

Developing a Theology of Compassion: Muslim Attitudes Towards People Living With HIV/Aids in South Africa

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Introduction:

It is rather difficult to measure Muslim perceptions of people living with HIV/Aids. Attempts have been made by researchers to evaluate the knowledge and attitudes of Muslim clerics towards people living with HIV/Aids through questionnaires and interviews.¹ These attempts, although useful, have firstly, not examined the attitudes of ‘ordinary Muslims’ i.e. non-clerics, and secondly, have not really analysed the extent to which Muslim attitudes have manifested into constructive action. This article therefore attempts to analyse the attitudes of Muslims, in relation to other Muslims living with HIV/Aids, by examining the approaches of various Muslim Aids prevention and support groups. It also shows that attitudes towards Muslims living with HIV/Aids have changed considerably over the past few years, culminating in a flexible and innovative Aids prevention model adopted in 2000.

Where have we come from? A Brief Overview of Developments Prior to 2000:

The Muslim community in South Africa has come a long way with regard to their attitude towards Muslims living with HIV/Aids since the first reported Muslim-Aids death in 1986. Furthermore, a number of significant developments have taken place since the publication of Ashraf Mohammed’s groundbreaking article on HIV/Aids² and Faghmeda Miller’s brave public disclosure of her HIV positive status.³

Organisations such as the Islamic Medical Association (IMA) together with the Jamiatul-Ulama in Gauteng, have joined to form the Muslim Aids Committee (MAC) and Islamic Careline. These groups focus primarily on educating Muslims about the spread of HIV/Aids and claim in their pamphlets that “Islam is the cure.”⁴ They argue furthermore, that “AIDS is primarily an ethical and moral problem,” that can only be eradicated by strongly discouraging sexual promiscuity and by encouraging those who have contracted HIV “to promote and maintain (an) Islamic lifestyle and repent for their past actions.”⁵

Although there is no way to gauge whether or not their prevention programme has been successful, a number of HIV positive Muslims have complained about the manner in which the Gauteng programme operates. Faghmeda Miller has received a number of complaints relating to the judgmental way in which MAC operates. Callers to Islamic Careline have allegedly been asked how they contracted HIV and have been preached to as opposed to being listened to.

This is however not surprising considering the fact that the IMA advocates the Malik Badri⁶ line when it comes to dealing with HIV/Aids prevention. Badri’s Islamic approach to resolving the Aids crisis is premised on his belief that Aids is a punishment from God unto those who have transgressed the sexual mores of Muslim society. His approach comes across as being retributive and judgmental and would therefore alienate those who are searching for help as opposed to attracting them and making them feel comfortable.⁷ Furthermore, his Islamic model for Aids prevention is essentially a replication of the five pillars of Islam, with the exception of *zakat* (taxes) which he replaces with ‘The Muslim

youth,' so that his model simply comes across as being a more sophisticated version of what Imams and Sheikhs have been preaching for centuries.

Although one cannot deny that there is some benefit in this approach in terms of preventing the spread of HIV/Aids, Badri's Islamic model neglects those Muslims who have already contracted HIV/Aids and who are now living with it. In addition, the Islamic model presented by him comes across as being extremely cold and uncompassionate making no provision for the majority of Muslims who are not saints. Badri furthermore justifies his approach by citing examples of the low levels of HIV/Aids in Muslim countries, which, as has been shown in various studies, is not a true reflection of the reality of the situation.⁸

It is therefore submitted that Badri's Islamic model will not be able to effectively deal with the spread of HIV/Aids, since firstly, it presupposes that all Muslims will adhere to the Islamic prohibitions on illicit sexual activity. Secondly, it is premised by the belief that AIDS is a curse from God. The third reason is that Badri's model totally discards the Western model of AIDS prevention and fourthly, neglects those Muslims who have already contracted HIV.

In some ways however, Badri is correct when he argues that a Western model of Aids prevention will be inappropriate in an Islamic context. He says that the 'mismatched transplantation of any preventative model from one culture to another, even if it is successful in the original culture, can be as dangerous as the mismatched transplant of

human organs.’⁹ This I believe is the reason why groups such as MAC and Islamic Careline have come into being: what they essentially want to do, is to take their understanding of Islam and mould it into an Aids prevention model for Muslims. However, it is submitted, with respect, that if one’s understanding of Islam is based on principles of inequality and judgmentalism, that those principles are inevitably going to filter into everything that one does in the name of Islam.

The intention of Islamic organisations in Gauteng has been admirable. However, it appears as if the prevention model that has been advocated has not been effective because it is unrealistic and fails to deal with the difficult issues such as sex outside marriage, homosexuality and the use of condoms. A far more dynamic and flexible approach is needed to deal with HIV/Aids. Subsequent developments in the Western Cape, have led to the formulation of the most comprehensive Muslim Aids prevention and support model thus far.

Beyond 2000 – Muslim HIV/Aids Awareness in the New Millennium:

The year 2000 has been filled by weird and wonderful events. President Thabo Mbeki’s questioning of whether HIV does in fact cause Aids, must fall into the category of 'weird.' His statements have caused uncertainty and have confused people. The general Muslim response to Mbeki’s confusion was, as it has been on many important issues relating to HIV/Aids, silence. However, in an excellent editorial in the May 2000 edition of Al-Qalam, Dr. Nisaar Dawood, takes on Mbeki and the ANC government on this very issue.¹⁰ This editorial is also important because Al Qalam is the mouthpiece of the

Muslim Youth Movement; an organisation, whose leadership has been very supportive of the ANC.

Dawood goes on to attack the pharmaceutical companies, who insist on protecting their patent rights on anti-retroviral drugs. This has led to the cost of drugs being out of reach for most South Africans living with HIV. The battle to obtain cheaper drugs in the form of generics, eventually led to a call by Dr. Farid Esack, a commissioner for gender equality, to import the drugs illegally. Esack made the call at a march arranged by the Treatment Action Campaign (TAC), just before the International Aids Conference in Durban during July 2000. The defiance campaign launched by Esack was followed by the prominent Aids activist, Zackie Achmat, who brought in boxes of illegal generic drugs to South Africa. This matter is still being dealt with at present.

There have also been significant developments in the area of awareness-raising campaigns throughout South Africa. The IMA in Kwa-Zulu Natal, specifically Port Shepstone, has adopted a different approach to Aids prevention as opposed to their fellow members in Gauteng. The Port Shepstone community initiative, headed by Dr. Musa Desai, has adopted a non-judgmental approach and has included HIV positive Muslims in their awareness-raising campaigns.

The IMA in the Western Cape has however been slow to follow the example of their members in Port Shepstone. One significant event that was hosted by the Western Cape branch, was the meeting with representatives from the IMA in Uganda – the only country

that has managed to reduce the spread of HIV. Unfortunately, there has been no follow-up by the IMA despite the continuous pleadings by people such as Ashraf Mohammed and Bibi Dhansay, both members of the IMA, to put into practice what has been learnt from the Ugandans.

The formation of Positive Muslims, an awareness-raising and support group for people living with HIV/Aids, in the Western Cape in July 2000, was therefore an important step in the development of a comprehensive Aids prevention model in this region. The group's founding members¹¹ decided on its formation despite the existence of the IMA. Firstly, they wanted to move away from the Malik Badri approach to Aids prevention, and secondly, they wanted to place more emphasis on dealing with people who had already been infected with HIV.

Positive Muslims have developed, what we refer to as, 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 creation. We have also come to realise that developing a theology of compassion is more than simply raising awareness and offering support. It is a process that results in the breaking down of barriers between people – between individuals from different cultural and religious backgrounds, between black and white, between those who are HIV positive and those who are not. It is a process that ultimately leads one to realise that we are of them, and they are of us.

Positive Muslims have come across a number of people who are HIV positive; they range from a one-week old baby to a well-known Imam and cut across barriers of class, race and gender. Two members have thus far passed away.

The approach adopted by this organisation to Aids prevention, is similar to the Ugandan approach, and includes abstinence, being faithful and the use of condoms. There is furthermore no discrimination with regard to how one acquired the virus, or on the basis of one's sexuality.

The group has however moved slowly because it comprises of volunteers who either have full-time jobs or are full-time students. It is also restricted in the type of support that it can offer, since its budget is extremely limited. Despite this, Positive Muslims have made significant steps in creating awareness and providing support for people living with HIV/Aids. We have formed partnerships with the Muslim Youth Movement and the South African National Zakah Fund (SANZAF) so that where HIV positive Muslims require financial assistance or food, they are referred to SANZAF.

The Aids prevention model adopted by Positive Muslims is therefore firstly, far more comprehensive in terms of the range of services that it provides and secondly, adopts a more open-minded and progressive approach to Aids education than other Muslim groups.

Conclusion:

The development of Aids prevention models in the Muslim community from Badri's Islamic model to Positive Muslims' theology of compassion, has been a slow and challenging journey. It is submitted that these prevention models mirror the development of Muslim attitudes towards people living with HIV/Aids in some ways. Muslims, I believe, are more open to discussing issues of sex and sexuality and its relation to Aids. This can be evidenced by the involvement of the Muslim media in spreading the prevention message.¹² On the other hand, religious leaders have been slow to take up the Aids challenge except for the Jamiatul Ulama (Gauteng) and the Claremont Main Road Mosque (Western Cape). Ironically, these two groups have very different approaches to Aids prevention.

What this paper also establishes is that one's understanding of Islam will inevitably affect the way in which one approaches the issue of HIV/Aids prevention. For this reason, this paper is inherently biased towards the theology of compassion model, which is essentially a spin-off from progressive Islam.

Ultimately, the year 2000 has seen significant developments and changes in attitudes towards Muslims living with HIV/Aids. These developments have however been far from comprehensive. It is submitted that the Aids pandemic must be confronted in an open-minded and compassionate manner. We can no longer hide behind our veils of ignorance or be guided by our fear and prejudice. We must no longer stand by and allow those in

need of our compassion and support – however they contracted the virus - to be ostracised and condemned for being HIV positive.

It is my belief that all religions, including Islam, have a substantial contribution to make to the Aids debate. Muslims must therefore join hands with those who are involved in fighting for the marginalised and oppressed. We must strive towards breaking the silence and changing the situation with our hands. We no longer have a choice as to whether or not we want to be involved. We are involved. Aids has affected each and every one of us and can only be stopped if we work together to combat its destructive nature.

¹ Ashraf Mohammed *An Overview of the Social 'Ills' and the Spectre of HIV/AIDS Amongst Muslims in the Cape* in Journal of the Islamic Medical Association of South Africa, 1997. Abdul Kayum Ahmed *The Impact of HIV/AIDS on the Muslim Community in the Western Cape: A Critical Analysis of Muslim Responses to the AIDS Pandemic* [unpublished BA (Hons) thesis 1999].

² Ashraf Mohammed *An Overview of the Social 'Ills' and the Spectre of HIV/AIDS Amongst Muslims in the Cape* in Journal of the Islamic Medical Association of South Africa, 1997 p.36

³ Faghmeda Miller was diagnosed HIV positive in 1995 and disclosed her status on a Muslim radio station in the Western Cape in 1996.

⁴ The pamphlet is entitled *Muslim AIDS Committee (MAC)*. No date provided.

⁵ The pamphlet is entitled *Muslim Aids Awareness Programme: A joint project of the Jamiatul Ulama (Transvaal), Islamic Medical Association of South Africa & Islamic Careline*. No date provided.

⁶ The AIDS Crisis: A Natural Product of Modernity's Sexual Revolution

⁷ In this regard, see Alan F. Fleming et al *The Global Impact of AIDS* p.216 as well as Tony Barnett et al *AIDS in Africa* p.45 in which the influence of religion on an AIDS prevention model can be destructive if not implemented properly.

⁸ Bruce Caldwell et al *Sexual Regimes and Sexual Networking: The Risk of an HIV/AIDS Epidemic in Bangladesh*. Anees, *The Silent Killer: AIDS and the Muslim World* in The Muslim News, 24 December 1993 p.5

⁹ *ibid.* p.183

¹⁰ *Decisive Action Needed on Aids* Al Qalam Volume 26 No.5 May 2000 SAFAR 1421 p.8

¹¹ Faghmeda Miller, Dr. Farid Esack and Abdul Kayum Ahmed with the full support of the Muslim Youth Movement founded the group.

¹² Muslim radio stations such as Voice of the Cape, Radio 786 (Western Cape) and The Voice (Gauteng), have invited Positive Muslims to talk about HIV/Aids on a number of occasions. Al Qalam have published numerous articles on HIV/Aids and Muslim Views have for the first time published an article on Aids, relating to the IMA prevention model, in its July 2000 edition.