

Islam and family planning

by Maher Mahran

In the time of the prophet Mahomet, Moslems – both men and women – were never shy to ask the prophet about all affairs, including such private matters as sexual life, so as to know the teachings and rulings of their religion concerning them. As Aisha, the wife of the prophet testified: “Blessed are the women of the Anser (the citizens of Medina). Shyness did not stand in their way of seeking knowledge about their religion.”

The way the women asked the prophet – directly or through his wives – is a proof that sexual matters were not taboo but were fully acknowledged and respected. “Shyness is part of the faith” as the prophet taught, but he also taught “There is no shyness in matters of religion” . . . even entailing the most delicate aspects of sexual life.

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It is our firm belief that facts about sex should be taught to children in a way commensurate with their age as they grow up – both by the family and by the school. We emphasise that this should be done within the total context of Islamic ideology and Islamic teaching, so that young people – besides getting the correct physiological knowledge – become fully aware of the sanctity of sexual relations in Islam and the grave sin of blemishing such sanctity, whether under Islamic law or – far more important – in the sight of God. Provided the Islamic conscience is developed, we see no reason to shun sex education (as is unfortunately the rule in many Moslem countries). We

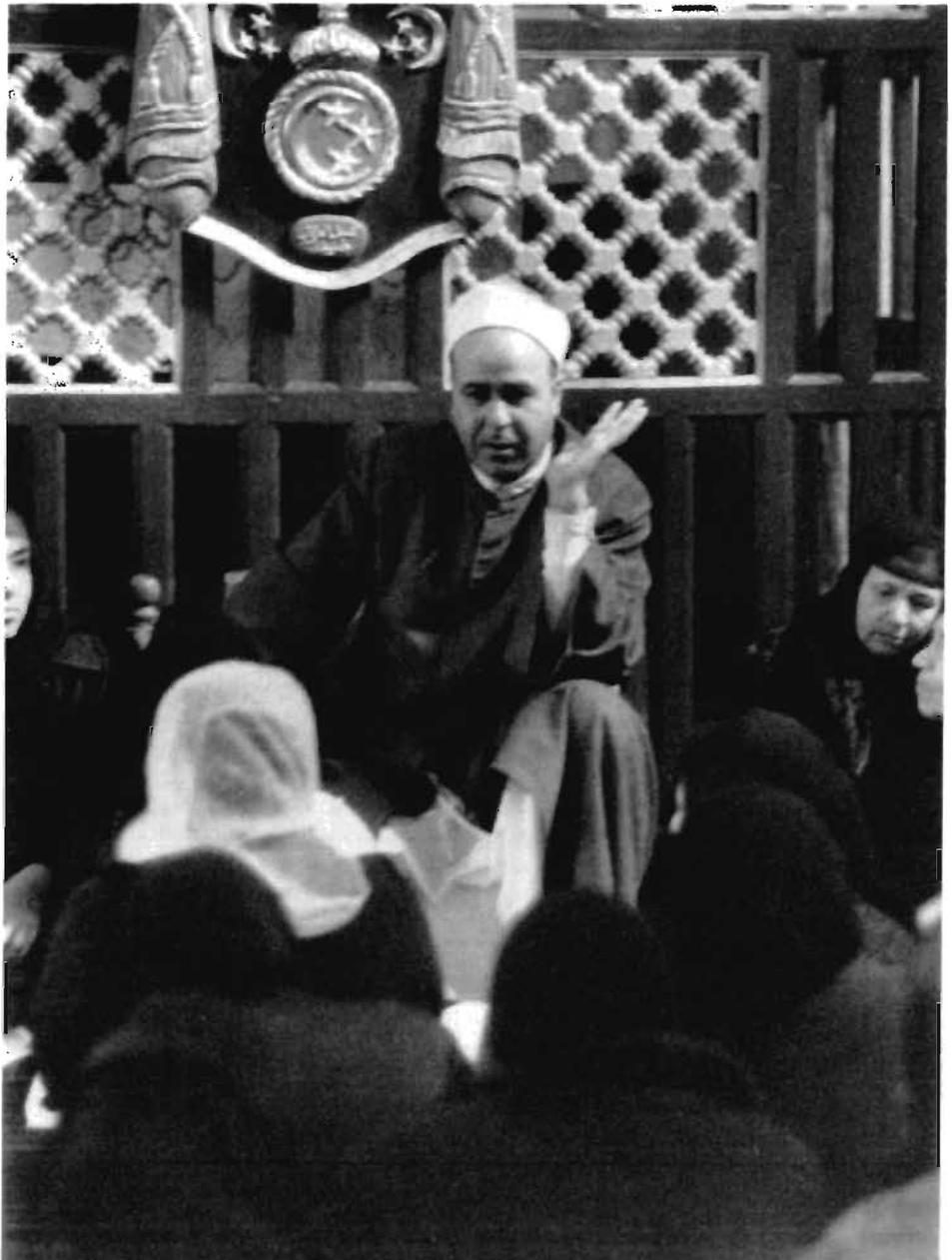
“We emphasise that the facts about sex should be taught within the total context of Islamic ideology.” A religious leader in Egypt discusses family planning with a women’s group.

taught within an Islamic perspective.

There is no doubt that family planning is a sexual problem. The aim of using contraception is to have safe sex, sex which is free from the risk of unwanted pregnancy. However, an ideal contraceptive should not interfere with the act of sex. Proper counselling is essential for couples who want a happy family.

Some contraceptive methods may create sexual problems by their side-effects. In the case of steroids, for instance, breakthrough bleeding is a common complaint among users of low-dose pills, injectables and subdermal implants. In our culture, sex is usually not practised if the woman is bleeding. Breakthrough bleeding is an important reason for dropout because the husband does not want any constraint on his sexual activity. In rare cases steroid contraception may also cause diminished libido, or affect the woman’s attractive feminine appearance by causing obesity, acne and breast atrophy.

The intrauterine device (IUD), if not





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correctly fitted, may cause pain to the husband during intercourse. Break-through bleeding and a higher incidence of menorrhagia and polymenorrhea can be a sexual drawback, diminishing the sexual availability of the wife. Leucorrhea, frequently associated with IUD, may interfere with sexual pleasure, especially that of the husband, whose wife may worry because she cannot meet her husband's sexual needs.

Methods which are directly related to the act of sexual intercourse include coitus interruptus, coitus reservatus, coitus interfemora, or the use of condom and diaphragm. These methods interfere with normal physiological sexual relations. They call for very high self-control in the case of physiological methods, and good training in the case of the diaphragm and the condom. They are not as reliable as the pill or the IUD. Moreover these techniques cannot be recommended at the beginning of marriage when there should be no constraint on sexual relations.

The advantages

Despite these potential problems, the use of effective contraceptive methods will relieve all the worries of an unwanted pregnancy, and consequently the wife usually participates more actively in sexual relations. Some women react towards unprotected sexual relations by vaginismus or spasmodic contraction of the sphincter vaginae muscle, causing painful or difficult intercourse.

There are other advantages. Some contraceptives such as the pill can regulate the woman's cycle and normalise the menstrual blood loss, making her available for sexual relations for the longest possible time. The use of steroid contraception will also, in the majority of cases, improve sexual appetite and give the woman a feeling of well-being which will contribute to a better sexual relation. Condom use can improve or even cure the occurrence of premature ejaculation by the husband by slightly diminishing sexual sensitivity. And condoms, of course, play a major role in the prevention of sexually transmitted disease, particularly AIDS.

Counselling is one of the main pillars of family health and an important component of family life education. Indeed, family planning services cannot be effective without good counselling, and a woman who comes for this service should not be regarded as a patient. Lack of counselling is a major cause behind the failure of many family planning programmes.

But this in turn calls for a counsellor who is well informed about reproduction, human sexuality, methods of contraception, mechanism of action, side-effects, contra-indications and how to recognise them. He or she should be interested in people, sympathetic and a good listener. The couple should be taught to recognise the side-effects, and should know when to come for consultation and when to stop using a given method. The counsellor should help them to

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choose the best method and encourage them to persist in its use.

Some methods of family planning need education and training for both clients, doctors and nurses. Doctors need to be properly trained in how to insert an IUD, otherwise there could be a risk of it perforating the uterus, or they might position the device outside the uterine cavity where it loses its contraceptive effect. They should also be trained in how to take it out properly, otherwise complications may develop. More training for doctors is needed in the insertion and removal of subdermal implants. And nurses in developing countries must be trained to give properly an intramuscular contraceptive injection.

As for the clients, women particularly need to have good information about the physiology and anatomy of the reproductive system. A knowledge of physiology is needed if natural family planning methods such as checking the viscosity of the cervical mucus or the calendar method are used. Women should be trained to locate the cervix in order to be able to insert a diaphragm or a cervical cap properly, to detect the IUD thread after every menstrual cycle, to detect the tip of the IUD if it is partially expelled, or to get a sample of cervical mucus for assessment. ■