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Breaking the Silence: South African Muslim Responses to HIV/AIDS and a Theology of Compassion

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Breaking the Silence: South African Muslim Responses to HIV/AIDS and a
Theology of Compassion

A case study of religio-cultural approaches to HIV/AIDS

A thesis submitted in partial fulfillment of the requirement
for the degree of Bachelors of Arts in Religious Studies from
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Abstract

HIV/AIDS is not merely a disease, but an illness that is shaped by social, cultural,

economic, and political circumstances. A variety of approaches to prevention and

treatment have been implemented throughout the world, but in many cases have failed to

stop the spread of the epidemic. In Africa, religious organizations play a significant role

in providing health care infrastructure as well as material and human resources. Positive

Muslims is an example of a religious organization that is grounded in a clear theological

framework. In contrast to Muslim responses to HIV/AIDS in South Africa and other

parts of the Muslim world, Positive Muslims emphasizes compassion and non-judgment

in both discourse and practice. This theology of compassion has been strongly influenced

by liberation theology developed during the anti-apartheid movement. Although aspects

of religion are highly variable, and may also contribute to stigmatization of those living

with HIV/AIDS, religious organizations may be ideally situated to intervene against

stigma. A framework that deals with these theological challenges is therefore essential to

effective compassionate religious responses. This thesis is an investigation of one

particular organization, Positive Muslims, as an example of such a response.

Introduction

The effects of the AIDS epidemic extend across international borders and boundaries of race, class, gender, and religion. Although great biomedical advances in the past fifteen years have helped scientists to understand and treat the disease, the epidemic has continued unabated in many parts of the world. Complex social, political, and economic factors have been explored in order to explain the failure of diverse types of interventions for HIV prevention and treatment. Religion and culture are among these factors, but have not yet been thoroughly investigated. They are of great importance in addition to biomedical understandings of AIDS, the causes of its spread, and appropriate methods for prevention and treatment. Religion and culture are inextricably bound and together influence the way that people perceive and interpret the world around them, including the causes and cures of disease.

Religious institutions are influential in the lives of people around the world, and in Africa the great majority[1] of people are practicing Christians or Muslims. Religious organizations have historically played a significant role in the delivery of health care in Sub-Saharan Africa, where HIV/AIDS has had the most devastating effects. Only recently, however, have researchers begun to investigate the interface of religion and public health. The African Religious Health Assets Program (ARHAP), a collaborative team of academics and professionals from various parts of Sub-Saharan Africa assembled in 2002, has suggested that "religion has more intangible and indirect effects on health

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[1] According to the Commission for Africa, in 2005 Africa had an estimated total population of 700-800 million, and approximately 350 million people identify as Christians, 400 million as Muslims, and 100 million follow indigenous religions. www.commissionforafrica.org. 2005

that, better understood and leveraged, might offer great potential for impacting health in Africa" (Olivier, Cochrane, and Schmid 2006 p. 11).

Religious organizations have historically provided a significant portion of the health services that are available in South Africa. Recent investigation into religio-cultural approaches to HIV/AIDS has focused on Christian organizations, however, with little attention given to traditional African religions or minority religions such as Islam. Within the Muslim community, there are now a few organizations that deal specifically with HIV/AIDS. These organizations offer a type of support and guidance they believe to be absent in other approaches to HIV/AIDS. The purpose of this paper is to investigate one particular organization, Positive Muslims, as an example of a religio-cultural response to HIV/AIDS that is grounded in a clear theological framework. Positive Muslims' approach, rooted in a discourse of progressive Islam, has developed within the context of the anti-apartheid movement and the political, economic, and social development of a new democratic South Africa. It is the theological framework, I argue, that not only sets Positive Muslims apart from many other Christian and Muslim organizations, but that also helps to identify the motivations, attitudes, commitments, and strengths of a religio-cultural approach to HIV/AIDS.

This paper is the culmination of research completed over the course of a year both at William and Mary and in Cape Town, South Africa. It stems from an interest in the work of Farid Esack that began after I read *Qur'an, Liberation, and Pluralism*, and subsequently spent five weeks in Cape Town while studying abroad during my junior year. I was doing research for a separate project while studying there and hoped to contact Esack, but found that he was teaching abroad during the weeks I was there. The

project was temporarily abandoned, and I returned to William and Mary with plans to graduate the following year. Throughout the following semester, however, the idea of looking at Islam and HIV/AIDS lingered in my mind, and I discussed research options with Professor Tamara Sonn. With her encouragement, I began an honors thesis in January, and immediately began to investigate possible means of doing fieldwork in South Africa. Fortunately, Farid Esack was being sponsored by the Muslim Student Association to give a lecture at William and Mary in March, and I had the opportunity then to speak with him about working at Positive Muslims. After securing funding through the Charles Center with a Batten Scholarship for pre-honors research, I planned to spend two months in Cape Town as an intern at Positive Muslims and a research assistant to Esack. While two months cannot equal the experience of those who have worked there long-term and lived in South Africa, they nevertheless provided considerable insight into the historical development of the Islamic tradition in South Africa and the range of contemporary attitudes towards the HIV/AIDS epidemic. Many parts of this paper are based on my observations and participation in day-to-day activities at Positive Muslims, combined with insight gained through scholarly research. I am deeply grateful for the friendship, support, and guidance of those at Positive Muslims, as well as the encouragement of Professor Esack, throughout my time in South Africa and up to the present.

Chapter 1:
Creating a Muslim Identity
A brief history of Islam in South Africa

The history of the Muslim community of Cape Town stretches back to the arrival of the first Dutch settlers around 1652, who brought with them Muslim slaves, servants, and prisoners from colonial holdings in Southeast Asia (Esack 1997; da Costa 1994, 235-246). Just over two centuries later, another wave of immigrants from British India brought a second Muslim community to Southern Africa, and settled primarily in the Natal and Transvaal areas. Despite their various cultural and ethnic backgrounds, Muslims have frequently been identified as a single group based on their common religious tradition. Under Apartheid, race became an additional marker of identity for Muslims, with those descended from the earliest immigrant community labeled "Cape Malay" (Coloured), and those who came from the Indian subcontinent labeled "Indian" or 'Asian' (Costa and Davids 1994, 182). While the political apparatus for separation is no longer in place, and despite their diverse ethnic backgrounds, Muslims continue to be identified as a group based on religious and racial identities. While the notion of a monolithic Muslim community has been problematized elsewhere (Vahed and Jeppie 2005; da Costa 1994, 235-246), several factors have bridged the various social and historical experiences within the group. In this paper, I will discuss the emergence of a Muslim "community" based on an Islamic paradigm that responds to social and political realities that Muslims face in Cape Town.

Unity to Discord: Establishing a Muslim Community in the Cape

As noted, the first Muslims arrived in the Western Cape in the 17th century as slaves, indentured servants, and political exiles brought from Southeast Asia by the Dutch East India Company, and became known as "Malays", the name of their spoken language (Esack 1997). Economically and socially marginalized, the group fiercely maintained a distinct religious and cultural identity. Islam was repressed under the Dutch, and though Muslims continued to practice covertly, a public form of Islam did not emerge until the second half of the 18th century (Tayob 1995, 211). The leadership of Tuan Guru, an exiled political figure who arrived in 1780, helped to consolidate the Muslim community. Not only did Tuan Guru symbolically unite the group by leading the first public Friday prayers in South Africa, but he also helped to establish a mosque and school in Cape Town and served as the first imam and qadi (Esack 1997). Restrictions on religious practice were loosened between 1795 and 1806 as the Dutch and the British vied for control of the colony. In 1804, the British officially declared freedom of religion, allowing Muslims to begin establishing a formal religious community.

Tuan Guru's leadership as an imam and teacher in the first mosque, Awwal Mosque, established these institutions at the center of life in the community (Tayob 1999, 176). Within these institutions, however, controversy over authority and correct practice arose as the community grew. Political and social changes in the colony contributed to the expansion and evolution of the Muslim population, and between 1822 and 1891, the population grew from 3,000 to 11,287 (ibid). Many Free Blacks and slaves had received education in Muslim schools and turned to the Muslim community following their emancipation in 1838. In addition, a new stream of Indian Muslims arrived from India

between 1860 and 1871 and established their own mosques and associations. This new population eventually integrated into the Muslim community in the Cape, but has always maintained a distinct ethnic identity as Indians (Tayob 1995, 211). Elsewhere in South Africa, the integration of various groups of Muslims has been more challenging.

No formal structure had been established to organize and regulate leadership of the growing Muslim population, and different imams vied for authority within mosques and madrasahs (Esack 1997). Tayob writes, "Islamic identity and meaning were increasingly vested in 'ulama whose authority derived from the mastery of Islamic knowledge." (Tayob 1995, 211), but the imams argued fiercely over the proper Islamic beliefs and practice. There are four schools of jurisprudence within Sunni Islam, and the Shafi'i school had been well established in the Cape through the teachings of Tuan Guru and his handwritten book on Islamic law, which he recorded in 1781 (Davids 1980, 236). The Muslim community referred exclusively to the Shafi'i school up until the 1860s, although disputes over doctrine and leadership of various Cape mosques still occurred and were sometimes taken as far as the Cape Supreme Court. Disagreement over the appointment of the Imam at the Jan van Boughies Mosque reached the ears of P.E. de Roubaix, a member of parliament and sympathizer with the Muslim community, who solicited help from overseas. At the request of the British government, the Ottoman Empire sent Abu Bakr Effendi, a well-respected Turkish qadi, to help resolve the conflicts and reform educational, juridical, and leadership structures in the Cape.

De Roubaix had not conferred with the Muslim community before taking action, and unknowingly complicated matters further by introducing Effendi, who was an adherent of the Hanafi school of thought (ibid.). The introduction of Hanafi practices

caused further divisions within the community, polarizing those who remained faithful to the Shafi'i school and those who became followers of the Hanafi school. When disputes again reached the Cape Supreme Court, the court ruled in favor of Effendi and his students. According to Tayob, this set up an important value system in which Islamic knowledge from abroad was privileged over local education (Tayob 1995, 211). Scholars trained abroad were referred to as *shaykhs*, while those trained locally were called *imams*. These religious authorities competed for influence in the mosques of the Cape, and often called on the public to evaluate conflicting opinions in a traditional consultation called a *bechara*. This eventually led to the creation of the Muslim Judicial Council (MJC), a representative body of the imams and shaykhs, in 1945. The Muslim Judicial Council does not align with any particular school of jurisprudence, and has absorbed the diverse tendencies of the '*ulama* of the Cape. The juridical and theological flexibility of the MJC is reflected today in the continuum of opinions and attitudes expressed on issues such as the HIV/AIDS epidemic.

The Illusion of Freedom

While the freedom of religion declared by the British in 1804 was monumental for Muslims in Cape Town, their autonomy as individuals and a community remained circumscribed by colonial authority. Control over the country was divided between the Boers and the British until 1902, when the Boers were defeated in the Second Anglo-Boer War. The fractured country was united in 1910 as the Union of South Africa, a self-governing British territory. During the years that followed, the British set up an increasingly oppressive, white supremacist state to maintain their political hegemony.

Blacks and "Coloureds," as the Cape Muslims who had intermarried with Africans were called, were increasingly politically and socially marginalized under this new government. The Natives' Land Act of 1913 was the first legislation enacted to identify and separate South Africans by race. The discrimination and disenfranchisement of non-whites was institutionalized and systematically carried out with the 1948 election of the National Party and its introduction of apartheid legislation.

The separation and subjugation of the Black, Indian, and Coloured populations did not go unopposed. By the end of the 19th century, a distinct middle class had emerged in the Muslim community and had begun to demand equal rights. The Muslim and Black elite "firmly believed in the legitimacy of the constitutional process and in justice through participation in it." (Esack 1997; Sueyoshi, S. Al-Khozahe, H. O. Ohtsuka, R. 2006). Non-whites were continually prevented, however, from taking part in this system. In 1889, the Cape Parliament took measures to prevent Achmat Effendi, son of Abu Bakr Effendi and a representative of the Muslim and colored communities, from being elected. Non-whites were effectively excluded from political process after the passing of the Franchise and Ballot Act in 1892, which made voting contingent on financial and educational qualifications.

Organizing Opposition

Various groups emerged to contest this discrimination, beginning with the Colored People's Association (CPA) in 1892. Most supporters of this group were Muslim, but it also promoted the rights of other colored groups, reflecting "the fusion between Muslim and Coloured political identities" (ibid 27). While this willingness to

work alongside other groups was essential to mobilizing mass support against apartheid during later years, the relationship was, at times, problematic. Dissatisfaction with the CPA led to the establishment of the South African Muslim Association in 1902 to represent the specific needs of the Muslim community, but it failed to gain support of Indian and Cape Muslims together. The African People's Organization (APO), founded that same year, mobilized South African Blacks and claimed to represent Coloureds as well, but was seen as politically ineffective by the 1930s (ibid.).

Dissatisfaction with the APO and new discriminatory legislation further limiting the rights of non-whites led to the radicalization of the young Coloured population, which eventually organized into the National Liberation League (NLL) in 1935 (ibid.). The NLL and its successor, the Non-European Unity Movement (NEUM) (1943) worked alongside the African National Congress (ANC), which had been founded in 1912, in opposition to the government. While many of the organizations that formed between 1890 and 1948 did not last, they were vital to raising consciousness and drawing support from a broad base to create a unified opposition. As Esack demonstrates in *Qur'an, Liberation, and Pluralism*, this unity was essential to the success of the anti-Apartheid campaign, but also allowed for the development of an Islamic response within the movement.

The coalescence of a Muslim identity, whether Malay, Coloured, Indian, or African Black, was essentially driven by external factors, such as Christian attacks on Islam and the forced relocation of communities by the Apartheid government after 1958. A shared sense of oppression as Muslims transcended divisions in the Muslim population and gave rise to a number of groups dedicated to strengthening Muslim solidarity in

opposition to apartheid (ibid.). This new Islamic movement began largely under the

leadership of Imam Abdullah Haron and developed within Cape Muslim Youth

Movement (est. 1957) and the Claremont Muslim Youth Association (est. 1958). While

these organizations did not survive the intense repression and persecution of the 1960's,

they laid the theological foundations for the Muslim Youth Movement (MYM) and the

Muslim Student's Association (MSA) that emerged during the 1970s.

Islamism, Resistance and the Question of Collaboration

During the 1950s, 60s, and 70s in post-colonial societies throughout the

developing world, theology was being reconfigured and politicized as a tool for

liberation. Christians in South Africa were inspired by liberation theology in Latin

America, and Blacks were also mobilizing around similarly radical ideologies of Black

Consciousness and Black Theology.   Increasing political repression and the death of

Imam Haron, considered martyrdom, reinvigorated the development of an Islamic

response to Apartheid. While Tayob refers to this Islamic response as the "birth of a new

understanding of Islam" (Johnson 2005; Tayob 1995, 211), Islamic resurgence had

already begun to emerge in South Africa earlier in the 20th century and was fueled by the

concurrent growth of Islamic movements outside South Africa (ibid.). Among Muslims,

the political Islam underpinning the 1979 Iranian Islamic revolution and the spread of

fundamentalist theology were widely discussed in study circles, along with the works of

'Ali Sharia'ti and Sayyid Qutb (Esack 1997). A growing number of Muslims identified

with this international Islamist movement and embraced the idea of a socially relevant

Islam.

Despite variation within the Muslim community, by the early 1980s "it was clear that most Muslims were increasingly identifying with the broader liberation movements in the country." (ibid 33). In 1983, various cultural, religious, and welfare organizations coalesced to establish the United Democratic Front (UDF) on the basis of a shared commitment to ending the injustices of the Apartheid system (Tayob 1995, 211). The importance of cooperation between opposition groups had become increasingly obvious. Although many Muslims were committed to an Islamic form of resistance, some found the notion of collaboration with non-Islamic groups unpalatable to some. Supporters argued that Islamic ideology was not incompatible with the broad goals of the UDF (ibid). Inter-religious collaboration did, however, raise important questions about faith and identity. The Call of Islam, an organization linked to the MYM and MSA, endorsed interfaith solidarity as not merely politically expedient, but also theologically legitimate (Tayob 1995, 211). In a statement made by the chair, the Call articulated its stance that: "All the Messengers of Allah formed a single brotherhood. Their message is essentially one and their religion and teachings are one. … Let us enter the future as brothers and sisters in the struggle." (Solomon 1985; cited in Esack 1997; 38). While more conservative religious leaders and groups contested this idea, towards the end of the 1980s diverse reformist factions gradually embraced the notion of interfaith solidarity. The implications of this collaboration against Apartheid have had significant long-term implications for the identity of the Muslim community and for South African society in the post-apartheid period. While the constitution is secular and rights-based, the government also promotes and affirms religion both individually and collectively (Tayob interview, 7-30-2007)

Cooperation among and within religious groups under the UDF was essential to the success of the anti-Apartheid movement. Rather than weakening the theological integrity of each group as some conservatives argued, in the view of the UDF members this solidarity reinforced religious identity and engendered tolerance. The unbanning of the ANC in 1990 and its subsequent victory in the first democratic elections of South Africa in 1994 have been monumental steps towards creating a context in which religious pluralism can continue to flourish. As Esack points out, however, pluralism is different from social coexistence, and requires conscious work within and among religious communities (Esack 1997). The unity fostered during the liberation movement proved tenuous within the Muslim community even immediately after the fall of Apartheid. According to *al-Qalam*, a monthly newspaper published by the Muslim Youth Movement:

> Islam is the common binding factor, but Islam in South Africa depends on where you are located on the apartheid landscape…Generalized language about 'the interests of Muslims' must not dull our senses about the geographical realities of apartheid, which influence attitudes towards race and class. The hierarchy of suffering, not only in terms of the Black-White divide, but also in terms of the Muslim-Muslim divide, born Muslim-convert Muslim divide, Indian-Malay-Coloured-African-Muslim divide…[Muslims can be organized as Muslims but] on the basis of true Islam and not Islam nurtured under the Group Areas Act. (March 1994, p. 6; cited in Esack 1997; 220).

These "geographical realities" have been as difficult to erase from Muslim consciousness as they have from South African society. The authenticity of the Muslim community and its commitment to solidarity have been tested not in the face of oppression, but rather in its absence.

The emergence of a progressive, liberationist Islam during the anti-Apartheid movement demonstrated the dynamic nature of Islam in South Africa. While Muslims

are no longer as politically marginalized, they are still subject to vast social inequalities that are the legacy of Apartheid. No longer united under a common political goal, the Muslim community has found itself increasingly internally divided over issues of class, race, and gender. While we must acknowledge the importance of the anti-apartheid struggle in forging a South African Muslim identity, we cannot forget that the process of self-definition is ongoing, complex, and always contextual. A shared religious identity does not imply a monolithic community, and the experience of being Muslim is influenced by many social, political, and economic factors in contemporary South African society.

Multiple Communities: Muslims in Contemporary South Africa

According to the most recent census data, Muslims comprise approximately 1.5% of the total population in South Africa (Haferburg 2000). This data is reported according to the same racial categories employed by the Apartheid government, and consequently Muslims are described as Coloured, African, White, and Indian. Such categories are reinforced by the class differences that they have produced, which are in turn reinforced by levels of access to education and employment. The average per capita income of Indian Muslims in South Africa is almost twice that of Malay Muslims, and almost two and a half times that of African Muslims (Vahed and Jeppie 2005). In terms of education, almost 36% of Indian males in the 20+ age group had completed grade 12, in contrast to only 24.7% of Africans and 24.2% of Malays (Coloureds) (ibid). Muslims make up close to 7% of the population in the Western Cape, and in Cape Town Muslims continue to live in particular parts of the city or the Cape Flats that were designated for

Africans, Coloureds, or Whites during Apartheid. While society is no longer legally separated by race, the structural inequalities created under the Apartheid government have preserved spatial segregation based on class.

In addition to the external divisions of race and class, those who call themselves Muslims vary dramatically in their norms, values, and practices. In the post-Apartheid context, there is a growing trend towards conservativism, and an opposite tendency towards liberal secularism among Muslims that has been observed from both inside and outside the community (Ahmed Interview 7/31/2007). The conservative trend is apparent in the increasing number of women wearing the headscarf, and also in those who cover their bodies and faces entirely in order to represent a choice in lifestyle and behavior referred to as "going into purdah." Some women who elect to go into purdah do so against the example or will of their families, or to meet the dress requirements of some Islamic schools. According to Abdulkadar Tayob, this outward expression of piety is part of a general trend in the mosques towards greater affiliation with religious texts. "Muslims are turning towards religious literature and religious practices that are inscribed in text and not from the society," says Tayob, and "there is no questioning about what it means, or contextualization of the text, even in places where the text is very much meant to be contextualized." (interview, 7/30/2007).

Tayob also points out that while some Muslims are turning towards conservative Islam, there are also many who have become much more secularized. The adoption of a democratic, rights-based constitution in 1994 has prompted this trend. While South Africa is a secular state, it is also one that affirms and promotes religion. Many Muslims choose to engage in government, business, and broader society without being under the

umbrella of Islamic organizations or institutions, and they look less often to theology to justify rights that are already promoted in the secular, rights-based discourse. Thus, despite the tendency to focus on affirmation of religious groups in contemporary South African society, Muslims are not always involved from an explicitly articulated standpoint of Islam, and there is a subtle trend towards secularization that has developed in recent years.

As discussed above, Muslims in South Africa "are divided along lines of race, class, gender, ethnicity, language and beliefs, and it is highly simplistic to collapse them into a monolith on the basis of their being Muslim." (Vahed and Jeppie 2005). To what extent can we speak of a Muslim identity, or a cohesive community, once we consider this sociological and religious diversity? This question becomes important when we refer to a "Muslim response" to HIV/AIDS or any other social issue in contemporary South Africa. In many ways such variation among Muslims can be understood as the product of historical conditions in which Islam has developed in South Africa. It would not be incorrect to speak of Muslim identities in the plural, rather than a singular identity.

According to Abdulkadar Tayob, professor of religion at the University of Cape Town, "Apartheid provided an anchor point around which Muslims could debate…Now there is no anchor point within the country." (Interview, UCT, 7/30/2007). While the liberation struggle united Muslims in spite of their diversity, the Muslim community was no more homogeneous under Apartheid than it is now. New issues have taken center stage in the post-Apartheid context. While, as Tayob points out, there is no longer a single political anchor point within the Muslim community, gender justice and HIV/AIDS are pivotal issues around which various discourses are emerging. Within

progressive Islamic discourses, these issues have become focal points and have carried liberation theology beyond the anti-apartheid movement.

Just as it would be incorrect to speak about a monolithic Muslim identity in South Africa, it would be equally misleading to describe the Muslim response to HIV/AIDS as such. To merely say that there are diverse Muslim response*s* to the epidemic, however, is also problematic. Muslim responses to HIV/AIDS have emerged within the Islamic tradition in South Africa, which is constituted of multiple and interrelated discourses. To gain insight into the complex social, cultural, and religious meanings attributed to the HIV/AIDS epidemic requires an understanding of this discursive tradition[2] and the historical processes that have shaped it. The next chapter will describe how the epidemic has unfolded in post-Apartheid South Africa, and the ways in which Muslims are vulnerable to the illness.

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[2]See Talal Asad's *The Idea of an Anthropology of Islam* for a discussion of Islam as a discursive tradition.

Chapter 2

HIV/AIDS in South Africa:
History and Policy

The AIDS epidemic has by now become a familiar topic of conversation in South

Africa. There is, however, much disagreement over theories on the origins of AIDS, the

reasons that HIV continues to spread, and the appropriate response to the disease. This

chapter will provide a brief overview of the history of AIDS in South Africa and the

impact of the disease on various sectors of society. AIDS is far more than a medical and

biological problem; it carries complex social and cultural meanings. Many

interpretations and responses to the epidemic have emerged in the pluralistic context of

South Africa, making efforts to develop an effective national strategy particularly

difficult. Traditional approaches to prevention, treatment, and support have failed to

address the needs of particular groups within South African society, prompting many

non-governmental and faith-based organizations to offer different approaches to

HIV/AIDS.

A New Threat to Society

Acquired Immunodeficiency Syndrome (AIDS) was identified among

homosexual men the United States in 1981 and the first cases in South Africa were

reported in 1982 (Whiteside and Sunter 2000). Initially perceived to be a "gay plague" in

both places, the disease has since affected millions of people of every race, class, gender,

and sexual orientation. Sub-Saharan Africa is home to only about 10% of the world's

total population, but 64% of all people infected with HIV live there (UNAIDS 2006).

Homosexual men are no longer the primary transmitters of the disease; HIV is most

commonly passed between heterosexual partners (Nicolosi et al. 1994, 570-575), and globally affects approximately equal numbers of men and women (UNAIDS 2006). Socio-economic inequalities as well as political factors have played, and continue to play a substantial role in the spread of the disease, placing the heaviest burden on poor and marginalized sectors.

During the 1980s, HIV/AIDS was largely associated with gay men, and early AIDS activism was thus tied to gay rights activism situated in a universal rights-based discourse (Mbali 2004, 10). This movement became increasingly militant and polarized between those who wanted to take an apolitical stance towards Apartheid, and those who were speaking out against institutionalized racism and segregation. Several important leaders within the movement saw the fight for gay rights as part of a larger struggle to create a South African society that would ensure social justice for all people, regardless of their race, gender, or sexual orientation (ibid). It was partially due to their influence that all forms of discrimination on the basis of race, sex, gender, and religion were banned in the African National Congress (ANC) Bill of Rights, and thus later integrated into the new democratic constitution (Mbali 2004, 10).

The first national conference on AIDS in South Africa took place in 1990, drawing together representatives from various sectors to establish a National AIDS Task Force and marking the first public forum on the growing epidemic (ibid.). This put in motion a series of events that led to the establishment of the National AIDS Convention of South Africa (NACOSA) and the Charter on HIV/AIDS and Human Rights in 1992, a document endorsed by the ANC. When it came into office four years later, the ANC had taken a strong stance on HIV/AIDS that recognized that "credible predictions indicate

that by the year 2005, between 18 and 24 percent of the adult population will be infected with HIV, that the cumulative death toll will be 2.3 million, and that there will be about 1.5 million AIDS orphans." (ANC 1994).

Failed Promises: HIV/AIDS Policy in Post-Apartheid South Africa

1n the early 1990s AIDS was becoming a more generalized epidemic as South Africa was undergoing a period of intense political and social change and Apartheid came to an end. The ANC's rise to power and the adoption of South Africa's democratic constitution in 1994 created political and legal space in which AIDS activism could develop (Mbali 2004, 104). Despite its initial aggressive rhetorical stance on HIV/AIDS, however, the new government failed to implement an effective multi-sectoral prevention and treatment strategy. This inconsistency in discourse and practice regarding HIV/AIDS policy has not only provoked criticism at home and abroad, but has also had devastating effects on South African society in allowing the epidemic to spread unabated. While a detailed discussion of South Africa's HIV/AIDS policy is beyond the scope of this paper, I will briefly survey some of the issues that have arisen in the post-Apartheid context.

Anthony Butler offers a cogent explanation for South Africa's HIV/AIDS policy during the first ten years after the end of Apartheid. He describes two competing sets of policy prescriptions, a mobilization/biomedical paradigm that stressed society-wide mobilization, political will, and anti-retroviral treatments; and a "nationalist/ameliorative" paradigm that focused on poverty, palliative care, traditional medicine, and appropriate nutrition (Butler 2005, 591-614). According to Butler, "South Africa's political history created two relatively distinct worlds of discourse, one in the

public sphere that was hospitable to the biomedical/mobilization paradigm, and the other internal to the liberation movement that favoured the nationalist/ameliorative paradigm." (ibid 12) The ANC's early strategic framework for HIV/AIDS policy incorporated both biomedical and ameliorative models, but the Department of Health lacked the bureaucracy and resources to implement programs. These practical challenges were subsequently compounded by equivocation and denial at the highest levels of political leadership.

In 1996, the first effective anti-retroviral treatments (ARV's) became available, and in many parts of the developed world, turned HIV into a manageable chronic condition. Therapies were expensive, however, and the South African government resisted the policy of publicly funded treatment options on grounds of affordability (ibid). AIDS NGOs and advocacy groups saw this refusal to provide publicly funded anti-retroviral treatment as a betrayal of the ANC's commitment to human rights, non-discrimination, and dignity, as well as the partnerships it had created with civil society during the liberation movement (Heywood 2004). Relations between state and society became more strained, and "those supporting the biomedical/mobilization paradigm were increasingly viewed as opponents." (Butler 2005, 591-614 p. 602). In response, community leaders launched the Treatment Action Campaign (TAC) in 1998, an organization that has played a vital role in raising awareness and mobilizing public support for the right to access to treatment.

The TAC has worked at the community level to encourage thousands of people to join the struggle against AIDS, and its success reflects popular support for an approach that is informed by and reliant upon biomedical treatments (ibid). As the public

increasingly embraced the biomedical/mobilization paradigm, the South African

government moved towards an ameliorative model when President Thabo Mbeki came

into office in 1999. Both President Mbeki and Health Minister Manto Tshabalala-

Msimang have made statements that appear to question the causal relationship between

HIV and AIDS as well as the efficacy of anti-retroviral therapy (Mbali 2004, 104).

Mbeki's dissident views became increasingly public after 2000 through a series of letters,

interviews, and speeches, as well as his decision to exclude leading researchers and

include AIDS dissidents in the South African National AIDS Committee (SANAC)

(Heywood 2004).

      "Denialism"[3] has played a role in the AIDS epidemic in South Africa on many

levels. The attitude that "it can't happen here" is a common form of denial even among

knowledgeable individuals and communities. The denialist statements of President

Mbeki are not simply a rejection of scientific evidence for the cause of AIDS or the

efficacy of biomedical treatments. Criticism of the biomedical paradigm may, in fact,

reflect ignorance, but several people have suggested that there may also be an implicit

purpose that has been largely ignored: to expose the global social and economic

inequalities that have allowed the epidemic to spread (Farmer 2001; Johnson 2005). The

government's decision to frame AIDS as a disease of poverty and to emphasize

ameliorative policy rather than a biomedical one may reveal a sense of frustration with

the global economic order, as well as the lack of infrastructure needed to provide an

effective response in South Africa.

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[3] According to Mandisa Mbali: The term *denialism* is a neologism coined by AIDS activists in South Africa to describe the rejection by Mbeki and others of: the fact that HIV causes AIDS; the accuracy of HIV tests; and of the use of anti-retrovirals as safe. It was first used by TAC activists in 2000, around the time of the AIDS 2000 conference in Durban (2004).

Although the South African government continues to send mixed messages about the antiretroviral treatments, policy has changed dramatically since the TAC was founded in 1998. Major victories have been won at the national and international levels towards making ARV's available to those who need them. In 2001, the TAC fought alongside the South African government in an international court case against the Pharmaceutical Manufacturers Association that led to an agreement to provide anti-retrovirals at a reduced cost to African countries.[4] At the national level, the TAC has led mass protests and civil disobedience campaigns to push the government to improve its policies. On February 14, 2003, over 10,000 people marched to Parliament in Cape Town to demand that the government sign and implement the National HIV/AIDS Treatment Plan, a strategy to provide antiretroviral drugs to the public that the ANC had previously opposed. Although implementation of the plan has been slow, South Africa now has one of the most comprehensive policies on treatment programs in Sub-Saharan Africa (UNAIDS 2005).

New Strategic Plans for HIV/AIDS: Putting Words into Action

While TAC's political achievements in securing an anti-retroviral rollout program bring hope to those already infected with HIV, they do not promise to stop the epidemic from spreading. South Africa continues to maintain one of the highest rates of HIV

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[4] In 1997, the Pharmaceutical Manufacturers Association blocked the state's efforts to make essential medicines, including anti-retrovirals, more affordable (Johnson 2005). This legal action drew the attention of the international community and inspired campaigns against the pharmaceutical industry's policies that effectively denied drugs to all but the wealthy. After four years of international political pressure, the Pharmaceutical Manufacturers Association withdrew its case and agreed to provide anti-retrovirals at a reduced cost to African countries (ibid).

infection in the world, reporting an 18.8 % HIV prevalence rate among adults (15-49) in 2005 (UNAIDS 2005). The government's failure to implement education and awareness programs early in the epidemic has had long-term consequences and created new challenges. The Strategic Framework for HIV/AIDS and Sexually Transmitted Infections (STIs), released in April 2007, reported that the AIDS prevalence rate has stabilized, and sets goals to reduce the rate of new infections by 50% and expand access to appropriate treatment, care, and support of 80% of all HIV positive people by 2011 (South African Ministry of Health 2007). The Plan articulates a comprehensive and multi-faceted approach to the problem of HIV/AIDS, combining elements of both biomedical and ameliorative paradigms discussed above.

The National Strategic Plan has two areas of strength that are of particular interest in this discussion of religio-cultural approaches to HIV/AIDS. The plan demonstrates an overall awareness of the complex social, cultural, and economic factors related to the epidemic in South African. First, it calls attention to populations especially vulnerable to HIV transmission, such as women. The implication is that not only must these groups and communities be identified, but also the nature of their vulnerability must be explored and considered in addressing HIV/AIDS. The second area of importance is the government's reliance on community-based organizations (NGOs) and the private sector to implement and monitor government policies. While the relationship between civil society and government has been strained over HIV/AIDS policy, NGOs, including faith-based organizations (FBOs), have historically played a significant role in providing health care in South Africa. While many of the FBOs focused on HIV/AIDS are Christian, this paper will focus specifically on Muslim responses to the epidemic.

Not in Our Community: Muslim perceptions of HIV/AIDS

The Muslim community in South Africa has, in the past, chosen to ignore the potential threat of HIV (Esack 2004). This reflects a denialism stemming from the association of HIV with behaviors that are prohibited for Muslims, such as sex outside of marriage, homosexuality, and drug use (ibid.). AIDS is thought to be a curse from God on those who have engaged in such immoral activities and not an issue affecting "good" Muslims (Ahmed 2003). Despite this attitude, the stories of individual Muslims and household surveys show that the Muslim community is not impervious to HIV/AIDS. While it is difficult to measure HIV prevalence among Muslims in South Africa, a study conducted in 2005 of three Muslim residential areas in the Cape Town area found that 2.56% of Muslims living there were HIV-positive (Kagee et al. 2005, 512-516). The lack of prevention and education programs and support structures for those already infected increases the likelihood that HIV will continue to be spread throughout the Muslim community (ibid).

Muslims are not the only sector of society that is particularly vulnerable to the HIV/AIDS epidemic; statistics show that HIV rates among women in Sub-Saharan Africa are increasing at a higher rate than among men (UNAIDS 2005), . Approximately 58% of people living with HIV in South Africa are women, and the gender gap is increasing each year (ibid.). Women's greater vulnerability stems from many factors. Physiologically, the female body is more susceptible to infection, particularly before reaching full maturity or when affected by other STIs (UNAIDS). Another significant factor is the status of women in society and their lack of power over their bodies and sexual lives. This powerlessness is reinforced by social, cultural, and economic

inequalities that not only make women more vulnerable (Albertyn 2001, 179–194) but also limit women's ability to protect themselves. Gender inequality manifests itself differently within different communities in South Africa; it has been institutionalized in different religious practices and social institutions rather than produced by them. While religion has entrenched unequal power relations in society, it may also be the best conduit for structural changes.

Muslim women therefore face a sort of "double jeopardy" when it comes to HIV/AIDS. While the risks that they face are similar across cultural or religious groups in South Africa, these risks stem from beliefs and behaviors accepted for various reasons and on different authority. Religion and culture influence the way that particular groups understand and respond to HIV/AIDS as well as their acceptance of external government initiatives. Public health programs often reflect an insufficient understanding of these factors, suggesting the limitations of the South African government's secular, rights-based approach to HIV/AIDS. NGOs and FBOs not only provide needed human and material resources, but also respond to the needs of specific groups and communities. In religious communities, women and other vulnerable individuals may respond more positively to the approaches of religious organizations.

Chapter 3

Between Stigma and Compassion:
Muslim Responses to HIV/AIDS

Thus far I have attempted to trace the history of Islam in South Africa and to conceptualize a Muslim community within the context of the liberation movement and the new democratic state. As we have seen, one of the chief concerns of the post-Apartheid government has been the management of the HIV/AIDS epidemic within a culturally, religiously, and economically diverse population. The second half of this paper will focus on the particular customs and beliefs of Muslims that may contribute to their vulnerability to HIV/AIDS and the discursive and practical responses that have emerged from within the Muslim community. In particular, I will focus on the formation of Positive Muslims and the theological discourse that informs its practices and programs as an example of an effective religio-cultural approach to the HIV/AIDS epidemic.

While there has been some speculation on a negative association between Islamic religious affiliation and HIV seropositivity (Gray 2004, 1751-1756), a rapid increase in rates of infection throughout the Muslim world suggests that Islamic values are not an adequate defense.[5] According to Memoona Hasnain, the association of contentious ethical and moral issues with HIV risk behaviors makes the social stigma associated with HIV/AIDS more pronounced in Muslim societies (Hasnain 2005, 23). She identifies several issues that must receive particular attention in discussions about HIV/AIDS in

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[5] In a report issued March 29, 2007, the US Center for Disease Prevention and Control cited a 300% increase in the number of people infected throughout the Middle East and North Africa during the past three years. In Sub-Saharan Africa where HIV rates are the highest in the world, Islam and the epidemic are spreading side by side. By 2010, 40% of the African population is predicted to be Muslim (Hasnain 2005).

Muslim societies, including gender inequality, stigma and discrimination, and ignorance and misinformation (ibid.). The vulnerability of the Muslim community in South Africa can be described in terms of these issues. It is important to note, however, that these problems are not exclusive to the Muslim community, but are characteristic of every sector of South African society. Within different communities, however, gender inequality, stigma, and ignorance become entrenched and institutionalized in different ways, through political, educational, or religious practices. What must be explored is how they are produced and reinforced by Islamic discourses and practices.

Gender Justice in Islam

As noted earlier, since the fall of the Apartheid government, gender justice has become the chief issue of debate in the Muslim community (Jeenah 2006, 27-41; Shaikh 2003). Numerous Muslim intellectuals and academics have explored the theological dimensions of gender relations in Qur'anic terms in an effort to advance the rights of women (Esack 1997; Shaikh 2003; Tayob 1995, 211). The South African Law Commission has also explored legal reforms as a means of providing Muslim women greater protection in judicial courts(Anonymous2003). While the political and legal gains made by activists in the struggle for gender justice have been significant, changes spread much more gradually at the community level. Muslim women must constantly fight for equal respect within their own homes and social communities, where they are the victims of discrimination, physical abuse, and sexual violence. While Muslim women's struggle is not unique, Islamic institutions reproduce and normalize these inequalities, even when there is no theological basis for them.

Muslim women are almost four times more likely to report infidelity as a reason for divorce than men (Toefy 2002). They are also more likely to face consequences for engaging in premarital sex, mostly in the form of family pressure to get married in order to legitimate a premarital pregnancy (Toefy 2002). Popular attitudes suggest that a double standard exists regarding sexual activity in the Muslim community, though a significant number of both women and men engage in premarital sex.[6] Women face obvious consequences for their sexual behavior, while men's promiscuity has no visible consequences and goes unnoticed. This disregard seems to result from the idea that men simply have greater sexual needs than women. In a letter to the editor of a popular Cape Town Muslim newspaper, *Muslim Views*, it was suggested that men are unable to control their "biological sex drive" (Ahmed 2003; Martheze 2003), and therefore should not be blamed for their sexual indiscretion and violence towards women.

Physical and sexual abuse, also cited as common problems within Muslim marriages, are often overlooked by the community (ibid.). Violence towards women seems to be normal and acceptable, as the view above reflects. The belief that a man has a God-given right to engage in sexual intercourse with his wife whenever he wishes or to beat her for disobedience comes from a particular interpretation of the Qur'an and prophetic precedents. According to Sheikh Abdurraghiem Sallie, a leader from Cape Town, "[A woman] has no right to abstain except for reasonable cause or legal prohibition." (Ahmed 2003; Sallie 1993) While such practices are qualified by certain conditions, these details rarely figure into popular understanding (Ahmed 2003). Sumaya Ismail, a Muslim woman living in Cape Town, says of her relationship with her husband,

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[6] This is concluded from the high percentage of failed marriages that reported entering into marriage as a result of premarital pregnancy (Toefy 2002).

"There were many times when I didn't want to sleep with him, and then he beat me so I that I slept with him." (Ahmed 2003) Sumaya indicated that she stayed with her husband despite both sexual and physical abuse because she felt it was her religious duty.

Women's lack of control over their bodies, as justified by certain Islamic discourses, is directly related to their vulnerability to HIV infection (Albertyn 2001, 179–194). Amina Wadud (2003) has discussed the impact of such discourses in relation to HIV/AIDS:

> According to Shari'ah, if a Muslim man desires intercourse with his wife, she must comply. If she does not, she is guilty of *nushuz,* recalcitrance. A wife who is nashizah is no longer eligible for nafiaqah: maintenance or financial support. In addition, in various degrees of interpretation and application, the Qur'an asserts that the husband of such a woman may beat her. In the face of this, the vast majority of Muslim wives, those with gentle husbands, husbands of polygyny: open or secret, husbands of violence and abuse, upright husbands of moral standing and husbands of AIDS, open their legs to their men as they are not only expected, but commanded to do so by that which is most popularly understood as 'Islam'. Women turn towards men who have contracted AIDS and open their legs to their own death and destruction.

While far from universally accepted, interpretations of Islam that condone inequality and sexual violence do have a substantial impact on the practices of Muslims in South Africa (Ahmed 2003). Not only men, but also women themselves may come to accept sexual and physical violence as proper and justified.

Even in cases where women do not accept Islamic justifications for their mistreatment, economic dependence on their husbands may prevent them from leaving or taking action. According to Albertyn (2000), a woman may engage in sexual activity, either through transactional sex or within a marital situation if she is economically dependent on her husband, in order to secure support for herself and her children. Once

again, this is true of many communities in South Africa. Within the Muslim community, however, traditional laws of inheritance have contributed to the belief that men are responsible for providing women with financial support (Ahmed 2003). But Islamic inheritance laws also provide a greater share of the inheritance to male children than to female children. According to Sallie, men are responsible for supporting women, and "It is only Islam that has enhanced the status of a Muslim woman. … no other religion has looked after the interests of women in this spacious earth." (1988) Ahmed argues that "the inheritance laws contribute to the belief that men are entitled to have sex with their wives anytime in exchange for providing their wives with financial support." (2003)

While relatively uncommon in South Africa, the practice of polygynous marriage also contributes to gender inequality and increased vulnerability to HIV infection. A man is not obligated to ask his wife's permission before taking a second wife (Sallie 1988), and women are therefore further limited in their ability to control their sexuality. Having multiple concurrent partners significantly increases the risk of HIV transmission, as several studies have shown (Epstein 2007). This vulnerability is not dissimilar to that of women whose husbands are unfaithful, but in the case of polygyny, this vulnerability is condoned and institutionalized by Islam.

The statistics and stories described above suggest that there is a significant divide between discourse and practice, and make plain why gender justice is considered so important within progressive Islamic discourses. While gender justice issues were raised in the liberation struggle and have been discussed ever since, women continue to face inequality and violence in their day-to-day lives. In the context of South Africa, this

means that women are particularly vulnerable to HIV infection. According to Rehana Kader, former director of Positive Muslims:

> What Muslims fail to understand is that AIDS has very little to do with sex, despite the fact that sex is the primary mode of transmission. [The spread of] AIDS has far more to do with issues such as gendered power relations within society. We should. . . .start talking about how we can change religious and cultural practices that may contribute to a society where men believe they have control over women, and where women are victims of sexual violence. (Ahmed 2003)

Gender inequality, which takes a particular form in the Muslim community in South Africa, is perhaps the most significant feature of Muslims' vulnerability to the HIV/AIDS epidemic.

Muslim Responses to AIDS: Denial and Ignorance

As noted above, the position taken on AIDS by many organizations and leaders in the Muslim community of South Africa has been characterized by ignorance and denialism. As in the broader Muslim world,[7] Muslim AIDS dissidents in South Africa have put forth a variety of theories counter to the accepted theory that AIDS is caused by HIV, a virus that crossed the species barrier from the African Green Monkey into Humans (Whiteside and Sunter 2000). Malik Badri, a prominent psychologist based in Malaysia, suggests that AIDS originated from homosexual activity. He argues that the green monkey theory was constructed by "Americans in order to avoid the obvious fact that the mutation might have taken place in the insulted, germ-ridden rectums of San

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[7] Muslim countries around the world have failed to monitor and survey their populations for HIV prevalence, or to admit that the disease exists within their country. The belief that Islamic culture and Muslim beliefs are protection against the spread of HIV predominates in many of these countries. See Kelley, Laura M. and Nicholas Eberstadt, "The Muslim Face of AIDS." July/August 2005

Francisco receiving homosexuals." (Badrī and Islamic Medical Association of South Africa 2000, 382)

Many political leaders and clergy members throughout the Muslim world claim that strict moral codes protect Muslim countries from HIV/AIDS (Kelley and Eberstadt 2005). This has also been true in South Africa, where such beliefs have kept leaders from discussing HIV/AIDS and have fostered ignorance and negative attitudes within the community (Ahmed 2003). Two themes have dominated Muslim discourse since the early stages of the epidemic; first, that AIDS is a curse from God, sent to punish people who have engaged in immoral sexual behavior; and second, that the only way to effectively deal with the epidemic is to return to the moral way of life prescribed in religious texts as the Qur'an (ibid). These views remain entrenched in the Muslim community, even as levels of awareness increase.

Surveys taken in the Western Cape showed that religious leaders have, in the past, expressed a belief that AIDS is a curse from God (Mohammed 1997, 34). Organizations such as the Muslim Judicial Council, a clerical body based in Cape Town, has taken the following position:

> It is true and unopen (sic) to debate amongst Muslims that Allah the Almighty has on occasion punished various tribes of people for their wrongful behavior. '*So We sent (plagues) on them: Wholesale Death, Locusts, Lice, Frogs, and Blood: Signs openly self-explained: but they were steeped in arrogance, a people given to sin.*'(Al-A'raaf cited in Ahmed 2003)

Another organization of clerics based in Johannesburg, Jamiat-ul-Ulama, quotes prophetic tradition to support the theory that AIDS is a curse from God for engaging in illicit sexual behavior.

Conservative religious leaders throughout South Africa often rely heavily on religious text and prophetic tradition as a guide or as a justification for their approach to people living with HIV/AIDS, but their actions are also influenced by social and individual factors (Ahmed 2003). The beliefs and attitudes expressed by the leadership appear to have had a substantial impact on the level of awareness and the responses of individual Muslims (ibid.). In a study done among Muslim men in Cape Town, the primary explanation given for the cause of AIDS was an "immoral lifestyle" (Toefy 2002). The same study found that women in Durban expressed similar views. One woman indicated that "I think it's something sent from God and I think you know we shall all live with it because maybe God has sent something down like pain because all of the sins in the world, must be something like that that's why there's no cure for it." (Ahmed 2003). These opinions reflect a deep-seated ignorance about HIV/AIDS in the Muslim community, reinforced by Muslim leaders, that makes it difficult for outside groups and programs to raise the level of awareness about the disease. The belief that AIDS is a curse from God directed against those who engage in immoral sexual behavior naturally creates the understanding that those living with HIV are immoral, sinful people. Muslims who disclose their status therefore risk rejection, isolation, and even violent threats from both religious leaders and their fellow Muslims (Ahmed 2003).

From recent interviews and interactions with leaders and community members, it seems that attitudes are beginning to change in portions of the Muslim community. Shuaib Appleby, a religious leader affiliated with the Muslim Judicial Council in Cape Town, believes that while Muslims are speaking more about HIV, there is still a sense that the epidemic has been spread as a result of immoral decisions. Misbah, a counselor

at the Muslim AIDS Program (MAP), an organization sponsored by the Jamiatul Ulama (the MJC's counterpart in other regions of South Africa) and the Islamic Medical Association, echoed the sentiments of Appleby. According to her, awareness is improving in the Muslim community of the sexual means of transmission, but the exclusive association of HIV with sexual activity remains problematic. She cites the use of tik, a methamphetamine drug that has become common in the townships of South Africa, and the prevalence of prostitution and gang membership as risk factors that are often overlooked.

Stigma and prejudice still remain deeply embedded in the Muslim community, as they do across all sectors of South African society. It seems difficult to detach the meaning of the epidemic from its cause, and to avoid judgment of those with HIV/AIDS. For Appleby, "The reality is that it [HIV] is often contracted through unsafe sexual activity. So technically, even if you don't believe in punishment, it is the result of an incorrect decision." (Interview June 18, 2007) It is necessary, however, to distinguish between the individual, who may or may not have contracted AIDS through immoral behavior, and the broad societal consequences of immoral behavior. According to Appleby, "In South Africa, the reason why we've got such a big AIDS problem is because we have not followed the ABC (Abstain, Be faithful, Condomize). And that is why it can be interpreted as punishment." (ibid).

While both Misbah and Appleby acknowledge the intractability of stigma in the Muslim community, they also emphasize the importance of compassion. Indeed, the focus of the MJC and MAP has, in practice, shifted towards offering support and counseling for those Muslims who are willing to come forward and receive it. Both

organizations continue, however, to officially state that "Islam is the Cure: Islam says no to sex outside marriage, drugs, and alcohol" (MAP 2007). They also distribute pamphlets written by Malik Badri, who argues that:

> . . . any program that he or she [Muslim AIDS activist or medical practitioner] engages in should not adopt an ethically non-judgmental attitude or a stand which condones or does not point out the immoral aspects of promiscuity, homosexuality, and drug and alcohol intake. (Forthcoming 2007).

There is a gap between discourse and practice in the approaches of groups like the MJC and MAP. While they advocate compassion and care for Muslims living with HIV/AIDS, they also adopt a judgmental attitude towards them. The mixed message is one of "tough love," one that is driven "around an understanding of religion that is often presented in very harsh and judgmental terms, [although] there is nonetheless a deep concern for those who are vulnerable to AIDS or who have contracted the disease." (Anonymous2007b) From this perspective, Muslims living with HIV/AIDS are judged first and cared for second, and scorn is merely transformed into pity that denies them full humanity and agency (ibid).

Chapter 4

An Alternative Paradigm: Positive Muslims
and the Theology of Compassion

On a Cape Muslim radio station in November of 1996, Faghmeda Miller became the first Muslim woman in South Africa to publicly disclose her HIV-positive status. This act of bravery represented a plea to the Muslim community for acceptance and support, not only for herself but also for others like her still living in secret. It wasn't until four years after this first call to action that a public movement emerged to address HIV/AIDS from within an Islamic framework. In 2000, Faghmeda and a group of dedicated individuals founded Positive Muslims, an organization dedicated to raising awareness and providing support and counseling to Muslims living with HIV/AIDS. Now in its eighth year, Positive Muslims continues to respond to the evolving needs of those it serves and to foster cooperation among other faith-based organizations in the Western Cape.

Although the formation of Positive Muslims has depended on the leadership and efforts of many individuals, it is Faghmeda's story that served as its starting point. Since her first radio interview, Faghmeda has continued to spread her message in South Africa and abroad. Her story is personal but not unique; it bears witness to the lives of many Muslims who face rejection, stigma and discrimination because of their HIV status. It is appropriate, therefore, to tell her story here not only as an explanation of the basis of Positive Muslims, but also to give voice to those individuals whose stories Faghmeda represents.

Farghmeda had learned of her HIV status only one year before giving an interview on a Muslim radio station in 1996. She had learned of her status when she went to be tested several months after the death of her husband. They had been married only six months when Junaid became critically ill with full-blown AIDS. In her interviews with Kayum Ahmed, Faghmeda describes the fear and pain she experienced as her husband wasted away from an unknown cause. He had not been aware of his status, and had therefore unknowingly infected his new wife. Faghmeda had contracted HIV in the context of marriage and from her first and only sexual partner.

When she learned of her HIV status, Faghmeda was initially shocked and angry. Although her anger towards her husband subsided, she struggled with her faith for some time after the diagnosis. Her lower-middle class family had raised her to believe that life's joys and sorrows are brought by God, and although she had not contracted HIV through an immoral act, she felt that it was part of God's will or a test of her faith. Although her family believed and accepted her, Faghmeda did not find such support immediately in the Muslim community. HIV/AIDS has generally been understood as a curse from God and a marker of immoral behavior. Given the blameless way in which she contracted HIV, Faghmeda has focused more on accepting her status and trusting God's plan.

Faghmeda sought counseling and support from a Christian group in order to cope with her status and the prejudice she felt within the Muslim community. While the group was important in helping her come to terms with HIV, she longed for support from those who shared her faith. She believed that Muslims experience the world in a unique way and that "it was important to be around people of your own religion where you can

discuss what the Qur'an says about certain diseases and stuff like that. Because I still had

this belief that it was a curse and it was a sin." (Quoted in Ahmed 2003) After she

disclosed her status in 1996, Faghmeda was constantly asked to speak and give

interviews. But she remained the only Muslim to disclose her status openly for some

time, reflecting the continued silence in the Muslim community regarding HIV/AIDS.

Several researchers had conducted small-scale surveys of the knowledge and attitudes of

Muslims and Muslim clerics, but there had been no discussion of the appropriate Islamic

approach to HIV/AIDS. In 1999, Farid Esack encouraged Kayum Ahmed, his student

and research assistant at the University of the Western Cape, to conduct research on

Islam and AIDS. The research culminated in Ahmed's thesis on the impact of HIV/AIDS

on Muslims in the Western Cape, and coincided with the formation of Positive Muslims.

Ahmed went first to Faghmeda Miller, the only HIV-positive Muslim who agreed to be

interviewed.

 As he began to hear Faghmeda's story and to learn of her desire for a Muslim

support base, Ahmed began to feel that some form of action must accompany his

research. He writes in his thesis, "I was desperate to help Miller and therefore set up a

meeting with Esack to discuss the possibility of forming a support group for HIV positive

Muslims." (Ahmed 2003) With the help of Esack and Faghmeda, Ahmed began to

develop a framework for an organization that would raise awareness about HIV/AIDS in

the Muslim community and provide support for those living with the illness. In June

2000, Positive Muslims was officially founded.

 At an ideological level, Positive Muslims' development has been guided by

progressive Islamic values and a "theology of compassion." It has remained steadfast in

its commitment to providing non-judgmental support to Muslims living with HIV/AIDS, as outlined in the original mission statement of 2000. These principles continue to guide the approach of Positive Muslims:

> We believe that a non-judgmental approach should be adopted when dealing with 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 so as 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 (2003).

These principles have distinguished Positive Muslims from other Islamic organizations in South Africa, most of whom, as noted above, approach HIV/AIDS as sign of moral and religious decay (Ahmed, 2003).

Positive Muslims operated as a volunteer-based organization during its first two and a half years, relying heavily on the time and energy of a few individuals and adjusting to flux of volunteer members. An executive committee was divided into sub-committees responsible for education and awareness, support and counseling, finance and funding, and administration, which later became a research committee. Within these subcommittees, volunteers worked on specific programs and projects. Although Ahmed initially acted as the director of Positive Muslims, he cites the assistance and guidance of Esack as fundamental to the development of the organization's structure (2003). Over time and with the transition to a funded organization, the executive committee has become more of a visioning body, with the director overseeing the day-to-day operations

of Positive Muslims and full and part-time employees running education/awareness and support/counseling programs.

Funding from the Western Cape Department of Health and from Muslim individuals provided support for small projects and workshops initially, but financial concerns became more and more pressing as time passed. It was not until 2003, when Positive Muslims received funding from a Dutch organization called Novib Oxfam, that it was possible to hire employees and provide more comprehensive services (Ahmed 2003). The organization moved from Esack's flat in Rondebosch to a house in the nearby suburb of Observatory where it remained until May 2007, when it moved further out to a larger space in Wynberg. Although funding from several major organizations and the Department of Health has sustained the organization to the present, Positive Muslims is beginning to explore other options for funding as grant periods end.

As in the case of many organizations, Positive Muslims experienced some early growing pains. Initially affiliated with the Muslim Youth Movement, the executive board of Positive Muslims ended the partnership after meeting numerous administrative difficulties, causing some hard feelings. The approach and purpose of the organization met opposition from some religious leaders and individuals, who resisted the distribution of pamphlets and, in some cases, criticized Ahmed directly. The primary difficulty lay not in such direct expressions of resistance, however, but rather in deeply entrenched patterns of denial and ignorance in the community.

Even seven years after its founding, Positive Muslims still faces the same ideological issues which it set out to address, both within the Muslim community and within the broader context of South African society. Staff members and volunteers at

Positive Muslims have often commented on the ignorance, prejudice, and denialism regarding HIV/AIDS that persists at all levels and in all sectors of South African society. Change happens slowly, and diverse social, political, and economic factors influence any community's response to the epidemic. While its mission remains the same, as an organization Positive Muslims must continually evaluate its relevance to the community and the appropriateness of its approach.

Positive Muslims Today

While I was doing fieldwork during the months of June and July 2007, Positive Muslims was undergoing several important transitions. In May 2007, the offices had moved from Observatory, a southern suburb of Cape Town, to a residential neighborhood in Wynberg. Wynberg has historically been home to many middle class Muslim families, and there are a number of mosques and Muslim businesses in the area. The five offices and meeting room provide more space for the staff and programs than the previous location in Observatory. Individual counseling and support group meetings take place in the "blue room," a comfortable and bright room with couches in a circular formation.

The change in physical location had been preceded and accompanied by changes in staff. Fatima Noordien, who was part of the initial development of Positive Muslims, returned to the organization as director in July 2006. Education and awareness officer Farahneez Hassiem officially left Positive Muslims in July 2007, though she remains involved in occasional workshops and in the lives of both staff and volunteers. Her successor, Galeema Zaindeen, has already demonstrated enthusiasm and talent in her new role. Adnaan Strydom, who had worked on advocacy and research, left the organization in June 2007 and has not yet been replaced. Finally, Khalied Ismail took over the

accounting position from Mustapha Parker. Amina Begg finished her internship at

Positive Muslims working with Chanbi Bray in counseling and support, but like

Farahneez remains connected to Positive Muslims. Nafeesa Solomon remains the

dedicated administrator of the office, and keeps everyone in line and the office organized.

The office would not run at all without Nafeesa and Khalied, who share the front

office and manage the daily flow of people in and out of Positive Muslims' office.

Nafeesa has been at Positive Muslims for several years, while Khalied began in June

2007 as the accountant. Nafeesa is the "go-to" person for almost everything at the office,

from help with technology problems to finding contact information. Her sense of humor

and candor add to the office dynamic. As the only male staff member at Positive

Muslims, Khalied has been challenged not only to think about his community differently,

but also to reconsider his understanding of gender relations in that community.

Galeema, who came to Positive Muslims in May 2007, currently heads the

Education and Awareness Department. She spent several months training with

Farahneez, the previous head of Education and Awareness, before taking over the

position. Farahneez had worked at Positive Muslims since soon after it was established,

and according to Junaid Ahmed, a third year law student at William and Mary who also

worked as an intern at Positive Muslims, she was "the glue that held the place together."

(October 25, 2007). Although Galeema felt that it would be hard to fill Farahneez's

shoes, she possesses wisdom, humor, and a deep sense of compassion that is visible in

her work. Before starting at Positive Muslims, Galeema worked at a juvenile detention

center for boys, helping them to develop basic skills and literacy. On an impromptu visit

to Galeema's old workplace, the staff was amazed at the deference and affection that the

adolescent boys showed to this Galeema. At Positive Muslims, her experience and pragmatism contribute to the formation of realistic and effective education programs, and her enthusiasm for learning adds to the dynamic nature of the organization.

Chanbi leads the counseling and support programs. From June 2006 to June 2007, she also had the help of Amina, who was doing an internship for a degree in psychology for the University of the Western Cape at Positive Muslims. Both Chanbi and Amina are trained as counselors, and Chanbi, experienced in individual and group counseling, has been working at Positive Muslims for five years. Her warmth and concern for others come across immediately, and the interactions between Chanbi and her clients reflect an openness and comfort. Both Amina and Chanbi seem perfectly suited to their chosen work, and are able to maintain a positive attitude despite dealing with the hardships of others all day. Laughter emanates from their office frequently throughout the day. Although Amina finished her internship in June, she continues to visit the office frequently and to help out with programs.

Fatima has been acting director since 2006, but was involved in establishment of Positive Muslims at the beginning "when the office was still in Farid's flat". She was also active in the liberation movement, and was the first woman elected to lead the Muslim Youth Movement (MYM) in 1989. After seventeen years of teaching at a secondary school in Mitchell's Plain (a Coloured township in the Cape Flats), Fatima spent several years working at Resources Aimed at Prevention of Child Abuse and Neglect (RAPCAN). She has also taught at the university level, and developed an education and parenting technique called "Positive Discipline" that has been implemented in government training modules in several African countries. Fatima brings

enormous experience as an activist, scholar, and teacher to Positive Muslims. As director, Fatima's depth of knowledge, experience, and compassion represent the spirit of Positive Muslims and are a tremendous inspiration to the lives of many others in Cape Town in this work as well.

The staff members interact in a relatively informal way. Although few people speak Arabic conversationally, everyone uses the greeting *"Asalaamu alaykum"* and the response *"Walaykum ssalam."* Early in the morning they can often be found sitting in Nafeesa's office listening to a broadcast on the Muslim radio station, sharing tea and chatting about various subjects. Tea is of paramount importance to the daily office routine, and many of the discussions between staff members take place while making a cup of rooibos, a South African staple, in the kitchen. The staff also often share lunch in the blue room, casually discussing events at home and work. This is not to say that the primary activity of the office is social, but rather that the atmosphere of community makes the staff an effective and supportive team. Many ideas for research, programs, and solutions to problems would emerge out of these informal discussions.

Positive Muslims' outreach programs fall into two categories: Education and Awareness, and Support and Counseling. While particular staff members are responsible for coordinating these programs, everyone participates in brainstorming and executing them. A third focus area of Positive Muslims is Research and Advocacy. These have been the basic areas of focus that the organization has focused on since its inception, but are reviewed every few years to ensure that Positive Muslims remains relevant and responsive to the community. During the second half of 2007, the director and executive

board are engaging in the process of reassessing future goals and the direction they want to take.

The Education and Awareness Department runs workshops and presentations upon the request of schools, organizations, mosques, and businesses. They are generally offered in either a series that takes place over several months or over a one or two day period. While the workshops and presentations are tailored to the needs of the particular audience, Positive Muslims has developed a basic model that was recently published in a manual entitled *HIV, AIDS, & Islam*. The manual describes a unique approach to HIV/AIDS programs that has grown out of Positive Muslims' work in the community since 2000. It provides basic information about HIV and AIDS prevention and treatment, but also discusses the epidemic within an Islamic framework and advocates a response based on compassion and responsibility.

Counseling and Support programs often overlap in content with Education and Awareness, but are carried out in very different settings. The support group that meets every other week at Positive Muslims is the core of the Counseling and Support mission, and was one of the original goals of the founders. Chanbi is currently the only staff member involved in planning and facilitating the group, but Faghmeda Miller previously shared this role. There are about fifteen members who come regularly, and the group remains fluid and open to new members all the time. While most partipants are HIV positive, a few come because they have family members or close friends who are dealing with the disease. The sessions are conducted in an informal manner, although Chanbi does plan particular topics for discussion.

Some people seek individual counseling in addition to or instead of participating in the support group. Chanbi and Amina offer individual counseling, family counseling, couples counseling, and bereavement counseling. Many people struggle to come to terms with their status, and seek support from another source before telling loved ones and friends. Muslims living with HIV/AIDS face not only discrimination from society as a whole, but also alienation from their own religious community. Positive Muslims' approach places emphasis on maintaining a non-judgmental attitude, and no client is ever asked how or why he/she contracted HIV/AIDS.

The relationships that develop between Positive Muslims' staff and clients and among the clients themselves can be very intimate. For the staff, this is both enriching and draining. They must strive to remain open and empathetic to the clients without becoming emotionally overly invested. Staff members must deal with personal feelings of sadness and frustration in cases of a client's death. For this reason, Chanbi makes sure that the team has time to "debrief" and deal with their own difficulties through support of each other and their families.

The third area of focus within Positive Muslims, Research and Advocacy, has temporarily paused due to the departure of Adnaan, although it is an area that Fatima has said on numerous occasions that she would like for the organization to pursue further. Research is important because it informs the approach of the organization and helps the staff to structure their programs effectively. In 2003 and 2004, for example, Positive Muslims commissioned a study entitled "The Prevalence of HIV in Three Predominantly Muslim Residential Areas in the Cape Town Metropole" in order to determine the rate of HIV infection in the Muslim population in the Cape Town area. The study was

considered a pilot study of an issue that requires further investigation, but the data has been used to give a rough understanding of the problem of HIV among South African Muslims (Kagee et al. 2004).

In addition to the projects designed and carried out by Positive Muslims, the organization is also involved in research that goes beyond the Muslim community in Cape Town and the South Africa context. Farid Esack, currently a visiting professor at Harvard University, continues to expound upon the theological framework that informs Positive Muslims' approach. Other staff members have also contributed to the evolving discourse on progressive Islam. Most obviously, the organization supports and contributes to the research of a number of students and academics from South Africa and abroad who wish to focus on topics related to Islam and HIV/AIDS. Several Ph.D. students have come from Europe to do their research at Positive Muslims, and I am one of several American undergraduates who have completed internships and research at the organization.

Throughout the months of June and July, Positive Muslims conducted a number of workshops and activities within different communities and for different audiences. These programs demonstrate the way in which the goals and methods articulated by the staff of Positive Muslims and in the organization's literature are carried out in their day-to-day activities. I was able to gain a deeper understanding of the different responses within the Muslim community to HIV/AIDS, and to the work of Positive Muslims by participating in many of these programs. While there is significant collaboration between staff members in all programs, they are described below according to the categories of education and awareness and support and counseling.

Education and Awareness

In June and July, Positive Muslims ran weekly sessions at Pollsmoor Women's Prison. These workshops covered a variety of issues, and were open to all women, not just Muslims. The sessions were of a fairly general nature about prevention and treatment of HIV/AIDS and the particular social factors that make women more vulnerable to infection than men. Almost all the women expressed feelings of being disempowered in relationships, and said that they had risked their health to keep their partners from leaving. This became a common theme among all the women who attended the workshops, and the reasons given were more often economic than religious. Farahneez and Galeema clearly described Positive Muslims as a Muslim organization, and extended the invitation to ask questions, but there were no direct references to Islam or questions about the beliefs of the women.

Another series of workshops during June and July took place in two communities in the Cape Flats, Mfuleni and Kayelitsha. Both these areas comprise primarily Xhosa-speaking Black South Africans, and almost all of the participants in the workshops were Muslim women. The goal of these sessions was to provide the group with a forum in which to learn about and discuss the factors that put them and their communities at risk, and to give them basic training in HIV/AIDS prevention and peer counseling and support. Galeema and Farahneez addressed the same topics they had at Pollsmoore, and other than an opening prayer, there were few direct references to Islam.

Many of the workshop participants from these two communities attended the week-long retreat that Positive Muslims sponsored at the end of July. Held in Simonstown, outside of Cape Town, the five-day retreat was intended to give people an

opportunity to participate in more focused workshops on both the physical and spiritual

impact of HIV/AIDS. Staff members of several other Muslim and secular organizations

also participated in the retreat, bringing a variety of perspectives to the discussion. The

days were broken into morning and afternoon sessions, and morning prayer was held

communally for those who wished to participate. Issues that were covered in the

workshops ranged from opportunistic infections and ARV treatments to sexuality and

stigma in the Muslim community.

During a session on sexuality and Islam, we discussed taboos and stereotypes

about sexuality within both South African society as a whole and among Muslims in

particular. There was some discomfort in the group initially, but dividing into small

groups and performing skits helped to break the tension and make people more

comfortable discussing the issues. Talking about sex and sexuality openly is not common

in many communities. Most of the participants had learned about sex from their friends

or TV rather than their parents, and no one had discussed sexually transmitted infections

(STIs) or pregnancy within their families (either with parents or children). This often

leads to misconceptions or incomplete understandings of the risks of sex. One interesting

comment that emerged was the popularity of anal sex among young girls who face

simultaneous pressure from their boyfriends to have intercourse and from society to

remain a virgin until marriage. Unprotected anal sex carries a higher risk than other

forms of sexual activity.[8] While the sensitivity of such a topic makes it difficult to obtain

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[8] The membrane lining of the rectum is thinner and more fragile than the lining of the vagina, increasing the likelihood of tears and bleeding and consequent transmission of body fluids during intercourse. Center for Disease Control, *www.cdc.gov*

reliable data about the prevalence of this practice, multiple informants who work with

HIV/AIDS in Muslim communities confirmed the trend.

This practice exemplifies the vulnerability of young women, both Muslims and

non-Muslims. While women at the workshop agreed that they had rights within Islam to

education, health, and family planning, they also agreed that in reality they didn't always

have access to these things. Fatima led a discussion about the meaning of patriarchy and

how women see it manifest in their daily lives, and responses of both men and women

were interesting. The following are some definitions of patriarchy that emerged from

small discussion groups:

> It is a "law" that was made long ago by society for men to make decisions and
> women to obey them.
>
> It encourages a mindset in society to limit the growth and capabilities of females
> and to uphold male dominance. It is implemented by assigning roles to genders
> using religion and setting a way of life.
>
> It is a male dominated society system that has been evident for generations and
> enforced by culture, religion, economy, and perpetuated by both men and women.

In the sessions I observed and participated in, the women expressed a profound

understanding and ability to articulate the reality of patriarchal society whether they were

educated or uneducated. The discussion was then guided towards the sources of

patriarchy in the Muslim community and the use of the Qur'an to justify social

inequalities. While there was a reluctance to share personal stories, the participants

agreed that Muslim women are expected to occupy a position subordinate to men and

consequently have a limited control over their sexuality. They also agreed that this

system was problematic and sought ways to contest it.

During an evening session, the group watched a video made by the Islamic

Medical Association of Uganda. In 1989, Islamic leaders declared jihad[9] on AIDS,

proposing a religious and medical approach to the issue. The campaign began at a

grassroots level, with local imams taking responsibility for teaching about AIDS, calling

for behavior change, and the use of condoms.[10] Participants were surprised to hear of this

approach, because the response of religious leaders in South Africa has been so different.

While some leaders are becoming more open to discussing AIDS, it was generally agreed

that AIDS has not been sufficiently addressed in the of mosques and madrasahs (Islamic

schools) in Cape Town. Some groups face direct and indirect opposition to carrying out

education programs in more Islamic schools. Khalied and another young woman, both of

whom teach young children at a madrasah, confirmed the lack of HIV/AIDS education in

their religious schools. They stated their intention not only to discuss the practical issues

of prevention and treatment, but also to address misconceptions and stigma within their

classrooms.

Overall, the workshop confirmed the reality of many beliefs and practices that

increase the vulnerability of Muslims to HIV/AIDS. Ideas about gender and sexuality

that are deeply ingrained in the community are often reinforced through particular

readings of the Qur'an. There appeared to be a growing openness to discussion,

however, and an eagerness for information that will help both men and women to

challenge systems of inequality and to protect themselves from HIV/AIDS. During the

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[9] The meaning of 'jihad' has been misconstrued in popular understanding. The translation is, literally, 'struggle' or 'exertion', and refers to a personal effort to maintain one's faith in the face of obstacles.

[10] This was controversial, and the decision to include condoms in the education program was based on the condition that they be introduced explicitly as a tool within married relationships.

last session, participants were challenged to come up with a concrete plan to do something with what they had learned at the workshop. Many spoke of the impact they could have among their peers and neighbors, and some planned to organize forums in their communities.

In August, Galeema and Farahneez ran a very different kind of session at University of Cape Town (UCT) with the students of the Muslim Students Association (MSA). The students had requested a workshop specifically on HIV/AIDS and Islam, and the content was much more focused on stereotypes and stigma than on methods of transmission and prevention. The students were asked to discuss their stereotypes and prejudices towards those with HIV/AIDS, and to think about how their identities as Muslims affect their response to the epidemic. Part of the afternoon was spent talking about the Qur'an and the Sunnah, and how the teachings of Islam compare with the attitudes of the students and their peers and families. From a discussion of HIV/AIDS, the discussion opened to broader issues regarding ideas about sex, sexuality, and gender. While Farahneez and Galeema led a number of exercises and offered information about each issue, they acted much more as facilitators of discussion in this setting.

At the beginning of the workshop, when asked what his expectations were for the workshop, one young man said, "To address a subject that is important, but often neglected in our homes because we don't think it affects us." (UCT, 8/14/2007). According to the participants, HIV/AIDS is an issue frequently ignored by them and their peers because of beliefs that it is concrete proof of immorality, that it implies *haram* behaviors such as homosexuality and promiscuity, and because it affects only a group of

people with whom they do not interact.[11] The students seemed surprised to learn that

Muslims engage in risk behaviors such as drug and alcohol use as well as extramarital

sex. Their incredulity was equally surprising, considering that observations of and

interactions with UCT students generally suggest that campus culture and sexual mores

were not significantly different from those at most universities in the United States.[12]

While certain groups may manage to separate themselves from the more general culture

of college campuses, it is difficult to maintain rigid boundaries in such an environment.

It seemed likely that students would be more aware and perhaps even cynical about the

difference between religious discourse and practice in terms of sexual activities.

As a whole, students in the MSA expressed very conservative attitudes towards

sexuality. Similar to the group on the retreat described earlier, most students stated that

sex and sexuality are difficult topics to discuss, and that modesty prevented many

Muslims from talking about them. Privately, one of the girls said that the unwillingness

to admit to engaging in conversations about sex had to do with the mixed setting of the

workshop, and that among friends of the same sex they were not uncommon. There was

some debate about appropriate sexual behavior within Islam, namely the use of condoms

and masturbation.   Students had heard different things about the permissibility of

condoms, but generally acknowledged them to be important means of prevention. The

issue of masturbation arose in more general discussions of sexuality as a gift from Allah

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[11] Responses given on students' evaluation sheets following the session.

[12] I am referring to what has been popularly termed 'hookup culture' on college campuses, and the commonness of casual sexual encounters that are described as an expression of sexual freedom. This has been a frequent topic of discussion in university student newspapers across the country (just search 'hookup culture'). At UCT there is a sexual awareness program for freshman similar to the one offered at many schools in the US, suggesting that there is a similar concern about the risks of casual sexual encounters. See www.hivaids.uct.ac.az.

that should be saved for married relationships, and how to deal with sexual urges outside

of that married relationships. Some students thought that masturbation was an

appropriate means of alleviating sexual urges outside of marriage, while others

considered it always *haram.*

Considering these attitudes towards sex and sexuality, the stigma that has become

attached to HIV/AIDS is not surprising. Many students had not really considered other,

non-immoral means of contracting the disease. One student was surprised to learn "just

how many Muslims contract HIV through no fault of their own." Discussion groups and

participants found it easy to accept and feel sympathy for such people, seeing them as

victims. Positive Muslims advocates compassion and patience with all HIV/AIDS

sufferers, however, regardless of the circumstances in which they contracted the illness.

This application of an Islamic approach seemed new to most of the students, and many

expressed a desire to learn more at the end of the workshop. A few students expressed

concern that the Qur'an and the Hadith had been not been quoted properly or invoked

convincingly to justify Positive Muslim's approach, but twelve out of seventeen

participants wanted more information about the organization.

The workshop seemed successful in challenging Muslim beliefs and stereotypes,

but dismantling denialism and stigma is a difficult process. While the students clearly

began to question their perceptions of the disease and the people it affects, the tendency

both individually and collectively to 'Other' the disease remains. For example, when

discussing career and family goals for the next five to ten years, almost no one thought

that he or she would be directly affected by HIV/AIDS. There was general agreement

that poverty, justice and responsibility, awareness, and stigma regarding HIV/AIDS were

all issues that they should address, but few people expected to contract the virus or to be in a relationship with someone who is HIV positive. What seems to be happening is an attitude shift from "this is a problem that neither concerns nor affects us" to "this is a problem that concerns us but does not affect us." Again, this issue is characteristic of many groups, and can be observed among many groups of college students in the United States as well.[13]

Support and Counseling

Faghmeda's primary reason for wanting to start a support group was to be surrounded by people of her own faith. While she had been part of a Christian support group, at a certain point she "started to feel very much out of place being surrounded by people of other faiths and not my own faith. And I just wanted to get out of there and maybe start my own group." (Ahmed 2003) The idea of the support group is to bring people together on the basis of two things: HIV/AIDS and Islam. For many people, HIV/AIDS is not merely a physical disease, but a crisis of faith. The support group meetings are a place where people can come together and share in both the physical and the spiritual struggle. Run by Chanbi and Amina, the group meets every other week and remains open to new people at all times. While people of all religious faiths are welcome, most participants are Muslim and the group explicitly addresses issues within an Islamic framework.

A number of the support group members have become familiar faces at the Positive Muslims, coming in and out of the office frequently for various reasons. For

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[13] See Opt and Loffredo, "College Students and HIV/AIDS: More Insights on Knowledge, Testing, and Sexual Practices." *The Journal of Psychology,* 2004, 138:5, 389-402

many of them, their relationship with Positive Muslims and the support group provides support they do not get from family. At the beginning of meetings, each member "checks in" with the rest of the group about any ups and downs, or significant events since the previous meeting. Some of the issues that were addressed at meetings are access to treatment, taking care of one's body while on treatment, basic socioeconomic needs, and sustaining faith and hope. Issues of faith were often interwoven with other topics rather than addressed directly. Faith seems to be a big part of the participants' strategy to cope with HIV/AIDS, and many people mentioned the importance of remaining faithful that Allah will provide both for both spiritual and material needs. The most important aspect seems to be the common ground that Islam provides and the support of other Muslims.

The activities and services provided by Positive Muslims appear similar to those available through many other organizations, secular and religious. But as these observations show, there is a unique relationship between discourse and practice in Positive Muslims' approach that distinguishes it from other faith-based organizations. In this relationship, the meaning of religious faith is constantly juxtaposed with the lived realities of those suffering from or at risk for HIV/AIDS. In the next chapter, I will further explore the theological underpinnings of this approach as they have been articulated by one of the founders, Farid Esack, and elaborated upon by others. This theological framework, the basis for the compassionate approach adopted by Positive Muslims, is the heart of all of Positive Muslims' programs.

Chapter 5

A Theology of Compassion

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

Positive Muslims has dedicated itself to developing a theology of compassion that is rooted in the ongoing struggle for justice in South Africa. As a dynamic, collaborative endeavor, the theology of compassion has no single author. Farid Esack, however, has played an essential role through his engagement in scholarly reflection on the theological challenges of an Islamic response to HIV/AIDS. His scholarly work and activism, as well as that of those who have worked alongside him, have helped Positive Muslims to develop a voice in global conversations about HIV/AIDS and Islam. The Islamic framework of Positive Muslims' approach also reveals important lessons for the general effectiveness of religio-cultural responses to HIV/AIDS. This last chapter will explore the theological basis for Positive Muslims' progressive approach and the impact of a theology of compassion within the broader context of Islamic responses to HIV/AIDS.

Since its establishment, Positive Muslims has always situated itself within the broader discourse on Islam and HIV/AIDS developing in the Muslim world. The development of Positive Muslims' approach, however, has been contingent upon the particular historical, political, and social processes of liberation and the emergence of a progressive Islam in South Africa. As discussed in earlier chapters, Muslim identities have been discursively constructed and negotiated in relation to conditions of colonialism, Apartheid, and the post-Apartheid democratic state. While Islam in South Africa should not be mistaken for a monolithic institution, Muslims can be called a

community based on their participation in a discursive tradition that has developed within a particular historical context.

Within this tradition, a uniquely South African form of progressive Islam emerged from a desire to participate in the liberation movement from an Islamic perspective. This impulse initially seemed to conflict with the imperative to work with those of different religions in a shared struggle against oppression. Many Muslims were happy to unite with individuals and leaders of all faiths under the political banner of the United Democratic Front of the ANC, but some bridled at the invocations of theology as a basis for interfaith solidarity. The visibility of Muslim and Christian leaders working together increased with the formation of the South African chapter of the World Conference on Religion and Peace in 1984 (Esack 1997). Those who opposed interfaith solidarity argued that Muslims sought a uniquely Islamic form of justice that would be achieved only through a uniquely Islamic methodology (ibid.). Cooperation with non-Muslims would potentially dilute one's Islam, according to these groups, and only Islam could offer true freedom (ibid).

Many Muslims rejected these claims entirely, however, and embraced inter-religious activity. The political necessity of such collaboration seemed obvious, but the theological legitimacy posed a greater challenge. Despite Islam's historical tolerance of people of other religions and its coexistence with multiple religions in South Africa, Muslims still held a deeply ingrained sense of religious superiority (ibid.). True solidarity required a sense of compassion, shared suffering, and recognition of the full humanity of the Other (ibid). Progressive leaders called upon Muslims to accept collaboration not just on the basis of a common political goal, but also as believers in the

same God and religious teachings ('Call of Islam', cited by Esack 1997). According to Esack, "The commitment to work with the Other went beyond a functional or utilitarian relationship, to the acceptance of the theological legitimacy of other faiths." (1997) This required developing a new way of reading the Qur'an and understanding Islamic theology, out of which a progressive vision emerged.

Progressive Islam: a Broader Context

The significance of this call for new interpretation should not be underestimated; it represents the major theme of Islamic reform since the dawn of the modern age (Sonn et al. 1996; Esposito et al. 1991). While reformists have called for the renewal of *ijtihad,* the rethinking of the implications of the Qur'an and Sunnah (the Prophetic practice) for new circumstances, traditionalists have resisted this idea. They rely on traditional *tafsir*, or Qur'anic exegesis, while reformist thinkers suggest, to varying degrees, that Islamic texts should be accessible to interpretation by all educated and committed Muslims, not just those with traditional religious educations. All agree that the Qur'an must be fully understood in its historical context so that its revealed meaning in those circumstances may be conceptualized in terms of contemporary realities (Esack 1997). This emphasis on the relationship between text and context is, in Esack's view, accompanied by an understanding of the equal role of human agency and revelation in constructing meanings. Divinity is located not in the scripture itself, but in a dynamic process of connecting the production of the text with its reception and interpretation (ibid.).

Progressive Islam falls within the rubric of reformist thought, but itself encompasses various understandings of Islam. According to Omid Safi, a prominent scholar of progressive Islam:

> Progressive Islam encompasses a number of themes: striving to realize a just and pluralistic society through a critical engagement with Islam, a relentless pursuit of social justice, and emphasis on gender equality as a foundation of human rights, and a vision of religious pluralism. (Safi 2003, 48).

Progressive Islam has drawn from many sources from both within and outside the Islamic tradition, and has developed in diverse contexts around the world. While other forms of liberal Islam have been defined by an intellectual or academic approach to theology, progressive Islam rejects the separability of discourse from practice. The reflection on context that is required for interpretation of the Qur'an brings Muslims face to face with realities that demonstrate the failure to heed Islam's fundamental command to Muslims: to serve as "witnesses for God in justice." (Qur'an 42:15; cited by Safi 2003). The pervasive injustice in the Muslim world, whether religious, political, or social, indicates to progressive Muslims that they must transcend interpretations that have perpetuated the status quo and allowed passivity, and instead seek understandings that legitimate and motivate social action. It is from this perspective and understanding of contextual realities that theology becomes a reflection on and a vision for social justice and action.

In this sense, progressive Muslims in South Africa and around the world share much with the liberation theologians of Latin America. Liberation theology first emerged as a Christian, and predominantly Roman Catholic, movement in response to particular social and economic conditions in Latin America during the 1950s, 60s, and 70s. The Church was called to be an agent of social change and to see theology as a dynamic, evolving body of knowledge that is firmly rooted in context (Gutiérrez 1971). In both the Latin American and South African context, theology had been used to uphold the status quo and had to be reclaimed as a tool for liberation. According to Esack,

"Progressive Islamists consistently argued that only within a commitment to liberation and concrete solidarity with the marginalized could one meaningfully understand the word of God." (1997: 256) Liberation theology provided theological support for interfaith solidarity in the shared struggle against the injustices of Apartheid, and on a deeper level contributed to the transformation of attitudes towards the religious Other and towards the Qur'an.

A Return to the Sources

According to Esack, the socio-political circumstances in South Africa have historically led Muslims to focus on the uses and understanding of the Qur'an rather than its nature. The desire to read the Qur'an as a liberating document in the struggle against Apartheid emerged in Islamist study circles that were becoming increasingly popular during the 1970s and 80s. These groups were manifestations of a growing political consciousness among young Muslims, influenced by concurrent liberation discourses in other parts of the Muslim world, and giving rise to politicized Islam or 'Islamism.'[14] Young Islamists rejected traditional meanings of Qur'anic concepts and the exclusive authority of traditional clerics to employ them. Instead they turned directly to the Qur'an and the Sunnah for guidance in their lives and the struggle against Apartheid. In doing so, they subverted traditional structures of power and religious knowledge and asserted the right to independent interpretation. This process of theological reflection was inextricable from the liberating praxis, or "doing and reflecting" (Moosa 1987, cited by Esack 1997: 84).

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[14] As noted in Chapter 1, many young South African Muslims were sympathetic to the idea of the Qur'an as a revolutionary text, which had emerged in Iran during the period leading up to the Islamic Revolution of 1979 (Esack, 82).

While the methods and criteria for this engagement with the text were discursively deployed throughout the liberation struggle, they were not systematically defined and justified until after Apartheid had ended. In his book *Qur'an, Liberation, and Pluralism* (1997), Esack has attempted to "weave the qur'anic rhetoric of liberation used during the 1980s into a more coherent theological theory and hermeneutic of religious pluralism for liberation." (82) The Islamic theology of liberation developed in this book has had a significant influence on progressive Islam around the world, and has provided a theological framework for Positive Muslims' work. Esack identifies a number of "hermeneutical keys" that are used to find meaning in the Qur'an through a continuous shift between text and context in a dialectical process of interpretation.

Hermeneutical Keys for a Theology of Liberation

The concepts of *taqwa, tawhid, al-nas, mustad'afun,* justice, and *jihad* are concepts that appear in the Qur'an and that have been discussed by many other Islamic thinkers. As a hermeneutic for liberation, these concepts are interpreted in relation to structures of oppression and injustice. For Esack, meaning is not located in the text in such a way that it can be extracted, but is rather produced in the process of interpretation and the encounter between text and context (1997). Interpretation therefore requires first a conscious understanding and acknowledgement of one's own positionality or context.

Taqwa:

According to Fazlur Rahman, taqwa is "perhaps the most important single term in the Qur'an." (Rahman 1989, 180). While it has been translated as "piety" or "fear of God," such descriptions fail to convey the full meaning of the term. It implies a sense of

responsibility that comes from belief or awareness of God, on both the individual and social levels. Taqwa conceptualizes piety not as merely a static quality, but rather as a disposition that must be cultivated and embodied. Social action in the form of concern for others, sharing, kindness, and seeking justice are all essential to this process. As a hermeneutical key, taqwa "commits the engaged interpreter to a dialectical process of personal and socio-political transformation." (Chopp 1986, 178; Esack 1997) Both the Qur'an and the interpreter must be engaged in this revolutionary struggle. The privileging of the concept of taqwa reveals a deeply held conviction that to be a Muslim is to continue the prophet Muhammed's task of transformation and liberation. With this understanding, taqwa provides a theological lens for reading the Qur'an as guidance in the struggle to establish justice within a particular context.

Tawhid:

The concept of tawhid further develops the relationship between God, the individual, and humankind. Literally translated, tawhid means "to be alone," "one,' or "an integrated unity" (ibid.). It is at the foundation of Islamic teaching and is expressed in the basic statement of faith (the *shahada*) that proclaims, "There is no god but God." Tawhid also serves as a way of looking at life, of seeing the world as God's creation and therefore a reflection of God's oneness or unity. Revolutionary thinkers have employed this understanding of tawhid as an organizing principle for human relations and socio-economic systems (Esack 1997). It demands that Muslims strive to establish and maintain a just society, at times using religion as a means to alleviate political injustice. According to 'Ali Shari'ati, the most popular ideologue of the 1960s Iranian Islamist Movement:

In our Islam, tawhid is a worldview, living and meaningful. . . .Whenever the spirit of tawhid revives and its historical role is comprehended by a people, it reembarks on its (uncompleted) mission for consciousness, justice, people's liberation, and their development and growth. (cited in Esack 1997)

For progressive Muslims in South Africa, tawhid informed the struggle against Apartheid and the ongoing work to establish a more just society. Apartheid, as a system that reified categories of race to divide society, was regarded as the antithesis of tawhid (Esack 1997). As a hermeneutical key, the concept of tawhid works in conjunction with taqwa as a principle for understanding the Qur'an as a guide for liberation.

Al-nas:

In the Qur'an, "the people", or *al-nas* are given stewardship of the earth and the responsibility to create a *tawhidi* society. Human life is gift from God and must always be given respect and dignity. The intimate relationship between God and humankind is embodied in the principles of taqwa and tawhid. 'The people' has been deployed as a revolutionary concept of inclusivism in contrast to the exclusionary structures of Apartheid or the exclusive prerogatives of the traditional religious elites. For Esack, two hermeneutical implications stem from the understanding of al-nas. Above all, the Qur'an must be interpreted as promoting the interests of people as a whole rather than those of a small minority. Secondly, this interpretation must be produced from the standpoint of humankind rather than a privileged minority (1997). In other words, the reading of the Qur'an must be a "goal-oriented communal search for meaning" that has legitimacy in the struggle for justice. This represents a departure from traditional ideas of religious scholarship, as has been discussed above as one of the hallmarks of reformist thought.

Mustad'afun:

Among the people, the *mustad'afun* are those who have been marginalized or oppressed by society. They are the lower classes and impoverished people society, and their condition is considered to be a consequence of the behavior or policies of the powerful (Esack 1997). The mustad'afun have been wrongly excluded from 'the people', and are therefore given special preference by God. In the Qur'an, the prophets carry a message of socio-economic justice, compassion, and sharing, and themselves come from peasant or working-class backgrounds (ibid.). This, according to Esack, is much like the Roman Catholic theological concept of a "preferential option for the poor" that is reflected in God's choice of messengers. Muhammad preached a radical message to end exploitative and inequitable practices, and worked to establish a more egalitarian social order.[15] Again, the concept of tawhid unequivocally proclaims the oneness of humanity and the sanctity of all human life. The South African Qur'anic discourse on liberation focused specifically on the mustad'afun:

> And it is Our will to bestow Our grace upon the *mustad'afun* on the earth, to make them the leaders, and to make them the heirs, and to establish them firmly on the earth, and to let Pharaoh and Haman and their hosts experience through those (the Israelites) the very thing against which they sought to protect themselves. (Qur'an 28:5; cited in Esack 1997)

Because this passage deals with the escape of the Israelites from Egypt, it serves as an example of God's commitment to political freedom of oppressed people. The nature of God's promise universal; the mustad'afun will be liberated regardless of their faith in

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[15] The term *mustad'afun* was used extensively by Ayatollah Khomeini, but Esack's usage reflects greater influence by Roman Catholic Vatican II and its expansion by Latin American Liberation theologians. See Ervant Abrahamian's discussion in <u>Khomeinism: Essays on the Islamic Republic.</u> Berkley, California: University of California, 1993.

God and belief in the prophets (ibid.). In reading the Qur'an as a liberatory document, then, the interpreter must also adopt this preferential option for the marginalized and oppressed. According to Esack:

> A commitment to humankind and active solidarity with the *mustad'afun* results in a re-reading of both social reality and the text from their perspective. This re-reading and the engagement in social analysis from the point of departure shapes the search fro a qur'anic hermeneutic of pluralism for liberation. (1997)

In many ways, this hermeneutical key is the foundation for a theology of liberation. In South Africa, it provided a basis for interfaith solidarity and the continued outreach of organizations like Positive Muslims to the marginalized and poor regardless of their religion.

Justice and Jihad:

The concept of justice runs throughout the Qur'an and is the foundational value of Islamic society (ibid.). Islamic law makes specific provisions for aspects of social life that are most likely to become problematic and require guidance, like protection of women, children, and orphans, matrimonial relations, contractual dealings, judicial matters, interfaith relations, business, and dealings with one's opponents (ibid.104). This obligation to establish and uphold a just socio-economic and social life stems from the role of humankind in the natural order created by God. In the liberation struggle, the concept of justice was therefore "the axis around which Muslim resistance to apartheid rotated," and the Qur'an provided an ideological tool with which to fight against the system.

Jihad, which literally means "to struggle" or "to exert oneself," was conceptualized in the Qur'an as the means to achieving this justice. The term was

deployed by various organizations in the liberation movement as "a ceaseless, continuous, superconscious and effective struggle for justice" (Qibla, cited in Esack 1997: 107), but is more carefully developed in Esack's theology of liberation. Jihad is both struggle and praxis, with praxis defined as "conscious action undertaken by a human community that has the responsibility for its own political determination…based on the realization that humans make history." (Chopp 1989, cited by Esack 1997:107). The idea is that theology does not precede praxis, but rather emerges from it. Truth is not an eternal and absolute object to be extracted from the Qur'an, but is rather created by engaging with the Qur'an in a struggle to establish justice. This goal is never fully realized; according to Esack, "There is no point at which God has disclosed the truth to the interpreter, but it continues to be disclosed, for there is no end to jihad and thus no end to His promise to disclose." (ibid. 111).

An Evolving Project

While Esack's theology of liberation emerged within the specific context of the South African struggle against Apartheid, he implies that liberation is an ongoing process. The struggle against Apartheid has succeeded inasmuch as South Africa adopted a non-racial, non-sexist, and democratic constitution in 1994. The fight to establish justice, however, has not yet ended. Muslims in contemporary South Africa must confront the abiding inequalities of the old Apartheid system as well as social issues pertaining to gender and the HIV/AIDS epidemic, the latter of which has been the central topic of this paper. For Positive Muslims and progressive Muslims, the struggle for gender justice and for a compassionate response to HIV/AIDS are all integrated, and reflect the evolution of a theology of liberation.

The work of Positive Muslims exemplifies the dialectical relationship between praxis and theology articulated by liberation theologians. The theology of compassion has been both the product and the basis for the organization. Before Positive Muslims was founded in 2000, Esack was preparing to write a book about developing a theology of compassion in response to the AIDS epidemic. In the process of conducting interviews and gathering information, Esack and his research assistant Kayum Ahmed began to realize that merely writing a book was not enough. Ahmed wrote, "Esack and I rethought the usefulness of his own work on developing a theology of compassion without providing concrete support around HIV/AIDS and assistance to those living with it." (Ahmed 2003). They changed their focus to finding a way to help HIV positive Muslims, and using a framework of progressive Islam "which goes beyond providing charity to Muslims but includes privileging the marginalized." (Interview with Esack, cited in Ahmed 2003).

Ahmed also shifted the focus of his MA thesis to chronicle the establishment of Positive Muslims, and the visioning process and formation of the organizational structure during the first few years. He describes their initial reasons for locating Positive Muslims within a particular Islamic discourse:

> Firstly, the use of religious texts is meant to acknowledge the centrality of the text in Muslim lives since, according to Esack, 'texts have throughout the history of Islamic writings focused as the anchor upon which you build heterodoxies and orthodoxies…we do believe that the spirit of the text is very supportive and that when you place a text like that at the beginning you are conveying a certain sense to those who pick it up, and then they also can see where you stand…and so it is invoking the text in support of a particular position of ours.' (Esack 2003 cited in Ahmed 2003).

As Ahmed is quick to point out, this invocation of the text was also, to some degree, both reactionary and defensive; authority, in the form of text or religious leadership, has been historically privileged in South African Islamic discourse. The mission statement of Positive Muslims draws from Qur'anic passages and hadith that emphasize compassion.

While Positive Muslims articulated progressive Islamic values at the time of its inception, the theology of compassion is an ongoing project that is shaped by the embodied experiences of Muslims living with HIV/AIDS. It is also part of a broader discourse on Islam and HIV/AIDS growing throughout the Muslim world. Positive Muslims has committed to contributing to scholarly reflection on the theological challenges that the epidemic poses for Muslims both within South Africa and the broader *Ummah* (community). Thus, in addition to being a lived theology, the theology of compassion has been described in several publications (Esack 2004).

Compassion, Responsibility, and Justice: A Tripartite Approach

The principles of liberation theology, *taqwa, tawhid, al-nas, mustad'afun,* justice and *jihad,* are implicit in the theology of compassion. Those who are living with HIV/AIDS are the *mustad'afun*; as individuals they often embody social and economic inequalities that are in direct opposition to *tawhid*. The stigmatization of these people threatens the unity of *al-nas,* and *taqwa* represents the duty of Muslims to show concern and compassion. *Jihad* is the struggle to confront injustices that shape the lives of those living with HIV/AIDS. Positive Muslims builds on these progressive principles in response to the dominant reactions that have arisen among Muslims, which are characterized by denial, silence, confusion, stigma, and pity. HIV/AIDS isn't "out there," according to Positive Muslims, but is "among us and about us" (ibid.). Nor is the disease

caused entirely by personal moral laxity; other social and economic factors that contribute to vulnerability should not be ignored. If HIV/AIDS is viewed only as a curse or punishment, "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." (ibid).

The theology of compassion has emerged in seeking guidance for how to relate to those who are living with HIV/AIDS. It demands acknowledgment that HIV is a problem that concerns Muslims; religion does not offer immunity to the epidemic. It also requires breaking the silence that characterizes many Muslim communities on issues related to sex and sexuality. As Esack points out, the earliest Muslim community did not shy away from discussions of sexual matters (ibid.). This "shyness" perpetuates ignorance and fear, which in turn contributes to the stigmatization of those living with HIV/AIDS. It is not people's place to judge others as sinful or cursed, a tendency that is reflected in the view that HIV/AIDS is a punishment from God. Nor is pity an appropriate response because it "can lead to patronizing others, and there is always a smokescreen for feelings of superiority" (ibid). While the Qur'an does not address the issue of AIDS directly, it reveals a God that is merciful and compassionate above all else. It is this value of compassion, the ability to feel the pain and joy of others, that Muslims are called to embody.

Positive Muslims approaches the Qur'an as premised on the unconditional love of God, and the equal dependency of all humans on God's Grace. The Prophet's compassion was ultimate manifestation of this love. The question that Muslims must ask, according to Esack, is not how to deal with those living with HIV/AIDS, but rather how

compassionate is God and what can be learned from the Sunnah and the Qur'an about

showing this love? (ibid.). Compassion and love can be traced throughout the texts. In

Qur'an 90:12-17:

> 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 those who (truly) believe,
> who encourage one other to persevere and encourage each other to become
> compassionate. (ibid.).

This compassion is for everyone, not just a privileged few. Positive Muslims is

committed to providing support and care for people regardless of how they contracted the

virus. They do not ask questions of those who come to the offices for help, and in

workshops they emphasize the importance of a non-judgmental approach to HIV/AIDS.

Responsibility is another key principle in Positive Muslims' approach to

HIV/AIDS and in the theology of compassion. Muslims have a responsibility to care for

and respect their bodies and the bodies of others as part of a sacred trust with God. This

is particularly important in the context of the AIDS epidemic, and Muslims must take

particular care in making responsible choices about their sexual behavior. They also have

a responsibility to create a world in which people are free to make those choices (ibid.).

Positive Muslims emphasizes a preventative approach to HIV/AIDS, but also recognizes

that individual choice is constrained in the context of unequal power relationships and

exploitation. These subtle forms of coercion should be addressed as social problems and

not just individual behavior problems. Acknowledging that there is a gap between

religious discourse and practice, Positive Muslims condones the use of condoms and

clean needles to reduce risk behaviors leading to HIV transmission. This is not the same

thing as condoning promiscuity or drug use, but represents a sense of responsibility to choose the lesser of two evils (ibid).

In the context of the HIV/AIDS epidemic, questions of justice are inextricably linked to compassion and responsibility. Positive Muslims stresses the importance of examining how structures of power and inequality contribute to the spread of diseases like HIV/AIDS (2004). Compassion must be the immediate response to those living with HIV/AIDS, but there is also a call to confront the injustices that make people vulnerable. This means addressing gender inequalities in particular, since women bear a heavier burden of risk and discrimination. On a global scale, the AIDS epidemic has drawn attention to the massive increase in inequality that has taken place over the past twenty years (ibid.). While healthcare has been discursively constructed as a human right, most people outside the developed world do not receive antiretroviral treatments for AIDS According to Esack, "The struggle for justice is a struggle that makes these resources accessible to all." (ibid).

Compassion in Action

The theology of compassion has been firmly rooted in the practical, daily experiences of those who are part of Positive Muslims. The seamless connection between praxis and theology, context and text, is fundamental to a progressive Islamic response to HIV/AIDS. While progressive Islamic values and hermeneutics of liberation were adopted at the outset, the organization's approach continues to be developed at an ideological level. Positive Muslims' commitment to raising awareness and promoting a non-judgmental and compassionate response to HIV/AIDS extends beyond the South

African context. In 2003, Positive Muslims began to research other work being done on Islam, Muslims, and HIV/AIDS. They received more than fifty responses to their post on AF-AIDS list,[16] a discussion board for HIV/AIDS activists and researchers, and all but four said they were unaware of such research but were "desperate to get in touch with someone who was" (ibid.). The increasing attention given to HIV/AIDS in Muslim countries and the greater openness of religious leaders to discussing the epidemic suggests that Positive Muslims and those affiliated with it have played a role in raising awareness.

Islam and HIV/AIDS has been the topic of a number of conferences, seminars, and workshops in various parts of the world. Most have called for increased involvement of Islamic religious leaders in education, prevention, and advocacy related to the epidemic. In recent years, these meetings have also focused on the need to create a support system for those living with HIV/AIDS and to address the stigma associated with it. The HIV/AIDS Regional Programme for Arab States (HARPAS) convened a series of meetings in conjunction with the United Nations Development Program (UNDP). Christian and Muslim religious leaders gathered in 2002, 2003, 2004, and 2006 to discuss appropriate ways to address HIV/AIDS in the Arab States. Over the period of four years, their focus has gradually shifted from prevention to acceptance and compassion for those who have been infected (Esack 2007). The Asian Muslim Action Network (AMAN), along with several other regional organizations, held a workshop on HIV/AIDS in 2004 that emphasized "an Islamic approach based on the principles of Benevolence,

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[16] http://archives.healthdev.net. Unfortunately, access to this part of the website is restricted to members only. It is part of the Health and Development Network (www.hdnet.org) however, which is open access and offers a wealth of information about different projects, research, and issues.

Compassion, Justice, and Wisdom" and a non-judgmental approach to those infected (AMANA 2004). Other notable conferences have included two International Muslim Leaders Consultation on HIV/AIDS in 2002 and 2003.

At the time of this writing, Islamic Relief Worldwide is preparing to sponsor the International Consultation on Islam and HIV/AIDS in Johannesburg, South Africa, from November 26 to November 30, 2007. The conference will bring together Islamic scholars, people living with HIV/AIDS, and prominent HIV/AIDS practitioners to discuss practical responses to the epidemic and Islamic humanitarian thinking. The conference carries the motto of "compassion-action," and aims to develop understanding and compassion that lead to action (El-Banna, www.islamandhivaids.org).

Conclusion:

There is a critical need for new and effective ways to address the HIV/AIDS epidemic in diverse parts of the world. Global infection rates are leveling off, according to the 2007 World Health Organization (WHO) AIDS Epidemic update, but AIDS remains the leading cause of death in Africa. While biomedical research may one day offer a means of preventing and curing HIV/AIDS, the epidemic is driven by much more than a virus. Political, economic, and social factors not only contribute to the spread of the HIV/AIDS, but also create a disproportionate burden on vulnerable populations. These same conditions may also determine who has access to new treatments and vaccines once they become available. Even if offered universally, biomedical treatments address HIV/AIDS as a disease and fail to consider it as an experienced illness with complex social, emotional, and spiritual dimensions. According to the World Health Organization (WHO), health is a state of complete physical, mental, and social wellbeing, not merely the absence of disease or infirmity (WHO available at www.who.org).

In many parts of Africa, religious organizations have historically played a significant role in establishing health care infrastructure and providing treatment. It is estimated that between 30% and 70% of health infrastructure is owned by religious entities (WHO 2/2007). The importance of these organizations in the context of the HIV/AIDS epidemic has, however, been largely overlooked until recently. Not only do they provide tangible assets in the form of health care facilities and human resources, but they may also have intangible effects that "might offer great potential for impacting health in Africa, whether through volunteerism and education, or behavior change and the building of social capital…or through the ways in which religious involvement engenders

hope..."(ARHAP 2006). The WHO released a report in February 2007 calling for further study of religious organizations' engagement in the health sector and their ability to provide a comprehensive and sustainable response in the form of care, support, and prevention services (WHO 2007).

Various studies have investigated the impact of religion on individual behavior of group members. Religious indoctrination, experience, socialization, and exclusion may act as powerful influences on individual behavior related to HIV/AIDS risk (Garner 2000; Benn 2002), and religious leaders also have a powerful role in shaping the behavior and perspectives of their followers. It should be noted that these aspects of religion are highly variable, and may also contribute to the alienation and stigmatization of those living with HIV/AIDS. While religion has the potential to enhance stigma, religious organizations are also "ideally situated to intervene against stigma…through religious education and ministry." (ARHAP 2006: 47) The HIV/AIDS epidemic presents serious theological challenges to religious groups, and has prompted religious leaders to engage in crucial discussions about religious teachings on sexuality, gender issues, and social justice. While theological and academic exploration is increasingly taking place, "it is questionable how much churches' responses on the ground are actually grounded in a clear theological framework." (ibid. 61).

This project focused specifically on investigating Muslim responses to HIV/AIDS in South Africa, as well as general trends in Islamic discourse on HIV/AIDS throughout the Muslim world. In many Muslim communities, there is a strong taboo against speaking about issues of sex and sexuality, particularly as they relate to HIV/AIDS. Many leaders have refused to address the epidemic, or have contributed in their words

and actions or through their silence to the stigmatization and alienation of Muslims who contract HIV/AIDS. It is widely believed that the epidemic does not affect "good" Muslims, but is a curse or punishment from God for immoral behavior and that the only solution is a return to the Islamic way of life. As the prevalence of HIV/AIDS increases in many parts of the Muslim world, and as leaders begin to seek ways to deal with the theological and practical aspects of the problem, there is an urgent need for an Islamic approach to the epidemic.

Positive Muslims is an example of a religious organization that is committed to a theological framework of compassion and progressive Islamic values. The organization was founded to break the silence surrounding HIV/AIDS in the Muslim community in South Africa, and to provide education and support for those at risk for or living with HIV/AIDS from an Islamic perspective. In contrast to other Muslim responses to HIV/AIDS, Positive Muslims' approach emphasizes compassion and non-judgment. Positive Muslims has developed a response to the epidemic that draws from Islamic liberation theology of the anti-Apartheid movement and approaches the Qur'an and Sunnah as guidance from a deeply compassionate God. This is reflected in the way their education programs are conducted and their support structures for the community. While the Muslim world is only beginning to break the silence on HIV/AIDS, Positive Muslims' work on the theology of compassion is already contributing to the evolving response of 'compassion in action' to HIV/AIDS in Muslim countries.

While most of the research being done on religio-cultural approaches to HIV/AIDS has focused on Christian organizations, there is an urgent need to investigate this type of response within the Muslim world. An estimated 400 million Africans are

Muslim (Commission for Africa), and the number of Muslims globally approaches 1.5 billion (www.adherents.com). Positive Muslims has pioneered investigation into the theological challenges that have largely been ignored by other Islamic organizations, whether their approach is judgmental or compassionate in practice. The gradual evolution of Islamic discourses on HIV/AIDS within South Africa as well as in other parts of the world, as reflected in recent conference proceedings and declarations, suggests the potential of Positive Muslims' approach to make a positive contribution to public health programs. Religion inevitably interacts with public health systems, whether in Islamic or secular societies like South Africa. Religio-cultural approaches that are supported by a strong theological structure, like that of Positive Muslims, may provide important assets that have previously been overlooked in the struggle against HIV/AIDS.

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