relates to the care and treatment of women during pregnancy, child birth and after delivery.
Protection from sexual exploitation and abuse (PSEA):	Is a term used by the UN and NGO community to refer to measures taken to protect children, young people and vulnerable people from sexual exploitation and abuse by their own staff, representatives and associated personnel.
Safeguarding:	The responsibility that organisations have to make sure their staff, operations, and programmes do no harm to all at risk groups including children, adolescent boys and girls, older men and women and people with disabilities, and that they do not expose them to the risk of violence, abuse and exploitation.
Sexual and reproductive health and rights (SRHR)	SRHR is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity.
Sexually transmitted infections:	Infections that are passed from one person to another during vaginal, anal or oral sex, or sexual skin-to-skin contact. These are commonly referred to as sexually transmitted disease, including HIV/AIDS.

Introduction

Islamic Relief Worldwide (IRW) as a faith inspired organisation is committed to improving the lives and wellbeing of communities it serves.

Along with other international and local partners, it significantly contributes to the UN Sustainable Development Goals (SDG). Sexual and reproductive health and rights (SRHR) is addressed in 7 out of 17 SDGs, which implies its cross-cutting nature.¹⁰ It has clear specific indicators in SDG 3 on promoting good health, and SDG 5 on gender equality to “ensure universal access to sexual and reproductive health and reproductive rights [...]”. Islamic Relief recognises the importance of integrating SRHR services into humanitarian and development work. In many instances, it is life-saving and critical to the wellbeing of all: women and girls as well as all members of the community. SRHR is based on each individual’s right to safe and accessible services which constitutes all aspects of sexuality and reproduction (see box 1 for definition), and that they are empowered and have agency to make their own sexual and reproductive decisions.

“People, be mindful of your Lord, who created you from a single soul, and from it created its mate, and from the pair of them spread countless men and women far and wide” (Qur’an, 4:1).

SRHR is widely recognised as central to making progress in social and economic development and justice. Effective SRHR policies and programmes can have a dramatic impact on gender justice, maternal and new-born mortality,

as well as the health and wellbeing of families and communities, especially for women, children and adolescents. Investment in SRHR can ultimately lead to improved educational attainment for girls and greater household incomes, and can play a role in addressing harmful cultural practices such as sexual and gender-based violence (GBV), child marriage, female genital mutilation/cutting as well as the stigmas and discrimination associated with HIV/AIDS.¹¹

Inspired by our organisational values of *adl* (social justice), *rahma* (compassion), *amanah* (custodianship), *ikhlas* (sincerity) and *ihsan* (excellence), Islamic Relief is committed to protecting and promoting the health of families around the world. Our commitment to the Leave No One Behind agenda¹² means that we are especially concerned with meeting the needs and rights of the most ‘at risk’ members of society, such as women, children, the elderly, those with disabilities, individuals and communities struggling with poverty, and members of marginalised or minority groups. The following definition of SRHR is based on internationally established frameworks that resonates with Islamic Relief’s values and faith inspired commitment to upholding dignity and protection of all community members.

This policy seeks to ensure that Islamic Relief effectively meets the SRHR needs of the communities we serve, in a way that fulfils our humanitarian faith inspired mandate.

Box 1: Islamic Relief’s definition of sexual and reproductive health and rights

Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity.

It implies that people are able to enjoy their rights to:

- safe, satisfying and consensual sexual relations within the context of marriage
- the freedom to decide if, when and how often to have children
- access safe, effective, and affordable contraception methods of their choice
- prevention, detection and treatment of sexually transmitted infections (STIs)
- appropriate and high quality antenatal and post-natal services that can help pregnant women have a safe pregnancy and delivery and a healthy baby
- safe and effective abortion services (where a termination is deemed necessary) conducted in appropriate healthcare facilities by qualified medical staff, as well as appropriate pre and post-abortion counselling and care
- access accurate and appropriate information, resources, services and support necessary to achieve sexual and reproductive health.

Key issues

The need for effective SRHR globally is stark. Communities in developing regions, in particular, are more at risk of having insufficient sexual and reproductive health services, with severe consequences. Recent studies¹³ have found that each year in developing regions:

- More than 30 million women do not give birth in a health facility.
- More than 45 million women have inadequate or no antenatal care.
- In the least developed regions of the world, over 400 women per 100,000 were dying in pregnancy and childbirth – the majority of these from easily preventable and treatable complications.
- More than 200 million women want to avoid pregnancy but are not using modern forms of contraception.

Meanwhile, globally, it's also been found that each year:

- Nearly 2 million people become newly infected with HIV/AIDS.
- 350 million men and women need treatment for one of the four curable sexually transmitted infections (STIs).
- 25 million unsafe abortions take place, killing 70,000 women and leaving an estimated 220,000 children motherless.
- At some point in their lives, 1 in 3 women will experience intimate partner violence or non-partner sexual violence.
- Women and girls with disabilities face restricted access to basic sexual and reproductive health services,¹⁴ and at greater risk of being subjected to violence and contracting sexually transmitted diseases.

Moreover, humanitarian emergencies can further exacerbate the sexual and reproductive health risks and vulnerabilities faced by communities, most especially women and girls. A WHO bulletin identified that there are approximately 26 million women and girls of reproductive age living in emergency situations; more than half of maternal deaths worldwide occur in fragile and humanitarian settings, and sexual violence often increases due to a breakdown in law and existing social structures.¹⁵ A lack of basic sexual and reproductive services mean that women and girls are at greater risk of early and forced marriage, unplanned and unsafe pregnancies, unsafe abortions, and exposure to STIs.

As such, there is a direct humanitarian and moral imperative to support SRHR for all – not only can it save lives, but effective SRHR can improve the wellbeing of millions. Empowering parents to choose when and how often to have children primarily benefits women, who face the heaviest burden of frequent and unplanned pregnancies, both in terms of risks to their life and health, and also with regards to the physical and emotional toll of caring for each child in the contexts of poverty and instability.

However, effective SRHR can also have trickle-down effects on other groups. Where births are adequately spaced, children have better opportunities to receive adequate nutrition and avoid early weaning. Good prenatal and obstetric care protects and improves the lives of both mothers and their children, having a positive impact on reducing maternal and child death rates. Women who can plan the timing and number of births have greater opportunities for work, education and social participation outside the home, which can have multi-generational benefits for both their immediate family and wider society.

Measures to prevent, detect and effectively treat STIs and HIV/AIDS also have broader social benefits, preventing the social, economic and emotional devastation caused by the spread of infections.

The Global Response

The UN's 2030 Agenda for Sustainable Development explicitly seeks to promote and endorse SRHR, with the Leave No one Behind approach to ensure that these goals are achieved for all social groups. This entails disaggregating data and targets to ensure the most vulnerable groups are prioritised and enjoy equal outcomes.

Goal 3 covers maternal mortality, newborn and child mortality, and the AIDS epidemic, while going on to explicitly mandate the following in target 3.7:

“By 2030, ensure universal access to sexual and reproductive healthcare services including family planning, information and education, and the integration of reproductive health into national strategies and programmes”.¹⁶

Goal 5 addresses violence, including sexual violence against women and girls, as well as harmful practices related to SRHR such as child marriage, early and forced marriage and FGM/C, while going on to call for specific action in target 5.6, which is stated as

“Universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”¹⁷

The United Nations Population Fund (UNFPA)'s mission is “to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.” In 2018, UNFPA launched efforts to achieve three transformative results:

1. Ending the unmet need for family planning
2. Ending preventable maternal death
3. Ending gender-based violence and harmful practices.¹⁸

Meanwhile, the **Inter-Agency Working Group on Reproductive Health in Crises (IAWG)** have developed an Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (2018) to address the particular gaps in SRHR in humanitarian settings, by providing evidence-based guidance to programme staff and health professionals on how to deliver appropriate sexual and reproductive health services, while also protecting and promoting sexual and reproductive rights in complex contexts. The Manual also includes a Minimum Initial Service Package (MISP) outlining how humanitarian actors can meet and protect the SRHR needs of communities at the onset of an emergency (within 48 hours).

Why Islamic Relief?

Islamic Relief is committed to meeting the sexual and reproductive health needs of the communities it serves – the majority of whom already find themselves in situations of poverty and vulnerability. This is based on Islamic Relief's:

- humanitarian mandate
- organisational values of *adl* (social justice), *rahma* (compassion), *amanah* (custodianship), *ikhlas* (sincerity) and *ihsan* (excellence)
- commitment to promoting human dignity through the protection of the five maqasid ash-shariah (purposes of the shariah, or Islamic law) – which include the protection of life and the protection of posterity/family¹⁹
- commitment to extensive Islamic teachings on the particular importance of maternal and neo-natal healthcare, the right to abortion where the mother's health or life is at risk, the encouragement of birth spacing and the importance of safe, satisfying and consensual sexual relationships within the context below (see Section 5)
- support for healthy and successful family life as the underpinning foundation/cornerstone of a healthy developed society.

In 2007 Islamic Relief convened a formal conference with religious scholars on how to respond to the issue of HIV/AIDS. Between 2008 and 2009, Islamic Relief published its first reproductive health policy. Since 2012, Islamic Relief has been committed to improving its policy, research, training and programmes on issues that are inextricably linked to SRHR – such as improving our child protection practices and promoting gender justice. Islamic Relief has also drawn further on traditional Islamic teachings to work with communities in tackling harmful practices related to SRHR such as child marriage, sexual and gender-based violence, and FGM/C. Islamic Relief is committed to the *Leave No One Behind* disability inclusion agenda, which ensures that protection and inclusion considerations are mainstreamed across its programming – recognising and safeguarding the diverse needs and complex vulnerabilities of the individuals and communities it serves. In 2018, Islamic Relief is working on an Islamic gender justice declaration, a call to action against gender inequality from an Islamic faith perspective, which seeks to tackle discrimination and harmful practices, especially against women and girls in Muslim communities.

The crosscutting nature of reproductive health and rights with Islamic Relief's existing work on gender justice, child protection and disability inclusion means that it is vital for the organisation to support effective and appropriate sexual and reproductive health services in the communities it serves.

Policy aims and scope

This policy aims to:

1. Provide clarity to Islamic Relief offices and staff members on the roles and responsibilities they hold in meeting the SRHR needs of the communities they serve
2. Deliver insights into Islamic teachings and traditions – including the diversity of scholarly opinions on issues relating to SRHR
3. Provide clarity on Islamic Relief’s stance on SRHR in general, as well as specific issues within SRHR such as contraception, abortion, and education
4. Ensure that Islamic Relief’s practice on SRHR is in compliance with international guidelines, research and evidence relating to SRHR needs
5. Ensure that Islamic Relief’s practice on SRHR meets the needs of the communities it serves, with recognition of specific cultural or religious sensitivities
6. Ensure that Islamic Relief’s policy and practice on SRHR is in compliance with its internal policies, research and guidelines (particularly with regards to protection and inclusion) and is reflective of the organisation’s faith values.

This policy is based on a review of existing literature; international goals, guidelines, regulations and research on reproductive health and rights; and extensive verbal and written consultations with Islamic Relief colleagues and religious scholars.

This policy is owned by the Programme Quality Department of the International Programmes Division, Islamic Relief Worldwide, and must be reviewed every five years.

Scope

Programme Quality

The policy is designed to enhance and maintain programme quality design and provide guidance for Islamic Relief staff.

Advocacy

The policy also supports our aspiration that, where necessary and appropriate, we should communicate and promote Islamic Relief’s commitment to SRHR (to general public and to policy makers), based on our humanitarian and development mandate and Islamic teachings.

Programmes

The policy assists the International Programmes Division in ensuring that programmes are compliant with the best practice it promotes e.g. include consideration of communities’ SRHR needs assessments and project delivery; incorporate SRHR services and awareness-raising activities particularly in health, gender and child protection projects; integrate SRHR provision into all development and humanitarian responses inspired by the IAWG Field Manual and the MISP and ensure that implementation is consistent with Islamic Relief’s protection and inclusion frameworks.

Sexual and reproductive health and Islam

Islamic tradition speaks extensively on issues related to SRHR. Whilst on some issues the legal rulings are clear and unanimous, on many other issues there exists vibrant debate. This is reflective of the flexibility within Islamic jurisprudence, and the Islamic jurisprudential principle that legal rulings can be adapted to the needs and circumstances of their context.



a. The Right to Dignity

A fundamental principle within Islamic law is the inherent dignity of human beings. The Qur'an states that, "We have bestowed dignity on the progeny of Adam [...] and conferred on them special favours, above a great part of Our creation" (Qur'an, 17:70).

Islamic Relief's paper written in 2012 outlines the organisation's commitment to placing human dignity at the centre of its understanding of development. Drawing on the works of both contemporary and traditional Islamic scholars, An Islamic Perspective on Human Development outlines that the fundamental objective of *shari'ah* (Islamic jurisprudence) is to promote the wellbeing of all humankind. It goes on to state that in order to promote human wellbeing or dignity, five *maqasid ash-shari'ah* (purposes of the *shari'ah*) must be protected: life, intellect, wealth, posterity and faith. From this, a number of fundamental human rights can be derived: the right to education and knowledge, to healthcare, to freedom from violence, to freedom from poverty of all kinds, and to family. At the core of it all is the right for all human beings to have their basic dignity respected, protected and promoted.²⁰

b. Health

In Islam, health is considered a blessing given by God to human beings. The Prophet Muhammad (PBUH) said, "There are two blessings which many people lose: health and free time".²¹ It is one's responsibility to preserve the blessing of health, and the protection of life is considered as one of the fundamental *maqasid ash-shariah* (purposes of the *shariah*).²²

In practice, this principle extends to the right to high-quality health education; the duty to engage in behaviours that would promote good health, and prevent the spread of illness or disease; and the right to access high-quality healthcare services. This fundamental principle is one that should inform any approach to SRHR – the health and life of a person must be protected by any means available.

c. Sexual desire and sexual relationships

Islam regards sexual desire as a natural part of life and actively encourages sexual relations within the context of marriage as part of a healthy relationship. In fact, Islam does not entertain the notion that sex is incompatible with devotion and does not encourage celibacy or have a tradition of monasticism. It is narrated by Anas that the Prophet Muhammad (PBUH) said. "When a man or a woman marries, he and she have completed half the religion, so let them fear God regarding the remaining half". The Prophet (PBUH) spoke openly about desire, commenting that "Women and perfume have been made dear to me, but my comfort has been provided in prayer".²³ Moreover, Islamic traditions not only accept sexual desire as natural, but the Prophet Muhammad (PBUH) also taught that Muslims would be rewarded for having sexual relations within the context of marriage: "The believers must (eventually) win through; those who humble themselves in their prayers; who avoid vain talk; who are active in deeds of charity; who abstain from sex except for with those joined to them in marriage" (Quran 23:1-5).

Islamic tradition is clear that while sexual desire is entirely natural, sexual relations can only take place within the context of marriage. The Prophet Muhammad (PBUH) said: "He who can afford to marry should marry, because it will help him refrain from looking at other women, and save his private parts from committing illegal sexual relation; and he who cannot afford to marry is advised to fast, as fasting will diminish his sexual power"²⁴. Islam teaches that sexual activity within marriage should not only be for the purpose of procreation. The reward for intercourse mentioned above is not conditional upon intercourse being for the purpose of procreation, but rather a reward for Muslims choosing to satisfy their sexual desire in a *halal* (permissible) manner.

Another critical facet of Islamic teachings on sexual relationships is the importance of intercourse being a loving and pleasurable experience for both husband and wife. A famous Qur'anic verse states: "Another of [God's] signs is that God created spouses from among yourselves for you to live with in tranquillity; God ordained love and kindness between you." (Qur'an, 30:21). Another verse also states "They are a garment to you and you are a garment to them" (Qur'an 2:187) to indicate closeness and affection between spouses.

These narrations indicate that one of the

fundamental purposes of marriage within Islam is for men and women to find tranquillity, love and kindness with their spouses, and they also indicate the importance of sex being a mutually enjoyable, loving experience. Consequently, any marriage that involves violent, aggressive, upsetting or unloving relations between the husband and wife would be going against some of the fundamental objectives of marriage within Islam.

d. Procreation

While Islam does not teach that procreation is the only purpose of sexual intercourse, the Qur'an and teachings of the Prophet Muhammad (PBUH) do emphasise the responsibility of Muslims to procreate and multiply. "God brought you forth from the earth and delegated you to inhabit and develop it" (Qur'an, 11:61). Another verse also states: "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" (Qur'an, 4:1).

e. Birth spacing

Islam is a religion of mercy and does not decree anything that is beyond the capacity of humankind. The Qur'an reads: "Allah does not burden a soul greater than it can bear" (Qur'an, 2:286). As discussed earlier, the protection of life and health is a superseding principle within Islamic jurisprudence. There is a consensus among scholars and a verse in the Qur'an which clearly states that birth spacing is an advisable practice. The Quran states "The mothers shall [breastfeed] their offspring for two whole years, if [the parents] desire to complete the term" (Qur'an, 2:233). This verse indicates one of the wisdoms of extending breastfeeding time for two years to offer birth spacing between the two pregnancies.

This is similar to the advice provided by the World Health Organisation on this matter, which states 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 outcomes²⁵. Beyond the recommended 24-month birth spacing period, many religious scholars have argued that fertility can, in general, be regulated if pregnancy could compromise the quality of life of the mother or the child, or the ability of the parents to raise their children²⁶. This could include contexts where the parents are living in violent, unstable or life-threatening environments.

f. Contraception

The four major schools of Islamic jurisprudence accept that any scientific means of reversible contraception – such as the pill, condoms, injections and intra-uterine devices – is acceptable²⁷. This is based on drawing an analogy with *azl* (coitus interruptus), a form of contraception practised at the time of the Prophet Muhammad (PBUH), which is considered by the majority of religious scholars as permissible. This is in accordance with the following hadiths²⁸: “*Jabir (Allah be pleased with him) reported: “We [the Companions of the Prophet (PBUH)] used to practise ‘azl during the lifetime of Allah’s Messenger (PBUH). This (the news of this practice) reached [the Prophet] and he did not forbid us.”*”²⁹

From this hadith, and many similar narrations, the four schools of Islamic jurisprudence agreed that coitus interruptus and other forms of contraception are permissible, provided that both the wife and the husband mutually consent. This is because of their mutual right to sexual pleasure and to have children.³⁰

g. Maternal healthcare

While the responsibility to protect the health and welfare of pregnant women and new mothers can fall under existing directives to protect health and life within Islam, the Islamic tradition offers a particularly high status for mothers. The Prophet Muhammad famously said that “*Paradise is beneath [your mother’s] feet*”³¹, and taught his followers that duties to their mother should come before duties to their father.³²

Pregnant and breastfeeding women are exempt from fasting³³, signifying the importance of protecting their health and welfare, while women who die in childbirth are regarded with the same status as soldiers who have died at war³⁴ – a religious recognition of the pain, risk and struggle associated with childbirth. The Qur’an famously narrates that God provided sustenance and shelter to Mary, mother of Jesus, whilst she was in the throes of labour³⁵. The Qur’an also outlines that where a husband and wife choose to divorce while a baby is still breastfeeding, the mother has the right to receive compensation from the father for her efforts in nourishing the child³⁶. This highlights the importance of supporting mothers to breastfeed their children.

The Islamic teachings on abortion encompass a variety of opinion. As discussed earlier, the protection of life and health (both for the mother and the child) remain overarching principles.

Shaykh Omar Suleiman, a contemporary US-based scholar and founder of The Al Yaqeen Institute, summarises that the sanctity of human life, even that of unborn children, is a fundamental principle in Islam³⁷. The Qur’an states that “*whoever takes a soul...it is as though he killed all of mankind*” (Qur’an, 5:32). The Prophet Muhammad was quick to abolish the practice of female infanticide, which was commonplace in Makkah at the time, while the Qur’an refers to “*when the female infant buried alive is asked for what sin she was killed*” (Qur’an, 81:8-9). Similarly, the Qur’an prohibits taking the life of children for fear of poverty, commanding Muslims to “*kill not your children on a plea of want – We provide sustenance for you and for them*” (Qur’an, 6:151).

However, the question of when a fetus is considered a “human life”, according to Islamic teachings, is one often debated. Mohammed Ghaly, a Professor of Islam and Biomedical Ethics, outlines the broad range of contemporary religious and scientific opinions regarding when an embryo is considered to become a “human life” in his 2012 paper, *The Beginning of Human Life: Islamic Bioethical Perspectives*.

Fundamental to discussions on the permissibility of abortion is the following hadith: *The creation of every one of you starts with the process of collecting the material for the body within forty days and forty nights in the womb of its mother. Then it becomes a clot of thick blood for a similar period (40 days) and then it becomes like a piece of flesh for a similar period. Then an angel is sent to it (by Allah) and the angel is allowed (ordered) to write four things; [the fetus’s] livelihood, its (date of) death, its deeds, and whether it will be a wretched one or a blessed one (in the Hereafter) and then the soul is breathed into it.*³⁸

However, there is a debate as to whether the hadith above indicates that the three stages happen consecutively, meaning that the soul is breathed in after 120 days; or if they happen concurrently, meaning that the soul is breathed in after 40 days. Ghaly cites the International Islamic Code of Medical and Health Ethics (2004) as stating that “*abortion is permitted before the lapse of 4 months of pregnancy if it is firmly established that the progress of pregnancy endangers the mother’s life with a serious harm and this should be confirmed by a medical committee of at least three specialists*”³⁹.

h. Abortion

Shaykh Omar Suleiman summarises the key scholarly positions on abortion as follows:

- During the first 40 days after conception, the majority of Islamic scholars – apart from the Maliki school of jurisprudence – agree that abortion is permitted in certain circumstances. For example in the event of rape or the physical or mental inability of the parents to raise a child⁴⁰. Therefore, poverty is not regarded as a justifiable position for abortion in this case.
- Between 40 and 120 days after conception, the four *madhabs* (schools of jurisprudence) disagree as to the permissibility of abortion. Malikis believe all abortion is forbidden. Hanafis predominantly permit it in certain circumstances, with some even allowing it without the husband's permission. Hanbalis only permit abortion up to 120 days when a pressing need is present, such as rape or an extreme fatal deformity incompatible with life. Shafi'is tend towards the 40-day limit, but some do extend permissibility to 120 days where there is what they consider a justifiable or pressing need.
- After 120 days, the majority of scholars agree that abortion is forbidden **unless** a medical professional determines that continuing the pregnancy will endanger the mother's life. Only in this circumstance can the pregnancy be terminated after 120 days. This is based on the Islamic legal maxim that certainty prevails over doubt i.e. the potential life (of the child) should not threaten the established, stable life (that of the mother's)⁴¹.

A 2011 article in the Journal of the Islamic Medical Association of North America makes the case for abortion being permissible in the following circumstances (based on the majority opinion that the soul does not enter the fetus until 120 days):

1. Abortion is permissible at any point of a pregnancy, even after 120 days, if the pregnancy poses an exceeding danger to the mother (e.g. if there is a possibility that she could die).
2. Abortion before 120 days of conception is treated on a case-by-case basis, with the previous rules kept in mind. For example, it is permissible if the mother's health is endangered or if the fetus is found to have an abnormality that is lethal or will cause severe impairment.

3. If pregnancy results from a circumstance beyond a woman's will (e.g. rape), she is allowed to keep the child. If the woman does not want to keep the child, she may terminate the pregnancy within 120 days from conception. The closer the abortion is to the time of conception, the better. After 120 days from conception, she should continue to carry the fetus until birth, and Muslims should assist her in raising her child should she need help.

It further adds that "preservation of the mother's life is a priority over the life of the fetus, given that all medical resources to preserve both lives have been exhausted. After all, it is her life that we are certain of saving when aborting the pregnancy, as opposed to the probable life we save when taking the chance of continuing the pregnancy."⁴²

As such, there is an accepted opinion that abortion is not encouraged and is disliked by some, but that it is permissible within the Islamic tradition. Some would say within the first 40 days and others would extend it to 120 days from within conception, only within the context of certain conditions; namely, and only if the mother's health or life is at risk, if it appears that the fetus will develop severe or lethal impairments, or if the woman has become pregnant against her will. These mentioned situations are only exceptions, it is important to be careful when assessing abortion cases. After 120 days, it is only permissible if a medical professional deems that the mother's life is endangered by the pregnancy, as indicated in the Quran "*God does not want to force any hardship upon you*" (Quran 5:6)."

i. Protection & SRHR: GBV, Gender injustice, early and forced marriage, child protection and FGM/C

Islamic teachings on the fundamental dignity of all human beings, and their rights to live free from harm and degradation, incorporate several elements of abuse that can occur in contexts of poor SRHR – namely GBV, gender injustice, early and forced marriage, child abuse and FGM/C.

Islamic Relief has produced a number of publications outlining Islamic teachings on issues relating to GBV, gender injustice, early and forced marriage and FGM/C. These can be found on the Islamic Relief website at <https://www.islamic-relief.org/gender-justice>.

Islamic Relief's policy stance on sexual and reproductive health and rights

Islamic Relief is driven by its humanitarian mandate and faith values to protect the physical and mental health of the communities it serves. This includes vulnerable men, women and children of all ages whose lives are negatively impacted by having little or no access to sexual and reproductive health services. To this end, Islamic Relief adopts the definition of “sexual and reproductive health and rights” as outlined in Box 1 of this policy.

Islamic Relief will seek to provide, or facilitate access to inclusive, safe, appropriate and affordable sexual and reproductive health services in accordance with the “Leave no one behind” approach we adopt within the communities we serve. Islamic Relief will particularly seek to integrate SRHR needs assessments and services into any health, gender, child protection, humanitarian and emergency response programmes it delivers, inspired by the guidelines and standards outlined in the IAWG Field Manual on Reproductive Health in Humanitarian Settings and the Minimum Initial Service Package.

All of Islamic Relief's SRHR services will be provided in a confidential, non-judgemental and inclusive manner that protects the rights, dignity and privacy of participating individuals.

a. Safe, Satisfying and Consensual Sex

Islamic Relief believes that adult men and women are entitled to safe, satisfying and consensual sexual relations within a marriage, where the rights, dignity and needs of both partners are respected. In line with existing policy and research on these issues, Islamic Relief will continue to advocate in communities to help end early and forced marriage and FGM/C, to raise awareness about the rights of men and women to choose their own marital partners, and to tackle all forms of sexual and gender-based violence.

b. Family planning and birth spacing

Islamic Relief will advocate for the health benefits and religious permissibility of family planning and birth spacing within the communities it serves. Islamic Relief will provide advice and guidance to those who seek it on family planning methods. It will also work with both male and female religious and community actors where appropriate to tackle stigmas surrounding delayed or reduced reproduction. It will actively ensure that the health and wellbeing of women and children is protected.



c. Contraception

Islamic Relief recognises that contraceptive methods are essential tools for effective family planning, and can protect women of all ages and economic backgrounds from pregnancies that will have disproportionate effects on their health, economic independence and education. Islamic traditions are also clear that while sexual desire is entirely natural, sexual relations can only take place within the context of marriage. Islamic Relief also recognises the freedom of choice in using contraception for family planning.

Islamic Relief's experience and research also indicates that sadly, contraception can also be an essential, lifesaving protection tool for women who are at risk of rape and sexual violence (particularly in conflicts or humanitarian emergencies), or who are coerced into sex through exploitation, threat of violence, emotional blackmail, grooming, trafficking, or other forms of abuse and control. In some humanitarian contexts, some women are also forcibly coerced into sex work as a mean of obtaining food, shelter or income, and require access to contraception for protection against further harm of STIs and unwanted pregnancies.

Islamic Relief condemn the fact that women and girls with disabilities especially those with intellectual and psychosocial disabilities, may endure forced or coerced sterilisation or contraception which limits their decision making power.

For that reason, Islamic Relief in response to needs and demand will provide confidential and respectful advice and guidance on contraception, as well as safe, affordable and effective contraception itself, to **anybody** who seeks it within Islamic Relief health facilities, without judgement or discrimination. This is to ensure that, even where people feel forced into illegal, inappropriate or coercive sexual behaviours, they may still be able to protect themselves from the greater moral, social, economic and health implications of unwanted pregnancies and the spread of STIs.

However, contraception becomes a basic necessity where sexual exploitation, violence, child abuse, or any other form of coercive and abusive behaviour is suspected, Islamic Relief will make referrals to the appropriate partner agencies to ensure the rights and life of vulnerable individuals are protected. Islamic Relief has a zero tolerance approach to anyone who breaches its safeguarding and PSEA policies.

Islamic Relief will also address the social and economic dynamics that result in individuals feeling forced to engage in sex work for survival. In keeping with Islamic Relief's Gender Justice and Child Safeguarding policies, as well as the organisation's policies and practices on safeguarding, Islamic Relief will work closely with communities to tackle sexual violence, exploitation and abuse.

d. Maternal healthcare

Islamic Relief believes that all pregnant women should receive high-quality antenatal and postnatal care, and advocates for all expectant mothers to give birth either in a medical facility or with a trained birth attendant. Quality maternal healthcare can save lives and improve the health outcomes not only of mothers, but of their infants too.

Islamic Relief will, in all of its healthcare programmes, work to:

- provide high-quality and appropriate antenatal and postnatal care
- ensure that all pregnant women in the communities it serves are able to access a healthcare facility or at the very least a trained birth attendant
- ensure that households with pregnant and breastfeeding mothers are prioritised in nutrition and water and sanitation programmes
- ensure that new mothers receive adequate support in breastfeeding their infants.

Given the high risks of postnatal depression, particularly for women already struggling with the traumas of poverty, displacement, loss and violence, Islamic Relief will also work to support the mental health of pregnant women and new mothers in the communities it serves, by enabling access to relevant counselling and support services.

e. Abortion

Islamic Relief believes all life is sacred, and where possible, pregnant women should receive ample support from local services and local communities to continue their pregnancies and raise their children in a safe and loving environment.

However, in keeping with the strong balance of Islamic scholarly opinion, Islamic Relief also recognises that the health and welfare of pregnant mothers takes precedence over the potential life of a fetus. Islamic Relief also recognises that making decisions around abortion for a family are incredibly difficult and sensitive.

As such, in keeping with the majority of Islamic scholarly opinion, Islamic Relief health facilities may support abortions, recognising it is an ultimate personal decision, **only** where the mother's health or life is deemed to be at risk (which may include extreme mental health risks); where the mother is a minor; where the fetus has developed a severe or lethal impairment; or where the mother has become pregnant against her will (for example in cases of rape). Where one of these conditions has been met, as verified by a medical health professional, and subject to the prevailing law of the country, Islamic Relief health centres will inform pregnant women of their choices, ensure their consent and respect their reproductive health decisions. Islamic Relief may provide referrals for abortions up to 120 days after conception to specialist service providers and medical health facilities.

Islamic Relief health centres will seek support and guidance of medical and physiological health professionals to determine whether or not women are eligible for abortion (including in complex cases such as marital rape⁴³, mental capability of the parents or being coerced into abortion). However where possible, Islamic Relief health centres will provide confidential, dignified, non-judgemental and inclusive pre- and post-abortion care – including counselling and pastoral support to anybody who needs it, regardless of age, marital status, or the circumstances of the abortion.

Islamic Relief will work with local communities, including religious and community leaders and actors, to raise awareness about the rights and options available to women and families with regards to abortion, drawing upon Islamic teachings where necessary and appropriate.

Islamic Relief will advocate and work to improve local support services to ensure that women and families who are not eligible for abortion are able to receive ample support in continuing their pregnancies and raising their children.



f. Sexually Transmitted Infections (STIs)

Islamic Relief will raise awareness among communities on how to prevent the spread of STIs. This may include education on how to engage in safe sex, how to recognise the symptoms of common STIs, and where to seek help.

Any awareness-raising sessions delivered by Islamic Relief should be developed and delivered with the participation of local communities, to ensure that they are culturally and religiously sensitive and meet the needs of the local community.

Where possible, Islamic Relief reproductive health and rights programmes will provide confidential, non-judgmental, dignified and inclusive healthcare to STIs for anybody who needs it – including screening, counselling and medical treatments – regardless of age, disability, marital status or gender.

g. HIV/AIDS

Islamic Relief will advocate for the destigmatisation of HIV/AIDS, working with religious and community leaders and actors to promote the dignified integration of people living with HIV/AIDS (PLHIV) into every aspect of community life – be that work, education or society.

Islamic Relief will raise awareness about how to prevent the transmission of HIV/AIDS, provide appropriate contraception to those who request it and provide education, and support to pregnant women and children who are HIV positive.

Islamic Relief will provide confidential dignified and inclusive healthcare for communities living with HIV/AIDS – including screening services, access to medical treatment and counselling where necessary.

h. Sexual and gender-based violence

Islamic Relief condemns all forms of sexual and gender-based violence, as per Islamic Relief's existing policies and stances on the issue. Islamic Relief will work with communities through SRHR Education sessions to tackle sexual and gender-based violence. These sessions will engage both men and women, boys and girls, drawing on cultural or religious values where appropriate and working with local religious and community actors where necessary to tackle harmful attitudes that fuel sexual and gender-based violence. This should include discussions around marital rape and the right of both partners to enjoy safe, satisfying and consensual sexual relations.

Islamic Relief will build the capacity of its' frontline services – including schools, healthcare services, and community projects – to sensitively identify and support survivors of sexual violence, providing them referral to health and counselling services. Specialised training will be provided to health service to conduct sensitive, dignified, appropriate, thorough and nonjudgmental assessments for survivors of sexual violence.

Islamic Relief will directly provide, or facilitate access to dignified, non-judgemental, appropriate, sensitive confidential and inclusive healthcare, psychosocial support and counselling for survivors of sexual violence.

j. Female Genital Mutilation / Cutting

Islamic Relief advocates for the end of all forms of FGM/C, based on Islamic teachings regarding the prohibition of mutilating the body and harming others, as well as the scientific evidence regarding the harms of conducting FGM/C.

Islamic Relief will work with communities to tackle attitudes that support FGM/C, drawing on cultural or religious values where appropriate, and working with religious and community actors where necessary.

Where necessary, Islamic Relief health services will provide specialised, confidential dignified and inclusive care for women who have undergone FGM/C.

k. SRHR Education

Islamic Relief will provide comprehensive sexual and reproductive health education sessions to local communities, ensuring that the content it delivers is appropriate to the religious, cultural and legal context of the community. This may entail involving local actors (religious or otherwise) into content-development where necessary.

Islamic Relief recognises that the responsibility for good sexual and reproductive health and rights does not just lie with women and girls – as such Islamic Relief will particularly ensure that men and boys are engaged in SRHR education sessions.

Islamic Relief will ensure that all members of a community have access to comprehensive information on sexual and reproductive health and rights to ensure men, women, and families, including persons with disabilities, are able to make informed and voluntary decisions about their family-planning and wellbeing.

Where children are concerned, Islamic Relief will deliver SRHR education sessions in a manner that is appropriate to the cultural and legal context.

i. Early and forced marriage

As per Islamic Relief's existing policies on child safeguarding and gender justice, and drawing on Islamic principles, Islamic Relief advocates for 18 to be the minimum of age of marriage, and for all marriages to require the free and full consent of both husband and wife.

Islamic Relief will work with communities, including men, women, boys and girls of all ages, with and without disabilities, to tackle early and forced marriage, drawing on cultural and religious values where appropriate, as well as scientific evidence of the social and health risks of early marriage and motherhood. Islamic Relief will advocate for child protection and safeguarding measures to be implemented in the communities we serve, including referral, assessment and health and psychosocial support services where necessary.

Islamic Relief will advocate that all men and women should have the right to freely choose their own partners, as a means of securing emotional, physical, mental and social satisfaction.

Related policies

- **Islamic Relief's Gender Justice Policy** outlines the broad statements that show the organisation's commitment to gender justice in all our humanitarian, development and advocacy work. It also articulates Islamic Relief's commitment to achieving sustainable development goal no. 5 on gender equality and providing SRHR services.
- **Islamic Relief's Child Safeguarding Policy** lays out the framework for child protection and formulates a procedure in case of girl child or boy child abuse, which includes early and forced marriage.
- **Islamic Relief's Child Sponsorship Policy** outlines how the sponsorship programme aims to deter parents and guardians from marrying their children too young.
- **One Cut Too Many** – Islamic Relief Policy Brief on Female Genital Mutilation/Cutting which states Islamic Relief's stance against FGM/C.
- **Don't Force Me!** – A Policy brief on early and forced marriage which discusses root causes and consequences of early and forced marriage and indicates Islamic Relief's position.
- **Islamic Gender Justice Declaration** – a global initiative that presents key faith principles of justice and balance to challenge harmful practices and social conditions. It affirms God-given rights of all human beings, and our duty to stand up firmly to uphold justice. It mobilises global and regional action and advocacy to ending gender injustices.
- **Safeguarding policy** – an internal policy that guides Islamic Relief staff and representatives to create safe, protective and conducive environment across all levels of the organisation, and to guide communication and interaction with communities Islamic Relief serve.
- **PSEA policy** – an internal policy that outlines measures taken to protect "at risk" people from sexual exploitation and abuse by staff and associated personnel or representatives of Islamic Relief.

Endnotes:

¹ World Health Organisation 2005, Report of a technical consultation on birth spacing, Archived from the original (PDF) on February 2017 <https://www.who.int/maternal_child_adolescent/documents/birth_spacing05/en/>

² Islamic Relief Worldwide 2016, Child protection policy <<https://www.islamic-relief.org/publications/>>

³ Planned parenthood, Glossary A-Z <<https://www.plannedparenthood.org/learn/glossary>>

⁴ World Health Organisation 2013, Factsheet: Female genital mutilation <www.who.int/mediacentre/factsheets/fs241/en/>

⁵ United Nations Population Fund 2012, Marrying Too Young: End Child Marriage UNFPA, New York, hereinafter Marrying Too Young, <<https://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf>>

⁶ IASC "Guidelines for integrated Gender based violence intervention in humanitarian action " can be found here: https://interagencystandingcommittee.org/system/files/2015-iasc-gender-based-violence-guidelines_lo-res.pdf

⁷ Interagency Working Group on Reproductive Health in Crises <<http://iawg.net/>>

⁸ Krug, Etienne G.; Dahlberg, Linda L.; Mercy, James A.; Zwi, Anthony B.; Lozano, Rafael 2002, World report on violence and health. Geneva, Switzerland: <https://www.who.int/violence_injury_prevention/violence/world_report/en/>

⁹ Further information on the MSIP can be found here <http://iawg.net/>

¹⁰ IPPF Sustainable development goals (2015) "A SRHR CSO guide for national implementation" <https://www.ippf.org/sites/default/files/sdg_a_srhr_guide_to_national_implementation_english_web.pdf>

¹¹ UNFPA 2014, Adding it up: the costs and benefits of investing in Sexual and reproductive health 2014 <<https://www.unfpa.org/sites/default/files/pub-pdf/Adding%20It%20Up-Final-11.18.14.pdf>>

¹² The Leave No One Behind project was launched in late 2017 by a partnership of 12 international civil society organisations (ICSOs) – including Islamic Relief Worldwide. The project was created to ensure that the implementation of the Sustainable Development Goals was more inclusive and accountable towards the most marginalized and vulnerable in society

¹³ All statistics taken from Guttmacher-Lancet Commission: Accelerate progress – sexual and reproductive health and rights for all (May 2018), p. 2642 <<https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights>> and Christian Aid's Policy on Family Planning (June 2015) <<https://www.christianaid.org.uk/sites/default/files/2016-03/christian-aid-policy-onfamily-planning-jun-2015.pdf>>

¹⁴ Officer, G. 2009. Key Concepts in Disability, Global Disability, Special Issue, The Lancet, 374-9704-1795.

¹⁵ WHO 2016, Sexual and reproductive health and rights in emergencies, WHO Bulletin, Vol 94. No. 5, May 2016

¹⁶ United Nations, 2030 Agenda for Sustainable Development, 2015, p. 20

¹⁷ United Nations , 2030 Agenda for Sustainable Development, 2015, p. 22

¹⁸ UNFPA, <<https://www.unfpa.org/about-us>> - accessed 5/3/19

¹⁹ Aminu-Kano 2012, An Islamic Perspective on Human Development, p. 14 < <https://had-int.org/e-library/an-islamic-perspective-on-humandevlopment/>>

²⁰ Aminu-Kano, An Islamic Perspective on Human Development, 2012, p. 14

²¹ Sahih al-Bukhari, Book 81, Hadith 1

²² Aminu-Kano, An Islamic Perspective on Human Development, 2012, p. 14

²³ Sunan an-Nasai, Book 36, Hadith 2

²⁴ Sahih al-Bukhari, Book 30, Hadith 15

²⁵ World Health Organisation (WHO), Report of a WHO Technical Consultation on Birth Spacing, Geneva, Switzerland, 13-15 June 2005, 2005,

²⁶ This is the view of many religious scholars who issued the following fatwas in support of family planning:

"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).

Also, the proceedings of the Rabat Conference held in Morocco in 1971 to review the Islamic position on 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)

²⁷ 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."

²⁸ 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 for family planning as well as for methods of contraception" (ibid.)

²⁹ Sahih Muslim, Book 16, Hadith 164

³⁰ Suleiman, Omar, Islam and the Abortion Debate, Al Yaqeen Institute, 2017, p. 5

³¹ Sunan an-Nasa'i, Book 25, Hadith 20

³² Sahih Muslim, Book 45, Hadith 2

³³ Qur'an, 2:2185

³⁴ Sunan Ibn Majah, Vol. 4, Book 24, Hadith 2803

³⁵ Qur'an, 19: 23-26

³⁶ Qur'an, 65:6

³⁷ Suleiman, Omar, Islam and the Abortion Debate, Al Yaqeen Institute, 2017, p.3-4

³⁸ Sahih al-Bukhari, Book 97, Hadith 80

³⁹ Ghaly, Mohammed, The Bgeinning of Human Life: Islamic Bioethical Perspectives, Zygon Vol. 47 No. 1, March 2012, p.198

⁴⁰ Mental inability of parents to raise a child should be determined by medical assessment with support of next in kin family members.

⁴¹ Suleiman, Omar, Islam and the Abortion Debate, Al Yaqeen Institute, 2017, p.6-8

⁴² Alamri, Yassar, Islam and Abortion, Journal of the Islamic Medical Association of North America, Volume 43, 2011, pp. 39-40

⁴³ See section 5 on sexual desire and intercourse, sexual relationships within marriage are built on mutual consent, and acts of sexual violence and rape committed by a person's spouse without consent is against Islamic basis for loving and caring marital relationship



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