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Allah is the Scientist of the Scientists: Modern Medicine and Religious Healing among British Bangladeshis

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INTRODUCTION

Between 2005 and 2007 I undertook anthropological fieldwork among British Muslim Bangladeshis to examine the role Islam played among families with children suffering from genetic disorders. I was struck with the absolute faith which people expressed in Allah in relation to whatever healing and medical options they adopted. In this paper I draw on my case-study material to discuss how families negotiated between medical and religious healing, and often rejected biomedical healing in favour of remaining a 'good' Muslim and accepting whatever Allah decides.

The project had several related aims. In brief, these were:

- to explore the role of Islam in the lives of British Bangladeshi Muslims in relation to genetic disorders. This included seeing whether Islam plays a role in accounting for genetic disorders and in helping families to care for affected members, and studying the role of Muslim religious professionals in relation to genetic disorders.
- to understand the specific ways Bangladeshi Muslim families make sense of genetic disorders, how they share information with close or extended family members, how they make decisions about genetic testing, and how they negotiate the possibly conflicting messages they may receive from health professionals and Islamic authorities.
- to build on previous work with Pakistani Muslims (in particular the work of Alison Shaw 2000a, 2000b, 2001) so as to identify the similarities and differences between these two communities.

Altogether I recruited twenty families, fifteen of these with one or two children affected by some severe genetic disorders including Cockayne Syndrome, Bardet-Biedl syndrome, Angelman's Syndrome, Neurofibromatosis 1, Xeroderma Pigmentosum, Tuberous Sclerosis, Carnitine Deficiency Syndrome, Muscular Dystrophy, Beta Thalassaemia, and Pendred Syndrome. Five families were thalassaemia carriers. In addition, I interviewed twelve British Bangladeshi *imams* (religious professionals) from whom the recruited families sought assistance and a number of geneticists and paediatricians. I also undertook general ethnographic fieldwork with the Cardiff and Birmingham communities. The families include both recent migrants and British-born Bangladeshis.

This paper is based on a single extended case study of a family, that of Sufia and Karim and their young son Kiran with the severe life-limiting disorder Cockayne Syndrome. I will supplement this with data from other families, when necessary, to analyse people's understanding and coping mechanisms, and the kinds of assistance they seek as appropriate for their children.

I will show how the families distinguished between illnesses as either medical (*daktari*) in nature or as something caused by *jinns* or spirits *(upri*). Although *upri* problems can generally be treated only by *imams* or other spiritual practitioners, and medical problems by doctors, in practice there is no sharp dividing line between these, and both kinds of treatment may be pursued for the same disorder. I discuss the treatment people receive from *imams* and the various other Islamic practices they engage in for the welfare of their children. Finally, I discuss the role that families attribute to Allah in deciding and giving a genetic disorder to a particular child, and consider their faith (*iman*) in the ultimate power of Allah in relation to the power of *jinns, imams,* and medical treatment in curing a genetic disorder.

I came across references to *upri* in relation to problems of genetic disorders very early on during my field research with British Bangladeshi families. Initially I did not know what people meant by *upri*, even though my research in rural Bangladesh had made me very familiar with people's routine association of particular health problems with *bhut* (i.e. evil spirits) (Rozario 1998c, 2002b; Spiro 2005; Wilce 1997, 2004; Blanchet 1984; Islam 1980). Very soon I realised, that *upri* is parallel to *bhut* and to another term used in rural Bangladesh, *kharap batash* ('bad air') and like them refers to illnesses and problems caused by malevolent spirits. *Upri* was used particularly by the British Bangladeshis, who came largely from the

Sylhet region of Bangladesh. Rather than *bhut*, the standard Bangla term for evil spirits, Sylhetis tended to use the Arabic-derived term *jinn*, but their ideas about these spirits were very much the same as those I was familiar with from rural Bangladesh in relation to *bhut*.

In rural Bangladesh, people associate such problems as children's diarrhoea, young women's white discharge, children getting scared, excessive crying of babies, or babies not breast-feeding, with *bhut* and sometimes with *nazor* (evil eye) (Bhopal 1986). We will see from my examples below that this was very much the case with British Bangladeshis as well. However, in addition to all this, many of my interviewees also considered *upri*, i.e. interference of *jinns*, perhaps through the blood or something, as possibly underlying their children's illnesses, although these had in most cases already been diagnosed as genetic disorders by the medical personnel.

Bangladeshis generally believe that illnesses caused by *bhut* or *upri* cannot be cured by medical doctors, but have to be dealt with by traditional folk-healers or religious leaders *(imams).* In this paper, I discuss how patients' families dealt with their anxiety that *jinns* (i.e. *upri)* might have caused their children's genetic disease. We will see that families did not choose between medical treatment, religious or other folk treatment. Rather, they usually sought medical treatment side-by-side with treatment from *imams*, and sometimes from other sources as well. Such behaviour is quite a common occurrence in Bangladesh itself, as well as South Asia in general and other such situations of medical pluralism (Nichter & Nichter 1996; Connor & Samuel 2000; Rozario and Samuel 2002, Rozario 1998c). However, the point to emphasise here is that to my interviewees there was no real conflict between religious forms of healing and medical (*daktari)* treatment. That is, there is no sharp dividing line between *daktari* and *upri* problems, and families will use a combination of ways of understanding and attempting to remedy their children's condition.

KIRAN AND HIS FAMILY

I was introduced to this family early in my study by a local genetic counsellor during her home visit. I visited them regularly and was often their overnight guest on my inter-city trips. Thus I got to spend a lot of time with both Kiran's parents, and was able to take part in some of their regular activities such as shopping and visiting other families. Kiran's mother (Sufia)

and father (Karim) are first cousins. They are both relatively new migrants to the UK, Karim having been here eight years and Sufia four years.

Kiran suffers from Cockayne Syndrome in what I was told was a moderate to severe form. At the time when I first met the family, Kiran was close to two years old and he has never been able to walk or talk. His hearing was also very limited. In the time that I have known the family, for over a year, his condition has deteriorated and his weight has hardly increased. At nearly 3 years of age, he is the size of a normal one-year-old baby.

I was present during one of the visits of a genetic counsellor to explain the genetic condition in more detail as well as the options that were available to them if Sufia was to become pregnant again. While Sufia was taking very little notice of what was being explained, Karim was clearly very concerned that the timetable of the tests was such that the amniocentesis (genetic testing) result would not be available within three months of pregnancy. His understanding was that in Islam one was not allowed to terminate a foetus after three months of pregnancy. The genetic counsellor explained that as far as she knew in Islam one was allowed to terminate a foetus within the first 120 days of pregnancy, i.e. four months. At the same time, she advised Karim to check with the *imam* at the Central mosque, the Shariah Council or his local *imam* about this. Karim was surprised to hear about the 120 days limit but seemed to accept the genetic counsellor's explanation. When I asked a few months after, however, Karim still had not checked with any Islamic authorities, even though they were now planning to have a baby. Much later he told me that he had checked with an *imam* who had said that if the mother's condition was so bad (Sufia suffered from depression) then it would be fine for them to terminate a damaged foetus.

During my first few visits, Sufia was not interested in another pregnancy. She seemed to be overwhelmed with the day-to-day routine of cleaning up after Kiran's vomiting, taking Kiran frequently to various health professionals, cooking, and cleaning. She would also feel anxious that something might go wrong with Kiran when Karim was at work during the evenings.[1] Sufia's English was non-existent, while Karim spoke reasonably good English, so she had to

[1] Karim worked in a restaurant and was away from home from 3.30 p.m. till nearly 1 a.m, six days of the week.

rely on her neighbour, a British-born Bangladeshi woman, if an emergency occurred when Karim was not in the house.

On top of all this, Sufia had developed problems of depression since her pregnancy. When the genetic counsellor was there, and also afterwards, Sufia kept saying that she already had problems with depression, she could not cope with her present sick child, and that the tests would be too much of a hassle. She was not interested in having more children or in having any pregnancy tests.

I also had the feeling that Sufia was still unclear about the nature of her son's condition and was unaware that it was a life-limiting condition. She was hopeful that Kiran would get better and she kept asking the genetic counsellor and subsequently the paediatrician, "Will he [their son] ever speak? Will he ever walk?" Karim, by contrast, had been interested in having another child from the beginning, but was concerned about Sufia's depression. However, over the subsequent nine to ten months Sufia changed her mind and the couple began to plan to have another child. Initially they told me that they planned to get all the pregnancy tests, including amniocentesis, done. As we will see, they later changed their minds about this.

During my first visit, Karim said spontaneously both to the genetic counsellor and to myself that their son was "God's gift". During my subsequent visits, he repeated this many times, and I will discuss this aspect below. Karim and Sufia were on the whole reasonably satisfied with the medical treatment with which their son was being provided, e.g. through the community nurses, dietician, paediatricians and so on, although they had felt some discontent with their local GP and with the hospital where Sufia delivered her son. They were very meticulous about keeping all the medical appointments and seemed to have accepted the medical (*daktari*) diagnosis given for Kiran. However, despite the fact that their child was under continual treatment by the UK medical system, Karim and Sufia also sought religious treatment for him but, as we will see, later decided to trust in Allah rather than biomedical testing in relation to a possible further child.

UPRI, NAZOR AND TREATMENT

In many cases, British Bangladeshis will assume from the nature of a medical problem that *upri* ('supernatural') factors may be involved in causing it. In Islamic terms, this involves the

action of *jinns* (spirits) and families will look to a specialist in *jinn* (who may be a Muslim cleric -- an *imam* -- or an independent specialist) for assistance. If the specialist confirms that *jinns* are involved, *upri* treatment may go on in parallel with *daktari* treatment.

In Karim and Suzia's case, some of these issues had already come up shortly after the birth, as a result of Suzia's inability to breastfeed Kiran, who would not suckle properly. She said, "People talked about *nazor*,"[2] meaning that the baby was subject to some evil eye. So Sufia saw a Bangladeshi woman who did a *dudh pora* for her (consecrated her breast milk). For this problem they also brought *pani pora* (consecrated water) and *tel pora* (consecrated oil) from another *maulana*, but none of these methods succeeded in getting Kiran to breastfeed.

As Karim and Sufia were waiting for the medical diagnosis for Kiran's illness, and even after a medical diagnosis was provided, they pursued other non-medical possible causes and treatment for their son's illness. First they went to see a *maulana* visiting the UK from Malaysia. It seems that this *maulana* told them that some *jinn* had possessed Kiran because his father wanted to make him a *Qur'an-e-hafiz* (one who knows the Qur'an by heart).[3] He gave them a *tabiz* (amulet),[4] *pani pora* (consecrated water) and *shuta pora* (protective cord). They were charged some £60 for all this. Also Sufia said they gave the *maulana* some of their brand new clothes. She said, "I thought, it's all for my son." They used the protective cord for a little while around Kiran's neck, fed him some of the water and also used it to bathe him. However, his condition did not improve.[5]

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2 *Mainshey koichey nozor laigzey*.

3 He asked if I knew that a *Qur'an-e-hafiz* can take ten *dujogi* (people in hell) to heaven (*behesto*) by requesting this of Allah. Karim said that in the UK many men become *Qur'an-e-hafiz*; they usually memorize the whole Qur'an. A person who can also explain the Qur'an in Bangla (in addition to memorizing it in Arabic) is called *Tafsiri Qur'an*.

4 One night when Kiran's jacket was taken off, I noticed two *tabiz* hung in a square flat brass holder which had Arabic prayers written on it.

5 A couple of months ago, I learned that Karim and Sufia also called this Malaysian *maulana* after he had returned home from his UK visit. He had told them to call him if the treatment he had given them did not work. When they called him, the *maulana* apparently did an *upri* divination ritual over the phone. For this ritual, the child had to be left alone in a room for ten minutes while the parents waited outside the house. Sufia was apparently scared in anticipation that the bad *jinn* would come out of the house after leaving Kiran.

Karim told me they also went to see another very well known *maulana* who was visiting the UK from Bangladesh. This *maulana* said that Kiran's condition was nothing to do with *jinn,* but that "it is a gift from Allah, Allah is testing you."[6] He added, "This illness is *neyamot* (a special favour from Allah)," and added, "Do not take notice of what doctors say about Kiran's *hayat* [how long he will live]. Only Allah knows what his *hayat* is."

Karim added that *maulanas* and also lay people say that sinless patients like Kiran can deliver *dua* (prayers) to Allah on behalf of others. So when someone goes visiting such a sick person, one might ask him to say *dua* to Allah for him or her. This *maulana* also gave him some consecrated water, oil etc. They used the water in the usual manner, and the oil to massage Kiran with. Apparently, the outcome of their consulting this Maulana was that the *maulana* put down Kiran's condition in the realm of *daktari,* not *upri.*

Subsequent to these consultations in the UK, Sufia and Kiran visited Bangladesh with their son Kiran and engaged an *imam* to perform a divination ritual, which led to Kiran's illness being attributed to *jinn* from a park near their house in the UK, and to Sufia being blamed for leaving him open to attack by the *jinn* through her neglectful behaviour.

Ideas of *upri* and *nazor*, and the use of various consecrated items to counter them, were very common among the other families I interviewed and who had children affected with genetic disorders. This did not mean that these families neglected biomedical care for their affected children. My interviewees were meticulous about seeking medical treatment for the genetic conditions of their children. They accepted, by and large, that the genetic conditions of their children were 'medical'. Many of them too were aware that Islam not only allowed but required them to pursue medical treatment for their children. I was told by several parents that it is *faraz* (obligatory) in Islam to seek medical help for illness.

However, for on-going, severe, and life-threatening health problems, most families, like Karim and Sufia, also considered the possibility of their child's condition being caused by *upri* or evil *jinns.* For example, the grandmother of a toddler affected with a severe genetic disorder, a condition which is explained in terms of translocation of genes number 15 and 4,

[6] I asked Karim in what way Allah was supposed to be testing him. He replied, "How we are taking it, whether we are still calling on Allah, whether we are happy with Allah or whether we are blaming Allah."

told me that perhaps *jinns* have interfered with the child's blood. In my presence she told her daughter to take the child to a well-known *imam* of her acquaintance, so that he could check if *jinns* had anything to do with her grandson's problem.

Many common health problems may be explained in terms of *upri* or *nazor* or 'evil eye'. *Nazor* literally means 'sight'; the idea is linked to envy and jealousy, and it is thought that people can cast an evil eye (*nazor*) without being aware of the power of their *nazor*. Thus, a seemingly innocent comment or praise about a child's good looks, can lead to its diarrhoea or some other ailment. A childless woman might also cast an evil eye when feeling envy about another woman's newborn baby.[7]

Problems caused by *nazor* include stomach problems and vomiting, excessive crying by babies, refusal to eat and so on. Illnesses considered as *upri* include psychiatric problems, diarrhoea, abdominal pain, scary dreams, excessive crying by babies, refusal of food by a baby or child, chest pain etc. All these can also be related to *nazor* (evil eye) and it is not easy to make a distinction between *nazor* (where a person might have voluntarily or involuntarily cast an evil eye) and *upri*- (evil spirit) related illnesses.

One measure used commonly by British Bangladeshis to ward off both the evil eye (*nazor)* or evil spirits *(upri*) is a black thread tied around a child's neck or waist. In Bangladesh people often place soot on a child's forehead. Elsewhere in South Asia, eyes are often blackened and black thread worn on the wrist or the body to ward off these dangers (Spiro 2005; Teerink 1995: 98-99).

Among my British Bangladeshi Muslim interviewees, the belief in *nazor* was strong and many (80% of my sample) obtained *tabiz* for their children to ward off *nazor* as well as evil spirits.[8] Children's stomach problems in particular were often attributed to *nazor*. In addition to Sufia, whom I discussed above, two other interviewees mentioned having *dudh pora* done.

[7] The idea of *nazor* (*najar*, etc) is widespread among populations of South Asia, the Middle East (including North Africa) and Southern Europe. "The evil eye is fairly consistent and uniform folk belief complex based upon the idea that an individual, male or female, has the power, voluntarily or involuntarily, to cause harm to another individual or his property merely by looking at or praising that person or property" (Dundes 1981, quoted in Bowie 2002:236). Alyson Callan (2007) found from her recent research with Sylhetis in Bangladesh that *nazor* was commonly thought to be the cause of many minor physical illnesses.

[8] I also found in my earlier research in Bangladesh that Muslims routinely obtained a series of *tabiz* from *imams* or local healers for the same purpose (Rozario 1992).

One of them said her baby stopped drinking his whole bottle of milk for some days and they thought it was because of *nazor*. Many of my interviewees also obtained consecrated black threads from the *imams* to tie around a child's waist or neck to ward off evil eyes and evil spirits.

Whatever the case, it is common for families to consult an *imam* or traditional healer in relation to other illnesses which are not necessarily categorised as *upri*, and for which they are already receiving medical treatment, to check if *any* evil spirits *(upri*) or evil eye (*nazor*) have anything to do with the health problems. This especially happens with on-going medical problems. This, together with the incomprehensibility of the nature of genetic disorders, might explain why most of my interviewees, in addition to seeking medical treatment, also consulted someone to ensure that *upri* was not the cause of their child's condition.[9]

Of course, if it is believed to be *upri* one has to seek help from a reputable *imam* or traditional healer. So while they continued medical treatment, most families consulted one or more *imams* to check if their child's condition had anything to do with *upri*. In most cases, *imams* declared that the condition was not *upri.* There have however been cases, like Kiran above, when *imams* declared the condition to be caused by *upri.* Whether a condition was declared as linked to *upri* or not, *imams* usually gave some protective measures for all their clients to use. Typically, these included giving amulets inscribed with some special Qur'anic words, performing the ritual of *fu* or blowing on the child, giving consecrated thread for the child, and sometimes the mother, to wear on their bodies, providing consecrated water to drink and consecrated oil for massage).

An elderly woman told me: "There are *jinn* with some people. There are good *jinns* and bad *jinns*, and bad *jinns* pick on people, cause harm and distress.[10] *Jinns* can cause someone to become *pagol* (mad). It can happen in your everyday lives, you can step on the *jinn.*"[11] When discussing *nazor* with the same woman she said to me, "Some people's eyes are good, some people's eyes are bad." As evidence, her daughter (the child's mother who was born in the UK) proceeded to give an example of how once her son had stopped eating when on holiday

[9] I was told by a British-born Bangladeshi woman that an illness is *upri* when it is sudden and unexplainable. She was in fact referring to her mother-in-law's heart attack.

[10] The Qur'an is explicit that some *jinn* are Muslims, and others are wrong-doers (Sura 72).

[11] See also Gardner 1992.

in Bangladesh and the problem was diagnosed as *nazor*. A female healer rubbed a dry chilli on her son's stomach and then burned it. That no pungent smell derived from the burning of the chili indicated the presence of *nazor*.[12] The child's mother told me that after the female healer left, she burnt another dry chilli, and it gave off a really pungent smell, making her cough for a few minutes. This experiment made her believe that her son was afflicted with *nazor*.

A third category that overlaps with *upri* and *nazor* is *jadu* or *chalan*, best translated as 'magic' or 'sorcery'. For example, another British-born Bangladeshi woman told me of her being sick for three out of the five weeks of her holiday in Bangladesh. She said, "You will probably laugh, but it was *jadu* [magic]". She meant that someone deliberately tried to harm her by use of *jadu* or magic. Apparently she received treatment from her doctor for several weeks, but it was a Pakistani *maulana* who cured her. He gave her four *tabiz* (with Qur'anic words inside), one to wear around her neck and three to soak in water which she was then required to drink.

My interviewees, as well as Bangladeshis in Bangladesh in general, quite frequently refer to *jadu* or *chalan*, both forms of magic or sorcery, used by some people with the help of evil spirits to inflict illness or other kinds of harm on their enemies or those they envy.[13] I heard numerous stories from British Bangladeshi *imams* and my interviewees about how they or some family member had been subjected to *chalan* or *jadu* leading to problems of diarrhoea, mental illness and so on. One of the genetic counsellors who made regular home visits to Asian families told me that many families told her that their children's disability was caused by some black magic.

I was told that not all *imams* engaged in proper *upri* treatment, which involved the ritual of divination, calling the evil *jinns* (or other spirits) responsible to come forward and speak through the patient/s or the medium, asking them why they took possession of the sick persons, and then reaching some agreement with the evil *jinns* whereby they will leave the

[12] Bhopal (1986:103) in his research with British Asian communities also found that exactly the same ritual of burning chilli was also used for *nazor*-related health problems of children.

[13] Thus Karbani et al report the story of an educated man who said that he "Had been a great object of envy in his community when a second son was born and when he won the scholarship to study abroad. He worried that when he left Pakistan, he had left his family unprotected and exposed to the envious curses of those around." (Karbani et al 1997:160)

sick persons. These exorcism rituals can be very elaborate (in Bangladesh referred to as *jhara*, meaning "to sweep away"), and are not always successful. Exorcism of evil spirits is performed only by a few *imam* or healers, as it is a dangerous and scary business.[14]

In the case of Kiran, when the *imam* in Bangladesh declared that he was possessed by *jinns*, because Kiran was a mere baby, a young girl was asked to take his seat during the divination ritual. In Kiran's case, the six *jinns* who were said to have possessed the mother during her walk in the park close to her house in the U.K. and then in turn possessed little Kiran, asked for some sweets. In other cases, I heard of evil *jinns* or spirits asking for a chicken or a goat.[15]

Evil spirits (*bhut* or *jinns*) are said to be able to take any form or shape to come near a victim, and usually reside in jungles, in big trees, and dirty places. In different parts of Bangladesh people refer to *batash* (bad wind), *batash lagse* (attacked by bad wind), *upardosh* (attacked from above), *upri,* (from above) *bhutey dhorchey* (possessed by evil spirit), *jinn* (bad Islamic spirits) and *poris* (female spirits as causes of various diseases or illnesses) (Gardner 1991). In my own work, as well as in the work of Thérèse Blanchet, it is clear that all these terms refer to the same category of dangers, i.e. evil spirits. Blanchet (1984:117) found in her work in a rural area of Northern Bangladesh, that "good Muslims are not supposed to believe in *bhut.* Moreoever, I have heard that people are sometimes frightened to mention *bhut* lest they retaliate." As Blanchet suggests, the use of more impersonal words such as *batash*, *upordosh*, *upri* circumvents this problem. This might explain why most of interviewees used the term *upri* referring to evil spirits (*jinns* or *bhut).* They also use the terms *batash* and *batash lagche*.[16]

[14] One Maulana I interviewed in the UK told me "I do not deal with *upri*, because those who tackle *upri*, they always need some force, *jinn*. Some *jinns* remain under their control. There is a technique for controlling *jinns,* but I do not know this. With the force of these *jinns* they move or exorcise other *jinns*. However, these *jinns* under their control can also harm them." He continued "to exorcise bad *jinn* one needs to control bad *jinns*. If anyone comes to me with problems of *upri*, if it is 'normal' problems, I will give *pani pora, tel pora, fu* and recite certain *ayats* from the Qur'an. There are specific *ayats* in the Qur'an for specific things." I think by 'normal' he meant relatively simple health problems: e.g. headache, stomach problems, children crying continually, getting scared etc, not really serious health problems. He added that not everyone he gives treatment to gets better – it is all Allah's wish.

[15] I wondered why it was six *jinns*, rather than one *jinn.* Perhaps the severity of Kiran's condition could be understood by the combined evil force of the six *jinns.*

[16] Thus the mother of a child affected with Xeroderma Pigmentosum (XP), a condition which gets aggravated when the child is exposed to sun and day light in general, told me that when they were on holiday in Sylhet, people told her that her child had *agni batash* (fiery or hot air).

It is not a surprise that the evil *jinns* who were supposed to have attacked Sufia got hold of her from a park, full of big trees. While in theory evil spirits (or *jinns)* can attack men or women alike, in practice women are thought to be much more vulnerable to their attacks than men. A British Bangladeshi *imam* told me how in order to avoid attack of evil spirits appropriate behaviour is important. Some of his examples included how women should dress appropriately and cover their hair and watch where they go. He said *jinns* reside in "bad, dirty, messy places, e.g. you find them in jungles. *Jinn* will never take shelter where one says his *namaz*, and keeps his fast." [17] Such statements were also made by a number of families whom I interviewed. They imply that being attacked by *jinn* is not morally neutral; it is usually to some extent the fault of the victim or, in the case of a small child, of its guardians. As in Sufia's case, a child's mother is the person most immediately at risk of being blamed.

OTHER RELIGIOUS MEASURES

Alongside *daktari* (medical) treatment and *upri* treatment, most British Bangladeshi families dealing with a serious medical situation will also employ a variety of Islamic practices which they hope will increase the chances of a cure or improvement. These include special prayers (*dua),* extra fasts, *Qur'an-e-khattam* [recitation of the whole *Qur'an*], *sadaqah* (*sadga* in Bangla, animal sacrifices with donation of the meat to the poor, monetary charity to the poor, etc). Families will also ask for consecrated water (*pani pora*) and consecrated oil *(tel pora*) from *imams*. *Imams* are also regularly asked to provide amulets *(tabiz),* which usually contain set prayers (*ayats* from the Qur'an) for particular health problems. Often these will be brought over from Saudi Arabia (from Mecca and Medina)[18] when someone goes on the Islamic pilgrimage *(hajj),* or from some famous *maulana* in Bangladesh. When they can afford it, families will take their child on the *hajj*.

[17] Almost all the stories I heard of someone having been possessed by some evil spirit involved the person apparently having been at some inappropriate place at inappropriate times. Certain times of the day and night are also not appropriate for people to be outside of the house, especially for new brides, pregnant women, and new mothers.

[18] Water from the Zamzam well at Mecca is famous for its apparently healing power. So it is very common for people who go on the *hajj,* to return with bottles of this 'sacred' water to share with relatives and friends. Recently Zamzam water was also being sold in London, although it was apparently found to be contaminated with high levels of arsenic (*The Muslim Weekly*, Issue No 130).

As for Karim and Sufia, they engaged in most of the above religious activities for their son. They sent money home to Bangladesh so that a cow could be sacrificed. They engaged a number of *imams* to read the whole Qu'ran in Karim's house in Bangladesh. Karim's brother, who lives in Saudi Arabia, went on the *hajj* so that Kiran's illness would get better.[19] Sufia told me, "We have water and [sacred] soil from the house of Allah [meaning from Mecca and Medina]. I put the soil inside the pillow, it's still there." Sufia used the water to feed and bath the baby. She also drank some for her depression and other health problems, but Karim did not have any as he did not have any health problems.

Sufia said they also do extra prayers (*dua dorud)* and extra fasting. Sufia's sister obtained some special prayers (*dua)* from a well-known *maulana* in Sylhet (Moulvi Bazaar) and sent it to Sufia in a letter. Sufia has been using them since.[20] She said, "People say that the prayers of parents are the best [for a child].' One *Maulana* told her "cry when you pray."

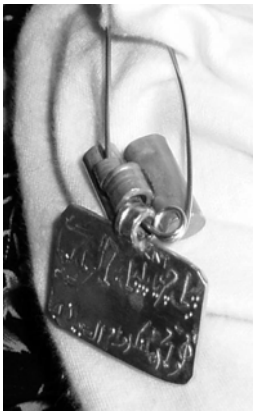

Fig. 1 Brass plate with two tabiz *attached to child's clothing*

Kiran was also sent a special *tabiz* set in a little brass plate from Bangladesh, which he wears on the sleeve of his shirt (see Fig. 1). During the family's holiday in Bangladesh, Kiran received two more *tabiz* from yet another *Maulana* after the divination ritual referred to above.

In addition to all these above religious measures, when the opportunity arises many families visit the shrines of Muslim Sufi Saints. One of the more famous ones is the shrine of Shah Jalal in the Sylhet region, where the vast majority of the British Bangladeshis come from and where all my interviewees also derive from. Sylhet is in fact well- known for shrines of Sufi saints. There are hundreds of them around the whole region, and many others in other parts of Bangladesh.

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19 *Bemar komey.*

20 There is a tendency for British Bangladeshis to rate the *maulanas* and *imams* based in the UK lower than the ones based in Bangladesh. Thus Sufia said that the *imams* in the UK are no good, they take too much money, e.g. £60-£70 for *pani pora* or *dua pora.* Another woman told me, "It is not right to get amulets and so on from the imams who come to this country… they are not like the *imams* back home." Her husband added, "Once they come here, they [the *imams*] become greedy for money. People are not getting any benefit, they are taking amulets, *pani pora* but the effect is opposite. We have heard a lot [of stories?]." Asked if they consulted any *imams* or obtained any *tabiz, pani pora* etc. they said no.

The most famous of all the Sufi saints' shrines in South Asia is located in Ajmer in India. Most of my interviewees knew about this and some, including Karim, hoped to visit the shrine one day. When in Bangladesh for their holiday Sufia and Karim took Kiran to the famous local shrine of Shah Jalal. Sufia placed Kiran on the floor adjacent to the wall linked to the grave of the *pir* and did *dua.* Karim's mother had already visited the Shah Jalal Shrine and a number of other shrines a few times, begging the saint to make Kiran better.

Like Sufia and Karim, every family I interviewed performed *sadaqah*, *Qu'ran-e-khattam,* as well as saying extra prayers, keeping extra fasts etc. For example, the mother of the baby affected with Carnitine Transporter Deficiency told me that recently when her son was hospitalised and operated upon for a serious chest problem, she immediately decided to undertake three lots of *Qu'ran-e-khattam.* She stayed at the hospital with the baby and finished reading the whole Qu'ran once and then read it once more after her child was released from the hospital. Meantime, her husband called his mother in Bangladesh and asked them to get some *imams* to undertake *Qu'ran-e-khattam.* I met the husband's mother when she was visiting and she told me how they performed this ritual in two hours as ten *imams* divided the sections among themselves. They also distributed a sweet dish to people. This is the common pattern with other families too. Usually they arrange for the *Qu'ran-e-khattam* and *sadaqah* to be done by family members in Bangladesh.

Discussing why they do *sadaqah in* Bangladesh, one woman said, "There are more people in Bangladesh, there are no poor people here." Usually people undertake these extra religious measures in times of crises, such as sudden hospitalisation or the first diagnosis of a condition which is life-limiting or life-long. One female interviewee with a toddler son affected by a severe genetic condition, said, "It is my religion that made me strong in this situation." She and her husband performed a *sadaqah* for their son a number of times, and she told me, "I feel that when the poor pray, that might have an effect on my son, maybe he will get better." The mother of a five-year old son with a life-long genetic condition also told me they have been doing *sadaqah* every year. She told me that after the animal sacrifice, "Firoz [her son] gets better for a while." She thought her son gets the blessing of the poor who get their help. Later she added, "I do not think medicine helps as much as these religious things do."

Except for one or two individuals in some families, all those I interviewed performed the regular *namaz* and fasts, as well as engaged in many extra fasts, *duas* or prayers, asking *imams* to say special prayers, and also undertook various other Islamic practices to improve the chances of their children getting better.

ALLAH IS THE SCIENTIST OF THE SCIENTISTS

Fig. 2: Explanatory Frames

For Karim and most other interviewees, beyond all these modes of treatment, medical treatment, treatment by *imams* for *upri* problems and the various Islamic practices (special prayers, *sadaqah*, *Qu'ran-e-khattam* etc) lies Allah, since their success or failure is ultimately according to His will. My interviewees would place the responsibility for the illness as well as the power of cures both on Allah. It is Allah who gives the problem to certain individuals in certain families, not all individuals and not in every family. This outer frame of explanation particularly comes into play when none of the three other approaches appears to be working. At this stage, families may go on pilgrimage to Mecca and Medina (*hajj* or *umrah*) or to shrines of Sufi saints in Bangladesh, India or elsewhere, in the hope of a "miraculous" cure.

Thus it is very common for families to say about their child's illness: "This is Allah's gift", or "Allah is testing us", or "This illness is *neyamot"* [a special favour from Allah]. As mentioned above, Karim told me right from the beginning how Kiran's illness was "Allah's gift" and he was told by the second *maulana* he consulted that Allah was testing him, and that his child's illness was a special favour from Allah.

One morning, we were sitting in their living room, with Kiran sitting as usual in his little chair with the feeding pipe attached to his nose. He had vomited twice since he woke up, and Sufia was despairing about the condition of her son. This led to the following dialogue between her and Karim:

> Sufia: "Why has Allah given us such problems?"
> Karim: "It's the will of Allah. He gave us this problem for our own good. If we look after him he will take us to heaven. Allah gives problems to those He loves most; to those who say their prayers and keep their fast regularly."
> Sufia: "People say, 'Allah has given you this [sick child] because you are good people'."

From such conversations and from other people's statements, it was clear that Karim and Sufia gained consolation by placing the responsibility onto Allah. Thus when once he was making plans for their pilgrimage to Mecca with little Kiran, I asked him what he expects from his pilgrimage. He said, "Now that the doctors have given up on Kiran, we thought it's a good thing to take him to Mecca, there is a hope we might be blessed by some miracle by Allah." He then related a story (see below) of a miracle gained by one of his friends after having gone to *hajj*.

I asked Sufia what she expected from the *hajj*, and she replied "I will pray to Allah and see what He does." Sufia talked about how she would make a *niyot* (contract) with Allah, for example that if Allah cures Kiran she would perform more *sadaqahs* and so forth. At this Karim protested and said that it was not possible to make any *niyot* or contract with Allah. He reminded Sufia of an excerpt from the Qur'an: "Be happy with what I have given you." Karim continued, "Everything depends on *iman* (faith).

Another day, reflecting on his son's severe life-limiting condition, he said:

> Death is not really death. We are now in this world, after death we will go to the next world. Allah does not do anything without a reason. He [the son] is sinless, if he or other sinless children like him pray [when in heaven], their prayers will be more effective. Their parents are lucky because their sinless children will pray for them.

He said similar things on other occasions. Karim also had a dream about going to the famous Sufi shrine of Khawaja Muinuddin Chishti in Ajmer in India. As a young child he had heard songs about this shrine: "No-one returns empty-handed from the *darbar* [court] of Khwaja Baba (saint)."

It looked, however, as though none of these dreams would come to fruition for Karim. In 2006 the family had hoped to go to *umrah hajj* but could not, nor could they go to Ajmer for reasons that are beyond the scope of this paper to discuss. In fact, while in Bangladesh, a *maulana,* a relative by marriage, pointed out to Karim that it was better to go on the *hajj* to pray directly to Allah rather than to go to any Sufi shrine, such as Ajmer. Other people in Bangladesh and in the UK also told him that it was better to go to Saudi Arabia to the *hajj* rather than to Ajmer.

In June 2007, I had a phone call from Sufia. She told me that they were going to Saudi Arabia for a holiday. "Do you mean that you are going for the *umrah hajj*?," I asked. She said yes, they were. I was surprised since I had spoken to them three or four weeks before and they had no plans at that stage. "We have been thinking about going there on and off," said Karim. "Now is probably a good time." He told me that he had left his job so that he could go to Mecca and Medina. When I asked if there was any special reason, he said, "We have to do it some time. Why not now?" Karim explained that they had had a meeting a few days before with their paediatrician who had asked if they were liaising with the genetic counsellor about Sufia's possible new pregnancy. Karim had apparently told the paediatrician, "All this is not necessary. These tests, and then termination, these are not good."

"But I thought you were going ahead with the tests?" I said. Karim replied, "I am becoming stronger now, I am learning more about Islam and I have been speaking to more people. Everyone says that these are not good." He added, "Allah tests people with many things. Whatever Allah does it is for our own good. They said that these genetic tests and termination are not Islamic."

"But what if your next child turns out to be affected?" I asked. Karim's response was, "We have been thinking that there are two of us [meaning him and his wife]. We should be able to look after two [disabled] children. Maybe we can bring someone from Bangladesh to look after them. We might also go back to Bangladesh to live." I referred back to our earlier discussion regarding termination, when he had appeared pleased to learn that it was legitimate under Islamic law to terminate a damaged foetus up to four months. "Yes," he said, "but it's not right to abort a *baccha* [foetus] because it has a leg missing or some other problem". His argument now was that abortion was only permissible if the situation was impossible to manage otherwise, but he and Sufia could manage to care for two disabled children. "Allah feeds all of the 18,000 types of living beings," he said, meaning that if Allah is to give them another disabled child, He would help them to look after it.

So it seemed that their sudden decision to go on the *hajj* was no coincidence. They had been thinking about this business of having another child and about the hassles of genetic tests and termination. Although they had told me earlier that they would definitely go through with all these for they could not possibly cope with another child like Kiran, they had changed their mind after discussing the issue with other learned Muslims in the area. Even though Karim did not tell me this explicitly, it was clear to me that they were going on the *hajj*, both to ask Allah for a healthy foetus, and of course also for some miraculous cure for their existing son. Sufia said, "There is 75% chance of us having a healthy child". Karim added, "I have always said that all this is Allah's order *(hukum*), although Sufia did not always accept it.'" So, their trip to Mecca and Medina is to do "some *dua dorod* [special pleading to Allah]" in a holy (*pobitra*) place. Karim said, "Let us go there, and do *dua dorod* to Allah."

Karim told me of a story he had heard the day before of an 'English' [meaning 'white'] man who had apparently been to the moon and when on the moon had heard the *azan*, the call to prayer. After that experience he had apparently converted to Islam, saying that "Islam is the only true religion." Karim was impressed by this story, and also mentioned being impressed by seeing an English man saying his *namaz* at his local mosque. He asked me, "From all your research and experience, which do *you* think is the best religion?" Karim had clearly been searching and talking to many people, both in the UK and in Bangladesh, about true Islam and Islamic values. He seemed genuinely to want to follow what is Islamic, even if this means more disabled children for him and his wife.

My own reading of the situation is that it was largely Karim who had been searching and doing the research and who had then influenced Sufia to accept his position. Sufia was delighted that they were going on a holiday to Saudi Arabia, and it was clear that for her this was as much a 'holiday' as a *hajj*. For her, this was mainly a wonderful break from her everyday routine of sitting at home and looking after her sick son. For Karim, though, who spent most of his time outside the home, working at restaurants or shopping, it was primarily about *umrah hajj*. My reading is that Sufia had accepted the idea of not going through the genetic tests (amniocentesis etc) both because she was concerned and even scared about the whole procedure and also because she was instead offered the opportunity to go to Saudi Arabia, to Mecca and Medina. We recall that Sufia has always been somewhat sceptical about placing all the responsibility and depending 100% on Allah. She was more inclined to take the line of making a contract (*niat*) with Allah, and it was she who told me that they had done all the right things by their religion and by Allah when she was pregnant and still were given a sick son. So she is not necessarily 'happy' with Allah for having given her a sick son, and does not really accept the suggestion that this is some kind of special favour *(neyamot*) from Allah, even though she does gain some consolation when other people say that "Allah gives such sick children to those He loves most."

It was clear from my discussion with the other families too that for them their ultimate saviour was Allah, for it is He who gives the illness and it is He who has the power to cure. Like Kiran's parents, many other parents and family members told me in relation to the disorder of their children that "Allah is testing us" or "He is Allah's gift to us. I believe in Allah". One woman said, "We believe he [son] was meant to be like this, he was meant to be born to us, this is meant to be a test of Allah. My son [when he dies] will go straight to heaven and with him his family too will go to heaven. I don't care what other people say. . . but those who are religious, advise us to pray and to have *iman* [faith]." Such sentiments were very common among almost all my interviewees.

Like Kiran's family, many other of my interviewees have been dreaming or planning to go on the *hajj* (pilgrimage). Going on the *hajj* is one of the five pillars of Islam in any case, but for families with a sick child (with genetic disorder), the pilgrimage is specifically to ask *dua* to Allah for their children. In one case, a mother reported that after she and her husband had taken their little son to *hajj* he has become much better. "He used to have speech problems, but now he can talk properly. He used to have more fits, but now he is a lot better."

Here too I was told stories of miracles related to the *hajj* or to items brought from Mecca. Kiran's father Karim told me about a friend whose wife had a baby within a year after he returned from his pilgrimage to Mecca. This was their first baby and they had been married for seven years. It seems the couple were having problems in having a baby. When the baby came it was taken as Allah's blessing because Karim's friend had gone on the *hajj*. In another case, one woman had a baby after some ten years of marriage. I was told that this happened after she ate some wheat that was brought from Mecca.

As with Kiran's family, items (water, oil, soil) brought from Mecca or Medina were also popular with many other interviewees. Usually relatives or friends will bring them over if the families cannot go on the *hajj* themselves. One of the mothers I interviewed told me at length how she was very unhappy with her paediatrician and was planning to cancel her son's next appointment with him. Explaining how the paediatrician made her and her husband unnecessarily upset through his rude behaviour, she said, "After our last visit I have decided that it's now in the hands of God." Later she told me that they were planning to take their son to *hajj* in the near future.

Given such faith of people in Allah, it is not surprising that I was told again and again by both the *imams* and the parents or family members of sick children that unless Allah wills it, a patient will not get better. It does not matter how famous or reputable a doctor or an *imam* is. I was told a number of stories such as the following:

> An old man had cancer. The 'big' [famous, well-known] doctors in town gave up on him and told his relatives to take him home and feed him whatever he liked to eat, as he would not live very long. He was brought home and his two educated sons were by his side. Then a plain village healer (*kabiraj)* came by and enquired after the old man's welfare. When he was told that he could not be treated by the 'big' doctors, he asked if he could try. The son laughed, thinking "What can he do?" But he nevertheless let him give some treatment. The herbal pills given by the village healer cured the old man's cancer and he lived after that for another fifteen years.

At the end, the story-teller, an *imam*, told me, "If Allah wishes, he will cure. That He would cure him through this simple herbal thing, it is beyond imagination."[21] Then he said, "One should seek medical advice. But keep in mind if Allah does not will it, medicine will not work. If Allah wishes, He can cure someone without medicine… Allah is the Scientist of the Scientists." Thus, all forms of treatment become mere mediums through which Allah might or might not cure a patient.

DISCUSSION AND ANALYSIS: DAKTARI AND UPRI PROBLEMS

The rather fluid movement between the various modes of explanation we see in this case study are quite common in Bangladesh and the rest of South Asia, and perhaps elsewhere as well. Rensje Teerink (1995), in a study of ideas of disease causation in a Gujarati village, refers to the American anthropologist George Foster's distinction between 'personalistic' and 'naturalistic' medical systems. Foster suggested that medical systems characteristically emphasised either 'personalistic' modes of explanation, in which diseases are seen as caused by a quasi-personal agent (whether human or 'supernatural') or naturalistic modes, in which disease was seen as deriving from the bodily system being somehow out of balance (Foster 1976). Teerink notes that personalistic and supernatural modes of explanation dominated in the village she studied, but adds that this "does not do justice to the complex realities of popular medical discourse" (1995: 101):

> It is not possible to make a clear distinction between the personalistic and naturalistic medical systems. In fact, the very distinction between both aetiologies seems erroneous since the villagers' discourse evades these Western-derived binary oppositions. Rather, the cause of disease is often explained somewhere between the naturalistic and personalistic pole and shifts in emphasis from one pole to another, never to be quite pinned down.

There is a parallel in the way my interviewees, British Bangladeshi Muslims, distinguished between illness which could be understood in *daktari* terms, and others which fell outside of this *daktari* or medical realm, and which were usually caused by some evil spirits (evil *jinns*),

[21] *Allahr iccha holey Allah bhalo korben. Allah jey shamanno lota patar madhomey bhalo korben ta toe kolpanar bairey.*

or by someone's *nazor* or evil eye. I would agree with Teerink, too, that the western-derived binary division between the two aetiological systems does not accurately capture the ways Bangladeshis in Bangladesh or the Bangladeshis in the UK view things. For my interviewees, like Teerink's Gujarati villagers, "the cause of disease [. . .] shifts in emphasis from one pole to another, never to be quite pinned down."

This does not rule out the fact that, to start with, people (including religious and traditional healers) will usually associate certain types of health problems with the 'medical' (naturalistic) realm and others with *upri* or *nazor, jadu* or *chalan* (i.e. personalistic aetiologies). Thus, a family with a child affected with a serious genetic disorder might for a while settle down with the idea of their child's problem being 'medical'. However, one then finds the same family seeking help for *upri* from some *imam.* This can happen at the suggestion of a family member, or they might make use of a famous visiting *imam* to the U.K., or employ such skills during their holiday in Bangladesh.

Similarly, for a health problem, a family might start off by assuming it is due to *upri,* or *nazor* and thus seeking help from extra-medical sources, and then if the problem persists, the family might also turn for medical help. Such to-ing and fro-ing was a reasonably common pattern with the families I interviewed, as with Kiran's parents.

At the same time, as we have seen, people will always say that their first and last resort is in Allah. Whether a sick person is cured or not ultimately depends on the will of Allah. In the concluding section, I would like to problematise this situation a little.

CONCLUSION

I was struck in this research by people's absolute faith in Allah in relation to whatever healing and medical options they might adopt. Perhaps, though, it is worth asking why the idea of Allah's ultimate responsibility carried so much conviction. In saying this, I do not mean to demean or dismiss the religious convictions of the families I studied, but to contextualise a little the situation in which they made these statements about Allah.

There are two ways in particular in which one could look at people's tendency to make Allah the ultimate saviour and decision-maker in relation to their children's illnesses. Each seems to me to help in understanding why this idea had such strength and potency for them.

First, treating the illness as the will of Allah can be seen as a way of coping with the stigmatisation involved in the idea of genetic illness. In Bangladeshi culture, any form of on-going sickness of a member in a family runs the risk of stigmatising the individual and sometimes the whole family. Such stigmatisation might stand in the way of marital alliances with other families (Rozario, 2007). Moreover, there is also the blaming of one side of the family or the other for illness.

By shifting the responsibility for their child's illness to Allah, any possibility of stigma or blame for the parents is undermined. Indeed, the illness can be seen as a special 'gift' from Allah and as an indication that they are in some special way particularly close to Him.

Most of all, having a child with permanent disability or a life-limiting condition is difficult for anyone, regardless of religious background. Finding consolation with God or the divine is a feature of other religious groups in South Asia as well as the Muslims. For example, in similar situations, Christian Bangladeshis might also say, "Everything is God's will."[22] Kalpana Ram, from her work with Hindu and Christian Tamil populations in India shows how "illness and possession [evil spirits] are both a curse and a blessing… serious bouts of illness are an affliction, but also key opportunities to experience the power of the divine in the form of surrender and faith. Illness is therefore a pathway to prove faith and receive grace, as well as being one of the symptoms of love." (Ram 1991:57)

Secondly, I would also argue that commitment to Allah is an identity issue for Bangladeshi Muslims. Bangladeshi Muslims in the UK, like Muslims all around the world are now taking a renewed interest in Islam, and are becoming much more committed to their religion and to the world Islamic *umma* (community) (see also Glynn 2002, 2003; Ahmed 2005). This increased interest in Islam has been explained in terms of recent world and local events, starting with the Iranian revolution of 1979, the burning of the *Satanic Verses* in Bradford, and the 1991 war in Iraq, and continuing to the more recent events of 11 September 2001,

[22] *Shob esshorer iccha.*

followed by the wars in Afghanistan and Iraq. All these events placed Muslims on the defensive in relation to the Western world (Rozario 2005).

This renewed interest and increased level of commitment to Islam is greater with diasporic Muslims, and the younger generation in particular. With Bangladeshi Muslims in the UK, this new Islamism gives them an alternative identity to their marginal position in British society as the most backward of major ethnic and religious groups. Their renewed commitment to Islam is more than just praying five times a day and, for women, wearing the *burqa* or *hijab*. The new international political climate has the effect of creating an 'us' and 'them' division between the 'west' and the Islamic world (i.e. the Muslim people). Many things labelled as 'western' are avoided by 'good' Muslims. Generally speaking western values are seen as leading people astray, so that one needs to abide by Islamic values as closely and as much as possible.

I often wondered, when some of my interviewees told me they were opposed to genetic testing (amniocentesis), termination, or contraceptives, saying these were not Islamic, whether they actually knew their Islamic sources or whether what they were saying was better understood in terms of an emotional commitment to Islam as against the West. In other words, because these solutions were being offered by the biomedical system, as precautions in order to avoid having another child with a genetic disorder, were they shunned as 'western' and therefore as no good for 'good' Muslims?[23]

It is perhaps not surprising that the *imams* whom the British Bangladeshis went to see for any health problems emphasised the role of Qur'an in the healing process. One *imam* said, "The Qur'an is like medicine."[24] Another *imam* told me that people who come to see him usually got better with Qur'anic treatment, saying he built up the mental strength of patients through Qur'anic language. What is perhaps more significant is the way in which lay British Bangladeshi Muslims used Islam, Islamic texts, and even Islamic countries as their anchor. Thus one of the families I interviewed had a short holiday in a Middle Eastern country when

[23] In most cases women (and men) were opposed to the ideas of genetic testing (amniocentesis) and opposed to termination. Many women were also opposed to contraceptives. Yet it is never clear in advance what women would really do when they had to make the decisions. As we have seen from Kiran's family, the parents can move back and forth between the biomedical option of testing and possible termination, and the rejection of biomedicine in favour of faith in Allah.

[24] *Qur'an sharif ekta oushod sharup.*

the husband took their son swimming in the waters of the Red Sea. The mother told me that the Red Sea waters had cured their son's skin problems, and that some patches on his skin had cleared up since their holiday. Similarly, as mentioned above, people routinely brought items such as soil, water, wheat and oil from Mecca and Medina, the holy lands, and have told me these helped them or their children's genetic condition. Going on the *hajj* in person was often seen as opening up the possibility of a miraculous cure. People also thought that following various Islamic practices was critical to their children getting better.

If we return to Karim's decision to go on the *hajj* and appeal to Allah rather than to pursue testing and possible termination in relation to his wife's pregnancy, we can see some of these factors operating. At one level, Karim's action can be seen purely in Islamic terms, as a statement of commitment to Islam. If we were to try to understand what exactly underlies his and therefore also his wife's change of heart about genetic testing and termination of a possible damaged foetus, I would suggest that his search for identity and for a sense of belonging was also a critical factor. He did not want to deviate from a crucial Islamic injunction and to have to live with the knowledge that he had sinned and that Allah might not accept him into heaven. Externally, he also wanted to remain and be acknowledged as someone who is a good and pious Muslim. He was already considered a very good practising Muslim, although sometimes he was also criticised for his over-religiosity by some of his relatives, who do not necessarily say their *namaz* five times day and go to the mosque every day like Karim does. The stories he told of the 'Englishmen' becoming good Muslims were also significant. It was as if he needed some re-assurance from the Englishmen to whose country he has migrated, many of whom denigrate Islam and Muslims. The religiosity of the Englishmen inspired him more towards his own religion and his religious identity. If he wanted to remain a good Muslim, he could not go through with the genetic tests and termination of the foetus.

As I said, I do not intend by these comments to dismiss Karim and Sufia's religious faith, or that of any of these families. It has obviously been a great support for them in what are often very difficult and painful situations. My intention is only to point to some of the contexts that may have helped to shape and to strengthen that faith.

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