

Chapter X

MOTHERHOOD

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Parenthood—and especially Motherhood as an Islamic Value

Motherhood occupies a major area in the work of the obstetrician-gynaecologist. Motherhood, however, is much more than obstetrics, and it would certainly enrich the Muslim obstetrician to consider motherhood in total Islamic perspective.

Motherhood and Fatherhood are the two aspects of Parenthood and Islam gives parenthood a very high position amongst its values, as evidenced by the following quotations from the holy Quran:

“Your Lord has decreed that you worship none but Him, and that you be kind to the two parents. Whether one or both of them attain old age in your life, say not to them a word of contempt, nor repel them, but address them in terms of honour. And, out of kindness, lower to them the wing of humility, and say: My Lord, bestow on them Your mercy even as they cherished me in childhood.” (17:24-25)

“And remember We took a covenant from the children of Israel (stating): worship none but God; and treat with kindness your parents. . . .” (2:83)

The linkage of respect to parents and mentioning it second to the worship of none but God is indeed very impressive. The tenderness and compassion in treating them, pictured beautifully as lowering the wing of humility out of compassion, as well as the forbidding of a harsh word or gesture to them, is one of Islam’s principal teachings. In the original Arabic text of the Quran these meanings are rendered in such a sweet literary style that can never be approached by translation. The linguistic miracle of the Quran is a fact that only those with the highest command of Arabic can taste. It was the direct cause of conversion to Islam of many Arabs at the time of the prophet, whose major attribute was literary excellence. I often

quote an illustrative parable: if I put my finger in acid or alkali it will turn neither red or blue... for my finger is not the relevant specific indicator: but a strip of litmus paper is. Similarly, when history tells us about Umar-ibn-al-Khattab, one of the strongest characters in Islamic history, how he was angered for the news that his sister had embraced Islam and decided to punish her. Blasting his way into her house as she was reciting the Quran, he slapped her on the face and demanded to know what she had been reciting. Upon listening to a few lines of the Quran, his prompt response was to go out in public and announce his Islam. To non-Arabs who came in contact with Islam the attraction was its ideology and teachings. Modern times witness another key, namely the scientific miracle of Islam. The Quran refers to some scientific facts that were completely unknown to humanity at the time of Muhammad, a proof of the divine source of the Quran (see *The Bible, the Quran and Science* by Dr. Maurice Bucaille).

The sayings of the prophet are many, that recommend parents to our kind care. One day he said: He is indeed miserable. The companions asked: And who is he, messenger of God. The prophet answered: He who had the chance to witness his parents or either of them in their old age, and missed to secure for himself a place in paradise (by looking after them and giving them due care). (Muslim and Termizi)

“Shall I tell you of the gravest of sins? To associate partners to worship with God. To be ungrateful to your parents... and to give false testimony.”
(Bukhari-Muslim-Termizi)

The compassionate attitude towards parents is ordained even if they are of different religion, and this is not incompatible with the steadfastness of the Muslim in Islam.

“We have enjoined on Man kindness to parents, but if they strive (to force) you to join with Me (in worship anything of which you have no knowledge) then obey them not. You have all to return to Me, and I will tell you (the truth) of all you used to do.” (29:8)

“And We have enjoined on Man (to be good) to his parents. In travail upon travail did his mother bear him; and in years twain was his weaning... (hear the command): Show gratitude to Me and to your parents... To Me is (your final) goal. But if they strive to make you join in worship with Me things of which you have no knowledge, obey them not; yet bear them company in life with charity and consideration, and follow the ways of those who turn to Me (in love): in the

end the return of you all is to Me, and I will tell you the truth (and meaning) of all that you did.” (31:14-15)

Asmaa, the daughter of Abu Bakr who was the prophet's closest companion, reported that after the Muslims fled Makka to Madina, her mother came after her to visit her, while the mother was a non-Muslim and technically was in the camp of the enemy and coming from his land. So Asmaa felt uncomfortable about having to accept and receive her mother, and she went to ask the prophet whether the circumstance should perhaps warrant disjunction off her mother. The prophet instructed that she should “join her” and heed the tie between them. (Abu Dawood—The two sheikhs)

Within parenthood, motherhood is given a clearly higher position than paternity. The last verse we quoted from the Quran makes mention to the debt the mother is owed by virtue of carrying through pregnancy to lactation and weaning. A man asked the prophet peace be upon him:

“Out of all people, who is most deserving of my good companionship? The prophet answered: Your mother. Who is next? Asked the man. Your mother! Answered the prophet. Then who? Asked the man. Your mother! The prophet said for the third time. Then who? The man asked impatiently. . . and the prophet answered: Then your father.” (The two sheikhs)

Another of the prophet's traditions says:

“God has made ingratitude to mothers forbidden to you.” (Al-Bukhari)

The following question was posed to the prophet by a young man:

“Messenger of God: I did carry my mother for the distance of two farsakhs (miles) during the fast of Ramadan under such burning heat (of the sun) that could have roasted a chunk of meat. . . Do you think I have repaid to my mother my debt of gratitude to her? The prophet answered: hopefully you might have paid for one labour pain.” (Tabarani)

To lose the pleasure and contentedness of one's parents is a great deprivation, in Islamic teaching. Some of the prophet's companions sought his advice about a gravely ill young man whom they visited at his death bed, and tried in vain to make him utter shahada (No deity but God and Muhammad is the messenger of God), that Muslims are very keen to say prior to death. The prophet asked them to summon the boy's mother. It

turned out that the boy was always rude to her and did not treat her kindly. The prophet asked her: Would you be content if these people made a large fire and threw you son in it? The woman immediately said no. The prophet told her: Then if you want to save him from fire you must forgive him. The woman declared that she forgave her son, who then became able to utter shahada.

The priority given caring for one's mother is further illustrated by the prophet's answer to a man who complained to him: "I would love to join the army to jihad but I do not have the means. The prophet knew that the man's widowed mother was still alive and he said:

"Seek God in caring for her, for if you do: you are given the rewards of hajj, umra and jihad." (Anas)

On a similar occasion, a man consulted the prophet on going to jihad. The prophet, knowing that the man's old mother was alive said:

"Then stick to her, for heaven is at her feet." (Nissa'i)

This hadith is the basis for the famous saying in Muslim culture: "Heaven is at the feet of mothers."

I have often pondered with my students on the other saying of the prophet: "from my house to my podium (both inside the Prophet's Mosque at Madina) is one of the gardens of heaven. A Muslim's feeling as he sits in that place to pray, ponder or recite the Quran, is one of overwhelming spirituality and inner joy. Then as we remember that heaven is also at the feet of mothers we can't help feeling that our speciality as practised in the labour suite, the wards or the surgical compound must bring us closer to God, for it is there... under mothers' feet and in their service. The thought adds a unique dimension to obstetrics and the religious implications become very supportive in this tough branch of medicine. Whether at preconception, prenatal and perinatal or later on, the obstetrician-gynaecologist (or the subspecialists in the field) should certainly derive special satisfaction from their efforts in the cause of Motherhood.

TAKATHUR versus INJAB

These are two words in the Arabic language, the translation of each in English is "reproduction", although in Arabic they are not synonymous. Takathur covers biological reproduction, the act of increasing the number by giving birth to little babes. It can apply to man as it does to animals.

The use of the other word—injab—introduces another dimension to reproduction: dealing with the quality and more-than-physical attributes of the final product, as befitting ‘human’ reproduction. Woman’s duties to her born children go beyond birth, feeding and caring for physical needs, even if these are carried out in the most sophisticated way. The spiritual needs have to be catered for as well, and raising the children upon solid moral standards is of crucial importance. Psychologists maintain that the formative years moulding the ultimate personality are the first five years of life, almost totally under maternal influence. It is true to say then that mothers are the shapers of the nation and the makers of the future in accordance with the quality of the future supply of men and women in the making. It is before the battle that a soldier is trained and not during it. And it behoves mothers to prepare their children to resist the harmful currents of life and stand up to peer pressure pushing them in the wrong direction. It is during childhood and by the mothers that smoking, drinking, drugs, license, violence, greed, selfishness and the other ailments of modern society are to be combated. This is a principal aspect of mothering that is unfortunately lacking in many modern societies—affluent and poor alike—and it makes all the difference between ‘takathur’ and ‘injab’. In ultramodern societies where mothers broke the barriers of freedom into irresponsible individualism, and in ultra regressive societies stunting the status of women and unaware of their critical role in making the future, the final product stands unsatisfactory even though in varying patterns. Neither way is Islamic. Perhaps training for motherhood both at school and in the health institution can be modified to accommodate the moral dimension.

PAIN AND BEREAVEMENT

When Sir James Young Simpson, the famous Scottish obstetrician, used ether about the middle of the nineteenth century to alleviate the pain of childbirth, the church reacted violently against him. It was believed that the pain of childbirth was God’s prescribed punishment for Eve (and every Eve) because of her alleged role in tempting Adam to disobey the Lord by eating the fruit of the forbidden tree. A campaign was launched against Simpson for his interference with the will of God, and the attack stopped only when Queen Victoria invited Simpson to conduct her delivery under his pain-releasing technique.

The concept of God’s punishment to Eve through the pain of childbirth

does not exist in Islam, nor is she held responsible for Adam's sin. As mentioned earlier in this book, both succumbed to the temptation by the devil, both repented and both were granted God's forgiveness before Man started his career on earth as Vice Gerent of God, endowed with the concept of good and evil, the mind to discriminate between them and the freedom to make a choice. This is the only feasible basis for the accountability of Man. If Man (every man) was not free to choose, then responsibility would cease. . . as also if someone else would have paid the price of human sins and accountability was priorly waived.

The issue of alleviating pain is nowadays beyond debate. . . neither the church nor anyone else in our times are against pain relief.

In Islam, pain should not be invited, and indeed every measure should be taken to prevent its occurrence and to suppress it if it occurs. The concept of spiritual purification by humiliating the body through pain, uncleanness or neglect of physical well being is alien to Islam. Indeed the prophet peace be upon him teaches:

“Verily your body has a right upon you.”

But if pain is inevitable, then it is a charity in Islam to endure it in grace. Patience is a value in itself, and holds a very high position at that. Whereas the prophet says: “Seek a treatment (for your illness),” he also says:

“By Him who holds my soul: never did the faithful suffer pain or illness, but God puts away his sins as a tree sheds its leaves.”

(Bukhari)

It is not only physical pain that is encountered in the practice of obstetrics & gynaecology but psychologic pain as well. A baby born dead or malformed or dying in the early neonatal period is a crisis the obstetrician is often called upon to handle. According to medical literature, the mother's response to these situations typically goes through the classical phases of initial shock, denial and refusing to believe that it happened to her, extreme depression and hostility or anger towards the doctor, the person who brought the sad news, the team who managed the delivery or neonatal care or even the whole world. She might even entertain feelings of guilt for something she committed or omitted during the pregnancy, and some of them take it as a punishment from God for something she did in the past (induced abortion is frequently quoted). It will be a variable time until the stage of acceptance and later adaptation are reached.

In practice, we have seen this stereotyped course appreciably—and

sometimes radically—modified by mobilizing the protective power of faith, either autonomously by the patient herself, or therapeutically by her doctor if he (or she) is well equipped for the role. In a western environment this role of the doctor is almost unexistant nowadays and mostly unthinkable. Faith is not written in medical books and to delve into it would be trespassing outside the sacred boundaries of proper practice. Patient management has become increasingly fragmented, and the case might be handled in the fashion of a production line by the obstetrician, the ultrasonographer, the fetal echocardiologist, the genetic counsellor, the laboratory, the neonatologist, the psychologist (for the stressed), the priest (in situations of death and dying) and quite frequently the attorney for the mal-practice suit. The pattern aims of course at providing top expertise all the way, and yet the area of faith remains notoriously empty. This pattern is no surprise in communities where the impact of religion on every day life has faded.

When faith is alive, it is the primary and richest resource to be tapped in the face of adversity and it can offer instant support and immunity. “You have given. . . and You have taken. . . and You are testing me. . . What you will I accept without a grudge and I thank You for inspiring me patience and giving me the strength to overcome. I am grateful all the way and I hope to be to the satisfaction of Your expectations.”

This prayer and its likes represent and foster an attitude that minimizes the effects of the traumatic experience and reduce it to an easily manageable scale. The prophet teaches that lost children are a credit to the believer in the hereafter and a security from the horrors of the day of judgement. The Quran says:

“Be sure we shall test you with something of fear and hunger, some loss in goods or lives or fruits (of your toil), but give glad tidings to those who patiently persevere, who say—when afflicted with calamity: To God we belong, and to Him is our return. They are those on whom (descend) blessings from God and mercy, and they are the ones that receive guidance.” (2:155-177)

In itself patience is a “value”, and individuals or societies who cannot see it as such might be in grave jeopardy when confronting stress. ‘Patience’ was mentioned in the Quran on one hundred and three occasions and is highly esteemed. But the principal source of patience is faith, and if this exists it is the retreat to fall back to. Even when clouded by grief, faith can be addressed by the counsellor who can attune to it, and it will

work wonders. A case I always quote is that of a lady doctor who gave birth to a congenitally abnormal daughter the care for which really taxed her endurance. For two years she lived in bitterness and resentment, overwhelmed by the unanswerable questions of “why?” and “why me?” Although the defect was not mendelian and the prospects for another pregnancy were good, she refrained from pregnancy in view of her psychological condition, that occasionally became really bad. One day a gynaecological condition brought her to visit a gynaecologist who had not been so far aware of her story. Listening to her history, he asked whether she was an atheist or a believer so as to tailor his talk accordingly. . . and she said she was a believer. “Patience per se is a great thing in human life, and—for its own sake—God wants to enrich the human soul with this ingredient. To exercise patience in grace and acceptance is in the long run a valuable endowment of human life, as well as a great charity with a generous reward. Because of this, you must not consider that the effort you give your child is a purposeless waste. It might in fact be the principal role you are assigned to play through your life according to God’s plan for you. And as you believe in the hereafter, just imagine that people there look at hell with great horror and clumber at the gates of heaven, to which none had access but those who had their keys to open and enter. Did it ever occur to you that in the awe of that situation your key might just be your daughter?”

With this brief conversation she promptly changed. Her receiving apparatus had been there but just waiting for the proper message at the matching wave length. She left the clinic a different person. She became very fond of her child and her outlook to life enormously brightened. Her radiant smile and glittering eyes were a happy surprise to her relatives and friends. She stopped contraception, got pregnant and gave birth to a lovely normal girl, and looked a model of happiness. She again became pregnant, and this time the ultrasonographer suspected some degree of microencephaly later in pregnancy. She was of course worried but well contained, announcing she would accept whatever came. Fortunately the baby turned out to be normal, another beautiful little girl.

In other cultures such an approach would be taboo. Its feasibility depends on the faith-index of the community as well as the individual doctor, individual patient and the integrity and scope of the doctor-patient relationship: which in certain contemporary advanced communities has been largely transformed into a medico-legal relationship.

In the “Islamic Code of Medical Ethics (Islamic Organization of Medical

Sciences, Kuwait), the following phrase is worth quoting (Chapter 11, p 190): "Faith is remedial, a healer, conqueror of stress and procurer of cure. The training of the doctor should prepare him (or her) to bolster faith and avail the patient of its unlimited blessings."

ALCOHOL and DRUGS

In the past two decades a fetal alcohol syndrome has been delineated, caused by maternal drinking during pregnancy. This entails growth retardation of the baby in utero continuing after birth, short palpebral openings, microcephaly and other dysmorphic features, and mental retardation. No safe dose of alcohol has been identified, and the response varies widely probably due to genetic factors. This is an added aspect to the health hazards of alcohol, on top of its other curses on family, society, economy, crime, accidents, etc.

As other drugs came into fairly widespread use, their deleterious effects on the fetus in utero became delineated, and congenital malformations associated with maternal consumption of cannabis, LSD, cocaine, heroin and others were described. Drug dealing and smuggling has become an extremely flourishing business, and efforts to curb it go hand in hand with more and more consumption especially among young people of both sexes in their teens and twenties, especially in societies that broke the freedom barrier into license. An obstetrician from a relatively drug-clean country visiting a place like USA will be astounded at the number of heroin and cocaine pregnant addicts occupying antenatal beds in hospitals.

The more one sees the sequelae of alcohol and narcotic drugs, the more does one respect Islam for prohibiting them. It is our belief that all other God sent religions share this prohibition, and this goes without saying. The crucial difference between Man and beast is that Man exceeded mere biology to the realm of morality. The *signe qua non* of Man is the faculty of self-criticism and self-restraint (when necessary). It is at this faculty that alcohol and psychedelic drugs hit. In other words they suppress or remove the human element of Man, which defeats the whole purpose of any religion.

When Islam came alcohol consumption was a firmly rooted social custom, perhaps even more than it is in the contemporary world. The prohibition came in three steps, each psychologically conditioning the nation of muslims to the subsequent one. The first mention of drink in the Quran was:

“They ask you concerning liquor and gambling, say: In them is great sin and some profit for people, but the sin is greater than the profit.”
(2:219)

After this suggestive information, the Quran followed up with:

“O, you who believe! Approach not prayers while you are under the influence of liquor, so as to (be sure) you know what you are saying. . . .”
(4:43)

In their keenness on their prayers and in obedience of the Quran, the chances for drinking became quite limited after the revelation of this verse. The decisive step entailing strict prohibition then came in the verse:

“O, you who believe! Liquor, gambling, (dedication of) stones and (divination by) arrows, are an abomination—of Satan’s handiwork: eschew such (abomination), that you may prosper. Satan’s plan is (but) to excite enmity and hatred between you through drinking and gambling, and hinder you from the remembrance of God and from prayer: will you not then abstain? Obey God and obey the apostle. And beware! If you do turn back, then know that it is Our apostle’s duty only to proclaim in the clearest manner.”
(5:90-92)

And at that night the prophet sent callers in the streets of Madina to shout up that liquor became prohibited. The response was prompt. Parties who were actually drinking, as well as any who had drink in their homes, spilt the stuff in the streets of Madina saying: We are now abstinents, messenger of God.

Perhaps there is more than history in this account. Drinking and its implications cost the American tax payer forty billion dollars a year as estimated in 1982, with no apparent evidence that the problem is shrinking. It takes faith, belief and an ideology to eradicate the problem as happened in the days of Mohammad. The fallacy of reduced or social drinking has no place in Islam. . . . for if you have to close a door you have got really to close it. ‘Drink’ was explained by the prophet as “anything that can ‘confound’ the mind”, and this then includes drugs as well, and the prophet’s clear instructions were: “Whatever intoxicates in large quantities is forbidden even in small amounts.”

MENOPAUSE AND OLD AGE

The word menopause literally means cessation of the menstrual func-

tion, and is only a single incident along a broader complex of changes as the woman grows older, referred to as the climacteric, which spans perhaps several years. As normal menstrual function is the expression of cyclic hormonal changes associated with ovulation, it follows that the menopause usually heralds cessation of the reproductive function. The human female is almost unique amongst mammals (except some rare types of elephants and whales) in that her reproductive life does not continue although her biological life, and it is not uncommon for women to have more than one third of their lives after the menopause. Perhaps God's wisdom saw that woman's life should not be totally occupied with reproduction.

As a woman misses her period at an age when she expects the menopause, the differential diagnosis of pregnancy should be considered. Period delays are a common feature preceding the menopause, and a woman should not consider herself immune to pregnancy just because of these period delays. Both medical science and Islamic jurisprudence require one year of cessation of menstruation to consider that menopause has been established. A definite age limit beyond which menstrual function (and hence reproductive function) cannot continue has eluded both medical workers and muslim jurists. The American and British laws declined to define a cut-off age beyond which pregnancy is impossible, although it is known that fertility dwindles in the late thirties and approaches zero after fifty. And yet I—and no doubt other obstetricians—have looked after a patient who married after the age of fifty and gave birth to her first (and only) child at the age of fifty one. The child was a boy that had congenital pyloric stenosis, had a successful operation and was otherwise normal. Old Islamic writers had their views in this respect based on observation and on medical knowledge of their day, but without direct religious directive. Ibn-Qudama of the Hanbali school in his book 'Al-Mughni': ascribed a saying to Aisha—wife of the prophet, claiming that women don't get pregnant after the age of fifty, while others raised the limit to sixty.

Unexpected occurrence of pregnancy, even after established menopause, should be extremely rare and is theoretically impossible. Reported cases are explained on the basis of bodily changes conducive—though belatedly—of an ovulation; a flash in the pan as professor Jeffcoate calls it. Such reports we did not find in medical literature but are referred to in the Quran. Of prophet Zakariya the Quran says:

“There did Zakariya pray to his Lord saying: O my Lord! Grant unto me from You a progeny that is pure: for You are the One to hear prayer.

While he was standing in prayer in the chamber, the angels called unto him: God does give you glad tidings of Yahia, witnessing the truth of a Word from God, and noble, chaste and a prophet of the goodly company of the righteous. He said: O! My Lord! How shall I have a son seeing I am very old and my wife is barren? Thus, was the answer, does God accomplish what He wills.” (3:38-40)

The case of Sarrah, wife of Abraham, was perhaps more surprising because of her much older age. Sarrah was infertile and she chose Hagar for Abraham who begot Ismail for him. Abraham took Hagar and Ismail to Makka, later to build the Kaaba together as a house of worship to God (Ismail is the great grandfather of Mohammad). Years later, after she was well past her menopause, Sarrah had her greatest and happiest surprise:

“There came Our messengers to Abraham with glad tidings. They said: Peace. He answered: Peace. . . and hastened to entertain them with a roasted calf. But when he saw their hands went not towards the meal, he felt some mistrust for them and conceived a fear of them. They said: Fear not; we have been sent against the people of Lut.

And his wife was standing (there). And she laughed. . . but We gave her glad tidings of Isaac, and after him of Jacob. She said: Alas for me! Shall I bear a child seeing I am an old woman and my husband here is an old man? That would indeed be an amazing thing.

They said: Do you wonder at God’s decree? The grace of God and His blessings be on you, O you people of the house! For He is indeed Worthy of All Praise, Full of All Glory.” (11:69-73)

At another site the Quran also refers to Sarrah:

“Has the story reached you of the honoured guests of Abraham? Behold, they entered his presence and said: Peace! He said: Peace. . . unusual people. Then he turned quickly to his household and brought a fat calf, and placed it before them. He said: Will you not eat? (When they did not eat) He conceived a fear of them. They said: Fear not. And they gave him glad tidings of a son endowed with knowledge. But his wife came forward (laughing) aloud: she smote her face and said: a barren old woman! They said: Even so has your Lord spoken, and He is Full of Wisdom and Knowledge.” (41:24-30)

Whatever the explanation of the mechanism underlying the belated pregnancy of the wife of Zakariya and that of Sarrah, the concept of the

miracle is well taken by us muslims, for when God wills something He says: be . . . and it is.

A legislation consequent upon a well established menopause concerns the ruling on the 'Idda' or waiting period of the menopausal woman who has been widowed or divorced. During the childbearing period of life this would be three menstrual cycles following divorce and four months and ten days following widowhood. For the post-menopausal established in her menopause by absence of menstruation for one year, the waiting period after either events is three months. We have already advocated the possible resort to an ultrasound examination as a confirmatory evidence that there is no pregnancy in the uterus. This would also help for the menopausal woman who gets her period every few months but has not completed one year of amenorrhoea yet.

“Such of your women as have passed the age of monthly courses, for them the prescribed period, if you have any doubts, is three months, and (is the same for) those who have no courses.” (65:4)

Another legislation ensuing upon menopause is some leeway for the postmenopausal woman in the matter of strict observance of the rules of dressing referred to in a previous chapter:

“Such elderly women as are past the prospect of marriage, there is no blame on them if they lay aside their (outer) garments provided they make not a wanton display of their beauty: but it is best for them to be modest, and God is One who sees and knows all things.” (24:60)

The climacteric is associated in nearly forty per cent of women with a number of symptoms of variable range and severity. Some are indications of the normal ageing process affecting men and women, while others are the result of cessation of the ovaries to produce the female sex hormone, estrogen. The latter comprise the well known “hot flashes” due to vasomotor instability and associated with a feeling as if hot water is poured on the face, neck and other parts of the body. Estrogen deprivation also plays a role in depletion of calcium from the bones at a rate of perhaps one per cent every year, causing a hump on the back, shortening of stature due to somewhat compressible vertebrae, and more brittle bones more liable to fracture if traumatised. Psychological stress may also develop in some women and some allowance should be made if they are sometimes sharp or nervous. This is aggravated if the woman acquires a sense of un-

wantedness as the children have grown up, or the “empty nest syndrome” if the children have left the house, or insecurity in marital life as she feels she is ageing and can no more procreate. Considerate treatment is necessary, keep marital love warm if not fiery, and indulgence in useful activities is both opportune and fulfilling.

When the hot flashes are disturbing inspite of explanation and reassurance, estrogen may be given to alleviate them. Irresponsible use of estrogen, however, is not recommended for it is a drug that can cause side effects and is suspected by many of being possibly an endometrial precarcinogen.

We are aware of medical professionals who push it a bit too far and give estrogen (subcutaneous implants) for the purpose of stimulating sexual appetite. This does not seem to be justified, for although there is no age limit for sexual activity, husband and wife should enjoy it at their natural—albeit slower—pace. To artificially kindle the fire, and in one consort only, sounds like the satiate (non-hungry person) artificially throwing out in order to be able to eat and enjoy food again. This focusing on oversensuality is both unnatural and unbecoming.

The ordeal of growing to old age is commoner in women than in men. The primary sex ratio (at conception) is about 130 males to 100 females. Attrition during pregnancy hits males more than females and 106 males are born to every 100 females. At puberty the sexes are about equal in number, but the tertiary sex ratio at death denotes that more men die than women of the same age, and in the various age categories in the old there are more woman widows than men. In communities where strong family ties still exist, it is a highly regarded value to extend tender loving care to an old parent. The case is not so in many societies, and aging has to be endured either in the prison of individual loneliness or of the old peoples’ home. In a previous chapter we alluded to the horrible concept of the ‘duty to die’ when the human ‘machine’ has outlived its productive span. Although economically sound, this idea if applied will to a large measure dehumanize the human race, and lower its ceiling to the level of financial considerations instead of high values. As people attain higher and higher life expectancy with better health care, the problem of old age is growing, and more resources should be recruited to meet it, not only in terms of dollars but primarily of love, compassion and God awareness.