When desire is protected in the name of "human rights" and the Law of Allah is criminalised: a documented refutation of Western discourse regarding adultery "zina" and its catastrophic consequences

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A) Very brief alphabetical list of common Western and anti-Islamic allegations

A. Arbitrary: They claim Islamic punishments are applied randomly or without strict legal standards.

B. Barbaric: They describe the punishments as cruel, primitive, or incompatible with modern human rights.

C. Discriminatory: They allege that Islamic law unfairly targets women, minorities, or non-Muslims.

D. Extremist: They present these rulings as evidence that Islam itself promotes extremism.

E. Inhumane: They argue that corporal or capital punishments are inherently degrading and violate human dignity.

F. Misogynistic: They claim the punishment for adultery is mainly used to control women's bodies and sexuality.

G. Outdated: They argue that these laws belong to a pre-modern society and cannot apply today.

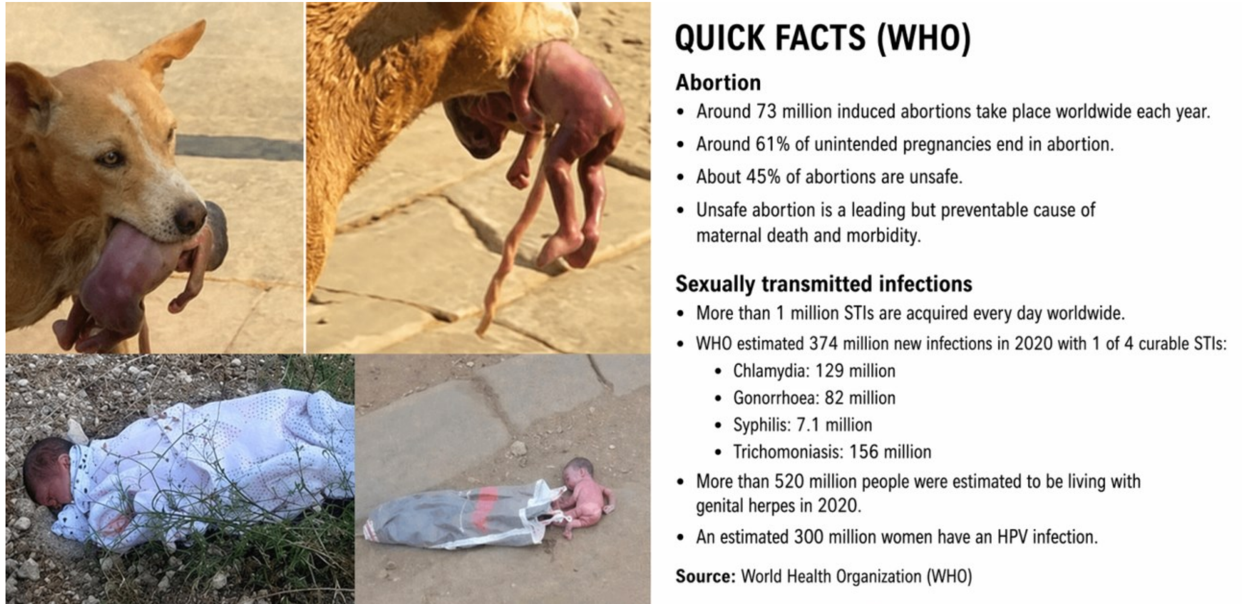
H. Homophobic: They allege that Islamic rulings on homosexual acts are based on hatred rather than moral or legal reasoning.

I. Oppressive: They portray Islamic sexual ethics as a system of control over private life.

J. Theocratic coercion: They claim Islamic law forces religious morality on society through state power.

K. Unjust: They argue that the punishments are disproportionate to the acts committed.

L. Violent: They use these rulings to depict Islamic Shariah as a violent legal system.



The Muslim Response:

Refutation

A society that refuses firm justice should not be surprised when crime becomes bold. Across many Western societies, ordinary citizens increasingly complain that police are restrained, courts are soft, and offenders are often recycled back into the streets through weak sentencing, procedural leniency, and minimal bail, even when the crimes involve organised crime, domestic violence, assault, theft, or repeat offending.

This is not "mercy". It is often a legal culture that protects the criminal more effectively than it protects the victim. When law loses its fear, criminals lose their

restraint. This is precisely where the superiority of divine Islamic law becomes clear. It does not romanticise offenders, excuse public corruption, or gamble with victims' safety. It establishes justice through authority, evidence, deterrence, accountability, and proportionate severity, so that society is protected before crime becomes normalised.

The Western objection collapses because it attacks Islamic law as if it were mob violence, private revenge, or emotional cruelty. It is none of these. In Sunni Islam, hudud are not street punishments, not vigilante acts, and not tools for personal hatred. They are judicial rulings applied only by a legitimate Muslim authority, after strict proof, under due process, and within a society that first establishes faith, modesty, marriage, family responsibility, and public morality.

The first error is calling these laws "arbitrary". Islamic law is the opposite of arbitrary. For zina, the Quran itself legislates the hadd and then places an almost unreachable barrier against reckless accusation: four witnesses are required, and false accusers are punished. Surah al-Nur states the punishment for zina, while Surah al-Nur legislates the punishment for zina, while Surah al-Nur 24:4 punishes those who accuse chaste people without four witnesses. This is not arbitrary law. It is law that protects public morality and protects people's honour at the same time.

The second error is calling it "barbaric". Barbarism is not a law that requires proof, judges, witnesses, sanity, confession checks, and public authority. Barbarism is a civilisation that normalises sexual chaos, produces mass abortion, broken families, sexually transmitted diseases, pornography addiction, fatherlessness, trafficking, and then calls the ruins "freedom". Islamic law does not punish private suspicion, desire, temptation, or rumour. It punishes proven public transgression that tears the moral fabric of society.

The third error is pretending that Islam is obsessed with punishment. The Sunnah proves the opposite. When Maiz confessed, the Prophet, peace and blessings be upon him, turned away from him repeatedly and even checked his mental state before any legal judgement. In the case of the Ghamidiyyah woman, the Prophet, peace and blessings be upon him, delayed implementation until after childbirth and nursing, then spoke of the greatness of her repentance. This is not sadism. This is law, mercy, proof, delay, repentance, and justice together.

The fourth error is claiming that these laws are "misogynistic". That claim is demolished by the law itself. Zina applies to the man and the woman. The Quran names both. The punishment for false accusation protects women's honour with severe force. A woman is not punished merely because she is accused. Rather, the accuser is punished if he cannot produce the required proof. This is why Islamic law is far more protective of honour than modern media cultures that destroy reputations through rumours, scandals, and public humiliation.

The fifth error is calling Islamic rulings on homosexual acts "hatred". Islam does not build law on hatred of persons. It judges actions by revelation. Same-sex desire, temptation, or private inner struggle is not the same as public sexual conduct. Islamic law condemns the act, not because of tribal prejudice or Western-style identity politics, but because revelation defines sexual morality through marriage between male and female, lineage, family, chastity, and the preservation of society.

The sixth error is claiming these laws are "outdated". This assumes that modern Western morality is the judge over revelation. A Muslim rejects that premise entirely. The question is not whether the twenty-first century approves of Allah's law. The question is whether human desire has become wiser than revelation. From the Sunni perspective, the answer is no. Changing social fashions do not abrogate the Quran, the Sunnah, or the understanding of the companions.

The seventh error is calling the punishments "disproportionate". This only works if sexual conduct is reduced to private pleasure. Islam does not accept that reduction. Zina and public sexual corruption affect lineage, inheritance, marriage, children, disease, family stability, honour, and social trust. Secular law itself punishes acts according to social harm, not merely bodily injury. Islam simply refuses to pretend that sexual chaos has no victims.

The eighth error is ignoring the evidentiary wall. Islamic law makes conviction extremely difficult without confession or the strictest public proof. It blocks spying, gossip, slander, and reputation assassination. This means the law is designed more to deter public shamelessness than to hunt private sinners. The one who sins privately is told to repent to Allah, not to publicise himself or invite legal exposure.

The ninth error is claiming "oppression" while defending a civilisation that has turned desire into an idol. Islam says freedom without moral limits becomes slavery to impulse. The Shariah disciplines desire so that family, children, lineage, honour, and

society are protected. Western liberalism claims to liberate the body, then leaves people with abortion crises, sexual disease crises, loneliness, fatherlessness, pornography epidemics, and collapsing birth rates.

The tenth error is pretending that secular law is neutral. It is not. Every legal system enforces morality. The West enforces its morality through hate-speech laws, anti-discrimination law, school curricula, media control, family law, and punishment of dissenting religious speech. The only real question is whose morality will govern: the morality of revelation or the morality of shifting human desire.

The concise answer is this: Islamic hudud are not barbaric, arbitrary, misogynistic, or hateful. They are revealed legal limits applied by authority, under strict proof, with massive safeguards against accusation, and within a moral system built to protect religion, life, lineage, honour, family, and society. The real barbarism is not divine law. The real barbarism is a civilisation that destroys chastity, normalises sexual disorder, manufactures mass social harm, then attacks Islam for refusing to worship desire.

Preliminarily, the punishment for an unmarried fornicator, upon whom the commission of the crime of fornication is proven, is one hundred lashes. As for the married fornicator, the punishment is stoning to death. This is the ruling of Allah, the Almighty “Allah azza wa jal”, and this is our great Islamic law which we take pride in.

It is worth noting that the stages of proving that a Muslim individual has committed the crime of fornication are extremely difficult, and its proof is almost rare. This is because it requires the testimony of four just male witnesses, who are Muslims, of sound mind, and have reached maturity. This is due to many wisdoms, as Allah, the Almighty “Allah azza wa jal”, has made the establishment of the prescribed punishment for fornication exceedingly difficult by requiring the testimony of four just witnesses who observe the act in detail.

This serves to conceal the faults of people, protect their honour from the spread of immorality, and prevent the accusation of the innocent. Legal rulings are not established on doubt, but rather on complete certainty.

The punishment for an unmarried fornicator, upon whom the commission of zina is legally proven, is one hundred lashes. As for the married fornicator, the punishment is stoning to death. This is the ruling of Allah, and this is our great Islamic law in which we take pride.

It must also be stated clearly that the stages of proving that a Muslim individual has committed zina are extremely difficult, and actual proof is rare. The hadd is not established through suspicion, rumour, political propaganda, media images, or ideological hostility. It requires the testimony of four just male witnesses, Muslim, sane, mature, and upright, who directly witness the act in explicit detail, or a valid confession meeting strict legal conditions.

This serves to conceal people's faults, protect honour, prevent the spread of immorality through slander, and block the accusation of the innocent. Legal rulings are not established on doubt, but on certainty. Whoever claims Islam while consciously rejecting the established rulings of Allah out of denial and rejection places himself in grave danger regarding his Islam.

In this article, some of the divine wisdoms behind these Islamic rulings will be mentioned. Before that, we address what some parties hostile to Islam do when they falsely claim love for humanity and concern for human rights. One may ask: which human rights are they concerned with?

In reality, they seek to protect what they call the rights of fornication, sodomy, and sexual deviance, while neglecting the victims of the system they defend. They speak endlessly about the supposed cruelty of divine punishment, yet remain strikingly silent about the victims of sexual libertinism: mass abortion, sexual disease, broken families, abandoned children, fatherlessness, and moral collapse.

The World Health Organization estimates around 73 million induced abortions annually worldwide, and much of the ideological and legal normalisation defended by secular liberal discourse feeds the wider culture of sexual irresponsibility behind that devastation. They speak of the "rights" of sexual transgression, while the lives, bodies, honour, and futures destroyed by those transgressions are treated as acceptable collateral damage.

There is also a noticeable and immense increase in the rates of sexually transmitted, serious, and deadly diseases of various types that cannot be enumerated. Attached below are data regarding global abortion rates, as well as global rates of sexually transmitted diseases.

Western and Arab media are filled with secularists, atheists, and anti-Islamic polemicists who repeatedly circulate images of a Muslim woman allegedly punished under Islamic law in order to create the most emotionally manipulative picture

possible. Yet one may ask: where is the man in these images? Why is the legal evidentiary process absent? Why is the punishment of the unmarried fornicator not shown with the same obsession? Why is the legal framework omitted? Why is the impossibly high evidentiary threshold always concealed?

These parties deliberately ignore that zina has many victims. Their call to protect what they term the rights of fornication, sodomy, and sexual deviance disregards the rights of unborn children, children born into instability, betrayed spouses, fractured families, and societies flooded with sexual corruption.

Thus, one understands why Allah legislated hijab and niqab, prohibited free mixing between the sexes, and prescribed strict punishments against those who commit zina and sodomy. These are not instruments of oppression. They are barriers erected before catastrophe. They are preventative mercy before they are punitive law, prohibited free mixing between the sexes, and prescribed strict corporal punishments against those who commit the crimes of fornication and sodomy. This is because it is a scourge that leads to the spread of sexually transmitted diseases and results in tens of millions of victims among foetuses and children, figures far exceeding the number of deaths in the First and Second World Wars combined.

Indeed, hijab, niqab, the prohibition of free mixing, and the prescription of strict punishments for zina and sodomy are from the mercy of Allah to the worlds, and a source of life for people of understanding. Many unbelievers do not wish to understand this. Rather, many of them wish to live without moral or religious restraint while still demanding protection from the social consequences of the very path they defend. And a source of life for people of understanding. However, the disbelievers do not reason or know, nor do they wish to reason or know; rather, they seek to be like unrestrained animals, engaging with one another without any moral or religious restraint.

Global Abortion Statistics: A Sharp Comparison Between Arab and Muslim Countries and Western and Non-Muslim Countries

Anyone who wants to speak about abortion globally without selective use of evidence or exaggeration must begin with the basic fact: there is a major difference between officially recorded figures and international estimates. Official figures are cases

entered into state or health institution records. International estimates, however, are statistical attempts to estimate cases that may not appear in official records, especially in countries where abortion is legally restricted or socially rejected.

This point destroys from the outset any attempt to mix numbers or use broad geographical estimates as if they were definitive figures for Arab or Muslim countries.

According to the World Health Organization, the world sees around 73 million induced abortions every year, and around 3 in every 10 pregnancies globally end in abortion. The organisation also estimates that around 45% of abortions worldwide are unsafe. These figures alone are enough to prove that abortion is not a marginal phenomenon, but a widespread global reality in many societies.

Link: https://www.who.int/news-room/fact-sheets/detail/abortion

When looking at Western and non-Muslim countries, the picture becomes even clearer. In the United States, the Centers for Disease Control and Prevention recorded 613,383 legal abortions in 2022 from 48 reporting areas, with a rate of 11.2 abortions per 1,000 women aged 15-44 in areas that reported consistently. This is not a small or marginal figure, but a massive official figure in one country alone.

Link: https://www.cdc.gov/mmwr/volumes/73/ss/ss7307a1.htm

In Europe, Eurostat publishes data on legally recorded abortions in European Union countries, country by country. This shows that abortion in many European countries is not a hidden exceptional incident, but part of a legal, organised, and recorded health system. Laws and reporting systems may differ between European countries, but the fixed fact remains that legally recorded abortion is clearly present in official European databases.

Link: https://ec.europa.eu/eurostat/databrowser/view/demo_fabort/default/table

In New Zealand, the Ministry of Health announced that the number of abortions in 2023 reached 16,227, with a rate of 15.6 abortions per 1,000 females aged 15-44. Considering New Zealand's population size, this is a relatively high figure and confirms that abortion there is recorded and available within a clear legal system.

Link: https://www.health.govt.nz/system/files/2024-12/Abortion-Services-Annual-Report-2024-v6.pdf

As for Australia, there is no single national source that comprehensively covers all abortions, which is itself significant. Nevertheless, the Australian Institute of Health and Welfare acknowledges a gap in comprehensive national data relating to sexual and reproductive health. Published Australian estimates also indicate a considerable scale, with an earlier estimate of around 88,287 pregnancy terminations in 2017-2018.

Link: https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/sexual-reproductive-health/monitoring-framework-data-strategy

Here, the real comparison becomes clear: Western and non-Muslim countries that legalise abortion and integrate it into the health system show high, direct, and clear official figures. In many Arab and Muslim countries, however, the picture is completely different in terms of officially recorded figures.

These countries either do not publish broad and open annual abortion figures, publish very low figures, or restrict abortion to narrow cases such as saving the mother's life or medical necessity. The clear result is that officially recorded abortion figures in many Arab and Muslim countries are much lower compared with Western and non-Muslim countries.

This lower official level is not a mystery. Religion, culture, family structure, the status of marriage, the moral view of the unborn child, and social rejection of pregnancy outside marriage all make abortion in Muslim societies fundamentally different from abortion in secular Western societies, where abortion has, in many cases, been turned into a legal and organised healthcare option.

In Muslim societies, the unborn child is not treated as a merely individual matter detached from religion, family, and morality, but as something connected to a complete system of rulings, values, and responsibilities.

However, the strength of the argument does not permit exaggeration. It is not correct to say that there is a one unified official figure for all Arab and Muslim countries, because no such unified international figure exists. Nor is it correct to take figures for Northern Africa or Western Asia, which are broad geographical regions, and present them as an official figure for the Muslim-majority countries as a whole. That is not scientific method. It is a doorway to statistical distortion.

The evidence for this is that the World Health Organization itself stated that the availability of reliable abortion data in Western Asia and Northern Africa was much

lower, at around only 12% of countries. This means that data in this region are weak, and that claiming a definitive comprehensive figure for all Arab or Muslim countries is an undisciplined claim.

Link: https://www.who.int/news/item/24-03-2022-first-ever-country-level-estimates-of-unintended-pregnancy-and-abortion

The notes of the United Nations Demographic Yearbook also explain that legal abortion data often rely on official records or hospital records, and that cases that do not reach hospitals may not appear in the statistics. This means that reading official figures in countries where abortion is restricted or socially hidden requires awareness of how the data are collected.

Link: https://unstats.un.org/unsd/demographic-social/products/dyb/documents/dyb2023/Notes13.pdf

Therefore, the sharp and clear conclusion is this: it is inaccurate, indeed misleading, to portray Arab and Muslim countries as having abortion rates similar to Western and non-Muslim countries if the discussion is about officially recorded figures. Official figures in many of these countries are much lower compared with the United States, New Zealand, many European countries, and other countries that make abortion legal and registered inside the health system.

At the same time, it is also unacceptable to inflate the figures for Arab and Muslim countries by relying on broad regional estimates, or to use figures for Western Asia and Northern Africa as if they were official statistics for "Islam" or "the Muslim-majority countries". This is not scientific methodology, but a confusion between geography and religion, and between statistical estimation and official figures.

The strongest and most accurate statement is therefore this: officially recorded abortion in many Arab and Muslim countries is much lower compared with Western and non-Muslim countries, as far as available official figures show. This low level is connected to the strength of religion, culture, family, marriage, legal restrictions, and moral and social rejection of abortion.

Nevertheless, data remain incomplete in some of these countries, and therefore two things must be rejected at the same time: equating Muslim countries with Western countries in official abortion rates, and inflating Muslim-country figures through regional estimates that do not directly represent them.

This is the fair and sharp formulation at the same time: The West has massive and clear official abortion figures, while Arab and Muslim countries generally show much lower official figures. Anyone who claims otherwise must bring a unified and direct official statistic for each country, not general estimates and not loose geographical mixing.

Sexually Transmitted Infection Rates Worldwide: A Sharp Comparison Between Arab and Muslim Countries and Western and Non-Muslim Countries

Anyone who wants to speak about sexually transmitted infections without selective use of evidence or exaggeration must begin with the same basic fact that applies to abortion statistics: there is a major difference between officially recorded figures and the full epidemiological reality.

Official figures do not always mean every case in society. They mean cases that were tested, diagnosed, and recorded inside the health system. Cases that are not tested, are asymptomatic, or are not reported because of fear, shame, or social restrictions may not appear in official statistics.

This point is extremely important because many STIs are asymptomatic, especially chlamydia, gonorrhoea, and some stages of syphilis. Therefore, countries with broad testing and strong reporting systems often show higher numbers, while countries where testing is limited or disclosure is socially harder may show lower numbers, even though the full reality cannot be known with complete precision.

According to the World Health Organization, more than 1 million people every day acquire one of four curable sexually transmitted infections: chlamydia, gonorrhoea, syphilis, and trichomoniasis. In 2020, WHO estimated about 374 million new infections with these four STIs among adults aged 15-49 years, including 129 million chlamydia infections, 82 million gonorrhoea infections, 7.1 million syphilis infections, and 156 million trichomoniasis infections.

WHO also estimated that more than 520 million people were living with genital herpes in 2020, and that around 300 million women had human papillomavirus infection. These figures alone prove that STIs are not a minor issue, but a major global health crisis.

Link: https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-%28stis%29

When looking at the United States, the picture is very clear. The Centers for Disease Control and Prevention reported that more than 2.4 million cases of chlamydia, gonorrhoea, and syphilis were diagnosed and reported in 2023. This included more than 1.6 million cases of chlamydia, more than 600,000 cases of gonorrhoea, and more than 209,000 cases of syphilis. These are not marginal or rare numbers. They are massive official figures in one country alone, inside an advanced health system with open reporting.

Link: https://www.cdc.gov/sti/php/from-the-director/announcing-sti-surveillance-2023.html

Link: https://www.cdc.gov/sti-statistics/annual/summary.html

In the European Union and European Economic Area, the European Centre for Disease Prevention and Control reported that STIs continued to rise in 2023. Nearly 100,000 confirmed cases of gonorrhoea were reported in EU/EEA countries, a 31% increase compared with 2022 and an increase of more than 300% compared with 2014. Syphilis also continued to rise, with 41,051 confirmed cases reported in 29 EU/EEA countries, a 13% increase compared with 2022 and roughly double the 2014 level.

Chlamydia remained the most frequently reported bacterial STI in Europe, with more than 230,000 cases reported in 2023. These figures show that STIs in Europe are not a marginal issue, but a growing health problem inside official and organised health systems.

Link: https://www.ecdc.europa.eu/en/news-events/sti-cases-continue-rise-across-europe

In Australia, official data and national reports also show high recorded STI numbers. The Australian Institute of Health and Welfare states that chlamydia was the most commonly notified STI in 2023, with more than 109,000 notifications, followed by gonorrhoea with more than 40,000 notifications, and infectious syphilis with over 6,400 notifications. The Kirby Institute also states that in 2023 there were increases in new chlamydia, gonorrhoea, and infectious syphilis diagnoses, highlighting the need for greater testing and stronger public health action.

Link: https://www.aihw.gov.au/reports/australias-health/infectious-and-communicable-diseases

Link: https://www.kirby.unsw.edu.au/sites/default/files/documents/Annual-Surveillance-Report-2024_STI.pdf

In New Zealand, there is a national STI dashboard for 2023, showing national chlamydia and gonorrhoea case counts and rates from laboratory data, and national syphilis case counts and rates from clinical notifications. This means that STIs there are treated as an officially monitored public health issue, not as something absent from the reporting system.

Link: https://www.phfscience.nz/digital-library/sti-annual-dashboard-2023/

Link: https://www.phfscience.nz/digital-library/sexually-transmitted-infections-supplementary-annual-surveillance-report-2023/

In China, the United States CDC, citing Chinese data, states that gonorrhoea is a widespread sexually transmitted infection and that China reported 96,313 cases of gonorrhoea in 2022, making it the fourth most common notifiable infectious disease in the country after viral hepatitis, pulmonary tuberculosis, and syphilis. Health sources also warn about antimicrobial-resistant gonorrhoea in China.

Link: https://www.cdc.gov/mmwr/volumes/73/wr/mm7312a2.htm

Link: https://www.cdc.gov/yellow-book/hcp/asia/china.html

As for Russia and parts of Eastern Europe and Central Asia, they fall within the wider European STI monitoring framework followed by WHO and European surveillance bodies. Recent epidemiological studies also point to rises in syphilis and gonorrhoea in Russia in recent years, especially after 2020. However, when Russia is used in comparison, the safer method is to rely on national data or WHO dashboards rather than loose, non-standardised figures.

Link: https://data.who.int/dashboards/sti/epidemiology

Link: https://pmc.ncbi.nlm.nih.gov/articles/PMC11879935/

Here, the real comparison becomes clear: Western and non-Muslim countries that expand testing, normalise discussion of sexual relationships outside marriage, and integrate STIs into testing and treatment systems show large and direct official figures.

In many Arab and Muslim countries, however, officially recorded figures often appear much lower, according to available national reporting, not only because registration may be weaker, but also because the religious, social, and legal structure is fundamentally different from that of Western societies.

In Muslim societies, sexual relations outside marriage are religiously forbidden and socially rejected. Marriage and family are not merely personal lifestyle choices, but moral and legal institutions. This naturally limits patterns of sexual behaviour that public health studies identify as major drivers of STI transmission, such as multiple partners, casual relationships, and the normalisation of sex outside marriage. Therefore, it is neither fair nor scientific to equate Arab and Muslim societies with Western societies in the STI file by relying on general estimates or ideological rhetoric.

However, the strength of the argument does not mean ignoring an important limitation: lower official figures in Arab and Muslim countries do not mean that every real case is known or recorded. Some cases may go undiagnosed because of limited testing, fear of stigma, social embarrassment, or weaker reporting systems. Therefore, it is not correct to claim one final definitive STI figure for all Arab and Muslim countries. WHO itself presents STI data through country profiles and national data sources, not through one single category called "Islamic countries".

Link: https://data.who.int/dashboards/sti/epidemiology

The same point appears in the Eastern Mediterranean Region, which includes many Arab and Muslim countries. WHO's Eastern Mediterranean Regional Office has issued a regional action plan for HIV, viral hepatitis, and sexually transmitted infections for 2022-2030. This shows that the issue exists and needs monitoring, but it does not justify inflating figures or equating the region with Western countries that have broad testing and reporting.

Link: https://applications.emro.who.int/docs/9789292743383-eng.pdf

Therefore, the sharp and clear conclusion is this: it is inaccurate, indeed misleading, to portray Arab and Muslim countries as having officially recorded STI rates similar to Western and non-Muslim countries. The large official figures in the United States, Europe, Australia, New Zealand, and China reveal societies with broad registration and clear STI presence inside the health system.

In Arab and Muslim countries, official figures are often much lower, and this is connected to religion, culture, family, marriage, and legal and social restrictions on sexual relations outside marriage, while acknowledging that weaker testing and reporting may leave some cases hidden.

At the same time, it is unacceptable to inflate the figures for Arab and Muslim countries by relying on broad regional estimates, or to use figures for the Eastern Mediterranean, Northern Africa, or Western Asia as if they were official statistics for "Islam" or "the Muslim-majority countries". This is a confusion between geography and religion, between official data and statistical estimates, and between societies with broad sexual liberalisation and societies that still connect sex to marriage, family, and moral responsibility.

The strongest and most accurate statement is therefore this: officially recorded sexually transmitted infections in many Arab and Muslim countries appear much lower than in Western and non-Muslim countries. This lower level is connected to the strength of religion, culture, marriage, family, and moral and legal restrictions on sex outside marriage. Nevertheless, data remain incomplete in some of these countries because of weaker testing and social stigma.

Therefore, two things must be rejected at the same time: equating Muslim countries with Western countries in official STI rates, and inflating Muslim-country figures through broad regional estimates that do not directly represent them.

This is the fair and sharp formulation at the same time: the West has high and clear official STI figures, while many Arab and Muslim countries show much lower official figures in available reporting. Anyone who claims otherwise must bring direct national official statistics from each country, not general estimates and not loose geographical mixing.

Some advocates of Western and Arab secularism may argue that medical progress and hormonal and non-hormonal contraceptive methods are sufficient to reduce unwanted pregnancy, reduce abortion, and limit the spread of sexually transmitted diseases. However, this argument collapses before the medical reality itself. Contraceptive methods do not eliminate the possibility of pregnancy; they only reduce it, and their effectiveness differs greatly between "perfect use" and "typical use" in real life.

Hormonal pills, patches, and rings have a failure rate of approximately 7% with typical use, injections around 4%, and the male condom may have a failure rate of about 13% with typical use, while longer-acting methods such as intrauterine devices and implants remain less prone to failure, but they are not suitable for all women and are not free from side effects and complications. More importantly, most contraceptive methods do not protect against sexually transmitted diseases in the first place.

The CDC states that most contraceptive methods do not protect against sexually transmitted diseases or human immunodeficiency virus, and that condoms can only reduce the risk, not eliminate it, because protection requires correct and consistent use, while some infections are transmitted through skin-to-skin contact in areas not covered by the condom.

As for side effects, hormonal methods may cause bleeding irregularities, nausea, headaches, breast tenderness, mood changes, high blood pressure, and may slightly increase the risk of blood clots and breast cancer in some women, as stated by official health sources such as the NHS.

Non-hormonal methods such as the copper intrauterine device may cause heavier periods, longer periods, increased cramps, pain during insertion, possible infection or expulsion of the device, and do not protect against sexually transmitted diseases. Therefore, medical progress does not turn sexual permissiveness into a morally or medically safe reality. At most, it reduces some consequences while failure, side effects, unwanted pregnancy, abortion, and transmission of sexually transmitted diseases remain.

The root solution, therefore, is not to normalise fornication, sodomy, and sexual deviance and then chase their consequences with incomplete medical tools, but to preserve the system of chastity, marriage, and family, because it addresses the root of the problem, not merely its symptoms.

Allah Knows Best.

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