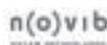


HIV, AIDS & ISLAM

Reflections based on
Compassion, Responsibility & Justice

Positive
muslims

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HIV, AIDS and Islam

Reflections based on Compassion, Responsibility & Justice

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For
our and sisters and brothers
who have left this world
as a result of
AIDS

May they find eternal peace in the Mercy of Allah

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We are committed to nurturing a theology of compassion, a way of reading the Qur'an and understanding the Sunnah (prophetic precedent) that focuses on Allah who cares deeply about all the creation.

We believe that while there is no known cure for HIV&AIDS at the moment, it is but an illness among other illnesses; in other words, it is not a peculiar disease for which a particular group has been singled out by Allah or by nature.

Those in our communities who are living with HIV&AIDS are not 'victims' to be pitied, avoided or despised; they laugh, cry, watch TV, argue, perform *salah* (prayers), and are sometimes too lazy to perform *salah*. Some have jobs while others are unemployed.

They are of us and we are of them.

- From the Positive Muslims Mission Statement

We emphasize the necessity of breaking the silence from the pulpits of our mosques, churches, religious schools and all the venues we may be called to speak in.

We need to speak of ways to deal with the HIV/AIDS epidemic, based upon our genuine spiritual principles and our creativity armed by scientific knowledge, aiming at the innovation of new approaches to deal with this serious challenge.

*- From the Agreement of Religious Leaders in the Arab Countries
in the fight against HIV/AIDS, Damascus, July 2003*

Introduction

We are indebted to Allah, our Creator and Sustainer, that this work is able to see the light of day and for the fact that our organization has been what it is to Muslims who are HIV-positive in our part of the world.

Who are we?

Positive Muslims is a South African organization started in June 2000 working to support Muslims living with HIV&AIDS and spreading awareness about the disease. The organization's name reflects both the fact that it consists of people who are HIV-positive and that it provides support to HIV-positive Muslims as well as its 'positive' and progressive approach to people living with the disease. In addition to its small full-time staff complement guided by an Executive Committee, it has an active volunteer membership base. Today, this Cape Town-based organization is recognized in many parts of the world for its pioneering work among Muslims.

Positive Muslims is part of two impulses. First, its South African

and African context places it in the centre of the biggest challenge facing the country and continent. Second, as Muslims we acknowledge complicity in the stigmatization of persons living with HIV&AIDS and recognize the potential to get other Muslims to rethink earlier judgemental attitudes towards the most vulnerable (women) or those seen as being 'morally' at fault or responsible for this pandemic (homosexual males). At a local level we try to provide moral and spiritual support through personal presence. Often people facing a terminal illness are desperate for some kind of religious-based support. Positive Muslims want to provide this for the individual, while at the same time working with groups and building both awareness and organizational capacity. (An infected family, for example, after a period of one-on-one counselling may be encouraged to participate in group counselling and may even go public as part of spreading awareness.) We also facilitate access to community resources for financial support and skills training so that people may not think of their lives as 'over' merely because they are infected. This we do in cooperation with other community-based organizations.

At a broader (beyond South Africa) *ummah* (community) level, we want to let other Muslims living with HIV&AIDS know that they are not alone and we want to alert Muslims to the fact that there are, indeed, Islamically rooted responses beyond knee-jerk prejudice and bigotry.

The organization is located in two sectors: the HIV&AIDS sector and the religious sector. In the HIV&AIDS sector it works primarily with the Department of Health and the Treatment Action Campaign (TAC), arguably the most significant player in South African civil society today. Through its work with the TAC and broader activism, it acknowledges the need to transcend narrow Muslim community considerations, the need for a comprehensive approach to the pandemic including challenging the role of the pharmaceutical industry and government, and to do so using both the path of legal challenges and community mobilization. In the broader religious sector it follows a two-pronged approach: (a) working in and with the inter-faith movement in South Africa and abroad; and (b) in the Muslim sector it works with the South African National Zakah Fund, the *'ulama* (religious scholars) and other progressive Muslim formations.

By May 2004 . . .

Saudi Arabia announced that 6,787 of its citizens are living with HIV infection, five times higher than the number of cases reported in early August 2002.

'Indonesia has one of the fastest growing [HIV/AIDS] epidemics in the world,' Elizabeth Pisani, an epidemiologist with Aksi Stop AIDS, an AIDS prevention and care group, was quoted by Agence France-Presse (AFP) as saying.

Malaysia now has around 57,000 reported cases of HIV/AIDS, compared to 54,000 in June 2003.

In Afghanistan, the UN Children's Fund (UNICEF) warned that increasing intravenous drug use could see war-ravaged Central Asia risking an AIDS epidemic.

'If we don't start raising public awareness of the issue, and focus on prevention, increasing drug use is a serious factor that could push Afghanistan towards the risk of an HIV/AIDS epidemic,' UNICEF's Afghanistan head of health, Peter Salama, said in a statement.

Indian Kashmir, with a 10-million population mostly made up of Muslims, has an estimated 20,000 HIV cases.

In the Middle East, the official number of people suffering from the disease hit 750,000.

However, many analysts have said that the situation is much more grave, citing unofficial accounts showing that the number of those afflicted with HIV/AIDS is on the rise at disturbing levels. While on paper Indonesia says it doesn't have much of a problem with HIV/AIDS, the World Health Organization (WHO) and UNAIDS warned in a report this month that the epidemic is in

danger of leaping from the high-risk groups into the mainstream in this country.

'The gap is wider between reported numbers and estimated ones of those plagued by HIV/AIDS in regional countries, due to a plethora of reasons including governments' blackout of the true numbers,' according to Ibrahim al-Kirdani of the WHO's Eastern Mediterranean Region office.

'In Egypt, estimated numbers are up to some 8,000,' said Zuheir Hallaj, a Cairo-based WHO representative. Hallaj warned that this is the 'pre-epidemic' period, where the disease could be controlled, but after which it could slip out of hand.

Governments are also disappointed that their demands for the right to import generic medicines to replace the branded products from the major US and European pharmaceutical companies, which they cannot afford, have fallen on deaf ears.

Little action is taken, as the companies insist on enforcing the rights of the pharmaceutical companies which are protected by a World Trade Organization (WTO) agreement on trade-related aspects of intellectual property rights.

But hope is still there, with many saying that the situation may improve in Arab and Muslim countries in the coming years with current efforts to raise public awareness, promote media campaigns and abandon political manipulation of the disease.

In Indian Kashmir, where public discussion of sex is taboo, the government has startled elements of its conservative Muslim society by launching its first billboard campaign promoting condoms to combat AIDS. Signs in the Muslim-

majority summer capital Srinagar and other major Kashmir cities feature a huge picture of a condom and a graphic of a man hugging a woman.

'Know AIDS for AIDS,' the billboards read in the city, where previous anti-AIDS efforts have stressed Islam's ban on sex outside marriage. Other campaigns have sought the help of religious scholars to raise awareness of the disease and promote religious means of deterrence to avoid the disease. 'Talks already began with religious people to do this, they are more than ready for helping us,' said Kirdani of the UN regional office.

Kirdani has recently attended a conference

discussing AIDS in Saudi Arabia, something he said is 'an indication of how the host country begins another new positive attitude to face the crisis'.

Five people worldwide die of AIDS every minute of every day. HIV has hit every corner of the globe, infecting more than 42 million men, women and children, 5 million of them last year alone.

In 2002 alone, AIDS claimed 3 million lives. That's over 8,000 people every day. But the story does not end there: just under 14,000 new cases of HIV infection occur every single day.

Abdel Halim, 2003

Where does this publication fit in?

This publication is really the product of both the work of Positive Muslims and the ideas that led to its formation. While it challenges some of our traditional thinking on many things, it does not do so because we are keen 'to stir things'. We have been deeply moved by the prevalence of this disease among Muslims and others. It is the urgency of this pandemic and the hurt felt by those who are stigmatized by it that force us to raise sometimes uncomfortable issues.

This is the first publication in a series of three produced by Positive Muslims. The other two are a manual on running workshops for Muslims on HIV&AIDS and Islam, and a more scholarly reflection on the theological challenges that this pandemic presents to Muslims.

What is the best use of this book?

This booklet is really intended for everyone who is interested in the issue of HIV, AIDS and Islam, especially those who want to understand how we as Muslims should comprehend this disease and how best we can respond to those who live with it. More specifically, this work is aimed at the following groups:

(a) teachers in our religious educational institutions (schools, *pesanteran*, *madrassahs*, *mektabs*, etc.)

- (b) leaders of local community organizations, *jama'ahs* and mosque committees
- (c) imams and others in positions of religious or spiritual leadership
- (d) workers in organizations working on or with Muslims with HIV or AIDS
- (e) organizations working with women and young people.

While this book may be read as one would read any other book, much more benefit may be derived from it if it is used as a kind of group study reader where a group or a class read it together or as individuals and then come together to discuss the contents and questions at the end of each section – and to try to relate these to their own reality. (Positive Muslims would also welcome you telling us of your own experience with the book and what may or not have struck a chord with you or your group. Our contact details are on the back cover.)

This book will also serve very well as a reader to accompany our forthcoming publication, *HIV, AIDS and Islam – A Workshop Training Manual*. Photocopies of various parts of this reader can be made as handouts to the workshop for participants to read before or after the exercises in the manual. They can then see how their own discussion relates to the ideas in this book.

Whom do we owe big time?

This series and/or the related work of Positive Muslims are being funded by the CORE Initiative, UNAIDS and Novib. Without their support for our work this product would not have seen the light of day.

Many friends, comrades and colleagues have contributed to the production of the work as well as its improvement through several drafts, and we wish to acknowledge our indebtedness to all of them:

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Notwithstanding our indebtedness to all of the above friends and institutions, all the inadequacies in this work are ours.

Farid Esack, *Co-founder of Positive Muslims and Besl Endowed Chair of Ethics, Religion and Society, Xavier University, Cincinnati*

Chapter 1

Opening our Eyes and our Hearts

It is reported on the authority of Abu Hurayrah that the Messenger of Allah (may peace be upon him) observed: Whoever believes in Allah and the Last Day should either utter good words or better keep silence; and whoever believes in Allah and the Last Day should treat his [her] neighbour with kindness and whoever who believes in Allah and the Last Day should show hospitality to his [her] guest. (Muslim, 2000)



A tale of two women

'It all started when I became infected with the AIDS virus in 1994 while happily married to my Malawian husband and living in Malawi,' said Faghmeda Miller in an interview with Janet Heard (2000). 'It was discovered only after his death that I too, like him, was infected. The first thing that went through my mind when they told me I'm "positive" was the shame I had brought on my family. I therefore decided to keep this information to myself. After all, it wouldn't be long till I die' (ibid.).

Not only is Faghmeda still alive, she has also contributed significantly to the formation of Positive Muslims. Faghmeda decided to disclose her HIV status because she could not bear to live with the knowledge of carrying the dreaded disease all on her own. She saw how other HIV-positive Muslims suffered discrimination and stigmatization in our community. Today she no longer believes that HIV&AIDS are a curse from Allah. In fact, she has now embraced her illness as an opportunity to help others 'no matter what the obstacles' and, she says, 'I appreciate life like I have never before' (ibid.).

For a long time, Faghmeda's was the only visible face of someone who was HIV-positive in the South African Muslim community, although stories were doing the rounds: people, including Muslims, were dying and others whispered about the cause of their deaths. This *hijab*-clad young widow has always been a deeply

Saleem from Cape Town

Saleem lived in Cape Town and was certified HIV positive with full blown AIDS. While still in the care of Groote Schuur Hospital, his parents, two brothers and a sister rejected him. He was told not to return home and to find his own way. The hospital could do no more for Saleem. He was taken in by a hospice run by non-Muslim social workers and cared for.

Repeated attempts by the social workers and Saleem to contact his family led to no response. Saleem was so disgusted and felt so dejected by

his Muslim family's attitude that he decided to renounce the Islamic faith. He drew up a will in which he stated that he wished to have his body cremated. By the time his parents reached Goodall & Williams cremation centre in Maitland to claim his body, they were offered Saleem's ashes in an urn. His parents refused to pay for the urn so the ashes were transferred into a paper bag. His Muslim parents did not know what to do with the paper bag of ashes. Saleem was only twenty- nine years of age.

committed Muslim. In the absence of any support structures for HIV-positive Muslims, she had joined a Christian support group, which meant a lot to her. Yet she yearned to be in a group where she could speak as a Muslim and draw sustenance from others who shared her faith. It's good to be with the others, but sometimes one yearns to be with one's own, and to be with one's own as one is with one's self. This means being openly HIV-positive and being accepted as you are – a difficult option in most Muslim communities.

At about the same time, the Claremont Main Road Mosque in Cape Town asked a young HIV-positive woman from Singapore to deliver the main Friday *Jumu'ah* (congregational) address. Sitty Dhiffy, a young Muslim mother, contracted the disease from her husband in 1991 and, since then, both he and her eighteen-month-old son have passed away. In a deeply moving address, she said:

We must acknowledge that HIV and AIDS infect everybody and is no longer considered only a gay disease. I and my other Muslim friends need support from our own Muslim community. We cannot survive alone. The Muslim community must talk about AIDS. AIDS is just another disease like cancer. We must help people get rid of this social stigma. Let us talk about oppression, love, happiness and discrimination. We need to put aside our own personal judgements and just open our eyes and our hearts. (Dhiffy, 1995, p. 2)

Many of us wept openly – for Sitty, for our own ignorance, for the many Muslims who cling to their own prejudices and their yearnings for control, for those who are so terrified of shedding their negative images of the other, images which not only succeed in blocking out the other but also in imprisoning the self. Ebrahim Rasool, a prominent community leader, spoke for the entire congregation in his response to Sitty's talk when he said:

AIDS knows no colour, gender sex, religion or age and there had to be Muslims willing to brave the tide of bigotry to reach out to those who also had a right to the infinite mercy of Allah ... Muslims have to be a lot more introspective on the question of AIDS. Creating external enemies to justify the sores

within our own community was not the way to cope with AIDS. We have to recognize our own faults and in doing so become infinitely more human to those vulnerable and marginalized around us. (Rasool, 1995, p. 3)

In the story of Faghmeda and that of Positive Muslims – and, indeed, in countless other stories from across the world – we see how people see the crisis facing them as an opportunity to reach out to others. For those of us who are not HIV-positive, three things are required when dealing with HIV&AIDS and those affected by it.

- First, compassion and solidarity with those infected.
- Second, a commitment to responsible living (and this includes a drug-free life

Nabil from Syria

When Nabil was injecting drugs into his arm as a teenager in Syria, he didn't know that dirty needles could infect him with a deadly virus. In fact, he knew very little at all about HIV&AIDS. Like most Arabs, he thought it wasn't something that could affect him personally.

Then years later, he landed a job with a company in Miami. The company required him to take a battery of medical tests before being hired, and Nabil agreed. But when the results came back, the company refused to hire him.

'The doctor informed me I was HIV-positive,' said Nabil. 'I was shocked.' Nabil thought his life was over. 'I was very depressed. I felt my life was destroyed.'

When he told his family, who now live in Amman, Jordan, they wanted nothing to do with him. If he tried to talk about his life to his sisters, they would simply tell him to pray and read the Qur'an. His sisters were forbidden to utter Nabil's name in

front of their father, who considered his son already dead. 'Life seemed almost over when my father rejected me.'

Nabil felt he had not only ruined his life, but the lives of his three younger sisters as well. Ignorance and fear of the disease are still so widespread in Arab communities. 'I felt no one would propose to my sisters if they knew their older brother had AIDS.'

Slowly, through the help of a New York City organization called MENTORS (Middle East Natives Testing, Orientation and Referral Service), Nabil was able to come to terms with his disease and the shame he felt about it. 'Some fellow Arabs and Muslims treated me well and accepted me the way I am. They accepted my humanity, and this reversed my view of life, and my role in it.'

As a volunteer for MENTORS, Nabil found new purpose in life: to educate and warn other Arabs and Muslims of HIV&AIDS, and to combat the per-

and faithfulness to one's spouse).

- Finally, a commitment to justice to ensure that the social and economic conditions that breed illnesses are ended.

The story of a motor car accident

Sadly, not all reaching out has been good; sometimes those of us who reach out have been more obsessed with our own prejudices than with those who need us.

Suppose that you are a male medical doctor at home and you hear of a car accident; what is the first thing that you would do? Do you rush to find your skull-cap so that people at the scene can know that you are Muslim and are providing aid from 'an Islamic angle'? Do you approach the sprawled-out victims, smell their breath and when you smell alcohol, do you walk away and say, 'Well, it's *haram*

vasive notion that the disease does not affect them. 'We must not let this enemy of a disease kill young people daily. We must fight it with awareness and know how to protect ourselves from it.'

Three months before his death in February 2001, Nabil went into a coma. Wahba Ghaly, the founder and director of MENTORS, knew he had to call Nabil's family in Jordan and let them know Nabil could die any moment. One of Nabil's sisters answered the phone. When Ghaly told her the bad news about her brother, she said, 'Please let him read the Qur'an so that he doesn't die like this, away from religion.'

Ghaly was angry. 'If anyone was close to religion and the Qur'an, it was Nabil,' he said. 'He was very much a Muslim.'

When Nabil passed away at Roosevelt Hospital, Ghaly was the one who identified the body. Ghaly and a small group of local friends had a private gathering to mark Nabil's passing, but Ghaly knew Nabil would want to be remembered through a mosque, as well.

Ghaly, himself an Egyptian Christian, approached the imam of the mosque where Nabil used to pray. In asking the imam to include Nabil in the following Friday's service, Ghaly made no mention of Nabil's cause of death. 'I was afraid he might not do it if he knew.'

(Dahir, 2002¹)

(Footnotes)

¹ This is an excerpt from a larger article in which the author discloses that Nabil had actually contracted the virus through same-sex sexual activity but that he was too ashamed to acknowledge this at the time that the documentary was made.

Reflections

1. What are some of the common elements in the stories of Faghmeda and Nabil? As Muslims, should we respond differently to the two persons?
2. In Nabil's story – as in Faghmeda's – support for persons living with HIV&AIDS came from groups or individuals who are not Muslim. Is there anything wrong with this?
3. What are some of the small steps that you can do to make it easier for people to be truthful about their or your HIV-positive status?

[prohibited] to drink alcohol in the first place, so they must stew in their own mess'?

Being helpful

The first thing that a Muslim does is to ask: 'How can I help? How can I reach out to the wounded?' While we make ourselves useful at the scene of an accident, it will also improve our own lives greatly if we reflect on the shortness of life, on how anything can happen to any of us at any time and how that will be the end of our lives in this world.

Acting responsibly and comprehensively

The second thing that must be done is to start programmes that deal with the causes of car accidents, including drunken driving and alcoholism. As Muslims, we believe that drinking alcohol is prohibited and that part of being good Muslims, aware that we are accountable to Allah, is to avoid alcohol. When Muslims are engaged in raising the levels of road safety then we should also inform people about the dangers of alcohol. If, however, we go around to people who have been injured in vehicle accidents and shout about how wonderful our religion is because we don't get drunk, or if we claim that Muslims never get caught drinking and driving because Islam prohibits alcohol, then we cut a very sorry picture: we come across as more obsessed with our moralizing than with real people undergoing real suffering; we come across as feeling very unsure about our faith.

Committing to justice

Third, when accidents occur again and again at the same spot or in the same area then we have the responsibility to ask why the roads are poorly maintained in certain areas, why some areas have street lights and others do not have them, why potholes are filled immediately after the rain in some areas and not in others. When an ambulance takes forever to arrive in an area inhabited mostly by black people, refugees, or an ethnic minority, or when it is 'just a poor neighbourhood', but it comes immediately to a rich neighbourhood, then the accident-prevention and health-care programmes must also be about justice. When 90 per cent of a country's budget is spent on health care for the rich and there are no hospitals

near the poorer areas, then we must ask why this is the case.

If we do not see that dealing with motor accidents requires a comprehensive programme and if we insist on screaming at people only about alcohol, then others will suspect that we are not really interested in them and in their lives. They will feel that we are only using our assistance at road accidents to make a point about the superiority of our faith over theirs.

While all of human life is filled with opportunities for us to live out our Islam, we need to be careful that our faith is lived as an extension of a compassionate life within a broader commitment to establish justice on the earth.

We now ask you to consider our insights and perspectives in the following pages. They do not come from people who are merely interested in discussing theological issues or in debating Islam and morality. They come from our involvement in the lives, struggles and, sadly, deaths and burials of real Muslims who lived with the HI virus and returned to the Mercy of Allah with AIDS.

Reflections

1. Is the analogy of reactions to car accident a good one with which to compare responses to the HIV&AIDS pandemic? When does or does it not really apply?
2. In the story of Faghmeda, we are told that she wears a hijab and has always been deeply religious. Why was this point made? Should we respond differently to a woman who does not wear a hijab? What about men who often do not have any visible markers which show them as 'Muslim'?

Chapter 2

Dominant Muslim Responses to HIV&AIDS

When the Messenger of Allah sent Mu'adh ibn Jabal as a governor to Yemen, he reminded him: 'Be afraid of the prayers of those to whom wrong is done, because there is no screen between their prayers and Allah.' (Hadith)

Like many other communities, our responses as Muslims are not always shaped by the best of our religious values. Much of our current response to the HIV&AIDS pandemic can be described in one or more of the following ways:

- denial that this could happen to Muslims
- silence and refusing to speak about it
- confusion when confronted with the reality
- rejecting Muslims who are infected with HIV
- feeling sorry for those people who are infected

Denial – this does not happen to us

For a long time now, Muslims have preferred to ignore the problem of HIV&AIDS or to deny that it is a reality among us. We have taken what we believe to be the ideal of Islam – no sex outside marriage and no drugs – and confused it with the reality of the Muslim world. There are indications that the reality of this pandemic among Muslims is slowly dawning upon us in many parts of Africa – such as Uganda, Mauritania and Senegal – and elsewhere – such as Iran, Egypt, Pakistan and Malaysia. In Mauritania and, especially, Uganda, we see how the contribution to awareness raising by Muslim organizations such as the Islamic Medical Association is being widely recognized.

Serious studies about the prevalence of HIV among Muslim communities are at an early stage, and seven out of eight studies suggest that the rates may be lower among Muslims. Peter B. Gray looked at the possibility that several Islamic

beliefs relating to sex and circumcision may have the effect, if followed, of reducing the sexual transmission of HIV, leading to a lower Muslim HIV prevalence than that of non-Muslims¹ (Gray, 2004). Much more research needs to be done to find out how widely the disease is spread among Muslims. It will be equally significant to find out what there is in our Islamic heritage that can be scientifically proven to be of help to others in this pandemic. This should not, however, be a time for gloating and proving to others that that we are better than they are. For the moment what we do know is that simply being Muslim is not sufficient security against a disease that breeds in conditions of misery and affects people living therein irrespective of their faith.

We often feel that acknowledging the existence of something bad means condoning it. This is not so. We need to speak the truth about what is happening. 'Speak the truth,' said the Messenger of Allah (peace be upon him), 'though it be bitter.' To speak the truth means acknowledging a situation and then dealing with it. When you receive an envelope in the mail and it looks as if it is a summons to appear in court for some debt that you vaguely remember incurring in the past and have forgotten about, it may help you in the short term to ignore it. Opening the letter and looking at the demands and the deadline to pay up may not make you feel nice, but it will enable you to deal with the problem before it gets really big.

This is the challenge of HIV&AIDS in many Muslim countries and communities – particularly where the figures of those infected are still relatively small; to recognize the reality before it becomes completely unmanageable.

It would appear as if many of the HIV infections in several Muslim countries result from drug abuse and the sharing of needles used to inject illegal drugs.² The proportion of infection through sexual contact between men and women, always the major source of infection in Muslim communities in sub-Saharan Africa, seems to be increasing, however. (A recent study on HIV prevalence in Saudi

¹ *AIDS Weekly & Law* (05.06.04), a Harvard publication, noted that PB. Gray and colleagues at Harvard University found among thirty-eight sub-Saharan African countries that the percentage of Muslims in the population negatively predicted HIV prevalence. 'A survey of published journal articles containing data on HIV prevalence and religious affiliation showed that six of seven such studies indicated a negative relationship between HIV prevalence and being Muslim,' the study stated.

² The UNAIDS 2004 Report on the Global AIDS Epidemic notes that in 'much of the North African and Middle East region HIV infection appears concentrated among injecting drug users' (UNAIDS, 2004, p. 34).

Arabia found that at least 38 per cent of the infections occurred through sexual contact between men and women.) Whatever the reasons, like many others, we have had difficulty facing the issue squarely. Take the case of South African Muslims who are mostly of South East Asian descent, the community where most of Postive Muslims' work is done. The first time that many in this community heard about this disease was when it had infected a large number of homosexual men in the United States. In trying to avoid the reality of HIV&AIDS among us, many chose to continue thinking of it as a homosexual disease belonging to the West. Then, when the disease hit Africa, our continent, in a big way, it was thought of as one peculiar to black people. Later, when the pandemic struck closer to 'our' communities, it was viewed as a disease of the 'sexually corrupt'. In all of this a blind eye was turned to the fact that, despite the belief of the majority in this community, homosexuality exists among it; regardless of its racism, many black Africans are Muslims – in fact, the majority of Africans are Muslims. Regardless of the way people present themselves in public, many have not always been true to their appreciation of Islamic morality. They – as we all do – tried to divide themselves up into 'self' and 'other' and then woke up to discover that the self is the other and the other is the self. All of us bleed when we are pricked.

This attitude of insisting that the letter is addressed to someone else is not an uncommon one. The *Mail & Guardian*, a South African newspaper, told the following story.

We are still an ostrich nation

Ntombifuthi Zuma (22) tries to breastfeed her restless baby while describing the illnesses that first killed her father in 1998 and her mother last year. In detail, she describes their chronic diarrhoea and bleeding, headaches, general weakness and wasting. Both were bedridden for more than a year before they died.

She does not know the name of the disease that killed her parents. If her parents knew what was killing them, they did not tell her or her four younger brothers. Although her parents' symptoms

are consistent with opportunistic diseases associated with HIV/AIDS, when I ask Zuma if she knows anyone with HIV or AIDS, she is doubtful.

'Maybe one person who lives by the taxi rank,' she answers.

The community volunteer who keeps an eye on Zuma and her four younger brothers on behalf of a children's organisation, Thandanani, blushes, shakes her head and hides her face when I ask about AIDS.

'No, no. No one talks about that here,' she

Reflections

1. Modesty is a part of our faith. How is modesty different from shyness or a lack of confidence in one's self?
2. Can 'shyness' actually be an obstacle to leading a healthier life? How?

Confusion – is it a punishment from Allah?

'This must be a punishment from Allah' is often the response of Muslims when we are confronted by some calamity that we cannot explain. This, for example, was the reaction of many Muslims when the Soviets invaded Afghanistan, and also appears when earthquakes strike or when a major disease is upon us. Some of these calamities, such as earthquakes or floods, are beyond our control. Others, such as wars, invasions and the occupation of lands, are a result of the failure of the human family. In the words of the Qur'an, 'Evil has spread in the land and on the sea because of what humankind has done' (30:41). We may acknowledge that some of the time natural disasters may be a consequence of our own actions and a way that Allah lets His displeasure be known, but this is not the case in every situation. Since we are not able to tell apart which disasters are simply natural occurrences and others signs of Allah's displeasure we must suspend our judgement in this matter. Regardless of how we understand a natural calamity it does not excuse us, as Muslims, from our duty to respond in compassionate and responsible ways, and to work towards avoiding human suffering in the future as far as possible.

Take earthquakes as an example. Why does an earthquake that hits a country like Iran or Turkey claim so many more lives than one that is possibly much more severe in a place like San Francisco? Does it perhaps have something to do with the fact that people in San Francisco have the means to build much more earthquake-proof buildings than people in Iran or Turkey? Is it because in the one case we are dealing with wealth and in the other with poverty? Do we try to assist people suffering the effects of an earthquake or a flood regardless of whether we believe that they are suffering as a consequence of their sins?

When we insist that AIDS is the price that we have to pay for our sins – although we really mean the price that *others* have to pay for *their* sins – a number of questions arise:

Reflections

1. Why is it that someone living in the United States can typically survive for twenty or more years longer than someone in Africa after they have been diagnosed HIV-positive? Does it have anything to do with some having access to affordable medicines and others not?
2. If a disease such as HIV&AIDS is related only to 'sexual immorality' then why are wealthier countries the least affected? In some countries, like the United States, the numbers of those infected are dropping. Are only the people in poorer countries being singled out for punishment by Allah?
3. Why do children infected by their parents, women infected by their husbands and people infected through blood transfusion have to pay for the 'sins' of others?

Rejection – stay away from us!

In some parts of the Western world, if a Muslim woman wears a scarf or a Muslim man keeps a beard then some people tend to stigmatize them (and some Muslims can also stigmatize others because of their clothing choices). Some other people become awkward and steer clear of that person as if the *hijab*-clad woman or bearded man were 'bad news coming'. Many ordinary Muslims in these situations adopt names that will not reveal their 'Muslim-Positive' status (i.e., the fact that he or she is actually a Muslim) because people will become afraid of them, they will be denied jobs or will be overlooked for promotions. This is a reaction to stigmatization. 'Stigma is a consequence of the association people make between HIV/AIDS and pre-existing prejudices, shame, blame and fear related to sexuality, gender race/ethnicity and class' (McKee et al., 2004, p. 101).

Stigmatization is based on ignorance and fear. One day, *Insha Allah* (God willing), those who stigmatize others will realize their foolishness. Meanwhile, there are real people who suffer from unemployment and who are given dirty looks just because they have been stereotyped due to their Muslim names or because they 'look Muslim'. Ignorance and fear are understandable and are very human emotions, but others suffer under them. Stigmatization also hurts those who are guilty of it because it prevents them from asking hard questions about their own lives and values. It is always easier to throw stones at others.

Stigmatization hurts

Let's take the case of Sayyidatuna Maryam, the mother of Jesus (may peace and blessings be upon both of them). When she was pregnant people assumed all sorts of things about her, and she was probably accused of loose behaviour by

others who knew nothing about her personal life and Allah's plans for her.

Stigmatization works in deeply personal ways, and real people with real feelings hurt as a result of it. It is, however, more than personal. It is also about power; people at the top of the social ladder always find it easier to stigmatize people at the lower end. When the media and governments succeed in portraying all or most Muslims as 'dangerous' or as 'barbarians' who are in need of civilization, then it is easier to wage wars against them, it is easier to enter their countries and take possession of their resources because, they convince themselves, 'these Muslims are not really as fully human as we are'. Thus, when we deal with the problem of sticking negative labels onto people and punishing them for it, we are also dealing with a political problem.

HIV&AIDS also involves a variety of moral, social and political problems and we need to look at many different ways of dealing with this. When we assume that the only cause of HIV&AIDS is sexual promiscuity, then our attempts to deal with it will not really lead to a fundamental difference in the lives of people.

Reflections

1. Have you ever felt that you were stigmatized or being discriminated against? How did or does it feel?
2. Who are some of the most commonly stigmatized groups in your community? What can an individual or a small group do to reduce or end this stigmatization?
3. What do all stigmatized groups and individuals have in common?
4. What is the relationship between stigmatization and power?

Sympathy – what a pity!

Often, when we encounter a person whom we know to be HIV-positive, our attitudes change. We realize that this is an ordinary person. Take the story of Shukria Gul, a thirty-three-year-old Pakistani HIV-positive widow and mother who contracted the disease through her husband who had contracted it after being given contaminated blood.

There was a lot of ignorance about the illness and people in the area where I lived behaved as though it was dangerous and contagious. They treated me like some kind of untouch-

able. My family didn't have much information either, but they were still very supportive.

I went to Islamabad to get information and then I set up a non-governmental organisation called New Light. I wanted to raise awareness, to help people diagnosed with HIV and to give them a platform. I wanted to tell them that this diagnosis does not mean their lives are over, they are not dead; they need to live with HIV. People's attitudes are changing, but very slowly. We conducted a workshop in Peshawar, where the population is much more conservative.

A mullah (religious leader) at the workshop was irritated by our talk of sexual contact. He said: 'All HIV patients should just be shot, that'll solve the problem.' On the last day of the workshop when I revealed that I was HIV-positive, he stood up and apologised to me for what he'd said. (BBC, 2003)

Feeling sorry for someone is obviously much better than wanting that person dead. Yet such a response is often not what any self-respecting person – including someone living with HIV or AIDS – wants or needs. Feeling sorry often turns the other person into a victim, whereby we only see his or her HIV-positive status. 'Feeling sorry' is not about recognizing the fullness of the other person; it is not about how one's life can be enriched by the other person; it is not about seeing our own weakness and frailty reflected in the other person. Feeling sorry can often lead to us patronizing others, and this is always a smokescreen for feelings of superiority. Compassion, on the other hand, is the ability to feel the same pain and joy as the other person; it is seeing in HIV-positive people – and in working with them – a chance to become a better Muslim.

Conclusion

There are two major problems with much of the way Muslims have responded to HIV&AIDS:

First, we often imagine it to be something 'out there' and when we have done something about it then it is as if we were showing someone else an act of kindness. In reality, HIV&AIDS is among us and it is about us. It is like *zakah* (the wealth tax); at a superficial level it seems as if it is about people who are in need. *Zakah* comes from the Arabic root word *z-k-y* which means 'to cleanse', or 'to prune'. To give *zakah* is to clean one's income. To reach out to others is for us to become better persons, better prepared to meet Allah. Giving *zakah* is about the giver in the first instance.

Second, many of us view HIV&AIDS in purely personal morality terms as caused entirely by *haram* (prohibited) sexual activity. Other factors such as drug abuse, alcoholism, domestic violence, rape and the lack of bodily integrity of women (the fact that many married women have no choice in sexual relations with their husbands) are completely ignored. Furthermore, the role of poverty in the spread of the disease is overlooked as if Islam is only a set of rules about sex and is silent about human dignity and the social structures that work against it.

Reflections

1. If you are HIV-positive, can you try to understand why people react towards you in the way they do?
2. If you are HIV-negative, why do you suppose most people respond in one of the ways above?
3. Are there any other ways in which it is possible to respond without treating the HIV-positive person as if he or she is a charity case?

Something to Do

Speak to someone that you know who is HIV-positive and try to gently get beyond the casual stuff. But before that, imagine how you would want to be approached. It may also be a good idea to first approach the counsellor in the group or the HIV/AIDS worker who first introduced you to the person. In your conversation with that person try to understand some of the following:

- What does it really feel like to be HIV-positive?
- What are the needs of that person?
- Is there any way that you can be helpful?
- How can your life be enriched by the insights that come from this person and the disease that he or she is living with?

Invite someone who is HIV-positive over to come and chat to you and a few of your friends about his or her life and struggle.

Persian Melodies

You are an Iranian. You are Muslim. You are infected with HIV. What do you do? 'You hide it,' says Saheeba Ahmed Parham, an Iranian woman who got infected five years ago. 'You either hide it or you become the untouchable. No one would even talk to you anymore.' For her bravery, Saheeba took the less travelled path. She came out to her community. Saheeba, a 32-year-old woman, lives in Tehran with her three children. How did she contract HIV? 'From my former husband,' confides Saheeba ...

Seven years ago, Saheeba's late husband went to Europe, as he did many times before that, on a business trip. The couple lived in Bombay, India, at the time. No one knew he was infected. 'He just got sick one week,' recalls Saheeba. 'And then we found out he had HIV. It was shocking to us all.' Saheeba, who did not know much about the disease, initially thought all of them were going to die, including the kids, 'because they had touched us'. 'Anything that he ever came in contact with I thought would have got the disease from him.' When she tested negative, Saheeba and the rest of the family could not believe it. 'I asked them to do it again,' she says. 'So they did it again' ...

But, some time after the tests, Saheeba got sick. 'I knew before I even went to the hospital that I would be positive this time,' she says. 'Within a 24-hour period, I was given the news that I did test HIV-positive.'

Her husband got sicker and sicker and finally

died, after a few years of battling with the virus. 'It was a hard time for the entire family,' remembers Saheeba, who brought her husband to Iran just before he died. 'We didn't know if he would survive or not. It was so sad.'

After burying her husband, Saheeba left the country and went back to India for a year. 'I was running away,' she says. 'I knew what the women said behind my back in the village. Hurtful rumours and gossip. I didn't know how to deal with that.' Later she confronted her demons and decided to return to her homeland, Iran. Once there, she came out to the village and started educating. She volunteered in medical centres and begged to teach for free in some schools. She united the women of her village and taught them the basics of the HIV virus, something she wishes she had known more about when her husband was diagnosed with the disease. 'I think I would have handled him a lot better,' she says. 'At least I would not have treated him like I did. I isolated him in bed and in life. I regret that now.'

Now, Saheeba has a small class in her village. Every evening, she puts on some classical Persian music and then she lets her students 'venture into the disease'. She cuts articles out of the newspapers and translates them from Hindi and English into Farsi, Iran's most spoken language.

Everyday, in a world where a woman sometimes feels she has no purpose, Saheeba strives to make the world a better place, starting with her village.

(Jama, 2002)

Reflections

1. Why do you think Saheeba tested negative for HIV and then positive before her husband died? That could address the problem and also bring up some really interesting discussions.
2. Saheeba turned her misfortune around and used it to teach and inspire her community. What other concrete ways are there that HIV-positive persons can use to turn things around?

Chapter 3

Compassion – Reflecting the Light of Allah

What will convey unto you what the difficult path is? Liberating others, providing food on a day of hunger to an orphan or relative, or to someone disadvantaged and in a bad situation. Then you become of those who [truly] believe, who encourage one other to persevere and encourage each other to become compassionate. (Qur'an 90:12–17)



How are we, as Muslims, expected to relate to persons living with HIV or AIDS and how should we approach the problem of HIV&AIDS? How does Allah want us to deal with persons living with HIV&AIDS and what can we learn from the Sunnah (precedent) of the Messenger of Allah (peace be upon him) in this regard?

It is about us and our relationship with Allah

In some ways, it is not really a question about how we deal with *them*; it is really a question about the Deity that we try to serve and about us. How Compassionate and Just is Allah? What kind of persons does Allah want us to become? What kind of persons do we want to become? How would we want to be treated if something similar happened to us? How would we want Allah to deal with us when we become vulnerable – if not today then when we appear in front of Him?

When Allah created humankind He told the angels: 'Lo, I am about to place a deputy on the earth' (Qur'an 2:30). Furthermore, Allah blew of His own spirit into humankind at the time of our creation. In the words of the Qur'an: 'Then He fashioned Adam and breathed into him of His spirit' (Qur'an 32:9). All of us are in a constant state of journeying back to Allah. The life of this world is an ongoing struggle to intensify the light of Allah within us and to find our way back to the Source; from being weak shadows on the furthest of walls to disappearing like a ray into Allah, the Absolute Light.

We have a choice; we can either spend our whole lives playing in the shadows or displaying increasing intensities of the Light of Allah. The possibilities between small flickers of a tiny candle and Absolute Light are limitless. Each degree of intensity is like a bus stop among the countless stops that exist between weak shadow and light – all while we journey towards Allah. Everything one encounters in the life of this world can either be a step up the Divine Ladder or a slide down that leaves one stuck in a state of heedlessness or forgetfulness (*ghaflah*) that causes one to no longer remember the way Home.

When we understand that we actually partake in the light of Allah then we also see how we have the responsibility to constantly increase the intensity of that light in ourselves. Others are also assisted by our light and find their own way in it. Our responsibility, therefore, is both to be a light and to help others discover theirs. Thus, when we are confronted with pain and tragedy, persecution and

dispossession, prejudice and injury, HIV&AIDS, the question is not 'Where is Allah in the middle of this?', but 'Why am I not the light that Allah wants me to be?' In *On Being a Muslim*, Farid Esack writes, 'I once heard of a young man screaming at God for letting young children starve until he realized the starving children were God screaming at him for letting it happen' (Esack, 1999, p. 12).

When we come across those who have been infected, we need to embody the compassion that we expect from Allah, the same compassion that our Prophet (peace be upon him) expected from others when he was vulnerable. 'And human-kind has been created frail,' says the Qur'an (4:28). This is why all of us are utterly dependent on the Grace and Mercy of Allah.

Reflections

1. Can certain social and economic systems discourage us from being more compassionate persons?
2. What are some of the things that you consider when someone seems to be in need of your compassion before reaching out towards that person? Why do you think we are so selective when we choose whom to be compassionate towards?
3. Can you think of a few things that can be done right now to demonstrate and to nurture compassion?

The compassion of Allah

One day – suppose we imagine that we are now strong and in a position to condemn other people or just in a position of power over 'others' such as wives, children, people who are darker skinned than what we are, sick people, people who are HIV-positive or living with AIDS and refugees – every single one of us is going to be vulnerable. None of us will be able to escape that Day when, in the words of the Qur'an, 'A man shall run from his brother and from his mother and from his father and from his wife and from his children' (70:34). It is not our deeds that will save us – although these might help. It is ultimately the boundless Grace of Allah that will. When we are all equally dependent on that grace, we need to go slowly in our handing out of labels such as 'innocent' and 'guilty', 'worthy of compassion' and 'unworthy of compassion'.

On that day we will be desperate for Allah to fulfil His promise. When Allah created us, a Hadith tells us, He inscribed upon the Throne, 'My Mercy overcomes My wrath.'

It is profoundly moving that Allah's Mercy stems from His boundless love for

humanity. 'I am more intense in my yearning to meet My servant than he [she] is in desiring Me,' says a *hadith qudsi* (a Hadith wherein Allah speaks in the words of the Prophet). It is this unconditional love of Allah – which is not based on any need, but simply *is* – that we are called on to embody.

Hadith

No illness, depression or distress befalls a Muslim, even if a thorn pricks his [or her] skin, but it will atone for his [or her] sins.

Hadith

On the Day of Judgement Allah will ask: 'My servant, why have you not visited Me?' The person would reply: 'How could I visit You while You are the Lord of all humankind?' Allah will say: 'Did you not know that so-and-so was ill? And if you were to visit him [or her] you would have found Me there.'

The compassion of the Prophet (peace be upon him)

The Prophet's compassion flowed from love; not a self-love, but a love that gave unconditionally. When we don't attempt to know another's suffering, to reflect on it and to respond in a way that lightens that suffering, when we have walled ourselves in, then we do not grow through the trials that Allah sends us. Each trial will then make us more self-preoccupied, mean and fearful, depriving us of the essential *tawakkul* – trusting in Allah – that is imperative in such times.

Hadith

There are people among the servants of Allah who are neither Prophets nor martyrs; the Prophets and martyrs will envy them on the Day of Resurrection for their rank before Allah, the Most High.

People asked: 'Tell us, Messenger of Allah, who are they?'

He replied: 'They are people who love one another for the spirit of Allah, without any mutual kinship or exchange of property. I swear by Allah, their faces will glow and they will stand in light. They will have no fear when the people will fear and they will not grieve when the people will grieve.' He then recited the Qur'anic verse: 'Behold! Verily for the friends of Allah there is no fear, nor shall they grieve.'

There is something powerful about this Hadith saying that the position of those who truly love for the sake of Allah is envied not just by the martyrs but even by the Prophets themselves. To love one another in the spirit of Allah is among the highest of aspirations for a Muslim because the spirit of Allah is boundless love, a love that doesn't measure or fear, a love for its own sake. It is such a love we are called upon to give to those amongst us who are living with HIV because Allah, the Blessed and Exalted, said: 'My love is due to those who love each other in Me and

those who sit with each other in Me and those who give to each other generously in Me' (*hadith qudsi*).

It is from this immense love that our compassion must flow. This isn't compassion that is given as an obligation; on the contrary, it is a compassion that naturally emerges from selfless love. It isn't pity, for pity looks down upon the person pitied and belittles both the one who pities and the one who is pitied. No, it is genuine compassion that cannot distinguish between the pain of the other and that of the self.

The Prophet Muhammad's personality is one that encourages a Muslim living with HIV to reveal his or her status to his family and community without fear of being ostracized. A personality that is free from the ugliness of suspicion, lies, rumours and hate, etc. should shape Muslim reactions to those living with HIV.

Hadith

Beware of suspicion, for suspicion is the most untrue speech. Do not lie and do not eavesdrop. Do not compete with each other and do not envy each other and do not hate each other and do not shun each other. O servants of God, be companions [unto each other].

Hadith

A Muslim is one from whose tongue and hands others are protected.

Prophetic patience asks us to restrain our first instincts to protect ourselves and our families from HIV at any cost. It asks us to pause for a moment and question our paranoia. Is this hysteria founded on genuine understanding of the facts surrounding HIV&AIDS? Does our discrimination stem from a sense of self-righteousness? Are we truly embodying Allah's attributes of compassion and mercy or have we ignored them by holding onto our self-serving biases?

HIV&AIDS call for enormous humility on our part because of the enormity of this disease, its ability to cross borders and the current lack of a cure. The temptation to say, 'Not me, never me,' is great.

The Qur'an moves from the premise that only Allah is absolutely pure and that all of humankind is ultimately dependent on Allah's Grace. It therefore denounces self-righteousness and arrogance. 'And ascribe not purity unto yourselves' (53:32). Through concepts like *ihsan* (generosity) and *sadaqah* (charity), the Qur'an acknowledges that at the heart of a moral society is something beyond

rights and legal obligations. Believers are thus continually encouraged to go beyond the minimum required in reaching out towards others.

Reflections

In the light of the ideas raised above, what do you think the following statement means? 'When it comes to HIV and AIDS then all of us are either infected or affected (or both).'



Chapter 4

Responsibility – Taking Charge of our Lives

Not a single dawn breaks out without two angels calling out: 'O child of Adam [and Eve], I am a new day and I witness your actions, so make the best of me because I will never return till the Day of Judgment.' (Hadith)

In the midst of the HIV&AIDS pandemic, the most important obligation that every Muslim has towards him- or herself is to live responsibly. What does this mean?

- to view our persons and our bodies as well as the bodies of other persons as a trust from Allah
- to care for our bodies and our souls as well as those of the people entrusted to us

- to understand the social factors that work against us taking responsibility for our lives and to actively work against them.

Our bodies – a trust unto ourselves

Probably the most important obligation that the Qur'an places on the believer is to pursue the pleasure of Allah, desiring the ultimate encounter with Him. The pleasure of Allah is attained by cultivating a direct relationship of love with and adoration of Allah as well as leading a life characterized by a struggle to fulfil Allah's commands.

Our bodies and our lives are sacred. At the time when Allah created us, He blew of His own spirit into us. Thus all of us carry the divine spirit within us. Our bodies are a sacred trust from Allah that must be returned, and Allah will ask us about how we treated these bodies. We cannot cheapen our bodies by having sex with just anybody, thus exposing ourselves to all sorts of risks. Nor can we sell our bodies. Abstaining from casual sex is not just about being prudish – it is about self-respect and the awareness that one is accountable to Allah. A good Muslim understands that 'no soul carries the burden of another' (Qur'an 6:164), and will not succumb to peer pressure to have casual sex. As Muslims, we refuse to transfer responsibility for our behaviour to the other person.

The bodies of other persons, particularly those who are vulnerable due to their social or economic position in relationship to the powerful – such as those of orphans, domestic workers, migrant workers, secretaries, asylum seekers, refugees and wives – are equally sacred. The fact that women are often dependent on men – even within a marital relationship – does not mean that their bodies are any less sacred and can be viewed as simply a means for men to fulfil their sexual desires. It is impossible to develop a respect for one's own body as a trust (*amanah*) from Allah without also regarding the bodies of others as an *amanah*.

Exploitation is about the abuse of power; it is about viewing other people, their bodies and their resources as nothing more than our playthings. If we are serious about our role as vicegerents of Allah, then we struggle to end both the exploitation that others exercise over us and our exploitation of their vulnerabilities. Being responsible to Allah for our bodies also means reflecting on and challenging the unequal power relationships that lead to exploitation.

In all relationships we must continuously ask questions about our own freedom. Simply saying that we live in a time when 'everyone does it', 'sex happens everywhere' or that 'women are born to be subservient to men, this is the way our society is structured' is just not good enough for any Muslim. Instead, we need to question the nature of the times wherein we live.

We must avoid whatever harms our well-being – spiritual, emotional or physical. This includes abstaining from alcohol and drugs – because these lessen our ability to exercise control over our bodies and the decisions that we make. To live responsibly also means to go in pursuit of the good: 'Partake of the good things which We have provided for you as sustenance' (Qur'an 20:81). The Qur'an encourages a sense of joyful living and asks us to not impose burdens upon ourselves that are unwarranted: 'O you who have attained to faith! Do not deprive yourselves of the good things which Allah has made lawful for you' (5:87). Other dimensions of this sense of personal well-being that the Qur'an refers to are physical cleanliness (2:222) and sexual pleasure: 'And among His wonders is this: He created for you mates, out of your own kind, so that you might incline towards them, and He engenders love and mercy between you' (30:21).

Because AIDS is a killer of so much joy and fun – the good things that Allah has made lawful for us – we have a responsibility to avoid harming our bodies and our souls when we make choices about our sexual behaviour. We also have a responsibility to create a world wherein people are free to make those choices. Such a world is not one wherein we are deprived of the freedom to look after our (sacred) bodies by the kinds of exploitative relationships that poverty has placed us in.

Respecting our bodies as carriers of the Spirit of Allah also means that we must take ownership for our lives and our bodies. On the Day of Judgement we will be accountable to Allah as individuals. In many Muslim – and other – societies, this is particularly difficult for women because they are seen as being owned by their husbands and they do not have the freedom to negotiate when it comes to their bodies. If we are serious in dealing with this pandemic then we must also move towards new understandings of what marriage is about. It can no longer simply be a public procedure where a man buys the right to sexual intercourse with a woman.

From all the stories recounted here we can see that often a wife is infected by her husband who may have got the virus from a previous sexual partner (to whom he may or may not have been married). What does it mean when we say that every Muslim must take responsibility for his or her sexual life when many of our societies place women in positions where they cannot take any decisions – however small – about their lives? When women are completely dependent on their husbands for income or when society demands that women be available for sex to their lawful husbands regardless of the doubts that the wife may have about her husband's fidelity, then we have the task to work towards a more just world. Only in a just world can we ensure that we have the freedom to take responsibility for our lives.

Reflections

- 1. What are some of the other forms of social inequalities that you are aware of that prevent individuals from making responsible decisions about their sexual activity?**
- 2. Try to get hold of a marriage contract from the local imam or mosque and bring it to the group. Have a careful look at it and see if any of the ideas above can be related to it. Try to find out how these contracts are drawn up and if there different ways of drawing them up so that the rights of women are better safeguarded.**

Sex is OK

Sex, like our existence, is not something that requires external validation. No human being should feel compelled to justify to another human being why he or she is here in this life and deserves to continue being. Our sexuality is a part of who we are and when we rejoice in our existence we rejoice in all dimensions thereof. In some cultures, for example, flat noses, or brown skins – unless acquired under an expensive tanning machine or on a nice Mediterranean beach – are not very much appreciated. Our flat or sharp noses and brown or light skins are parts of who we are. Rather than turning flat noses or brown skins into problems, those critical of them should reflect on their inability to rejoice in their own sharp noses or their pale skins. It is useful to ask why we feel so insecure in our long noses or pale skins that we have to be obsessed with other people's flat noses or dark skins. Who in society really benefits when lighter skin colours are given preference over darker ones?

However, while as human beings none of us has to justify our own existence to anyone else; if we recognize that we are created by Allah then we also recognize

that we are sacred beings. It becomes important for us, if we want to fulfil the divine purpose behind our creation, to ask more profound questions about our existence. This struggle, though, is an ongoing one that only ends with our departure from this world. It asks how we can continue to try to make sense of Allah's will for us and how we continue to try to fulfil the objectives behind our creation.

Acknowledging the presence of hunger and of food as part of the Divine Scheme says nothing about the ways whereby one sustains oneself. In the same way that all of us have the right to enjoy our food, so too do we have the right to sexual enjoyment. In the same way that we continue to ask questions about the best way of consuming *halal* food, how to deal with this in situations where Muslims are in a religious minority, what the permissibility of food of the *ahl al-kitab* (people of the book such as Christians and Jews) means today, how we continue to learn and benefit from new understandings of compassion to animals, etc., so too must we raise new questions about sex, sexuality and sexual fulfilment and open ourselves to new insights.

Respecting the boundaries of Allah

The Qur'an rejects all forms of sexual immodesty:

And say to the believing men that they should lower their gaze and guard their sexual organs; that will make for greater purity for them. And Allah is well acquainted with all that you do. And say to the believing women that they should lower their gaze and guard their sexual organs. (24:30–1)

As for actual sexual intercourse, in the current dominant Muslim discourse, sex within a male–female marriage is portrayed as the only one approved of in Islam. The foundation text for this is the following verse from the Qur'an: 'Amongst His signs is that He created for you – from amongst you – partners, with whom to dwell in tranquillity; and He laid love and compassion between you' (30:21).

This insistence on marriage as the only legitimate vehicle for sexual fulfilment is a relatively new position, as is the increasing – however welcome – push for monogamy in Muslim society. It is an example of precisely how Islam has been able to adjust eternal principles to changing times. Muslims, like those of other

communities, have always lived within history and our understanding of Islam has always been shaped by our contexts. The Qur'an actually speaks approvingly of two kinds of relationships for sexual fulfilment – that of marriage between male and female (24:33) and of slave ownership. While the Qur'an is clearly opposed to sexual intercourse with a free person to whom one is not married, it does condone ownership over another person – slavery – as the basis of a legitimate sexual relationship. In other words, a free man may have sexual intercourse with his female slaves (Qur'an 70:29–31). Of course, the Qur'an encourages the liberation of the enslaved. However, the texts relating to their liberation belong to a category regarded in Islamic law as 'optional' or 'advisory'. The verses allowing slave ownership and using slaves as a means of sexual gratification are, however, viewed as legal ones and those verses are regarded as 'categorical'. In other words, in terms of the law, sexual gratification with one's slaves is always permissible.

Most contemporary scholars place the verse regarding slavery in its 'proper historical context'. Slavery, of course, had different meanings in the Prophet's time. On the one hand, Sayyidina Bilal (may Allah be pleased with him), for example, was very cruelly treated by his masters and, on the other hand, Zayd ibn Thabit (may Allah be pleased with him), was far more of a domestic assistant to the Prophet (peace be upon him). Zayd refused to leave the Prophet's service after the Prophet told him that he was free. There was also a long period in Islamic history (c. 1250–1517) when slaves and their offspring were actually the rulers of the Muslim world. In today's world, in large measure because of the growth of our insights into our own humanity, there is simply no way that we can condone any form of slavery, however benevolent. The intention of the Qur'an was to usher in a more humane world and, while it did not prohibit slavery outright, it put steps in place that *had to* culminate in freedom for all people. In other words, our understanding of the Qur'an can, and must, be guided by new insights.

While the question of sex with the enslaved is regarded as no longer applicable because of these new insights, most Muslim scholars have not applied the same logic to marriage. The insistence on marriage between male and female as the only other legitimate basis for sexual fulfilment is approached as if it is timeless and as if all other forms of sexual fulfilment between two persons are regarded as adultery. Clearly, though, from the example of slavery, Islamic scholarship is

capable of responding to new understandings of what it means to be human and to respond humanely to impulses around us without dismissing these as mere Western-induced promiscuity or as anti-Islamic.

Can our understanding of what our faith requires of us change?

Yes, there have always been shifts in approaches to the Qur'an and to Islamic law, and traditional scholars have displayed a remarkable flexibility in dealing with the challenges of the day. Some of the principles in Islamic law such *maslaha al-'amah* (the common good), *daf'al-mafsadah* (repelling harm) and *akhaf al-dararayn* (choosing the lesser of two evils) have been regularly used to arrive at new solutions that may previously have been unacceptable to us. The question is not whether changes occur in religious thinking or not; about that there is no doubt. Rather, what are the impulses that propel these changes? Does religious thinking continuously reinvent itself as a new orthodoxy in order to hold on to its power whereby men act as the agents of Allah over women? Are we merely acting as unwilling agents in response to inevitable social changes? For us, the challenge is to shift our thinking in terms of a deeper understanding of justice and compassion.

Reflections

The Qur'an is extremely vehement in its rejection of interest, promising a 'war from Allah' (2:279) to those who persist in paying or taking interest. Yet, while everyone acknowledges this, most Muslims have not taken it seriously. Furthermore, huge institutions are set up to consider ways around this prohibition. Why do you think is there no similar energy put into re-thinking the Qur'anic position on gender equality and sexuality?

The use of condoms and clean needles

Among those difficult areas that require a creative Islamic response today are some of the issues that everyone seriously engaged in HIV&AIDS prevention are grappling with. This is the question of condoning or advising the use of condoms and the supply of clean needles for drug addicts.

It is widely acknowledged that abstinence from sex outside marriage (to a single spouse and by both partners) is the primary way to prevent the transmission of HIV. Other ways to limit the spread of the disease include condom use and preventing drug users from sharing needles. In several cities with predominantly Muslim populations – such as Kuala Lumpur and Karachi – one can actually find

needle-exchange points that operate in public. Here addicts can exchange dirty needles for clean ones. In recent years the Iranian government has also been supplying clean needles to prisoners who are addicted to drugs. While with some exceptions, such as Iran, there is little or no government support for these programmes, there has also been no public outcry against them.

As has been the case in other religious communities, there has been much controversy among Muslims around the use of condoms. Two major concerns have been raised in this regard.

- a) Promoting their use will imply the encouragement of 'duty-free' sex and providing needles encourages drug use.
- b) They are unsafe and offer no protection against HIV.

Condoms and clean needles: encouraging promiscuous behaviour?

Does promoting the use of condoms mean promoting irresponsible sexual behaviour?

There are circumstances wherein the use of condoms has nothing to do with casual sex. If one spouse in a marriage had been infected, say through blood transfusion, then it is his or her religious responsibility to either abstain from sex or, failing that, to use a condom. (Although it is not widely known, one can also get female condoms.)

In many ways, promoting the use of condoms or providing clean needles to drug addicts in a general way *does* reflect on our inability to make sure that our and other people's sexual behaviour changes or to get ourselves or them off drugs. And for Muslims, this is not a light matter. Saying that now that some of us no longer feel that this is where our energies are best spent to avoid further catastrophes and that we want to move on is not the same as saying, 'Let them have as much sex as they want' or 'Let them have all the drugs that they want.' We must not confuse rhetoric that makes us feel good with sensible approaches that actually reduce harm to human life.

About forty years ago there was a huge scandal in Cape Town when some good-hearted Muslims decided to build an orphanage for abandoned children. 'In Islam we are supposed to love our children!' 'According to Islam we are supposed to look after orphans, not dump them in orphanages; this is what they do in

the West!' 'By building orphanages you are encouraging people to dump their unwanted children on the street!' And so the accusations flew thick and fast and many people denounced this project as 'un-Islamic' and 'a Western invention' to subvert Muslims.

The orphanage builders went ahead. 'Yes,' they argued, 'Islam says all of these things, but we are dealing with real Muslims who do real things such as abandoning unwanted children.' They encouraged the *`ulama* (religious leaders) and others to continue preaching against abandoning children. 'Meanwhile', they said, 'someone had to go around and pick up the abandoned ones.'

The orphanage is now there, and some imams and *huffaz* (persons who have memorized the Qur'an) have emerged from within its walls.

Exchanging a dirty needle for a clean one or providing condoms can mean the difference between life and death. And from those lives that continue may emerge people who will inspire others. It is our responsibility to choose the lesser of two evils.

Are condoms unsafe?

The second argument is that condoms are not 100 per cent safe. This argument only enters the conversation if one accepts that it may be religiously permissible to use condoms. People working in the field of HIV&AIDS know that it is foolish to speak of 'safe sex'. One can only speak of 'safer sex'. A UNAIDS report drafted in 2003 concludes that condoms have a 90 per cent rate of protection. The 10 per cent failure rate does not mean that one in ten condoms is defective; human error such as condoms slipping off, breaking or not being used early enough also contributes to the failure rate (*Boston Globe*, 2003. p. 6).

Malik Badri, the leading conservative Muslim voice on HIV&AIDS, sums up the question of condoms and clean syringes in the following manner:

Telling people to use condoms and clean syringes is not enough, but there is no doubt it has saved many lives. Telling people that condoms and clean syringes are as good as nothing and that the only way to avoid AIDS is to avoid drugs may be irresponsible at this stage of our knowledge of the epidemic. (Badri, 2000, p. 204)

Who killed Shunila?

Shunila was born in the rural Silhet Province of Bangladesh. She was married at fifteen to a remote cousin whom she hardly knew, and moved to Dhaka. On the day her third daughter was born, her husband (who had another wife anyway) beat her and threw her into the street with her three little girls and nothing else. She was not quite twenty at the time.

Sick and bleeding, Shunila had nowhere to go and her family were unlikely to take her in, even if she'd had the money or the strength for the journey. A woman rejected by her husband is a disgrace to the community. She survived on the streets for three months. It was when the baby, Yami, became desperately ill with diarrhoea that she heard about Jibon, a refuge and day care centre where abandoned, battered or widowed women and their children could get health advice. That was six years ago.

Shunila became a member of the group of women who meet at Jibon. The biggest enemy to health, they recognized, was not disease but sheer poverty. What was the good of bringing Yami back from the dead when the family had nowhere to live, no money to buy food, and no real hope of either? She'd be ill again. And again. And eventually, sooner rather than later, she'd die.

The women developed a number of small money-making schemes, and Shunila learned to work with straw, making coloured floor mats. But still children got ill, and medicines were expensive. At first the project bought these from a local pharmaceutical factory making basic drugs. Then this was closed down, and they had to use im-

ported drugs at many times the price. They joined a demonstration against the closure of the factory. When they came to the centre the next morning, they found their looms had been broken up and their tools stolen.

When Shunila first came to Jibon, one of her ambitions was to make enough money to allow her to bottle-feed little Yami, which she'd been told at the hospital was the best way to ensure that she grew up strong and healthy. But the weekly health education class at Jibon emphasized the benefits of breastfeeding so strongly that Shunila was convinced. She now works with a group, based at Jibon, which is trying to promote breastfeeding among local women. This may sound pretty obvious in a country where over 80 per cent of people live below the poverty line, and where few people have clean water for sterilization. But big companies still encourage poor women to bottle-feed, in spite of the expense. One afternoon, after Shunila and others had been chatting with women waiting in line at the hospital antenatal clinic, some men followed them down a side street, beat them unconscious, and left them.

And another thing. Shunila has AIDS. She might have got the virus from her husband, who was a truck driver. But then, during the time between leaving her husband's home and arriving at Jibon, trying to keep herself and her children alive, she had a couple of sexual encounters with the men building the road. They'd paid enough to feed the children for another day. Maybe it was then. She looks back on those times. They had to eat . . . How else could they have survived? She is lucky,

she says. She's lucky that she's never been raped, like many of the women who belong to the little group of HIV+ women who meet at Jibon.

But even when she was married, being sexually available was part of the deal, wasn't it? She'd assumed when she got the white discharge that her husband was going with other women; but she laughs gently at the idea that she might have dared refuse him, 'At least', she says, 'I've got my own work now. Making pictures for a living, I can afford to make my own choices. And I don't have to worry about passing the sickness on to other people. And the children do not have the sickness. But it's for them I ...' She doesn't finish her sentence.

In November...

I heard that Shunila had died. Her little girls are effectively orphans. And I wonder what will become of them now.

Who killed Shunila?

What killed Shunila? Was it, as medical science might tell you, a virus? Was it, as some religious people might say, immorality?

The real problems that faced Shunila were neither medical nor moral ones, they were the whole complex range of factors [that] govern the infrastructure of many poor women's lives, not

[just] in Bangladesh but within that 'Third World' which is woven into the fabric of all societies, rich and poor, in the closing years of the 20th century. WHO's report 'Bridging the Gaps' spells it out starkly. 'For most people in the world today', it says, 'every step of life from infancy to old age is taken under the twin shadows of poverty and inequity and under the double burden of suffering and disease.'

Shunila was not just desperately poor. She lived in a culture where women marry young and have little status. She was virtually uneducated, and without marketable skills. She produced girl children when sons were wanted. The laws failed to prevent her husband from beating her, and she had no means of claiming a share of matrimonial property. She was part of a family system that rejects women who come to grief, without any safety net within the health and welfare system to compensate; and in confronting the power of multinational companies, she brought upon herself the violence that sometimes supports that power.

It's this kind of complex of burdens that provides opportunities, in the case of so many women, for HIV infection. The most pressing moral issue for Shunila was to keep her little family alive for a few more days.

(Paterson, 1996, pp. 1-4)

Chapter 5

Justice and AIDS

And we have created the heavens and the earth in Truth so that every soul may get its just reward for what it has earned and that it may not be oppressed. (Qur'an 45:22)

Justice receives such prominence in the Qur'an, as the above verse shows, that it is regarded as one of the reasons that Allah created the earth. While justice is something that one demands for oneself, it is something, more importantly, to be fulfilled in respect of others, at whatever cost to oneself and one's own community



What does this requirement of justice mean when we are faced with a pandemic such as HIV&AIDS?

- First, we need to treat those amongst us who are living with HIV or with AIDS justly.
- Second, we need to understand and respond to the factors that have caused this crisis.
- Third, those of us who are in unjust relationships must change the nature of those relationships.
- Finally, we must demand affordable treatment for all those who are infected.

Dealing justly with those who are HIV-positive

The Messenger of Allah (peace be upon him) said: 'That person whose neighbour is not safe from harassment has no faith.' To be prejudiced against persons who are HIV-positive is unjust, and to discriminate against people because of an illness is a violation of their rights. When we discriminate against people because of a particular disease then we display our fear and ignorance rather than show our strength. It is OK to be afraid; all of us are afraid of something or another at some point in our lives. It is even OK to be ignorant at some times and about some things. However, it is completely unacceptable when other people have to pay the price for our fear and ignorance. When the Messenger of Allah sent Mu'adh ibn Jabal as a governor to Yemen, he reminded him: 'Be afraid of the prayers of those to whom wrong is done, because there is no screen between their prayers and Allah.'

Reflections

Some people will make a distinction between the way they treat those who acquired HIV depending on the way in which they contracted it. Is it proper to make such a distinction work in practice or in reality?

Poverty and AIDS

If we are serious about rising as witness-bearers for Allah in the matter of justice, then we must also address the real causes of this suffering as well as the way our own behaviour strengthens unjust systems.

It is easy to blame individuals and thereby shift the blame from ourselves. We

must, however, also ask how the structures of power in the world today – the dominant economic system that reduces people to commodities, social systems that reduce black people and women to half the value of white people and of men – contribute to a disease such as HIV&AIDS. Very often we only notice the effects and symptoms of problems without seeing the causes. It's like pimples: one does not see the cause because it is below the skin. Thus when we see the way the HIV&AIDS pandemic is laying a continent to ruin, then we must ask serious questions about the socio-economic conditions that allow the disease to spread, that drives women onto streets to sell their bodies in order to feed their starving children. What do we as Muslims say to the sex worker who says: 'I can choose to die of starvation now or of AIDS later'? The Messenger of Allah (peace be upon him) is reported to have said that poverty can lead to disbelief (*kufir*). Is it any wonder that it can lead to women selling their bodies to feed their children?

Uganda is a wonderful example of how the HIV rates have been reduced. Yet it is also an example of an underlying problem: that poverty and wealth are not issues that can be ignored. Though the education strategies in Uganda have reduced HIV prevalence among some populations, the reduction has not been uniform when one compares the urban wealthier classes to the rural poor who constitute 87 per cent of the country's population. Doctors at the wealthier urban antenatal clinics have observed a decrease in prevalence among their patients, while AIDS prevalence has not really reduced amongst the rural populace (Parkhurst, 2002, pp. 78–80).¹

The limited effectiveness of the Ugandan model is based on certain wrong assumptions that are similar to those made by many Muslims. Studies have shown that 'the top epidemiological predictor for HIV infection around the world is not "risk behaviour" but a low-income level' (Basu, 2003). This means that 'those most vulnerable to HIV infection will not significantly benefit from a model focused exclusively on education' (*ibid.*) that promotes sexual abstinence. Put simply, we are wrong to assume that poor people are equally able to control the circumstances of their lives.

The risks that those who are most vulnerable expose themselves to often have little to do with ignorance or heedlessness. In the words of Dr Paul Farmer and his colleagues, who did extensive reaserch in the area of community-based

approaches to HIV treatment in resource-poor settings, 'their risk stems less from ignorance and more from the precarious situations in which hundreds of millions live' (2001, pp. 404–9). A large number of surveys confirm that 'despite our presumptions – those most at risk for HIV often do know how the virus is transmitted' (Basu, 2003; c.f. Barnett and Whiteside, 2002, 16–20). According to a recent systematic review of the evidence in the *British Medical Journal*, 'providing information about health risks changes the behaviour of, at most, one in four people, generally those who are more affluent and better educated' (Campbell and Mzaidume, 2002, p. 229).

Our *din* (faith) does speak to sexual promiscuity. Living with Islamic values will help to reduce the rate of transmission, and we do have a responsibility to educate Muslims on the need to lead a responsible life in the awareness that we are all going to return to Allah one day. However, we must guard against simply wanting to package one-size-fits-all solutions on to rich and poor, men and women, when the social and economic conditions of one group differ so radically from the other.

There is a larger economic context wherein the HIV&AIDS drama is being played out. Take the relationship between large-scale migration and the spread of HIV&AIDS as an example. In the present economic system the owners of big money (capital) believe in the rapid movement of capital and prefer this over long-term investment and the ability of persons to secure their own livelihoods (Basu, 2003). We thus see an increase in forced migration, which occurs most often when rural agricultural sectors are destroyed after markets are opened up and the prices of the goods that they produce drop. When poorer farmers and farm labourers cannot get decent prices for their goods, the mostly male labourers go to the cities to find work, leaving their families behind (Barnett and Whiteside, 2002, pp. 48, 49). In the cities these men, driven by poverty, alienation and a host of other factors, often find a cheap form of escape from their anxieties in alcohol and sex. There is thus a clear relationship between forced migration and the most significant increases in HIV transmission

In parts of southern Africa, argues Sanjay Basu,

miners are housed in all-male barracks for months at a time, worked six days a week, and given alcohol to 'keep them happy' (or keep them from rebelling) on the seventh day – when intoxi-

cation and depression lead to the solicitation of prostitutes . . . the men are returned home to die, and find that either their wives have left them to find a better source of income and support, have entered prostitution themselves to generate income, or are waiting for their husbands to return home (and infect them with HIV). The 'rural women's epidemic' of HIV – that is the sub-epidemics of women in rural zones who have been infected by their migrant male husbands (most of whom have already died at the time of surveys) – is not so 'surprising' or 'unusual' in this context. (Basu, 2003)

Clearly, HIV&AIDS are not simply a problem of people having forgotten their *din*, which can be answered by a return to *din*. Returning to *din* is always a requirement of Muslims and is a journey that never ends. However, the idea of a 'return to Islam' as a complete solution by itself misses the point of the structural violence of inequality and lack of access to resources. And when these issues are not dealt with, even the most fervent Islamic speeches will be of limited value. Yes, we must return to Islam; however, Islam is also a religion of compassion and justice and a struggle to make these real in our world.

Reflections

1. Does the idea that HIV&AIDS can only really be effectively tackled when we have dealt with the problems of poverty and gender equality mean that there is nothing that we can do personally in the meanwhile?
2. When someone tries to help a poor person then they are nearly always thought of 'good'. However, when someone asks 'Why are people poor?' and begins to challenge the reasons behind the poverty, why do we often think of that as 'politics'? Is this a fair assessment? What do you think Muslims should be doing?
3. What do you think of the following statement: 'Sex [in the context of AIDS] is not as much the issue as the context under which sex occurs'?

(Footnotes)

¹ Parkhurst argues that data usually cited to show a decline in prevalence in Uganda as a whole only came from one site where the prevalence did indeed fall from 30.2 to 10.5 per cent and two others where it also declined. These sites represent a few antenatal clinics which may be misleading in a country where most people live in rural areas. He cautions against some sampling bias if one focuses too much on existing prevalence data that tend to be collected at urban antenatal sentinel points. He does say, however, that Uganda has been successful in slowing the spread of HIV.

Changing the nature of our relationships

All of us, particularly Muslim men, need to understand that justice is not just something that we demand from others. It is also something that we demand from ourselves, something that we may give in order that there may be greater justice. We have seen how HIV&AIDS affect a much larger proportion of women than men. According to some studies, 80 per cent of heterosexual women with AIDS are monogamous, having only ever had sex with their husbands (UNAIDS, 2001).

According to the World Health Organization, 'in most societies, girls and women face heavier risks of the HIV infection than men because their diminished economic and social status compromises their ability to choose safer and healthier life strategies'. 'The bleak reality', the report says, 'is that the sexual and economic subordination of women fuels the HIV pandemic' (UN, 2001, p. 1). Bertil Lindblad of UNAIDS said at the Forty-Seventh Session of the Commission on the Status of Women:

The varied forms of violence against women, and the economic dependence which makes violent situations harder to escape from, fuel the spread of HIV. Between 10 and 50 per cent of women worldwide report physical abuse by their partners. The fear of intimidation prevents the risk of contracting HIV from being discussed and worse, results in HIV infection. In a number of countries, HIV-positive women were found to be 10 times more likely to have experienced male violence than those that are HIV negative (Lindblad, 2003).

The bleak reality is that the sexual and economic subordination of women fuels the HIV pandemic. Ugandan Member of Parliament Miria Matemba said, 'The women tell us they see their husbands with the wives of men who have died of AIDS. And they ask, "What can we do? If we say 'no', they'll say we must pack up and go. But if we do, where do we go to?" They are dependent on the men and they have nowhere to go' (cited in Panos Institute, 1990, 21).

Sumaya, one of the persons counselled by Positive Muslims, speaks about the violent sexual experiences that she had to endure at the hands of her husband:

And there were many times when I didn't want to sleep with him and then he beat me so that I slept with him. He hit me like this ... he hit me so that I ended up in hospital. This is how he hit me with an *aapstert* [whip]. He believed that he could sleep with me whenever he wanted. This was his attitude. (Interview, Observatory, 2 December 2003)

Her husband is now deceased and she is HIV-positive. And all the scars of abuse within a married life are still there. For a long time, 'arguments about human rights have also spotlighted the subordinate positions of women in most cultures. But [HIV&] AIDS is different. It points the finger at the subordinate role of women in most cultures and suggests that the failure to do something about it will threaten the survival of the whole community' (Paterson, 1996, p. x).

Men have a disproportionate amount of power in all relationships, including marriage. When women become the primary victims as a result of this power, then surely men have a responsibility to give up some of it. We are asked in the Qur'an to rise as witness-bearers for Allah though this may be 'against your selves' (*`ala anfusikum*) (4:135). We are also told in the Qur'an that such witnessing is really 'for your selves' (*li anfusikum*) (17:7). Regardless of where our power comes from, and some may even be able to argue that this power comes from our religion itself, the nature of this pandemic forces us to re-think the amount of power that men have.

Take the case of *zakah*. In terms of Sunni Islamic law we are under obligation to contribute only 2.5 per cent of our accumulated wealth annually. However, what kind of Muslim is it who will argue that he will not give a cent more even if people are dying all around him? This is also the case with our power. At some levels, of course, we may ask whether Allah has sanctioned this male power or not. However, in the face of this horrific pandemic it is a matter of life and death that men become willing to give up some of their power so that women can be free to take ownership of their bodies and responsibility in front of Allah for their decisions. *Zakah*, as we said earlier, means to purify and to prune. And in the same way that *zakah* really enriches the life of the one who gives, so too do men become better persons when we give up some of our power in order to have more fulfilling and just relationships.

Reflections

1. What are some of the traditional Islamic understandings of the role of men and women in your area that seem to be challenged by the HIV&AIDS pandemic?
2. Do you see any signs of changes in this traditional understanding?
3. Are these changes good or bad, and then for you in your community are they good or bad?

Affordable treatment for all

UNAIDS has estimated that relatively small amounts of money could be enough to prevent most new infections and to provide medication for many millions of the infected. The programme was scheduled to begin in 2002 with about \$10 billion a year and increase gradually over time. The UN initially requested that the United States give \$1 billion yearly to the Global AIDS Fund (roughly the equivalent of what it spends on its military budget in one day). So far \$450 million has been pledged (UNAIDS, 2004). Meanwhile, sub-Saharan Africa pays \$200 million a week to its creditors, mostly in interest for its loans.

Governments promised to provide these funds two years ago, and mechanisms have been set up to disperse them effectively – but the promised money has not arrived. Only \$1 billion is on hand. Imagine that! Three million people died last year, five million got infected, and the virus is spreading into the huge population centres of Asia, but all the governments of the world cannot mobilize \$10 billion a year. Another way to think about it is that in 2003 AIDS killed as many people as a thousand 11 September attacks. Yet the money spent by governments together comes to only about \$1 billion.

The massive increase in inequality that has occurred over the last twenty years as the result of the dominant economic policies has ensured that the impact of AIDS – the level of suffering and death that it causes – is enormously greater than it had to be.

In 1995 the World Trade Organization (WTO) came into being and intellectual property rights became sacred. Patent protections across the world were formalized into a new agreement called Trade Related Aspects of Intellectual Property Rights, or TRIPS. Developing countries were not permitted to make or buy unlicensed generic copies of new drugs. This means that drug-company profits take precedence over saving lives. So the new drugs did not reach most of

those who needed them. The spread of HIV&AIDS was also accompanied by and was worsened by the adoption of neo-liberal policies – also known as Structural Adjustment Programmes (SAPs) – as the most important way of dealing with the problems that developing countries had with debt and poverty.

In the 1980s, for example, African nations experienced a debt crisis. In other words, they could not afford to pay the interest on their debts. They therefore became increasingly dependent on the World Bank and the International Monetary Fund (IMF) for loans. The conditions attached to these loans required African countries to bring about economic changes that favoured ‘free markets’. These changes included cutbacks in government spending and the privatization of government industries and services. While these ‘adjustments’ were supposed to make African economies stronger and more competitive, they in fact made them weaker and more dependent on foreign loans. They also undermined Africa’s health-care system. As a result, the rates at which children died went up and life expectancy went down. World Bank and IMF loan conditions threw much of the continent’s progress into reverse by forcing governments to make drastic cuts to health-care spending.¹

The AIDS crisis is only the extreme edge of a crisis of human health around the world. It will not be stopped or significantly slowed as long as we are controlled by economic systems that put profit and greed ahead of people. A global health-care system that is truly consistent with a commitment to human rights is one in which the same treatment is available to all regardless of their race, religion, nationality, gender, sexual orientation or ability to pay. Moreover, no matter what measures are adopted to stop one health crisis, the conditions which breed new crises – unemployment, poor sanitation, poor housing, lack of clean water, malnutrition – are continually being reproduced by economic systems that put profit ahead of people.

So long as the obscenity exists whereby a minority can pay for good medical care while others cannot even find clean water, talk of a real solution is impossible.

(Footnotes)

¹ According to a report by the Inter-Church Coalition on Africa, spending on health care fell by 50 percent in the forty-two poorest African nations during the 1980s.

The resources for a global health-care system that puts human need first do exist today. The struggle for justice is a struggle to make these resources accessible to all.

Reflections

1. Usually we think of sin as something that only individuals do, or of selfishness as a quality that individuals have. Do you think that social and economic systems can also be sinful and selfish? How do we contribute to making systems more selfless and less sinful?
2. The medicine companies argue that they invest a lot of money in their research to produce new medicines and if they do not get good profits then there will not be much of an incentive to do research. What do you think of this argument?

Conclusion

My Mercy and Compassion embrace all things.
(Qur'an 7:156)

Positive Muslims posted a query on the AF-AIDS list (<http://archives.healthdev.net/af-AIDS>) in January 2003, asking if anyone was doing research about Islam, Muslims and HIV&AIDS. We received more than fifty responses. All but four said that they did not know of anyone working on the topic but that they were desperate to get in touch with someone who was. This highlighted both the problem and the promise. The following e-mail message we received on 24 February 2003 from Mozambique reflects the sad but not uncommon response among Muslims:

Greetings from the Mozambique side of the South African border where I would be very interested in the [work] you are doing. We are attempting a piece of work involving all the 3 big faith groups in Mozambique and by far the most elusive is that of Islam. Christians pop up everywhere and some do not run away abruptly when AIDS is mentioned. African traditional religion appears more slowly and unfolds gently, whilst the most visible Muslims will not wind down the windows of their cars for a conversation on HIV & when they do, they refer you to the car dealer who is not available for comment. Can you help us?

The most important message of this book is to become aware of the reality of this disease amongst us, to try to cultivate a compassionate attitude to those who are living with it, to lead responsible lives ourselves and to work towards a world where each person can actually be responsible for his or her life and all of us for each other.

From an Islamic perspective we must have the willingness to look at our faith anew. Take the following verse as an example:

Indeed with Allah [alone] is the knowledge of the hour, He reveals the unknown, and He [alone] knows what is in the wombs. (Qur'an 31:43)

For many centuries now – perhaps from the earliest days of Islam – Muslims have interpreted this verse to mean two things. First, Allah alone knows when the Day of Resurrection will strike; second, Allah alone knows what the sex of an unborn baby will be. The Qur'an does state in the same *ayah* (verse) that Allah 'reveals the unknown'. However, the scholars of Islam never understood this to mean that Allah will reveal the sex of the unborn baby. They always insert the word 'alone' after 'Allah' and in Muslim belief (*aqidah*) the word 'alone' was always applied to both statements. Yet we now know that it can no longer apply to the second statement. Doctors *are* now able to tell parents the sex of their unborn babies. How do we as Muslims live in faithfulness to the Qur'an and to this new knowledge? In this case, it is fairly simple: we go against many, many centuries of interpretation and drop the 'only' in the second bracket and we interpret the middle part – 'He reveals the unknown' – in a different way. 'Revelation', in this case, we can say means 'to impart' and Allah imparts of His knowledge about the sex of an unborn baby to doctors.

It does not help to say that the new science of genetics is a conspiracy against Islam or to deny that science really has progressed to that level. Looking at the *ayah* in this way enables us to hold on to the Qur'an as the Word of Allah and, at the same time, we understand and accept that the world has changed and new knowledge is available to us; we are facing a new reality.

Now we are sitting with an awful reality: HIV&AIDS in the world and among Muslims. It does not help to say that the enemies of Islam or gay people or America are responsible for it. It is a reality and the vast majority of people affected by it are not gay or American. How do we as Muslims deal with this new reality?

Abdul Kayum Ahmed, one of the founders of Positive Muslims, narrates an interesting incident that occurred during a Treatment Action Campaign demonstration in Cape Town. A minibus taxi pulled up in front of the demonstrators and the man who collects money from the passengers leaned out of the taxi and shouted: 'If you stop f***** around, you won't get AIDS!' Later, Kayum won-

dered if this was not reflective of the way many of our religious leaders often respond to HIV&AIDS: shouting profanities from the sidelines and then moving off without ever seriously engaging in the real issues.

It does not have to be like this. There is far too much at stake: the lives of millions of people, the chance to experience how we as Muslims can relate in a meaningful way to others around us, an opportunity to reflect the light of Allah. We are the followers of a Prophet (peace be upon him) who was sent as a 'mercy unto the whole of humankind' (Qur'an 21:107), a Prophet who pleaded with us to be compassionate to all who we encounter on earth so that the One who is beyond will be compassionate towards us. We are aspiring to be servants of a Creator who created all of us, unto whom all of us are returning and from whom we expect nothing less than unqualified Mercy.

The choice is ours: to shout profanities from the side of the road or to reflect that prophetic mercy in our commitment and action.

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ABOUT POSITIVE MUSLIMS

Positive Muslims is a South African group founded in June 2000. It works on awareness raising awareness about HIV&AIDS among Muslims, conducts research on Islam and HIV&AIDS and prevalence among Muslims. Since its inception it has also offered support to Muslims who are HIV-positive or who are living with AIDS. It has a staff of five persons lead by a Director. Its work is guided by an Executive Committee and supported by an active volunteer membership base.

We are committed to developing a theology of compassion; a way of reading the Qur'an and understanding the Sunnah (the path of Prophet Muhammad, peace be upon him) that focuses on Allah, who cares deeply about all creation. This is Allah who, according to a hadith (prophetic tradition), said at the time of creation, 'Indeed, my mercy overcomes my anger.' Such compassion, we believe, must be accompanied by a critique of, and challenge to, a society that forces people to the margins.

WHAT ARE OUR BASIC IDEAS ON HIV&AIDS?

- HIV&AIDS is but an illness among other illnesses. It is worsened by poverty, economic injustice and attaching stigmas to those who live with it. It is not a peculiar disease for which a particular group has been singled out by Allah or by nature.
- People living with HIV & AIDS are not 'victims' to be pitied, avoided or despised.
- We believe in a non-judgemental approach towards people who are HIV-positive. Our concerns are not related to how one became infected; instead we believe that those who are HIV-positive must be accepted as they are.
- Our primary focus is to provide support for those who have already been affected and to educate our communities to prevent the spread of HIV&AIDS. Our approach to prevention includes, but is not limited to, abstinence from sex outside marriage, faithfulness during a relationship and the use of condoms in appropriate circumstances.
- The Qur'an warns us against despair: 'And do not despair of the mercy of Allah; for He is the most compassionate of those who show compassion.' There is light at the end of the tunnel. However, we, through our caring, solidarity and humanness, are required now to remove the fog in order that that light can become visible.
- While our own work is primarily among Muslims, we are committed to working with all other progressive groups working with HIV&AIDS.

ABOUT THE AUTHOR

Farid Esack, a co-founder of Positive Muslims, has an international reputation as a Muslim scholar, speaker and human rights activist and has studied in Pakistan, the UK and Germany. He has written *Qur'an, Liberation and Pluralism*, *On Being a Muslim* and *An Introduction to the Qur'an* (all published by Oneworld). Professor Esack served as a Commissioner for Gender Equality in the South African government and has taught at the Universities of Western Cape, Ohio, Hamburg, the College of William & Mary and Union Theological Seminary (NY). He is University Professor at Xavier University in Cincinnati where he occupies the Best Endowed Chair in Ethics, Religion and Society.

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