

CHAPTER 6

Birth customs: meaning and significance

(★ *Abdul Rashid Gatrad and Aziz Sheikh*)

Muslims are now being born in the West in significant numbers.¹ The overwhelming majority of Muslims in Europe and North America, and indeed globally, will respect the rites of passage recommended by Islamic teaching. Despite the sizes of these Muslim communities, and the importance attached to birth customs by them, few healthcare professionals will have received any formal training in transcultural perspectives and customs surrounding birth. This chapter intends to begin the process of bridging this gap with respect to Muslims. The customs are many, and to the uninitiated may seem unnecessarily rigid and prescriptive – to those within the tradition they are, however, deeply symbolic, coherent and complementary. Above all, they serve to remind the new parents that a fresh chapter is about to unfold in their personal and collective narratives. To fully appreciate the joy, richness, honour and potential of parenthood there is a constant need to look beyond the material dimensions of life.

The rights of the child

O My Lord! Grant unto me from Thee a progeny that is pure:
for thou art He that heareth prayer.

– *Qur'an*²

The child's rights over his parents are clearly articulated in Sacred Law. For the most part these are well respected by Muslim parents. These rights begin before conception, stemming back to the all-important choice of marriage partner.

Does a child have rights over his father?

A man once came to Umar (the second Caliph of Islam) complaining of his son's disobedience. Umar called for the boy, and asked him about his father's complaint, and his neglect of his duties towards his father. The boy replied:

'O Caliph! Does a child not have rights over his father?'

'Certainly,' replied Umar.

'What are they then?' enquired the boy.

'That he should choose his mother with care, preferring a righteous woman. When Allah blesses him with a child, he should give him a good name and teach him the Qur'an.'

'O Caliph! My father did none of these. My mother was a fire-worshipper. He gave me the name Ju'laan (meaning dung beetle) and did not teach me a single letter of the Qur'an.'

Turning to the father Umar said, 'You have come to me to complain about the disobedience of your son. You have failed in your duty to him before he has failed in his duty to you; you have done wrong to him before he has wronged you.'³

Children have the right to be born through a legitimate union, with full knowledge of their parentage. The social experiments currently taking place in some countries facilitating the use of donor sperms and eggs to help barren couples to conceive is, for this and other reasons, categorically prohibited by Islam. They also have the right to a good name, to be suckled, educated and, above all, to have a loving and caring environment in which they may thrive to fulfil their Allah-given potential. 'Paradise lies at the feet of your mother' is a Prophetic maxim, emphasising the unique standing of our first relationship, that will be recognised by Muslims the world over.

Whither the extended family

'It is a matter of sadness that many children are denied the benefits of not having a grandparent to cherish and dote on them, to take them back on journeys back in time and spin yarns for them. We say again that the trend towards nuclear families is a trend for the impoverishment of children.'

– Abdul Wahid Hamid⁴

Birth customs

The Adhan

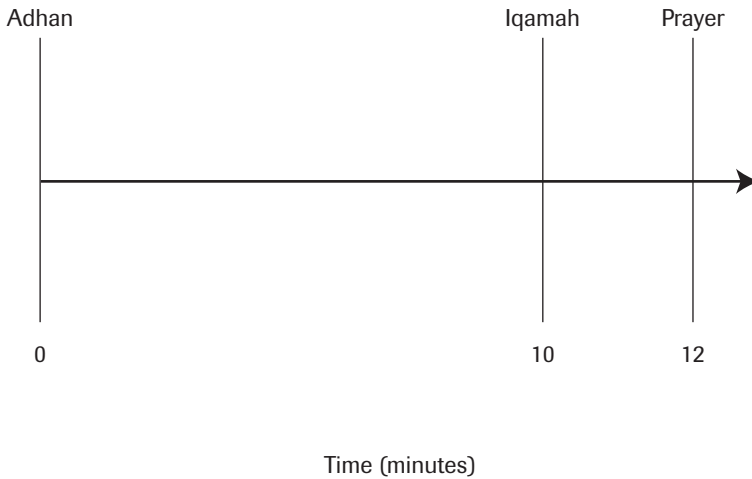
It is only proper that the first word that a baby should hear is the name of his creator, Allah. This is to be followed by the Declaration of Faith, '*There is no deity but Allah; Muhammad is the Messenger of Allah.*' Both of these fundamental pronouncements serve as the pivot around which the life of a Muslim rotates, hence

their symbolic significance at birth. Both pronouncements are conveniently encapsulated within the call to prayer, or *Adhan*.

The father whispers the *Adhan* into the baby's right ear, serving as a reminder that the father also has a key responsibility in the months and years ahead. Ideally, this should be as soon as possible after birth. The entire ceremony takes only a few minutes, and it is greatly appreciated if parents are allowed the opportunity to perform this rite in privacy.

The *Adhan* ceremony in many ways serves as a metaphor for life itself. Those that have had the opportunity of witnessing a Muslim congregational prayer will be aware that shortly after the *Adhan*, and immediately preceding the prayer, there is a second shorter call to prayer. This second call is the *Iqamah* (Figure 6.1). At the time of birth there is an *Adhan* but no *Iqamah*. For the funeral prayer, however, there is simply the *Iqamah* with no preceding *Adhan*. Our stay on earth is short – the equivalent of the few minutes separating the *Adhan* from the *Iqamah* – so life then should be spent wisely and diligently, and not wasted.

FIGURE 6.1 Diagrammatic representation of the relationship between the Adhan, Iqamah and Prayer



Tahneek

This is a commonly observed practice, which, like many of the others mentioned in this chapter, traces its origins back to the Prophet Muhammad. Soon after birth, and preferably before being fed, a small piece of softened date is gently rubbed into the infant's upper palate. Where dates are not easily available, substitutes such as honey are used. A respected member of the family often performs this, with the hope that some of his positive qualities will be transmitted to the fledgling infant. The practice of only permitting access to partners into the delivery ward has its advantages, but may be seen by some as unduly restrictive, impeding the practice of this custom.⁵

Taweez

A *Taweez* is a piece of black string, with a small pouch containing a prayer, which is tied around the baby's wrist or neck. It is particularly common among Muslims from the Indian subcontinent, with many believing that it protects the baby from ill health. For obvious reasons, it is important that the *Taweez* be handled with respect, and should not be removed or broken except during emergency treatment.

Circumcision

Despite the fact that an estimated one-third of the global male population is circumcised, the issue of male religious circumcision continues to excite a good deal of interest and discussion both within the medical and lay press. Sharply conflicting customs are seen in Western countries, with circumcision being performed on an almost routine basis in the USA,⁶ whereas in many parts of Europe it is a practice viewed by many with suspicion and scorn.^{7,8} Although not often enquired about, the Muslim view appears pretty clear that this should ideally be a state run service.⁹ Elsewhere we have discussed at length the ethics and legality of religious circumcision considering this question in the light of the recent European Human Rights Act and also considered models for state provision, including those in which the user of such services pays, thus rendering the scheme safer than the current often poorly unregulated provision and also cost-neutral to the state.^{10,11}

For Muslims,¹¹ as for their Jewish brethren,¹² religious law sanctions male circumcision. Female circumcision is discussed in an earlier chapter (Chapter 5). Circumcision is considered particularly important for hygiene purposes, as when the child matures and begins to offer prayers, there is no danger of his clothes becoming soiled from small amounts of urine 'held up' in the foreskin – important because soiled clothes will nullify the prayer. Despite the recent attempts of some Muslim apologists to downplay the importance of circumcision,¹³ it seems highly probable that it will continue, particularly in view of the publication of recent high quality experimental studies confirming its health benefits.^{14,15}

Difficulties involved with obtaining state circumcision in Britain necessitate that it is usually performed in the private sector, at a cost of between £50 and £100. The plastic ring method is most often used, with the procedure performed under a local anaesthetic. Though most practitioners seem to be aware of the need to delay circumcision in jaundiced infants, because of the risk of prolonged bleeding, it is important to remind parents of this. Babies born with hypospadias should also avoid circumcision until a surgical opinion has been sought.¹⁶ Because of the frequency of complications following circumcision by non-professionals, some health authorities have tried to regulate the practice by establishing special clinics for religious circumcision.¹⁷ Others, such as Sandwell Health Authority in the UK, have gone one step further, offering free circumcision to males under the age of two years.¹⁸ Such initiatives are very

welcome, and deserve to be replicated in other areas as the question of pain is addressed and bleeding minimised.¹⁰

In the nick of time!

A two-week-old baby was brought into the accident & emergency department by his anxious parents, concerned that he was becoming increasingly listless. Further questioning revealed that he had been circumcised some 24 hours earlier. Since then he had been bleeding steadily from his circumcision wound. On examination he was peripherally shut down, with a haemoglobin count of only 5.5 g/dl.

He was resuscitated, the haemorrhage arrested and an emergency blood transfusion arranged. A private practitioner had performed the circumcision. No follow-up had been arranged, and the parents had been given no advice about possible complications.

There were no National Health Service facilities for religious circumcision in the area.

Although usually performed on the seventh day, it is common in some communities to delay the procedure for a few months or years. Bengali communities often delay the circumcision for a few months in summer born babies, preferring the winter period, as wound healing is believed to be better. Frequent nappy changes should be advised, together with the liberal use of barrier creams, in order to minimise the risk of ammoniacal dermatitis and the associated risks of meatal stenosis and ulceration while wound healing occurs.^{19,20} Turkish Muslim communities may wait until just before puberty.

Aqiqah

A sheep is offered in sacrifice for every newborn child as a sign of one's gratitude to Allah. This is usually also performed on the seventh day and the meat distributed among family members and the poor. Many will arrange for the sacrifice to be performed in their countries of origin, thus allowing the meat to be distributed where there is greater need, while simultaneously enabling disparate family members to partake in the celebrations.

Shaving the hair

A newborn child is innocent, free from the internal failings that grip the majority of humankind – the diseases of avarice, lust, envy and pride, to mention but a few. As a symbolic act, the scalp hair that grew during intrauterine development are removed, traditionally on the seventh day of life, and the equivalent weight in silver is given in charity. There is another point in time that the Muslim has the opportunity to re-enter this noble state of innocence. The Prophet likened

the one that successfully emerges from the standing on the desert plane of Arafat during Hajj (Chapter 8), having beseeched Allah’s forgiveness for past excesses, as pure, ‘like the day his mother gave him birth’. The pilgrim is asked to remove his scalp hair to commemorate this accomplishment.

Muslim names

Choosing a name

As has already been noted, the choice of a good name is one of the basic rights of a child. It is hoped that the name will both inspire self-respect and give the child something to aspire towards in the years that lie ahead. After birth it may be a few days before the child is named, as it is usual to seek the advice, and approval, of members of the extended family. Some examples of common female and male names, together with their meanings, are presented in Tables 6.1 and 6.2.

TABLE 6.1 Examples of common female names and their meanings

FEMALE NAMES	MEANING
Aminah	Trustworthy, faithful
Faridah	Unique
Fatimah	The Prophet’s daughter
Nafisa	Precious
Rabiah	Garden
Salma	Peaceful

TABLE 6.2 Examples of common male names and their meanings

MALE NAMES	MEANING
Abdullah	Servant of Allah
Ahmed	Praiseworthy
Hamza	The Prophet’s uncle
Musa	Moses
Sa’eed	Happy
Tahir	Pure

What’s his name?

A young couple was keen to name their first-born Abdul-Khaliq (meaning ‘Servant of the Creator’). All family members agreed that the name was pleasant and gave much to aspire towards. There was, however, at the same time a degree of apprehension on the part of some that the name would be ‘ruined’ by those who failed to appreciate its significance, being either mispronounced

or shortened to Abdul (meaning 'Servant'). After a few days of trying the name the family's anxieties were confirmed. The name Yusuf (Joseph) was chosen as an alternative – a choice that was met with widespread approval.

Naming systems

It is in Gujarati Muslim communities, and among Muslims who have their origins in Central Africa and in urban regions of the Indian subcontinent, that the system of naming often follows that found in the West. Families will use clan or group names as a surname, such as Khan or Chaudhry. For many Muslims, however, a more traditional method of naming is used, and it is usually a failure to understand this system that leads to confusion, and occasionally chaos, with medical records.

Boys may have a personal name, which is either preceded or followed by a religious title, such as Muhammad Siddiq, where Muhammad is a religious title and Siddiq the personal name. In the case of his brother, Altaf Hussain, Altaf is the personal name and Hussain (the name of a grandson of the Prophet) the title. For medical records, the final name is often used as a surname and this would explain why two Muslim brothers might have different surnames! A possible alternative method of recording family names is to use the child's personal name followed by his father's personal name – the latter being used as a surname, such as Muhammad Siddiq and Altaf Hussain, the sons of Abdul Rashid, would be recorded as Siddiq Rashid and Altaf Rashid, since Abdul is a title. There are only a handful of titles commonly used; therefore such a system could be implemented with relatively little training required for record clerks. The potential problems posed by using different names on hospital records and other important documentation, such as passports, driving licences and insurance forms, to mention but a few, would, however, need to be thoroughly explored in advance of any such changes. Anecdotal discussions suggest that there would not be much resistance among Muslims to a change of this kind; nonetheless, it is clearly important that the views of a representative group from the Muslim community are adequately sought.

Many Pakistani and Bangladeshi Muslim women will use a personal name, followed by a title, such as Razia Bibi or Razia Begum, where Razia is the personal name and Bibi and Begum are titles denoting marital status (Miss or Mrs). A similar practice could be adopted for recording female names; that is, their personal name followed by their father's or husband's personal name. Razia Begum, the wife of Abdul Rashid, could then be recorded as Razia Rashid (Table 6.3).

TABLE 6.3 Traditional Muslim naming system and a proposed alternative recording system for use in UK medical records

FAMILY MEMBER	NAME	RECORDED AS
Husband	Abdul Rashid Rahman	Rashid Rahman
Wife	Razia Begum	Razia Rashid
Eldest son	Muhammad Siddiq	Siddiq Rashid
Younger son	Altaf Hussain	Altaf Rashid
Daughter	Mariam Bibi	Mariam Rashid

Some help in recognising Muslim names

Muslims are very adept at recognising the names of other Muslims, easily distinguishing them from those of other faiths. Usually Arabic in origin – the language of the Qur'an – Muslim names are easily identifiable to the trained eye. For those less familiar with Arabic, title names can be very useful in identifying Muslims. Commonly used titles are Muhammad, Hussain, Abdul, Ali, Ahmad, Bibi, Begum and Khatoon, and therefore any individual with a name incorporating one of these titles can confidently be identified as a Muslim.

Sikhism and Hinduism are the two other major religious groupings found among the peoples of the Indian subcontinent. Both groups often have characteristic names that allow religious affiliation to be easily recognised. Common Sikh names include Kaur, Singh, Gill, Samra, Baines, Uppal, Mann, Khera and names ending in -jit or -jeet. Common Hindu names include Ben, Devi, Kumar, Das, Lal and Patel, although Gujrati Muslims also occasionally use Patel.

Breast-feeding and weaning

Breast-feeding

Breast-feeding is positively encouraged by religious teachings; ideally this should continue for a period of two years.²¹ Although Muslim mothers may want to breast-feed, the insufficient privacy offered by some postnatal wards is an important barrier. Muslim etiquette requires that women should not expose certain bodily parts to anyone except their husbands. This includes the breasts, and in order to observe this privacy while in hospital, it is often most convenient to bottle-feed. The trouble with this, however, is that milk production may be adversely affected, particularly in cases where prolonged hospital admission has become necessary. There is a commonly held belief among some first-generation migrants that colostrum is either harmful to the baby or that it has poor nutritional value.^{22,23} Supplements of honey and water will often be used for the first few days of life.²⁴ There is no religious basis for this belief. This is an example of a practice that contradicts religious teaching; this dissonance offers a very useful window for the development of educational campaigns directed towards Muslim mothers, with

the support of religious leaders and Muslim organisations.

Breast milk from a Muslim mother can be given to another baby but (when older) that baby and his or her mother should be told of this. In religious law, children who receive breast milk from the same person are classed as siblings and therefore, when of age, are prohibited from marrying each other.

Prolonged breast-feeding (longer than six months) is the norm among Bangladeshis.²⁵ This can lead to iron-deficiency anaemia and rickets if breast-feeding is not supplemented with an appropriately balanced diet. Most south Asian families change from an infant formula to 'doorstep' cow's milk at about five to six months.²⁴ This is contrary to the UK Department of Health recommendation which states that reconstituted infant formulas should be continued beyond six months in order to prevent deficiencies of iron and vitamins A, C and D.²⁶

Weaning

With the exception of Bangladeshis, most Muslim babies are weaned between the age of three and five months. Proprietary tinned foods are most commonly used, probably more a reflection of the poor socio-economic status of many Muslim households, rather than anything to do with religious teaching.²⁷ Islamic teaching encourages 'wholesome food'²⁸ and initiatives could, and perhaps should, be developed, using an appropriate cultural framework to encourage greater use of fresh fruits and vegetables during weaning. This is particularly important in view of the high prevalence of caries, diabetes and ischaemic heart disease among Muslims. Importantly, it is worth remembering that babies are often fed by hand, and children may be positively encouraged to hand-feed. Such a child's spoon-handling skills may be poorly developed – something that needs to be borne in mind if using a spoon is incorporated into developmental assessment tests.

The handicapped child

Many children born with handicaps do not survive in developing countries – thus the care of a handicapped child, especially in cases where the disability is severe, is a relatively new experience for Muslim communities. There is, for example, no word in the Urdu language which adequately explains mental or physical retardation. Parents tend to accept the deformity as an act of Allah, some rationalising it as a 'test from Allah' or as a form of retribution for sins that they may have previously committed. This latter perspective may be seen as a blessing, since it is better to be punished in this world than in the eternal abode of the hereafter. A mother may try to make amends and seek help from a religious leader to effect a cure for the handicap or to prevent recurrences. Unfortunately, charlatans are common and the opportunities for exploitation considerable.

Language problems are often a major barrier in the care of handicapped

Muslim children because there is a shortage of multilingual therapists in areas such as occupational therapy, speech therapy and social work. Parental reluctance to participate in group work/therapy may stem from fear that involvement may publicise the child's handicap within the wider community, adversely affecting the marriage prospects of siblings. Self-help Muslim groups are slowly beginning to emerge, and dialogue between such agencies and professional groups is to be encouraged, so as to allow healthcare professionals the opportunity to hear and understand the concerns of minority populations and fine-tune services appropriately.

Deprivation, consanguinity and the general reluctance of Muslims to abort foetuses with congenital anomalies are key reasons for the high levels of handicap found among the Muslim community. Tackling health inequalities remains an important priority for governments, and it is expected that this will in due course bring major health benefits to the deprived. Consanguinity, as discussed in Chapter 5, remains high among certain ethnic groups; for families with a history of congenital anomalies, access to high-quality genetic counselling is essential.^{29,30} Where congenital abnormalities are detected during pregnancy, it is important to discuss the possible implications of the findings with the parents (and religious leader if appropriate). This is particularly true for anomalies detected early on in pregnancy, since some jurists hold that termination is acceptable in such circumstances before 'ensoulment' of the foetus occurs – an event that takes place on the 120th day of life.

Using religious beliefs and cultural practices in a 'recipe book' manner can sometimes be used as a shield to avoid difficult and painful discussions. The assumption that since Islamic belief discourages abortion, Muslim parents should not be given the choice of abortion is unfair. Rather, this information should be used as a backdrop against which to explore the wishes of the *individual couple* concerned. Whatever is eventually decided, parents have the right to be supported in their final decision, even if this goes against professional or religious opinion.

Adoption and fostering

Adoption involves conferring to the adopted person the status and rights of a natural son or daughter. From the discussion above, natural offspring have rights that predate conception; they also have rights that extend beyond the lifespan of the parents, for example the right to inherit. According to religious teaching, it is not possible for someone to assume parentage on the basis of a simple declaration; adoption then is considered an attempt to deny reality.³¹

Professional imperialism

A recently married genetics student attended the antenatal 'booking-in' clinic in her first pregnancy. A routine dating ultrasound scan was performed

which revealed that the foetus had increased nuchal thickness. Suspecting a diagnosis of Down's syndrome her consultant referred her to a tertiary centre for further investigations. Here she was followed up with serial ultrasound scans. It soon emerged that there were a number of congenital malformations, which were considered to be incompatible with life. She was repeatedly advised to have a termination on the basis that it was thought the baby had a less than 1% chance of survival. This she consistently declined, stating that abortion was against her faith.

Ultrasound monitoring continued until 34 weeks when she spontaneously went into labour. The baby was stillborn. She was named, buried and is visited frequently by family members.

In comparison, foster care, being devoid of the legal implications noted above, is strongly encouraged. Fostering is not uncommon, usually between family members, where following an unplanned pregnancy in an already large family, the infant may be offered to a childless couple. Many first-generation Muslims will themselves have first-hand familiarity with being fostered, often with close relatives following the death of parents. If a Muslim child is to be fostered this needs to be with a Muslim family. The Muslim community usually opposes any suggestions of a Muslim child being placed with those of another faith background very strongly. We suspect that many other religious groups would on the whole express very similar sentiments.

Summary

- ❖ The Muslim child has a number of Allah-given rights; these include the right to be born through a legitimate union, to know fully one's parentage, to be suckled, and to be reared with kindness and respect.
- ❖ The traditional Muslim naming system often causes confusion with medical records. This naming system can be adapted to allow family members to be readily identified, though the legal implications and possible logistic problems posed by such a change have not yet been assessed.
- ❖ There are a number of birth customs common to Muslims. Most healthcare professionals will have received little training in understanding their meaning or significance. An appreciation of such customs provides a unique insight into the lives of many Muslims.
- ❖ Male circumcision is an important birth custom. Parents should be advised to delay the procedure in the case of neonatal jaundice and hypospadias. Religious circumcision should be available from state health services.
- ❖ Caring for handicapped children is a relatively new experience for many Muslims. Culturally appropriate support services are currently poorly developed.

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