

Pathfinder International, Nigeria/POLICY Project

REPRODUCTIVE HEALTH ISSUES IN NIGERIA: THE ISLAMIC PERSPECTIVES

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May, 2004

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LIST OF ACRONYMS

ICPD	International Conference on Population and Development
RH	Reproductive Health
MCH	Maternal and Child Health
PBUH	Peace Be Upon Him
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
PHC	Primary Health Care
LSS	Life Saving Skills
ELSS	Emergency Life Saving Skills
TBA _s	Traditional Birth Attendants
PMTCT	Prevention of Mother to Child Transmission
ART	Anti Retroviral Therapy/Treatment
IEC	Information, Education and Communication
STI	Sexually Transmitted Infections
BCC	Behaviour Change Communication
ARH	Adolescent Reproductive Health

FOREWORD

It is with a deep sense of responsibility that I accept to write the foreword to this important Book. The improvement of access and quality of the Reproductive Health Care Delivery System of our community which in turn means the raising of the standard and quality of life is not only a worthwhile venture but a necessity and an important obligation of our government. There cannot be any meaningful growth and progress in a society where a large number of women and children still die due to complications relating to pregnancy, childbirth or diseases. It is a duty incumbent on all of us to rise up to promote family health and to fight malnutrition, prevent the spread of HIV/AIDS and stamp out sexually transmitted diseases.

While other communities especially in the developed countries have achieved monumental success in the issues of Family and Reproductive Health, our Muslim communities, especially in the rural areas are still battling with diseases, death and other complications relating to Reproductive and Family Health due to (1) inadequate information, poor and inaccessible and non-available services, or (2) to utter misunderstanding or misrepresentation of Islam on such issues.

In this time when some people still believe that using Western medicine or methods in issues of Reproductive Health is un-Islamic, the coming together of our Ulama and other Reproductive Health professionals, and experts to produce this book is certainly a welcome idea and an important step in the right direction towards improving the quality of our lives. The Prophet (Peace be upon Him) has said,

“Wisdom is the lost sheep of a believer; he should grab it wherever he sees it”. This is interpreted by all the Muslim scholars to mean that as long as benefits can clearly be seen to accrue from a project and harm is non-existent, that project must be accepted irrespective of its origin.

In this century of enlightenment and considering the human and material resources at our disposal it is a shame to allow our women and children die in circumstances relating to

complications in pregnancy and childbirth or to allow our society become so weak and ineffective due to HIV/AIDS or other sexually transmitted diseases.

The attempt in this book by the Pathfinder International, Policy project and the Ulama to inform our Muslim community of the correct Islamic position on all matters relating to Reproductive Health as envisaged in the National Policy on Reproductive health, needs to be commended. I would also like to commend the Muslim scholars who gave their time and contribution toward the production of this book. To anyone who wants to know the position of Islamic Law (Shariah) on various issues relating to Family and Reproductive Health, I strongly recommend this important book.

Finally, I pray to Allah Almighty to bless this book and reward all those who contributed in its production.

.....

Alhaji Muhammad Maccido
Sultan of Sokoto
National Chairman of Jama'atul Nasarul Islam

June 2004

ACKNOWLEDGEMENT

The wisdom, commitment and efforts of many people made this book possible. Many people gave their personal resources and valuable contributions to the realization of this important document. We are particularly grateful to the Sultan of Sokoto, Alhaji Muhammadu Maccido for writing the Foreword to the document. We also commend all Islamic scholars and their organisations, the Ulama and the various individuals who gave their time and technical expertise to this project. The challenge to achieving a zero reduction in maternal and child mortality in Nigeria, improving access to quality reproductive health services, updating health practices and ensuring a healthier future for the children, adolescents, youth and the entire society is a task that must be achieved by all stakeholders. The Muslim community in Nigeria must see this as a very vital area of concern.

The Pathfinder International and the POLICY Project to maximize access to quality reproductive health services have been supported by the United States Agency for International Development (USAID) and the Packard Foundation. This handbook is a product of this initiative.

Our many thanks also go to the following individuals who contributed to the document through research and personal discourse: The programme staff of Pathfinder International and POLICY Project - Dr. Mohammed Murtala Mai, Dr. Sada DanMusa, Hajia, Fatima Shagari, Mrs. Charity Ibeawuchi, Esko Nakale and Tessy Ochu - who saw to the development of the handbook, are commended for their hard work and commitment.

The handbook is highly recommended to the Moslem Umma as a working document. The health services providers will find it a very useful guideline in providing effective reproductive health services at all levels of the health care delivery system in Nigeria.

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Introduction

Islam as a religion has established guiding principles and teachings that ensure total submission to the will of Allah for all adherents. In effect, the religion recognizes the existence of people and those things that affect their survival as individuals of different ages, families, communities and as a nation. Their quality of lives invariably affects the overall existence of a nation like Nigeria. It is therefore very important that in issues of decision making and interventions, the uniqueness and needs of the citizenry must be recognized and upheld. This should include the various socio-cultural values and beliefs that sustain them. The values and teachings of Islam as they affect the health status and quality of lives of the Islamic communities in Nigeria should be promoted and disseminated nationwide and in particular the areas with high Muslim population.

Islamic communities, as other contemporary communities are faced with a lot of Reproductive Health (RH) problems ranging from increasing maternal death, and infant mortality, HIV/AIDS, and destitution. The community appreciates most of these problems. However, certain issues are not readily accepted as problems and even where they are accepted; their identified clear causes are not recognized. Examples of such problems include the 'almajiris' and destitute on our streets and the fact that majority of people do not see them as the consequences of our action. Rapid population growth, for example in the face of dwindling economic fortunes is not appreciated as a problem. Maternal deaths may not immediately be seen as an urgent problem that should be addressed.

Worldwide, communities have responded to curb the problems with policies and programs that often have effects on the Islamic population around them. As an example, the Federal Republic of Nigeria, in response to obvious RH problems and in consonance with the international standards developed and adopted a National Policy on Reproductive Health (RH) based on the 1994 International Conference on Population and Development (ICPD) Program of Action. The conference marked a critical paradigm shift from the concept of maternal and child health and family planning (MCH/FP) to Reproductive Health. It also underscores the need to meet the RH needs of individuals and couples. Our national RH policy was based on the African Regional Strategy and the global program of Action developed at the ICPD.

Aspects of this well-intended policy for instance, are said to be not in tune with certain Islamic principles and agreed approaches. Such instances often lead to the rejection of programs that may have some benefits in them. However, since the community has not responded to address such issues, it is left with the options of accepting such seemingly disagreeable components or the problems as they are.

Islam is a practical religion and a complete code of life capable of providing solutions to all problems. In addition, it enjoins Muslims to judge everything according to its merit. Once it is of benefit and conform to Islamic injunctions it should be accepted and also it is important to develop Islamic solutions to address the challenges. It is therefore in this context that this document is intended to achieve the following objectives.

- To appraise the RH issues and problems in Islamic communities and provide a basic knowledge to understand them.
- To reduce misconception of RH issues and provide a resource material for addressing such issues in Islamic communities.
- To provide policy makers and those involved with policy implementation an Islamic perspective on the National RH Policy and Strategic Framework.
- To provide a document that will guide the practice and implementation of RH programs in Islamic communities.

Pathfinder International and POLICY Project, in partnership with some Islamic Opinion leaders, scholars and clerics, recognizing the above gaps and to achieve these objectives decided to develop this document. Initially, issues and documents on RH were collected and reviewed. Thereafter, a core group of Islamic scholars deliberated on the issues and strategies as contained in the National RH Policy and framework. A technical committee was charged with the responsibility of developing a draft document from these deliberations. This document titled “REPRODUCTIVE HEALTH ISSUES IN NIGERIA – The Islamic Perspectives” is the outcome of this collaborative initiative.

The first part of the document provides an overview of the Reproductive Health situation in Nigeria drawing from national statistics followed by a brief look at the National Reproductive Health Policy and the Strategic Framework. The second part of the document critically reviews each of the 8 major components of RH as contained in the National Policy and Strategic Framework, including concepts, services and strategies/approaches relating to that component but in simplified non-technical language. This is then followed by the Islamic Perspectives based on the outcome of workshops with the Ulama and with supporting authorities from the Holy Quran and the Sunnah of the Prophet Mohammad (PBUH).

The study tour to Bangladesh sponsored by Pathfinder International enriched the production of the document. The tour provided an opportunity to the team to further learn about Islamic approaches to Reproductive Health program implementation in that Islamic country. It is hoped that his document will serve as a ready source for reference by both health care providers, managers of Reproductive Health programs and even ordinary receivers of health care services in the Muslim communities in Nigeria.

THE RH SITUATION IN NIGERIA

Available data from the 2003 National Demographic and Health Survey (NDHS) and other reports show that the health status of Nigeria's population can still be characterized as poor. Many women do not attend the antenatal clinics and many more are not delivered by trained and skilled personnel. Particularly in the rural areas, many women deliver at home and when complications arise, they do not receive the much needed help to save their lives and the lives of their babies. Furthermore, many women tend to have many children without spacing births. Less attention is also focused on the nutrition of the mother prior to pregnancy and even after child birth.

Over 340,000 infant deaths are reported yearly and this is attributable to the fact that 64 percent of births in Nigeria are classified as high risks births due to the earlier mentioned causes of high rates of maternal mortality.

In Nigeria many people die before they reach the age of 55. The country contributes up to 10 percent of the world's maternal deaths. Major causes of these deaths include hemorrhage, infection, unsafe abortion, hypertensive disease of pregnancy, and obstructed labor. With over 2.4 million live births annually, about 17,000 Nigerian women die annually, (one woman dies every 30 minutes), of complications of pregnancy and childbirth. Maternal deaths due to high-risk and unattended teenage pregnancies and unsafe abortion are also a major problem in Nigeria. For every maternal death, there are 15-20 women who suffer debilitating conditions including obstetric fistulae, ruptured uterus, and pelvic inflammatory diseases.

The problem of HIV/AIDS at a national prevalence rate of 5.0% (The Federal Ministry of Health, 2003 National ANC Sero-prevalence Survey data) is a major national development issue. This is more so when one considers that the actual rate may be much higher. The epidemic is spreading rapidly, further affecting the quality of life of Nigerians. At least 80 percent of the infection is contracted through sexual intercourse and the presence of sexually transmitted infections (STI's) increases susceptibility to HIV/AIDS. Young people between the ages of 15 and 29 years have the highest rate of infection. Between 25-45 percent of HIV positive women are likely to pass the HIV virus to their babies during pregnancy, childbirth or breastfeeding, with negative implications for child health. Nigeria is increasingly being challenged by the problem of children (1-15 years) orphaned as a result of AIDS. According to an estimate by the POLICY Project, Nigeria could have more than 2.5 million children orphaned by AIDS-related causes in the next 15 years. The above situations are very significant and require urgent intervention, with the full participation of everyone, especially the Islamic leadership since the Islamic community is part and parcel of the larger Nigerian society.

THE NATIONAL REPRODUCTIVE HEALTH POLICY AND FRAMEWORK

The Government launched a National Reproductive Health Policy and a National Strategic Framework and Plan in November 2002. The RH Policy is set within the framework of the national health policy which upholds primary health care (PHC) as the key to improving the health of the men, women, adolescents and children at all levels. 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 related to the reproductive system and to its functions and processes. The concept is centred on the vision for every individual in Nigeria to live an acceptable quality of life that positively contributes to national development. Therefore, essential reproductive health care should be integrated and accessible to every Nigerian, both in rural and urban areas. The involvement of the communities and recognition of their socio-cultural environment and values must be ensured.

The overall goal of the policy is to create an enabling environment for appropriate actions that would enable Nigerians to easily access quality reproductive health information and services, particularly at the community and household level. Concerted efforts are therefore directed to achieving the following policy objectives by the end of Year 2006:

- To reduce maternal morbidity and mortality due to pregnancy and child birth by 50 per cent;
- To reduce prenatal and neonatal morbidity and mortality by 30 per cent;
- To reduce of the level of unwanted pregnancies in all women of reproductive age (15-49 years) by 50 per cent;
- To reduce the incidence and prevalence of sexually transmitted infections including the transmission of HIV infection;
- To eliminate all forms of gender-based violence and other practices that are harmful to the health of women and children;
- To reduce gender imbalance in availability of reproductive health services;
- To reduce of the incidence of reproductive cancers and other non-communicable disease;
- To increase knowledge of reproductive biology and promote responsible behaviours to prevent unwanted pregnancy and STIs/ HIV/AIDS;
- To reduce the prevalence of infertility and provide adoption services for infertile couples;
- To increase the involvement of men in reproductive health issues
- To promote research on reproductive health issues.

COMPONENTS OF REPRODUCTIVE HEALTH AND ISLAMIC PERSPECTIVE

1. SAFE MOTHERHOOD

Safe Motherhood refers to a situation in which no woman going through the physiological processes of pregnancy and childbirth suffers any injury or loses her life or that of the baby.

Components and Services include:

- Prenatal care including referral of high risk pregnancies
- Safe delivery under skilled care
- Essential obstetrics care including emergency care of complications of pregnancy, labor and puerperium (the first 6 weeks after delivery)
- Perinatal and neonatal care (referring to the care of the baby in the first few weeks of birth)
- Postnatal care
- Breastfeeding especially exclusive breastfeeding in which a newborn is given only breast milk for the first 4 – 6 months.
- Immunization
- Growth monitoring
- Oral rehydration therapy
- Infection prevention

Islamic Perspective:

The Islamic view on the strategies of providing the above services as contained in the policy is as follows:

Community Ownership, male involvement and implementation of safe motherhood initiatives are in consonance with Islamic teachings. Many verses from the Quran support this, e.g.

“...Help ye one another in righteousness and piety but help ye not one another in sin and rancor: fear Allah: for Allah is strict in punishment.”
Quran 5:2

“...The duty of feeding and clothing nursing mothers in a seemly manner is upon the father of the child. No one should be charged beyond his capacity. A mother should not be made to suffer because of her child, nor should he to whom the child is born (be made to suffer) because of his child. And on the (father's) heir is incumbent the like of that (which was incumbent on the father). If they desire to wean the child by mutual consent and (after) consultation, it is no sin for them; and if ye wish to give your children out to nurse, it is no sin for you, provided that ye pay what is

due from you in kindness. Observe your duty to Allah, and know that Allah is Seer of what ye do". Quran 2: 233

The following traditions of the prophet (PBUH) also support this view:

"The best among you in the sight of Allah is he who is the most benevolent and most caring to his family"

"Be kind to your women for they are a trust in your hands from Allah"

Effective antenatal care for all pregnancies and skilled care during Childbirth: This is in line with the general Islamic teachings and supported by Ayah 6 – 7 of Surat Talaq.

"Let the women live (in 'iddah) in the same style as ye live according to your means: annoy them not so as to restrict them. And if they carry (life in their wombs) then spend (your substance) on them until they deliver their burden: and if they suckle your (offspring) give them their recompense: and take mutual counsel together according to what is just and reasonable. And if ye find yourselves in difficulties let another woman suckle (the child) on the (father's) behalf".

"Let the man of means spend according to his means: and the man whose resources are restricted let him spend according to what Allah has given him. Allah puts no burden on any person beyond what He has given him. After a difficulty Allah will soon grant relief". (65.7)

However, the issue of a male doctor examining or attending to a female patient is prohibited except under special circumstances. Such circumstances include lack of a qualified female doctor or where any delay could endanger the life of the mother or her baby.

Emergency Treatment of complications during pregnancy, labor and puerperium and activation of maternity waiting homes and clinics is also acceptable as Islam has even made it a right for pregnant women to be properly provided with such service. This strategy will significantly benefit from enlightenment drive to get husbands to patronize hospitals, clinics and maternity homes.

Post Abortion Services – Which is as defined above referring to the management of cases of abortion or miscarriage is *halal* if it is to safeguard the mother's life. This is supported by Quran 22:78.

"... He (Almighty Allah) has chosen you (the Muslims) to convey this message of Islam to mankind and has not laid upon you in religion any hardship..."

However, the Quran does not explicitly address abortion (i.e. –the termination of pregnancy before the due date), but there is general agreement in Islam that abortion is only permitted for the most serious reasons, such as saving a mother's life. And even in this instance according to some scholars, it is only allowed before "life is breathed" into the fetus which is variously regarded as within the first 40, 80 or 120 days, but a minority of scholars oppose abortion at any stage of development, based on the belief that the embryo is already on its way to having a soul from the moment of conception.

The following strategies were also accepted:

- Training community midwives to bridge gap in rural areas.
- Training more Muslims as midwives and physicians to provide basic and emergency obstetric services (LSS, ELSS)
- Training sufficient midwives to provide coverage for all population groups; emphasis should be made on training of Muslim girls to take up these jobs. Deliberate efforts must be put in place to expand the facilities to cover this need.
- Strengthening public and private sector collaboration.
- Provision of needed equipment and supplies.
- Establishment of an effective referral system including all providers of maternity care (TBAs, private practitioners, etc);
- Updating Skills of community health extension workers in child spacing counseling and services:
- Sustained supervision and monitoring and evaluation.
- It is accepted that all relevant materials for trainings and sensitization be translated into local languages and distributed. Local Malams should also be involved in awareness creation as they hold exalted positions in their communities despite the limited exposure of some of them.
- Exclusive breast-feeding: This is allowed in Islam and should be encouraged but not be made compulsory. Health service providers must not intimidate or even punish parents for not adopting exclusive breast-feeding methods.
- Immunization: Preventive health care including measures to control and prevent communicable diseases is allowed and even provided for by Islam, but medical experts must research into ways of minimizing side effects and ensuring general safety of the vaccines.

2. FAMILY PLANNING

It is a means by which individuals/couples regulate or space childbirth so as to achieve a desired number or spacing of children. It is done for various reasons by various people including health of the mother and the child, socioeconomic factors and family welfare, community and national welfare and for marital adjustment amongst others.

Methods:

Divided into Traditional and Modern Methods

Traditional Methods: These are practices, beliefs or customs that have been used for birth control for many years and are handed down from one generation to the other. The few remaining traditional methods in use are as follows:

- Abstinence: Avoidance of sexual intercourse by personal choice or culturally and religiously enforced.
- Douching: Hot water with or without concentrated solutions of salt, alum, vinegar, lemon etc are put into the vagina immediately after sex to prevent conception. This is a very dangerous method.

- Withdrawal (Coitus interruptus): This involves the man withdrawing his penis from the vagina during intercourse and just before ejaculation so that sperm is prevented from being discharged into the vagina.
- Safe period: A natural method of birth control that involves the couple abstaining from sexual intercourse during the fertile period of the woman. Proponents sometimes refer to this method as a modern method of family planning. Three techniques are commonly used:
 1. Calendar method: Educated couples use the calendar to determine their fertile period and abstain from sexual intercourse for this period. The Bead Method is similar to this method
 2. Temperature method: This involves determining the ovulation period using the body temperature chart to determine the probable time of ovulation.
 3. Cervical Mucus Method: This also involves determining the time of ovulation by observing the changes that occur in the cervical mucus during ovulation.

Modern Methods: These include the following:

- Barrier Methods: These are mechanical barriers that are placed to prevent the sperm from entering the cervix. They include the condoms and diaphragms.
- Spermicides: Chemical substances deposited into the vaginal cavity before sexual intercourse to block the cervix and kill the sperm. Examples include the foaming tablets, the cream and jellies.
- Intrauterine Device (IUD): A plastic or stainless steel object inserted into the uterus by a trained health worker to prevent pregnancy. Types include the Lippes' Loop (coil), the Copper T etc.
- Hormonal Methods: These methods involve administering either estrogen or progesterone hormones or both into the woman so as to temporarily alter her hormonal constitution and prevent pregnancy in various ways. They include the following:
 1. Oral Pills: One tablet is taken daily by the woman throughout the month to prevent pregnancy within that month.
 2. Injectables: Long acting hormones given by injection to prevent pregnancy over one, two or three month(s) depending on the type given.
 3. Implant: A deposit of a very long acting preparation of progesterone in the form of an elastic capsule implanted in the upper arm of a woman to prevent pregnancy for a long duration. Norplant, as an example, could prevent pregnancy for a period of 5 years.
- Surgical Methods (Sterilization): A surgery performed on either the woman or the man to permanently prevent pregnancy. They include Tubal Ligation for the woman and Vasectomy for the man.

Islamic Perspective:

This component/title should be replaced with CHILD SPACING, using methods, acceptable in Islam. Most Islamic Scholars contend that Child Spacing issues are allowed

at individual family level, for reasons beside health concerns, while a few others are of the opinion that it can only be practiced for medical reasons such as maternal illness (which must be certified by a qualified doctor whether a Muslim or otherwise). Clearly Islam encourages prolonged breast feeding up to 2 years which may be seen as a means of the mother ensuring the wellbeing of the mother and the offspring.

This is supported by Quran 31:14 “*And we have enjoined on man to be good and dutiful to his parents. His mother bore him in weakness and hardship, and his weaning is in two years...*” See also Quran 46:15. “*And we have enjoined on man to be dutiful and kind to his parents. His mother bears him with hardship. And she brings him forth with hardship, and his conception and weaning of him is thirty (30) months...*”, see also Quran 2:233

[Decision by couple to determine the number of children they require should be respected. In Islam you can even pray for the required number but it is wrong to make it a policy that everybody must have a certain number of children. It is against Islam to make it a general rule for all citizens; to limit the number of children they should bear. However, individuals with certain problems (e.g. women because of health hazards or for certain illnesses that runs in the family), can discuss among themselves and resolve to limit their family or space them. This is acceptable but it should not be due to fear of poverty or lack of resources.

Child Spacing is advised to prevent the mother taking in immediately after delivery (“*Kwanika*”) before weaning. This helps to avoid the possibility of developing complications that could affect the mother and even the sibling. Additionally other diseases, e.g. hereditary conditions such as mental illness and sickle cell disease may necessitate birth control/child spacing. There are also other maternal conditions such as multiple caesarian sections; ruptured uterus, psychosis, sickle cell disease etc that could also call for birth control or spacing. In any situation where a woman’s life is put at unusual risk by pregnancy, scholars have given their *fatwa* that the birth can be stopped or controlled. Methods to be used in child spacing are limited based on the opinion of Ulama.

Prophet Muhammad (PBUH), allowed the practice of *al' azl* (withdrawal or coitus interruptus). Some scholars are of the opinion that it was only practiced on slave girls. Others believe that if it is a freeborn woman her consent is required. By implication therefore a wife’s consent is required. Some scholars’ are of the opinion that the permission of *Azl* makes the use of other barrier methods, such as the condom and diaphragm with the wife’s consent permissible. Islamic thought varies on the use of other modern methods. While some religious leaders consider the use of oral contraceptives or implants to be undesirable or even forbidden, some encourage their use as long as these methods do not interfere with a woman's health and well-being. However the irreversible methods relating to men (vasectomy) is unanimously condemned while that relating to women (tubal ligation) is allowed only for the purposes of saving the health and life of the mother.

A number of Quranic verses, emphasize the notion that God does not wish to burden believers, with the implication that the well-being of children overrides concerns for a large family.

3. SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HIV/AIDS

A major challenge in addressing the problem of HIV/AIDS and STI is to prevent the transmission, provide quality treatment to those infected and to reduce the negative impact of the diseases on those who infect and affected.

Services provided under this component include:

- STI and HIV/AIDS diagnosis, including laboratory testing
- Voluntary testing and compulsory pre-marital testing for HIV
- Syndromic diagnosis and management of STI
- Condom promotion and distribution
- Contact tracing which is the tracking of those who had sexual contact with the patient with the aim of diagnosing and treating them too.
- Risk assessment
- Home-based care and referral for people living with HIV/AIDS (PLWAs).
- Anti retroviral drug therapy for HIV/AIDS infected people.
- Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) including pre-pregnancy and ante-natal screening, labor and postpartum antiretroviral therapy (ART) and infant feeding and PMTCT.
- Referral
- Information, Education and Communication (IEC) and community awareness creation activities.
- Counseling on:
 1. Condom use and negotiating skills
 2. Client/couple risk assessment
 3. Behavior Change
 4. STD/HIV prevention including safer sex practices
 5. Pre and post HIV testing

Islamic Perspective:

The common knowledge is that 80% HIV/AIDS transmission is through sexual intercourse. Islam has the best answer to the prevention of Sexually Transmitted Infections including HIV/AIDS. Islam has taken steps against sexual immorality, which include homosexuality, lesbianism and sex before and outside of marriage. Islam took the practical step of asking believers to lower their gaze at the opposite sex and fear Allah as contained in the QURAN (24:30-31)

“Say to the believing men that they should lower their gaze and guard their modesty: that will make for greater purity for them: and Allah is well acquainted with all that they do.”

Islam in no uncertain terms condemns adultery and homosexuality and spoke about them in the strongest terms possible insisting that they engender not only diseases but the destruction of the entire humanity. (See the following verses of the Holy Quran: 6:151, 17:32, 33:32, 24:30-31, 29:28, 17:16, 16:112, etc) i

The verses show that all of these things are prohibited, i.e., homosexuality, lesbianism, etc are forbidden so also the means to it are also forbidden such as gaze, seclusion with opposite sex, wearing tight and suspended clothes”, etc. For that reason Islam has taken the boldest steps in curtailing that and forestalling the possibility of HIV/AIDS affliction.

The following are also accepted:

- Sustaining community awareness and education on STI's and HIV/AIDS;
- Promoting IEC and behavioral change communication (BCC) for STI's/HIV/AIDS prevention and control. The term “safer sex” was objected to as this can be misconstrued. Sexual relationship should only be within marriage. IEC materials and BCC approaches should respect Islamic teaching.
- Establishing voluntary counseling and confidential testing in all RH service centres for all categories of clients, especially pregnant women.
- Promoting syphilis and gonorrhea testing for all antenatal clients.
- Integrating IEC and BCC and Clinical services for STI's, HIV/AIDS in adolescent reproductive health (ARH).
- Use of condom (male and female) for dual protection. However, this should be left for couples themselves to decide. Public promoting of condom use is not acceptable. It poses a detriment to abstinence as a major Islamic way to prevent STI/HIV/AIDS.
- Integrating RH services into care and support of persons infected by HIV/AIDS.

The issue of voluntary pre-marital screening of couples for HIV/AIDS was also substantially discussed. A number of scholar's were of the opinion that it is acceptable in Islam based on the fact that Islam not only allows but encourages couples to carryout background checks and some investigations relating to each other and their families before going into marriage. Others however feel that such investigation was excessive and counter to the assertion in Islam that one should not be too excessive in such investigations.

4. HARMFUL PRACTICES, REPRODUCTIVE RIGHTS AND GENDER ISSUES

Harmful Practices

This concept according to the National Reproductive Health Policy refers to traditional practices that infringe on the reproductive rights of Nigerian men, women and young persons, particularly the rights of the girl-child. The most common according to the policy includes, female genital cutting, forced early marriage, traumatic puberty initiation rites, labor and delivery practices, gender based violence, wife inheritance and widowhood rites. Some of these practices could result in hemorrhage, shock and infections including Hepatitis B and HIV/AIDS. The long term complications could include psychological consequences, recurrent urinary tract infections, sexual dysfunction, chronic pelvic infections, infertility, and prolonged obstructive labor, vesico-vaginal and recto-vaginal fistula (leaking of urine or faeces through the vagina).

Other problems as identified by the policy include the preference for the male child as widely exhibited in some tribes while in others female children are denied inheritance rights. The incidence of early marriage (common especially in Northern Nigeria) resulting in high levels of maternal death and injury to the birth canal including genital fistula. Some practices such as group circumcision and widow inheritance could facilitate transmission of HIV and other sexually transmitted infections including hepatitis B.

Gender based violence which is defined as any violence that results in or is likely to result in physical, sexual and psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether public or private is a common affliction of the Nigerian woman. Other examples include sexual exploitation, wife battering and cultural practices such as bathing in extremely hot water by new mothers and 'gishiri' cuts during labour.

Reproductive Rights:

The National Policy on RH defines Reproductive rights as the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so without discrimination, coercion and violence as expressed in the international human rights laws and the Nigerian Constitution. These rights also include the rights of the individuals to reproductive health information, decision, access and use of services to achieve the necessary quality of life. These rights are considered as part of fundamental human rights, and are essential for the enjoyment of one's full human development potential as well as mental, emotional and physical well-being. It is also important for enhancement of relationships, women empowerment and achievement of gender equality.

Current understanding of sexual and reproductive rights includes the right to:-

- Information on all matters relating to sexual and reproductive health
- Sexual and reproductive decision making, including choice of marriage partner, family formation and determination of the number, timing and spacing of children, and the means to exercise those choices.
- Equality and equity for women and men to make free and informed choices in all spheres of life, free from all forms of discrimination.
- Sexual and reproductive security, including freedom from sexual violence and coercion and right to privacy.

Some of the rights are implied. For example the right to life (and survival) is abrogated by maternal mortality (maternal death), while denial of access to reproductive health information and quality services for young people violates the right to non-discrimination on the basis of age.

Key Strategies:

Efforts have already begun to articulate ways of eliminating harmful practices and gender based morbidity (disease or injury) in Nigeria. Officially, the minimum age of marriage has been set at 18 years in Nigeria. In several states legislation against Female Genital Cutting and other harmful practices has been passed though enforcement is uncertain. The concept of Universal Basic Education (UBE) is designed to ensure that young persons especially girls acquire basic education and by so doing are able to attain the minimum age of marriage. Key strategies to achieve the desired goal include:

- Sensitization and mobilization of community support for abolishing all practices considered harmful by the Islamic laws.
- Advocacy for male participation in eradicating gender violence
- Review of laws and legislation to protect against gender violence and enforcement of same
- Gender mainstreaming in all health plans, advocacy or sensitization for all in RH services.
- Strengthen collaboration and coordination among the Ministries of Health, Women Affairs, Education, Poverty alleviation and other relevant programs, relevant parastatals, organizations, the media and other stakeholders.
- Ensure implementation of sexuality and reproductive rights education as part of Life Planning Education curriculum in schools.

Islamic Perspective:

Islam Promotes Gender Equity not Equality. It talks about equity and justice between the man and woman. Both sexes are provided with specific rights, privileges as well as responsibilities. Women can be educated, trained, gainfully employed, acquire and maintain property, as well as equity in inheritance. The Prophet (S.A.W.) regards educating women so important to the extent that he reserved a specific time to teach them (on their request). It is therefore allowed to promote gender equity in Islam.

Quran 33:35 *“For Muslim men and women for believing men and women for devout men and women for true men and women for men and women who are patient and constant for men and women who humble themselves for men and women who give in charity for men and women who fast (and deny themselves) for men and women who guard their chastity and for men and women who engage much in Allah's praise for them has Allah prepared forgiveness and great reward”*

This verse explains that Islam is a total submission to Allah's Will which includes all the virtues, as particularly specified in this verse. A number of Muslim virtues are specified here, but the key emphasis is laid on the fact that these virtues are as necessary to women as to men. Both sexes have spiritual as well as human rights and duties in an equal degree, and the future "reward" of the Hereafter. Quran 33.35

The virtues referred to are: (1) Faith, hope, and trust in Allah, and in His benevolent government of the world; (2) devotion and service in practical life; (3) love and practice of truth, in thought and intention, word and deed; (4) patience and constancy, in suffering and in right endeavor (5) humility, the avoidance of an attitude of arrogance and superiority; (6) charity, i.e., help to the poor and unfortunate ones in life, a special virtue arising out of the general duty of service (No. 2); (7) self-control, typically in food, but generally in all appetites; (8) chastity, purity in sex life, purity in motive, thought, word, and deed; and (9) constant attention to Allah's Message, and cultivation of the desire to get nearer to Allah. (33.35)

Quran 49:13 *“O mankind! We created you from a single (pair) of a male and a female and made you into nations and tribes that ye may know each other (not that ye may despise each other). Verily the most honored of you in the sight of Allah is (he who is) the most righteous of you. And Allah has full knowledge and is well acquainted (with all things)”*

This is addressed to all mankind and not only to the Muslim brotherhood, though it is understood that in a perfected world the two would be synonymous. As it is, mankind is descended from one pair of parents. Their tribes, races, and nations are convenient labels by which we may know certain differing characteristics. Before Allah they are all one, and he gets most honors who is most righteous. (49.13)

In the Quran whenever God speaks of mankind, it is not only men but also women. For that reason there is no reason why a woman should not seek for knowledge, because there are two facets to a human being; material and spiritual. You have to combine the two to make a whole. In the Quran 38:71 and 72, God says man has the physical and the metaphysical bodies and He told the Angels that, *"I created Mankind from dust and give unto him spirit"*. This shows that he is a physical and spiritual being. So you cannot develop the body and leave the spirit or vice versa. Just like the man, the woman too has the same components. So in the Islamic concept of education you cannot develop the body of the woman and leave her spirituality. The Glorious Quran repeatedly and in many places spoke extensively on the great achievement of some women, their commitment to Islam and service to humanity. Even with the tyranny of the Pharaoh, his wife, because she was well educated, she was able to withstand the humiliation and save

herself from hell fire. . This goes to show the place of a woman in the religion.. Without her, there is a vacuum. That is also the reason why in the sex theory of the Quran 51:49, God made his creations in opposites, male and female. He said, “*we made everything in twos*”. Examples are; Up and Down, Hunger and Satisfaction, Long and Short, Ignorance and Knowledge, Negative and Positive. This shows the necessity of the other sex.

ELIMINATION OF HARMFUL PRACTICES,

Islamic Perspectives:

Female Circumcision

Female circumcision is optional in Islam and not compulsory unlike that of the male child. Islam also enjoins that if it were to be done it should be done by those knowledgeable enough and should not be excessive. This is based on the Prophet’s advice that “when you circumcise do not cut severely since that is better for her and more pleasing to the husband”.

It is a fundamental message of Islam that all harmful practices are categorically forbidden in accordance with the saying of Allah while specifying the role of the messenger (PBUH) as one who legalizes for them all that is beneficial and prohibit for them all that is harmful. Similarly, Allah (SWT) says he wants ease for us not hardship and also warned in the Quran 4:29 that “you should not kill yourself”, which is why a Muslim should not engage in an act that is injurious to his/her life or that, will lead to the termination of his/her life.

Considering the fact that Female Circumcision is optional under the Sharia and the belief of medical experts that that it could be injurious, most scholars believe strongly that girls should not be circumcised.

Premature Marriage:

Under Islam, marriage can happen at any time, hence the age 18 proposed by some National Policies is not acceptable to Islam The focus should be on premature consummation. Scholars discussed fully and the conclusion was that there is no age limit for marriage, but when it comes to consummation – the husband is not allowed to do so until the wife is able to bear the act physiologically and psychologically. This is in Nailul Awtar (Kitab An-nikah) and Fathul Bari.

The Quran suggests that there used to be a traditional age of marriage to the Arabs before and during the revelation of Quran 4:6, it reads, “*And try orphans until they reach the age of marriage; if then you find sound judgment in them, release their property to them ...*”.

Domestic and Sexual Violence against Women:

Any act which could result in physical or psychological injury to the wife is “*haram*” in Islam. However in Islam, any permissible sexual act between husband and wife is not violence. Under Islamic law, there is no rape between husband and wife but the court will punish the husband if he uses extra force that inflicts injury to have his way (Under Ta’azir) Quran 23:5 and 6

The husband is enjoined to be considerate of the wife’s emotional and physical conditions, empathize with her and be understanding of her inadequacies just as she is also enjoined to do same for the husband.

Supportive **strategies** accepted include:

- Sensitization and mobilization of community support for abolishing practices considered harmful by the Islamic law. Advocacy for male participation in eradicating gender-based violence.
- Review of laws and legislation to protect against gender violence and enforcement of the same.
- Gender mainstreaming in all health plans, advocacy and sensitization for Reproductive Health services.
- Strengthen collaboration and coordination among the Ministries of Health, Women Affairs, Education, Poverty Alleviation, and other relevant programs, relevant parastatals, organizations, media and other stakeholders.
- Implementation of Islamic Family Life Education curriculum in schools.

5. CANCERS OF THE REPRODUCTIVE SYSTEM:

Cancer refers to an abnormal, excessive and uncontrollable growth of a particular tissue or organ which is injurious to the body. The cancers of the reproductive systems are those of the breast in the females and prostate in the males. The cervix is a tubular organ lying within the vagina, linking it with the womb, while the prostate is a small circular organ surrounding the urinary passage within the pelvis. In all cases of cancer, delayed diagnosis and treatment leads to severe disease and in most cases death. Although these three major killers can be diagnosed early, screening services are not available in many facilities, or there is low awareness by individuals, communities and health providers that these cancers can be diagnosed even at the pre-malignant stage (in the case of cervix) or at an early stage that is amenable to treatment.

Islamic Perspectives on Key Strategies:

Management of Cancers is acceptable in Islam just like the management of all other illnesses and diseases. Strategies and approaches that need to be implemented to significantly reduce the incidence of these cancers include:

- Development of policy guidelines and plans
- Massive education, sensitization and mobilization of community members including health workers.
- Capacity building in the area of training of health workers and provision of basic materials.
- Integration of cancer screening tests in reproductive health services
- Research to understand the risk factors for these cancers in Nigeria.

6. **INFERTILITY AND SEXUAL DYSFUNCTION:**

Infertility:

Infertility refers to the inability of a couple to bear children. It constitutes a major socio-cultural problem for many couples in Nigeria. It could be primary where the cause is due to natural sterility (the testis is unable to produce viable spermatozoa or the ovary is unable to produce a viable egg) or secondary due to complications of sexually transmitted infections (STIs) and complications of abortion (both natural and induced) and complicated deliveries.

Management depends on the cause. However new technologies such as in-vitro fertilization where sperms from the husband or another donor is mixed with the egg from the woman and fertilized outside before it is introduced into the woman's womb) or surrogacy where a woman donates a womb to carry a pregnancy to term for another couple is practiced to manage infertility. Cloning, a process of producing a carbon copy of an individual without the use of the opposite sex is a new but controversial technological advancement being considered for managing the condition.

Sexual Dysfunction:

Sexual dysfunction refers to conditions that result in the inability of individuals or couples to enjoy optimal sexual relationship. These include:

In Men:

- Inability to achieve erection
- Inability to sustain erection
- Premature or retarded ejaculation
- Loss of sexual drive (libido)

In women:

- Dryness of the vagina

- Dyspareunia (painful sexual intercourse)
- Failure of orgasm

Although sexual dysfunction is a major and critical issue in reproductive health, its magnitude in Nigeria is not known and may be difficult to determine. Most cases are unreported or presented within other RH component areas, especially infertility.

Strategies:

This component of RH requires the following interventions:

- Enhanced sensitization to raise awareness;
- Expanding the knowledge and skills of service providers especially in counseling, and;
- Strengthening of the referral systems, particularly with regards to services for infertility and family planning through which clients with sexual dysfunction may seek assistance of care-givers.

Islamic Perspectives:

In case of management of infertility among couples, it was agreed that all known and currently available modern means of management are acceptable in Islam including in-vitro fertilization as long as only the couples' egg and sperm are used and Islamic rules regarding lineage and the sanctity of marriage are not violated. Use of donor sperm and eggs, surrogacy and cloning are completely *Haram* in Islam. (2:229-231).

7. MANAGEMENT OF NON-INFECTIOUS DISEASES:

Islamic Perspectives:

All these are allowed in Islam, based on the principles of jurisprudence: "*AL-DARARU YUZAAL*" meaning "Afflictions and harms should be removed or forestalled". Allah (SWT) also says "... *He (Almighty Allah) has chosen you (the Muslims) to convey this message of Islam to mankind) and has not laid upon you in religion any hardship:*" Quran 22:78 The prophet (PBUH) also urged believers to seek for medicine for illnesses that affect them. Abu Dawud reported that the prophet (PBUH) had said "Allah created the disease and also the cure and for every disease he has provided a cure. So treat yourselves with medicines, but do not treat yourselves with prohibited things"

8. ADOLESCENT REPRODUCTIVE HEALTH (ARH)

There are multiple problems faced by adolescents such as early marriage, early onset of sexual intercourse with consequent high rate of STI/HIV/AIDS and induced abortion. In addition, growth impairment and malnutrition with its main effects manifesting at this age coupled with lack of knowledge and access to relevant reproductive health information and services makes it necessary to focus on this age group.

The **strategy** therefore focuses on:

- Awareness creation on RH issues
- Involvement of adolescent in RH activities
- Establishment of acceptable channels of communication between adolescents and adults including their parents
- Research to update knowledge and information on adolescent reproductive issues and services.
- Family Life and HIV/AIDS education in schools

Specifically, service provision includes

- Making clinics youth friendly, teaching adolescents and youths on family life education and skills
- Creation of youth centers to provide information and services.

Islamic Perspectives

Islam welcomes the idea of fighting the current spread of HIV/AIDS and unwanted pregnancy by strongly advocating abstinence before marriage and faithfulness among married partners. In addition early marriage is seen as a very good means of preventing promiscuity and sex outside marriage.

From the age of puberty a girl within the context of Islam is ready to have children. Therefore she is ready to get married. Marriage can therefore be done at any age according to Islam. However sexual intercourse is not permitted until the girl is capable physiologically and psychologically.

(See Nailul Awtaar-sharhu, muntaqal akhbar (Kitaabun Nikah) and Fathul Baari)

Allah (SWT) also says:

“Make trial of orphans until they reach the age of marriage; if then ye find sound judgment in them release their property to them; but consume it not wastefully nor in haste against their growing up. If the guardian is well-off let him claims no remuneration but if he is poor let him have for himself what is just and reasonable. When ye release their property to them take witnesses in their presence: but all-sufficient is Allah in taking account.” Quran 4:6

Commenting on the above verse, Muslim scholars are of the view that it is referring to age of discretion when it is felt that the girl is mature enough to get married, which in

most cases is after puberty. The problems with a young girl giving birth could also arise because of lack of proper care; both ante and post-natal care.

When tackling such issues, cognizance of cultural and traditional values must be kept in mind. There should not be any age limit before a girl gets married. This should be determined by her customs, values and plans. It is however very unpleasant for a woman to remain unmarried up to the period that her beauty will fade away or to become a subject of ridicule. Shari'a has not stipulated the age of getting married, but it is desirable that a woman gets married when she is matured.

Because of the rate at which young girls mature nowadays it is advisable to send them to school early so that they can finish in time to be ready for marriage or to assist them to finish ahead of their male colleagues and settle into family life early.

Safe Sex:

In Islam, sex is only permissible within marriage, so safe sex should only be under matrimony. It is therefore “*haram*” (unlawful) to promote sex outside marriage. However, it is permissible within Islam to teach about the prevention and management of STI's and HIV/AIDS.

Accepted **Strategies** include:

- Awareness creation through messages acceptable to Islam.
- Involvement of adolescent and gatekeepers/stakeholders in planning, implementation, monitoring and evaluation of activities.
- Establishment of acceptable channels of communication between adolescents and adults through Islamic teachings.
- Establishment of functional youth-friendly services based on cultural and religious values of the society.
- Research to update knowledge and information on adolescent RH issues and services.

REMARKS BY SOME ISLAMIC SCHORLARS

Sheikh Goni Muhammed Saad Ngandu,
Coordinator, North-East Zone
Jama'atu Nasril Islam
Maiduguri

“As the coordinator has earlier indicated, it is important for us Islamic scholars to be very versatile and be aware of happenings around us, particularly those that affect our people. Islam came for the people and came with solutions and clear verdicts on every issue, be it business, services, life style and any other thing you can imagine. Islam has covered entirely every facet of human endeavor. Therefore it is our responsibility as Ulama and leaders to be very knowledgeable especially those of us living in the communities and helping governments to administer or give guidelines on the implementation of the Shari’a.

I cannot remember clearly, but I think it was during the reign of Bani Umayyad or Bani Abbas, there was a time when Philosophy was introduced into Theology, but the then Islamic scholars became vehemently opposed to it. They advanced what then were their strongest points. Those in government had to succumb. But the rest of the clerics continued with their teachings of the subject and researches.

One day an invasion of China was arranged to spread Islam to that continent. The Chinese were advised to embrace Islam or face the consequences of war, otherwise they should pay certain levies. They replied that they had a condition before accepting or rejecting the offer. If their question was satisfactorily answered, they would embrace Islam, if not they would reject it. The commander of the invading forces said they were free to ask the question. They said you believed that God is one and that He alone should be worshiped. However, we on our side worship many deities. Now, you also want us to abandon our gods and worship yours, is that your God capable of creating another god so that they can be two or not?

The War Commander said he could not answer that question. So he gathered all the clerics among the soldiers and put the question to them. But none of them could answer. He then wrote to the Caliph intimating him of the poser before him and their dilemma. The Caliph gathered all the scholars but they too could not give an answer. They said we have not read such a thing in the Hadith or in the Qur’an, so we cannot give an answer. Then one of them told the Caliph that the only people who could give such an answer are those versed in logic, Theology and Philosophy. those people with theology and philosophy logics are called OWNERS OF “ILMUL-KALAM” –these people were not recognized as important within the muslim ULAMA but considered as people with a non Islamic thoughts a RAKE-RAIK to the society. So such people were summoned. Their leader said it was a very simple puzzle and called one of his students and asked him to reply the Chinese, which he promptly did. The answer given by the student to the question ‘can’t Allah create another god like him?– was ‘if HE wills he can but HE is alone, HE does not will to do so and will never have a counterpart as HE promised. It is

with these points that the questioners were convinced and philosophy was accepted as another skill to explain Tauhid. Henceforth Philosophy and Theology were taught in Islamic schools.

But today, it is not only Philosophy that is taught, the religion itself and the Qur'an and Hadith have been translated into English and other languages and debates continue daily between the Western Legal system and the Shari'a. What I am trying to point out are the challenges before our Islamic scholars. They have to study and make researches into contemporary issues and give a clear verdict on the position of such an issue in Islam, not to ignorantly criticize it. They must explain to their followers how to face issues; otherwise many things would be given wrong interpretations. How could someone give fatwas on what he does not know? The Holy Koran has left no stone unturned on issues affecting mankind.

Therefore I would like to appeal to my colleagues that it is mandatory for us to draw the attention of the Ulama to issues as they are, especially those of us with the burden of designing and executing the Islamic Shari'a system".NOTE

Further comments :

Mohammad Bin Uthman,
Chief Imam Sahaba Mosque,
Kundila Kano

Even before I received my letter of invitation for this workshop, I had my opinion about the issue under review and I am ready to express my understanding during such conferences and similar ones coming up in future.

I would like to draw our attention to the machinations of the Western World, I mean America and Europe. For long they have developed their agenda. The agenda says that the World is over populated and these must be curtailed. Breton Lucile said this in his book, so also many writers. We may all have read what Robert Malthus said in his Malthusian Theory and perhaps what Margaret Sanger said in America and its first organization, PPF (Planned Parenthood Federation of America). On 10th of April, 1974, some of you may recall what happened when President Richard Nixon of USA directed the then Foreign Secretary, Henry Kissinger to draft a proposal that would look into the security implications of global over-population to the United States and its allies. That document was handed over to the Foreign Secretary (Kissinger), the Secretary of Agriculture and the Director of the CIA. The book was titled NSSM 2000 (National Security Studies Memorandum 2000).

The book was classified but later de-classified, which means the programs have already been executed. The book showed that American and European populations were decreasing while those of the developing countries was multiplying and it was estimated by the year 2010, the population of Europe would not exceed 5% of world total population. This was really a great threat to them!

I would like to draw attentions to Qur'an chapter 5, verses 56, 57 and 58. Allah has explained the purpose of his creations. Anything and I insist anything short of that is going to be counter -productive. Qur'an chapter 5, verses 56, said,

“That I have not created the Jinn and the Man but for them to exclusively worship me”.
So anything we are going to do, be it Reproductive Health, Family Planning or whatever we call it, Birth Control, Child Spacing, it has to be, like I said, completely structured on what Islam said.

Dr. Na'iyah Sada,

Director, Center for Islamic Legal Studies,
Ahmadu Bello University Zaria

“Honestly when I received my letter of invitation, what I understand is that one of the activities of Pathfinder is to assist in the field of Reproductive Health Rights. It is not intending to produce a fresh policy document, as there is already a National Policy of the Federal Government. The Federal Government also derived its own policy based on some resolutions of the United Nations that it must comply with since they are part of International agreements. So these types of International conventions are unavoidable.

So to my understanding, PI, since its activities relate to women and children, is willing to lend support to ensure that these programs are implemented smoothly. I think what PI intends is to review these plans and guidelines and see those that are acceptable to Muslims. We are therefore here to examine these concepts and strategies to bring out those that are in conformity with Islam and those opposed to it and advise accordingly. So the explanations made by the first speaker and the verses he quoted are appropriate. But we are not here to listen to lectures on the American Agenda as everyone has his own thinking and ideas about it. It is true it has such plans. However at this stage we have gone beyond that. The Nigerian government has already adopted the policy. It is left for us, the Muslims, to see how we are going to fine tune it to suit our needs.

Sheikh Ibrahim Khalil,

Darul Arkam School,
Bayero University Kano

“I would like to talk on two issues, one pertaining to Ulama and the other on the organizers of this workshop. Thoughts vary on any issue. A Muslim thinks Islamically, based on his understanding; likewise a non-Muslim perceives life differently. Most of the people organizing these types of activities or who receive funding for public enlightenment, need to realize some basic facts. They have to be very clear about their objective and motives. There should not be any hidden agenda. Experts should be invited where the need arises to openly discuss issues. Dependable, articulate and versatile professionals or experts should be assembled. If it is in the field of Medicine we have people like Dr.

Sadauki, Dr. Musa Borodo and if it is on theological issues, renowned scholars should be invited to discuss and articulate positions. They would then come out with their views and the realities on those aspects. Their findings can still be subjected to further analysis and criticisms. But over the years the reverse has been the case. Meetings and conferences will hold after adoption of whatever program is to be discussed.

Secondly, things of this nature, like Dr. Sada said are already with us, and in our contemporary world, 'power is might'. The powerful nations get their wills done, while the weaker nations are left to struggle for survival. People given these type of responsibilities must be aware of their countries and communities first and the confidence reposed in them. They must also consider the future implications of their actions. Posterity will judge them.

On our part, we the Muslims invited, even with our little knowledge, we have to realize that it is not everything that Islam abhors, whether it is from Europe or even from the devil, Islam will not reject it outrightly. It will first judge it on its merits and demerits. If we go back to the history of Islamic Civilization, we will notice that many things were borrowed and Islamized. So we must understand that Islam does not reject anything simply because it is from America, Europe or China. What it is worried about are the benefits and its conformity with Islamic culture or tradition. It has two measurements, Qat'iyyat

All the apostles were sent with three things. There are those things that are exclusive to the Almighty Allah, but because he wants Mankind to know it he sent his Prophets (like Judgment Day, the Hereafter, Hellfire, Paradise, Angels etc). These are things beyond human comprehension.

The second is about 'ibadat', worship. Prophets were sent to show mankind how to worship God. The third is about worldly life. These include survival, progress and other issues regulating human activities. So we have to be cautious, otherwise we may turn down good things and embrace the evil ones. An example was in the 60s when the Ulama were invited to preach through the Radio, that was when the Nigerian Broadcasting Service was established. They were all reluctant, regarding it as 'Haram'(unlawful). They said it was wrong to talk on the Radio. Some of them however contacted their spiritual leader. The Tijjaniya Sect in Kano sent a letter to Sheikh Ibrahim Kaulah asking him to clarify the position of Radio in Islam. He told them that it was right as he himself was also preaching through the Radio. That was how it got accepted. Today it is the Radio that is the most effective tool of mass communication. Such examples abound, just like with the electricity, pipe born water and the rest. So it is pertinent upon us to sit down and design ways of promoting our society. The organizers expected us to be meticulous in our approach so that at the end we come out with something commendable, not what we shall later cover our faces in shame.