

Urf:
Islamic Biomedical Ethics in Rural Mali

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Introduction:

Anxious faces gather at the entrance to La Grande Mosquée de Sanankoroba, an imposing cement structure amongst small mud homes, awaiting the imam's decision. He is not a mujtahid¹, but offers fatwas² nonetheless; today's is on birth control. Men crowd around—and a few women at the rear—to hear him speak out against birth control, against the use of oral contraception, for being against Islam and against God's plan. And when his speech finishes, the faces disappear, back into their homes, and little discussion ensues. Instead, men return to their wives to share the verdict, to denounce family planning as haraam,³ and add to Mali's already engorged birth rate. But is family planning truly against Islam, and does this Imam, who is not a mujtahid, have the right to offer fatwas? Is his ruling valid, and does it matter? All that matters now is that an entire village believes birth control is un-Godlike, and few will use it. But what does Islam actually say about family planning? Who determines Islamic biomedical ethics and how? And how does this translate to the people of Sanankoroba?

The complex discourse between science and religion presents itself at every opportunity, its existence offering conflicts since the dual debut of these two faiths. Textbooks, novels, and manifestoes have been written about this conflict, and I do not claim expertise in any area of this debate. Instead, I seek to begin to examine the interplay between science and religion as it relates to Islamic biomedical ethics, and its implications for the people of Mali. Understanding religious approaches to science results in more appropriate, and therefore more effective, treatments, which benefit patient and healthcare worker alike.

Ninety percent of Malians practice some form of Islam, mainly Sunni and Wahhabist Islam, and Islam plays a crucial role in medical care: medications that must be taken on an

¹ Islamic legal scholar

² Legal ruling

³ Forbidden

exact schedule are timed to morning or evening prayers in villages where clocks are not prevalent; excision, practiced by ninety-six percent of Malians, causes extreme pain and excessive haemorrhaging during childbirth. To this end, I wanted to understand how Islamic biomedical ethics are understood amongst Malians, particularly amongst rural Malians, if and how they are applied, what possible conflicts result, and how they can be reconciled.

To enhance the feasibility of this study in the short time available, and enable a slightly in-depth look at complex subjects, I chose three biomedical topics of interest to me: abortion, birth control, and religious observances during pregnancy. I studied these topics through topical, official Islam, using scholarly works as the basis of my research, through medical observations, and through interviews with healthcare workers and patients at my field site. This study was done mostly out of personal interest—to finally link my religious studies major and medical school aspirations—but also out of a desire to understand Malian opinions so to better reconcile medicine and Malian Islam in the future.

Study Area:

Sanankoroba, Mali lies thirty kilometres south of Bamako, with an approximate population of 5,423 people⁴. Though not far from Bamako, Sanankoroba is distinct from Bamako *region* and its *communes*, and remains under the control of the *region* of Koulikoro and the *cercle* of Kati. There is no running water in Sanankoroba, and though electricity was introduced in September 2005, few homes have it. Most of the inhabitants of Sanankoroba are illiterate, and though there is a small Christian presence, mostly owing to collaborations between Sanankoroba and the Quebecois village Ste. Elisabeth, the majority practice Sunni Islam. It contains Mali's first SOS Children's Village, Hermann Gmeiner's realisation of Kinderdorf International. Not far from the SOS village lies the *Centre Santé Communautaire de Sanankoroba* (CSCOM), containing a clinic and a maternity. Sanankoroba's CSCOM

⁴ « Sanankoroba, Mali Page. » *Sanankoroba, Mali Page*. Falling Rain Geomatics, Inc. 3 May 2008. "<http://www.fallingrain.com/world/ML/7/Sanankoroba.html>."

maternity, the largest rural maternity outside Bamako, served as the site of my fieldwork during this project. Sanankoroba's maternity encompasses three other, more rural maternities, and thrice weekly trips are made *à la brousse* to ensure the maintenance of these maternities. Both clinic and maternity run on solar power, and share a sub-terrain pump with villagers.

The maternity is run by two matrons, Marguerite Coulibaly and Aminata Koné, who *faire le garde* on alternating nights and weekends; during the weekdays both women are usually present. Mlle. Coulibaly lives at the maternity, while Mme. Koné lives nearby with her family, though she sleeps at the maternity on her *garde* nights. Both are classified as *infirmieres/obstetriciennes*, a degree awarded by three years of study and a month-long internship in the field, preceded by achieving the *Diplome d'Etudes Fundamentales* (DEF). To obtain status as a *sage-femme* in Mali, one must achieve the Baccalaureate (BAC) degree, and complete three years of schooling after attaining *infirmiere/obstetricienne* status.

The maternity operates on a strict schedule: prenatal consultations are offered Monday and Thursday mornings, while Fridays are reserved for postnatal consultations, for both mother and baby. Malaria treatment via intravenous drip occurs every morning, and random days of infant vaccinations also occur. Births are permitted at any time.

Research Methodology:

I spent two weeks living and working at the CSCOM Sanankoroba maternity. I lived with Marguerite, her sister, Henriette, Marguerite's *bonne*, Ya, and the three year old child of a former maid, Drissa, who also lived at the maternity. I was also lucky enough to be in the company of several Malian girls between the ages of eighteen and twenty-six who were completing their *stages*, the fieldwork internship required before starting. Basically living as another intern, I was privy to all activities at the maternity, though the Bambara language barrier often made discussions difficult to understand. I observed and assisted on seventeen births during my time in Sanankoroba, including a stillbirth, a breech birth, and the birth of

twins! I assisted in pre- and postnatal consultations, weighing and measuring mothers and babies, taking blood pressures, checking the external presentation of the foetus, and giving vaccinations.

All of my fieldwork data comes from observations and informal interviews; questions asked over tea, during downtime in births, and during pre- and postnatal consultations afforded me incredible information and varying opinions. I had discussion with men and women of all ages, and of Christian and Muslim religious backgrounds; people who had never left Sanankoroba, and those who had never left Bamako for more than a month. I felt little desire to impose formal interviews on those around me in Sanankoroba, both because I did not want to disrupt the relationships I had developed with people there with intense questioning, and because I felt little need—observations and random questioning was much more valuable for my particular objectives.

A combination of personal knowledge, internet research, and academic journals comprised my research on « official » Islamic biomedical ethics. A class on Islamic Law and Legal Theory at my undergraduate institution offered me a head start on Islamic ethics and much of the terminology, and the ability to tap into my school's internet library databases filled in the rest.

I encountered several obstacles and biases in my research, some personal and others public. I attempted to suppress my personal biases, though the public ones were harder to overcome. In Mali, a strong divide exists between city-dwellers and villagers, whereby city-dwellers claim superiority in every sense, particularly intellectual and educational superiority. Since few Sanankorobians speak French, translation is often required and it is often difficult to separate actual responses from the subjectivity inserted by translators. But these biases are a part of Malian culture and contaminate how Islam is transmitted to Sanankorobians, so perhaps they enhance, rather than detract from, research.

Research Findings and Analysis:

I. An introduction to Islamic law: Usul al-fiqh

In examining Islamic ethics, an understanding of Islamic law is necessary, because virtually all decisions on Islamic ethics stem from the legal system. Four major legal schools exist in Sunni Islam: Maliki, founded by Imam Malik, Hanafi, of Abu Hanifa, Shafi'i, from Imam Shafi'i, and Hanbali, based on the works of Imam Hanbal. Though each school offers its own legal rulings, similarities exist in bases for judgment and legal processes of each.

Before going further, an introduction to the Arabic terms used in Islamic law is necessary to clarify discussions of Islamic legal theory and the ethics it propagates:

Fiqh: the Islamic law;

Usul al-fiqh: literally the roots of the law, pertains to the study of Islamic jurisprudence;

Itihad: the interpretation of Islamic law; only those classified as *mujtahid* are permitted to practice *itihad*. There is much debate about a twelfth century phenomenon, « the closing of the gate of *itihad*, » whereby all interpretation of Islamic texts ceased and no longer permissible. This is accepted by most scholars as a myth, though some believe the time for interpretation has passed and can no longer be practiced in good faith;

Taqlid: literally means imitation, and stands in contrast to *itihad*;

Mujtahid: one who is authorized to interpret texts and practice *itihad*; only men are eligible to be *mujtahid* and must undergo intense schooling;

Ijma: literally meaning consensus, *ijma* refers most often to the consensus of the Companions of the Prophet Muhammad, and what their interpretations yielded;

Qadi: an Islamic judge, certified to offer *fatwas*

Qiyas: literally, analogy; in the legal setting, the use of analogies to reach legal decisions on questions never before encountered but relating to previous rulings;

Urf: the use of local customs as precedent in reaching legal decisions.

There exist five levels of permissiveness in Islam, ranging from required to prohibited; legal rulings are often classified by one of these states:

Wajib: required;

Mustahab: favoured;

Mubah: neutral;

Makruh: not favoured;

Haraam: forbidden.

With a basic understanding of the Islamic legal system and a general overview of how decisions are made and by whom, Islamic ethics, specifically biomedical ethics, are more easily understood.

II. *Islamic (Biomedical) Ethics*

Four main ethical concerns are applied to all situations dealing with ethical questions: autonomy, beneficence, justice, and non-maleficence. Conceptions of beneficence are given the most emphasis in discerning ethical decisions⁵, though consideration is given to all in the course of discussion. Islam goes further in explaining ideas of beneficence and non-maleficence, offering several terms to define ideas of good and evil. The following concepts are useful in discussions of Islamic biomedical ethics, particularly those which will be discussed in the next section⁶.

Maslaha: an act is advisable and proper if it results in benefit or confers welfare for the most people;

La darar wa la derar: the prohibition to cause loss to another;

Darura : permissiveness of forbidden under necessary circumstances ; i.e. eating of pork during times of famine;

La haradj: fulfilment of religious activities is unnecessary if it leads to extreme hardship; this concept originates with the oft-cited Qur'anic verse 22:78, where it is offered that « he has not laid upon you any hardship in religion. »

As with many ethical questions, these terms are all relative and prone to interpretation. Modified applications are often required, and Islam, like its monotheistic siblings, is complicated by modernity. Owing to its complex legal system, numerous legal schools, closing of the gate of *itjihad* phenomenon, and unavoidable difficulties of modernity, contemporary treatment of Islamic law is not easily attained. What is benefit, who comprises the majority? What is a loss? What is (un)necessary and what is extreme difficulty? And who gets to decide?

⁵ Hedayat, Kamyar M. and Roya Pir Zadein. "Issues in Islamic Biomedical Ethics: A Primer for the Paediatrician." *PEDIATRICS*. Vol. 108 No. 4 4 October 2001. p. 965-971.

⁶ Larijani, Bagher and Farzaneh Zahedi Anaraki. "Islamic Principles in Decision Making in Bioethics." *Nature Genetics*. Vol. 40 No. 123. 2008.

Much of Islamic biomedical ethics is rooted in the concept of *amana*, the idea of the human body as a trust from God. The human body is on loan from God and will be returned upon death. Three Qur’anic verses establish this idea of a trust and an eventual return, though its propagation is attributed to Muhammad and his Companions:

[33.72] Surely We offered the trust to the heavens and the earth and the mountains, but they refused to be unfaithful to it and feared from it, and man has turned unfaithful to it; surely he is unjust, ignorant;”

[33.73] So Allah will chastise the hypocritical men and the hypocritical women and the polytheistic men and the polytheistic women, and Allah will turn (mercifully) to the believing women, and Allah is Forgiving, Merciful;”

[24.42] And Allah's is the kingdom of the heavens and the earth, and to Allah is the eventual coming.⁷”

As a result, everything done to the body can be viewed as an affront to God: tattoos are *haraam*, as they deface what God has made perfect. Organ donation is frowned upon, as are autopsies, for the same reasons. *Amana* governs all, and before doing anything to the body, it must be considered. The implications of *amana* in biomedical ethics are numerous—if your body does not belong to you, is there anything you can do to it?

III. *An in-depth look: Abortion, birth control, and religious observance in pregnancy*

A. *Abortion in Islam: A brief discussion*

In the Middle East and North Africa (MENA) region, stretching from Morocco to Iran, the world’s highest and lowest birth rates are found. One in ten pregnancies ends in abortion⁸. Early Muslim theological thought and legal decrees on abortion are varied: many believed abortions permissible if before the ensoulment of the foetus, which happens at 40, 90, or 120 days after conception; a justifiable reason for termination is always required⁹. Across the four Sunni legal schools and Shi’i thought, four ideas exist: abortion is allowed, allowed under

⁷ « The Koran. » *The Koran*. Trans. By M.H. Shakir. University of Michigan. 3 May 2008
<<http://quod.lib.umich.edu/k/koran/>>

⁸ Hessini, Leila. « Abortion and Islam: Politics and Practices in MENA. » *Reproductive Health Matters Journal*. Vol. 15 Issue 29. May 2007 p. 75-84.

⁹ Ibid.

certain circumstances, disapproved of, and forbidden¹⁰. In looking to the Qur'an for aid, Sura 23: 12-14 offers some clarification:

[23.12] And certainly We created man of an extract of clay,

[23.13] Then We made him a small seed in a firm resting-place,

[23.14] Then We made the seed a clot, then We made the clot a lump of flesh, then We made (in) the lump of flesh bones, then We clothed the bones with flesh, then We caused it to grow into another creation, so blessed be Allah, the best of the creators.¹¹”

Though this does describe processes of conception with great accuracy, it also creates controversy, as it does not dictate exactly when life takes form. It seems that human life does not appear until they « caused it to grow into another creation. » But when does this occur and who is We? And how long does it take for the seed to become a clot, then flesh, bones, and eventually another creation? How much time is available before one begins to destroy God's work?

Currently, the majority of legal scholars attest that life begins at conception, and therefore abortion is murder¹². However these same scholars claim that abortion is permissible if the mother's life is in danger and the foetus is less than four months old. Abortion in the case of rape is always questionable, though rarely encouraged and often forbidden. In all, abortion remains a complicated, undecided subject in Islam.

B. An Introduction to Islamic Family Planning

In conjunction with abortion, discussions on family planning, particularly oral contraception methods, are stratified. Throughout the MENA region, contraception rates range from less than ten percent to over seventy¹³. Mali falls considerably lower on the

¹⁰ Ibid.

¹¹ « The Koran. » *The Koran*. Trans. By M.H. Shakir. University of Michigan. 3 May 2008 <<http://quod.lib.umich.edu/k/koran/>>.

¹² Hedayat, Kamyar M. and Roya Pir Zadein. “Issues in Islamic Biomedical Ethics: A Primer for the Paediatrician.” *PEDIATRICS*. Vol. 108 No. 4 4 October 2001. p. 965-971.

¹³ Hessini, Leila. « Abortion and Islam: Politics and Practices in MENA. » *Reproductive Health Matters Journal*. Vol. 15 Issue 29. May 2007 p. 75-84.

spectrum, and although exact numbers are not known, less than six percent of urban women use birth control, and even fewer in rural areas.

Early Islamic theologians supported contraception, provided both partners agreed. In Islam, unlike Catholicism and Orthodox Judaism, there is no concept of seed wasting: sexual activity is not merely for procreation; it is also for pleasure¹⁴. As a result, family planning is often encouraged, provided it prevents fertilization and does not cause permanent damage to male and female sexual organs. Objections to family planning do arise, however, and dissenters cite Sura 65:3 as evidence as God's disapproval of contraception usage:

[65.3] And give him sustenance from whence he thinks not; and whoever trusts in Allah, He is sufficient for him; surely Allah attains His purpose; Allah indeed has appointed a measure for everything¹⁵.”

God will provide, according to the Qur'an and those who interpret it literally, and there is no need for contraceptive planning.

In Mali, a country growing at an incredible rate, with a fertility rate of 7.34 children per woman, family planning is highly encouraged by the government and by some members of the Islamic community¹⁶. It remains a contestable subject, and few women utilize it, though numbers are on the rise.

C. Religious Observance in Pregnancy

Attempts to continue orthodox religious observance during pregnancy also result in questions of religious biomedical ethics. Of particular concern in Islam is fasting during the month of Ramadan, whereby men and women fast from dawn to dusk and eat during nighttime; it is known as *sawm*¹⁷. Pregnant women not eating for 12 or more hours during the day does not recall ideas of a healthy pregnancy and advice given by obstetricians in any country.

¹⁴ Hedayat, Kamyar M. and Roya Pir Zadein. "Issues in Islamic Biomedical Ethics: A Primer for the Paediatrician." *PEDIATRICS*. Vol. 108 No. 4 4 October 2001. p. 965-971.

¹⁵ « The Koran. » *The Koran*. Trans. By M.H. Shakir. University of Michigan. 3 May 2008
<<http://quod.lib.umich.edu/k/koran/>>.

¹⁶ « Mali. » *The World Factbook*. Central Intelligence Agency. 4 May 2008
<<https://www.cia.gov/library/publications/the-world-factbook/geos/ml.html>>.

¹⁷ Lit. « fasting ».

Imams, *mujtahids*, and *qadis* all agree that not only are pregnant women excused from fasting during Ramadan, it is highly discouraged. Reasoning points to *la haradj* and Sura 22:78, whereby religion should not induce hardships¹⁸. In official Islamic rulings, this issue appears to be uncomplicated: pregnant women should not fast during Ramadan, and are excused from religious observances that will create hardship to the mother or foetus.

IV. *Sanankoroba: A case study*

N.B.: Here, I seek to explain how Islamic biomedical ethics in the above three areas apply to life in rural Mali, specifically at the CSCOM maternity. Though I interviewed many women and several men, most wished to remain anonymous, and thus the only interviews I directly cite are those of the two matrons, Marguerite Coulibaly and Aminata Koné.

A. *L'avortement? L'avortement par Dieu?*

Intentional abortion is non-existent in Sanankoroba and throughout Mali—or at least that is where all discussions lead. No one talks about abortion, excepting the idea of an abortion ordained by God. What Malians call abortion—literally *l'avortement*—is science's version of a miscarriage. The green *Fiche de Suivi de Grossesse* purchased for 600 FCFA by every woman who enters Sanankoroba's CSCOM Maternité has a space for *l'avortement*. But the abortion blank on this form is nothing like the abortion of *Roe v. Wade* or Planned Parenthood protests. It is the accidental loss of a foetus for unknown reasons¹⁹.

Ideas of intentionally attempting to destroy a foetus are not spoken of here: « *on ne parle pas de l'avortement comme ça, on parle seulement de l'avortement par Dieu*²⁰. » Talk of it only raises eyebrows, though it is attempted, with women resorting to incredible measures, from *marabout* visits to swallowing batteries; but it is all kept secret. The majority opinion among Sanankorobian women of all ages is that abortion is illegal in Mali in all instances; it is against Islam²¹. However, abortion is not illegal in Mali, and is not outlawed in

¹⁸ Larijani, Bagher and Farzaheh Zahedi Anaraki. "Islamic Principles in Decision Making in Bioethics." *Nature Genetics*. Vol. 40 No. 123. 2008.

¹⁹ Koné, Aminata. Personal Interview. Sanankoroba, Mali. 19 April 2008.

²⁰ Ibid.

²¹ F. Personal Interview. Sanankoroba, Mali. 21 April 2008.

all cases. As of 2002, abortion is legal in Mali to save a woman's life and in cases of rape²². Yet the majority, educated opinion retains the illegality of abortion, to such an extent that it is not spoken of. Abortion is not always against Islam, and is not against the law, but it might as well be.

B. *La Contraception? Contre l'Islam?*

At the CSCOM, family planning is referred to as *planification* or more commonly, *le besoin d'avoir l'espace entre les enfants*²³. It is highly encouraged by the maternity and made easily available. Women can choose from either a three month supply of oral contraceptives or a one time injection of Depo-Provera; both cost 400 FCFA for a three month supply²⁴. The form for *planification familiale* has a blank for the husband's name, though his permission is not required. Mlle. Coulibaly indicated a new Malian law, giving women the right to obtain birth control without their husband's permission²⁵. The most recent documentation available is from 1991, but it nonetheless offers:

... je [Docteur Abdouaye Diallo] rappelle à tous les services socio sanitaires, aux Agents et à toutes les autorités politiques et administratives que l'accès à une méthode contraceptive reste libre pour toute femme en age de procréer qui le désire et qui le nécessite²⁶ ».

Birth control is readily available and encouraged throughout Mali, according to the government and health care workers. It is not against Islam and is in fact encouraged by early and contemporary Islamic theologians.

Yet the opinions of those in and around Sanankoroba vary widely from the official governmental and religious stances. Only one of the young women I spoke with believed contraception to be in accordance with Islam; everyone else found it to be

²² « Abortion Worldwide: Twelve Years of Reform. » *Abortion Worldwide*. Reproductive Rights, Inc. 4 May 2008 < http://www.reproductiverights.org/pdf/pub_bp_abortionlaws10.pdf.>

²³ Lit « the desire to have space between children »

²⁴ 400 FCFA is approximately one US dollar.

²⁵ Coulibaly, Marguerite. Personal Interview. Sanankoroba, Mali. 20 April 2008.

²⁶ Diallo, Abdoulaye. « Lettre-Circulaire. » *Ministere de la Santé Publique et des Affaires Sociales*. 25 January 1991.

positive and necessary, but against Islam²⁷. D, the sole source claiming Islam's approval of contraception, claims people used to think Islam was against birth control, but now people know better. Unfortunately, it does not appear that her optimistic statement is correct. Sanankoroba's only *imam* regularly speaks out against contraception, making the maternity's work in promoting it all the more difficult²⁸. CSCOM workers believe in birth control and its endorsement, and even believe it should be taught to students in school, as a part of health education²⁹; the opinions of Sanankoroba's religious authority make this impossible, at least at the moment. Furthermore, laws pertaining to women's ability to obtain birth control independently, though official, are non-existent in day-to-day Malian life³⁰. For economic and cultural reasons, women are unable to acquire contraception without spousal permission or knowledge. As a result, though Islam encourages family planning, as well as healthcare workers and the Malian government, there persists a conception against contraception.

C. *Sawm in Pregnancy? La haradj, huh?*

Of abortion, family planning, and religious observances during pregnancy, the latter seems to be the most consistent. Various *imams*, *mujtahids*, and *qadis* are all in agreement with healthcare providers: fasting is neither healthy nor necessary during pregnancy. In fact, it is highly discouraged. Even the conservative *imam* of Sanankoroba denounces fasting during pregnancy. Fasting during pregnancy can result in unhealthy, underweight mothers who do not have the strength to labour, and underweight babies.

Yet workers at the maternity assert that many Malian women continue to do it³¹. Most commonly cited was spousal pressure to maintain *sawm*, even in the face of *la haradj*³².

²⁷ D. Personal Interview. Sanankoroba, Mali. 24 April 2008.

²⁸ Coulibaly, Marguerite. Personal Interview. Sanankoroba, Mali. 20 April 2008.

²⁹ Ibid.

³⁰ F. Personal Interview. Sanankoroba, Mali. 21 April 2008.

³¹ One man who I interviewed claimed that though fasting during pregnancy was bad, it only happened rarely. However, he was proven wrong by Mme. Koné citing several cases in the past few months alone.

Many husbands know of the Islamic stance, and what *urf* has to say, yet refuse to accept it, instead encouraging or forcing *sawm* upon their pregnant wives. There are, however, men who encourage decisions to uphold *la haradj*: D.'s husband supported her decision not to fast during her pregnancy. She was emphatic, though, that this is not very common³³. In all, *la haradj*, though promoted by so many, remains inaccessible to many Malian women.

Conclusions

Of all, my attempts to understand the implications and applications of Islamic biomedical ethics in rural Mali offered me more frustrations than clarity. If the Qur'an, the Prophet, his Companions, *imams*, *mujtahids*, and *qadis* agree, along with healthcare workers, why does so much dissent remain? Why does the *imam* of Sanankoroba speak out against family planning, when it is ordained by Islam and his followers can barely feed the children they already have? Why must husbands push their wives to fast during pregnancy when *no one* supports this idea? These may seem like immature questions, but it truly does not make sense. And none of this is unique to Islam; it pervades every religion to some degree. Religion and science reconcile somewhat peacefully, if given the chance. Neither faith stands in opposition to the other; it is people who force each to do battle, and people who refuse to accept the two in the same dosage.

Maybe it is just my linear, Western thinking, but after three and a half months in Mali, I still have not stopped questioning the necessity of things. The common response of *c'est comme ça ici* is still not enough for me, and not enough, I feel, for the people of Mali. It does not have to be *comme ça ici* if people do not desire it to be; and so many Malians desire change. Changes are being made and can continue to be, if people—and not just Malians, but

³² Koné, Aminata. Personal Interview. Sanankoroba, Mali. 19 April 2008.

³³ D. Personal Interview. Sanankoroba, Mali. 24 April 2008.

people the world over—stop looking for difficulties, embrace easiness in some issues, and work towards solving current problems, instead of creating new ones.

*« Take it easy, take it easy
Don't let the sound of your own wheels
drive you crazy.
Lighten up while you still can
don't even try to understand,
Just find a place to make your stand
and take it easy. »*

--The Eagles

Glossary of Terms Used

Fiqh: the Islamic law;

Usul al-fiqh: literally the roots of the law, pertains to the study of Islamic jurisprudence;

Itjihad: the interpretation of Islamic law; only those classified as *mujtahid* are permitted to practice *itjihad*. There is much debate about a twelfth century phenomenon, « the closing of the gate of *itjihad*, » whereby all interpretation of Islamic texts ceased and no longer permissible. This is accepted by most scholars as a myth, though some believe the time for interpretation has passed and can no longer be practiced in good faith;

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Qadi: an Islamic judge, certified to offer *fatwas*;

Qiyas: literally, analogy; in the legal setting, the use of analogies to reach legal decisions on questions never before encountered but relating to previous rulings;

Urf: the use of local customs as precedent in reaching legal decisions;

Wajib: required;

Mustahab: favoured;

Mubah: neutral;

Makruh: not favoured;

Haraam: forbidden;

Maslaha: an act is advisable and proper if it results in benefit or confers welfare for the most people;

La darar wa la derar: the prohibition to cause loss to another;

Darura: permissiveness of forbidden under necessary circumstances;

La haradj: fulfilment of religious activities is unnecessary if it leads to extreme hardship;

Sawm: fasting during Ramadan

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