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**Global Research in International Affairs (GLORIA) Center  
THE PROJECT FOR THE RESEARCH OF ISLAMIST MOVEMENTS (PRISM)**

**PRISM PAPERS ON ISLAMIST SOCIAL AFFAIRS**

**Number 2 (May 2007)**

**Director: Reuven Paz**

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**Abstract:** This is a new series of papers that translate and analyze articles, reports, religious decrees, and other documents, written primarily in Arabic by Islamist scholars, clerics, operatives, or intellectuals, on Islamist social and socio-religious affairs and attitudes.



**The War of the Ostrich:  
Radical Islamist Attitude towards HIV/AIDS -- From Denial and Conspiracy  
Theories to the War on the Condoms**

**By Moshe Terdman and Reuven Paz**

**Introduction**

Acquired Immune Deficiency Syndrome (AIDS) is a collection of symptoms and infections resulting from the specific damage to the immune system caused by the Human Immunodeficiency Virus (HIV). Although treatments for AIDS and HIV exist to slow the virus' progression, there is no known cure yet. HIV is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, preseminal fluid, and breast milk. This transmission can come in the form of anal, vaginal or oral sex, blood transfusion, contaminated hypodermic needles, exchange between mother and baby during pregnancy, childbirth, or breastfeeding, or other exposure to one of the above bodily fluids.



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According to the December 2006 AIDS Epidemic Update report of the Joint United Nations Programme on HIV/AIDS (UNAIDS) the HIV is now a pandemic, with an estimated 39.5 million people living with the disease worldwide. As of January 2006, the UNAIDS and the World Health Organization (WHO) estimated that since it was first recognized on June 5, 1981, AIDS has killed more than 25 million people making it one of the most destructive epidemics in world history. In 2006 alone, AIDS claimed an estimated 2.5-3.5 million lives, of which more than 570,000 were children.<sup>1</sup>

According to the same report, almost two thirds (63%)—an estimated 21.8–27.7 million lives of all persons infected with HIV—**live in Sub-Saharan Africa**. Moreover, just in 2006 alone, an estimated 2.4–3.2 million Sub-Saharan Africans became infected with HIV, more than in all the other regions of the world combined. In the Middle East and North Africa, AIDS killed in 2006 an estimated 20,000–60,000 people. An estimated 41,000–222,000 people acquired HIV in 2006, bringing to 270,000–760,000 the total number of people living with the virus in the region.<sup>2</sup>

According to Dr. Khadijah Mowallah, an AIDS specialist at HARPAS ([www.harpas.org](http://www.harpas.org))—the HIV/AIDS regional program in the Arab States, which covers 20 Arab countries and is in charge of coordinating the response to HIV/AIDS—there were in December 2006 in the Arab world about 500,000 people infected with the disease. However, the Arab world has the second fastest infections growth rate in the world. The rate of growth is currently 300% annual increase. Basically, that is one new infection every 10 minutes. Four Arab countries have a generalized epidemic, which means the disease is not only on risk groups but spreading and is over 1% now of population. In some countries risk groups are especially in danger, such as Djibouti, where 6% of youth are already infected.<sup>3</sup>

Though the percentage of people infected with HIV in the Middle East and North Africa is small, relatively to other regions in the world, it seems to be increasing there and in other Muslim communities throughout the world. Furthermore, it should be noted that only a small number of studies have been undertaken to ascertain HIV prevalence among Muslims as a religious group. The same as to the definitive impact of Islam as a religion on sexual conduct that could increase or lessen susceptibility. Until fairly recently, several Muslim countries had no official statistics on HIV prevalence and where these statistics do exist, they are often of dubious value. There are two major problems in locating accurate data on HIV prevalence in Muslim countries. One is the poor infrastructure of health systems in most Muslim countries. The second is that in many countries sex, sexuality, and sexually transmitted diseases are simply not discussed in public.<sup>4</sup>

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<sup>1</sup> See on-line at: [http://data.unaids.org/pub/EpiReport/2006/2006\\_EpiUpdate\\_en.pdf](http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf);  
[http://data.unaids.org/pub/GlobalReport/2006/2006\\_GR\\_CH02\\_en.pdf](http://data.unaids.org/pub/GlobalReport/2006/2006_GR_CH02_en.pdf)

<sup>2</sup> See on-line at: [http://data.unaids.org/pub/EpiReport/2006/2006\\_EpiUpdate\\_en.pdf](http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf)

<sup>3</sup> See on-line at: <http://www.islamonline.net/livedialogue/english/Browse.asp?hGuestID=g21n4y>

<sup>4</sup> See on-line at: <http://www.e-alliance.ch/media/media-6859.pdf>



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Nevertheless, it should be further stressed that some practices prevalent among Muslims might have contributed to decreasing the risk of HIV transmission. These practices include: social and religious prohibitions against sex outside of marriage for both males and females, though not always followed by all Muslims; prohibitions against homosexual sex; prohibitions against the consumption of alcohol and drugs; attention to ritual washing may increase penile hygiene; and circumcision. However, alongside these practices, one can find other practices which might cause the increase of the number of Muslims infected with HIV/AIDS, such as: permitting men to marry as many as four wives and divorce relatively easy, potentially increasing the number of lifetime sexual partners; and sexual activity with prostitutes—“commercial sex workers,” as they are called in Saudi Arabia and Gulf States.<sup>5</sup>

That is why an approach to the AIDS pandemic that seriously takes into account the role of Islam remains a legitimate one, whether it contributes to lessen HIV prevalence among Muslims or increase it. Other reasons for this are: First, Islam continues to play a pivotal role in most Muslim societies in general and in relation to the HIV pandemic in particular, since an estimated forty percent of the care for the needy is provided by religious institutions. Secondly, the role of Islam becomes particularly accentuated at critical moments in the lives of Muslim communities when confronted with events that are—for whatever reasons—regarded as yet unfathomable and people are desperate to make sense of what is happening to them. The innovation of AIDS, the extent of its spread, and the inability to find a vaccine or a cure for it, makes it one such issue. Third, mosques, imams, and Muslim religious scholars have been much trusted sources of not only spiritual education, but, for some, entire education. Thus, the influence of religious leaders on HIV awareness and prevention is crucial as Muslim communities often look to religious seniors for assistance and advice.

It should be emphasized that the dominant forces that shape the interpretation of Islam are the state institutions, on one hand and radical Islamists, on the other. The latter, for large parts of the population, continue to have far more religious legitimacy than the nation state. For instance, in a country like Egypt, radical Islamic groups are also in the forefront of providing basic health care and social services to much of the rural populations. The same case is true also to the Palestinian Authority, where Muslim Brotherhood/Hamas provides most of the basic health care and services to the Palestinians.

Most importantly, HIV/AIDS presents Muslim scholars, including radicals, with a number of serious challenges regarding a host of issues such as disease as divine retribution or grace, taboos, silence about sin, sex, and sexuality. So, the question that should be asked here, is, first of all, have the Muslims in general and radical Islamists in particular, acknowledged the existence of HIV/AIDS among the Muslims? And, if so, how have the radicals explained the "infiltration" of such a "sinful" disease into the Muslim world?

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<sup>5</sup> See on-line at: <http://www.e-alliance.ch/stigma/cd/docs/6.8Gray2004,HIVandIslam.doc>



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### **Denial and Conspiracy Theories**

The first cases of HIV in the Middle East were officially recorded in Bahrain, Qatar, Iran, and several other Muslim countries in the mid-1980s. It is not surprising since the Gulf States have large expatriate communities, which in numbers surpass the nationals. This community is largely ignored in the provision of social and health services. Despite identifying the disease early on, many countries still have not launched treatment or public health education programs to prevent its further spread. One major reason for this lack of action has been assumptions that premarital sex, adultery, prostitution, homosexuality, and intravenous drug use do not occur in the Muslim world, or happen so infrequently that the risk of the disease gaining a foothold in these countries is low.<sup>6</sup>

In 1995, for example, Indonesia's Council of Ulama urged that condoms should only be sold to married couples with prescriptions from general practitioners. The assumption was that strong religious convictions would prevent people from having extramarital sex. Members of the international public health community, for their part, have not only seemed to accept the presumptions behind those arguments but sometimes have also espoused them. In February 2005, an official in Pakistan's National AIDS Control Programme asserted that HIV prevalence was lower in Pakistan than in other countries thanks largely to "better social and Islamic values".<sup>7</sup>

Thus, for most of the time since the virus was first detected, the vast majority of Muslims simply remained unaware of the pandemic. As information about AIDS or about people living with it became more common, Muslims often responded by suggesting that it was still not their problem. A good example is the case of most Muslims living in South Africa who come from a predominantly Asian background. In this case, the suggestion was that AIDS infected "Africans" with the unstated assumption that they were not Africans.<sup>8</sup>

Early ignorance of the modes of HIV transmission, its initial identification with homosexual activity and its immediate association with death, contributed substantially to the anxiety with which people responded to the pandemic and its modes of transmission. Thus, for example, the Zanzibar Association of People with HIV/AIDS reported that HIV-positive people on the island faced physical and social isolation from family, friends and the community. Discrimination often extended to the workplace as well and hampered access to government services.<sup>9</sup> It is not surprising, therefore, to find that radical Islamists have portrayed HIV/AIDS as a Divine

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<sup>6</sup> See on-line at: <http://www.frontpagemag.com/Articles/ReadArticle.asp?ID=18641>

<sup>7</sup> See on-line at: <http://www.frontpagemag.com/Articles/ReadArticle.asp?ID=18641>

<sup>8</sup> See on-line at: <http://www.e-alliance.ch/media/media-6859.pdf>

<sup>9</sup> See on-line at: [http://www.mg.co.za/articlePage.aspx?articleid=262988&area=/breaking\\_news/breaking\\_news\\_africa/](http://www.mg.co.za/articlePage.aspx?articleid=262988&area=/breaking_news/breaking_news_africa/)



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retribution, a punishment on decadent Western societies and their promiscuity, homosexuality, and drug and alcohol abuse, which are not part of Muslim societies. Thus, it is impossible for Muslims to be infected by HIV/AIDS, and those who happen to be infected by the virus are excluded from the society.

Hani Ramadan—grandson of Hassan al-Banna, the founder of the Muslim Brotherhood, the director of Geneva's Islamic Center, and known Islamic intellectual—expressed this attitude in an article published by the French daily *Le Monde* in late 2002. In this article, he defended the stoning punishment for adulterous men and women. Among other things, he wrote that the stoning punishment is meant to help curb the "moral degradation" in societies and put what he saw as "divine curse" (HIV/AIDS) under control. He further wrote there that Allah has initiated the stoning punishment for "his love of mankind, because AIDS came out of nothing but from promiscuousness". Thus, Muslim believers were protected from being infected with AIDS. Following the publication of this article, Hani Ramadan was fired from his job as a high school French language teacher in Geneva and has not been reinstated yet to his previous position, despite two rulings of the Geneva court in his favor.<sup>10</sup>

Yet, the best illustration of this attitude comes from the Taliban regime in Afghanistan. On December 2, 2000, the then Afghan Taliban Information Minister, Mawlawi Qudratullah Jamal, said that Islam prescribed the best way to control AIDS throughout the world and that non-Islamic practices, such as illegal sex and impious living, were the causes of the disease. Thus, if the world's people had not desisted from piety, they would have never been plagued by HIV/AIDS. He further claimed there were no cases of AIDS in Afghanistan. He said that "Islam is a perfect religion. Those who adjust themselves according to it are saved from these problems. AIDS to me does not seem like a disease – it is a torment".<sup>11</sup> Furthermore, in November 1995, the Council of Indonesian 'Ulama (MUI) in Bandung issued a *fatwa* concerning AIDS wherein it was simply identified as sin or curse from God.<sup>12</sup>

Thus, in most Islamic nations and Muslim societies, AIDS is not supposed to infect people, and the governments, religious leaders and scholars as well as the general population will not even admit the disease is there. But it is, and in large numbers. While promiscuity and prostitution are common in Muslim societies, talking openly about it is not. As a result, AIDS has spread for years through the Middle East and other Muslim societies without much, if any, official or media attention. No official statistics yet, but the medical underground hints at high, and rising, infection rate and little, if any, local willingness to recognize the problem exists. Thus, when

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<sup>10</sup> See on-line at: <http://www.jihadwatch.org/dhimmiwatch/archives/006266.php>;  
<http://www.islamonline.net/English/News/2004-04/04/article03.shtml>;  
[http://www.aidh.org/dial\\_rel/deb\\_lemde1.htm](http://www.aidh.org/dial_rel/deb_lemde1.htm)

<sup>11</sup> See on-line at: <http://www.aegis.com/news/afp/2000/AF001253.html>

<sup>12</sup> See on-line at: <http://www.e-alliance.ch/media/media-6859.pdf>



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radical Muslims have been confronted with the AIDS outbreak in their midst, they blame it on outsiders, since this sort of thing, i.e., HIV/AIDS, does not happen in an Islamic culture.

Therefore, HIV/AIDS is seen as a phenomenon imported from the West, or much worse, as a Western means of conspiracy. For instance, Muslim preachers in mosques throughout Great Britain claim that Christian missionaries put the AIDS virus into medicines in order to poison the African people.<sup>13</sup> But, not only Christian missionaries were to blame. Also non-Muslim Africans were blamed. In Sudan, the ruling Arab Muslim elites feel more comfortable to put the blame on refugees and nationals from neighboring African states and non-Arab displaced Southerners for the outbreak of AIDS and its spread to northern Sudan.<sup>14</sup> Also the US was blamed with a plot to spread AIDS and infertility among Muslims in northern Nigeria. Thus, in some instances, mass vaccinations campaigns to eradicate polio in northern Nigeria were boycotted by Muslim clerics, who regarded them as a US plot to spread AIDS and infertility among Muslims.<sup>15</sup> Moreover, on January 8, 2001, the Council of Islamic Clergy in Kano, North Nigeria, urged Muslims to boycott a US-backed seminar on HIV/AIDS saying it would increase sexual promiscuity and, thus, violate the Shari'ah. The week-long seminar was being jointly organized by the United States Agency for International Development and John Hopkins University.<sup>16</sup>

This has not been the only case in which Muslims blamed the US for intentionally infecting Muslims with HIV/AIDS. Another such case is the HIV trials and appeals of six foreign medical workers charged with conspiring to deliberately inject 426 children with HIV in 1998, causing an epidemic at al-Fath Children's Hospital in Benghazi, Libya. The main defendants are a Palestinian medical intern and five Bulgarian nurses. The epidemic at al-Fath and the subsequent trials are highly politicized and controversial. The epidemic is the largest outbreak of HIV within a hospital in History, and it was the first time AIDS became a public issue in Libya. The Libyan public was enraged and many foreign medical workers were arrested, while only six were eventually charged. Libyan leader, Muammar Qaddafi, initially blamed the CIA or the Israeli Mossad for plotting to carry out a deadly experiment on the Libyan children. Libya requested and received help from two of the world's foremost HIV experts, including one of the original discoverers of AIDS, to conduct a scientific investigation into the causes of the epidemic. These experts submitted a report, which traced the origins of the outbreak, and blamed poor sanitary practices in the hospital wards for cross-contamination of the patients.

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<sup>13</sup> See on-line at: <http://democracybroadcasting.blogspot.com/search/label/radical%20islam>

<sup>14</sup> See on-line at: <http://www.codesria.org/Links/Publications/aids/battahani.pdf>

<sup>15</sup> See on-line at: <http://www.cbsnews.com/stories/2004/07/02/health/main627313.shtml>;  
<http://news.bbc.co.uk/2/hi/africa/2070634.stm>

<sup>16</sup> See on-line in: <http://www.aegis.com/NEWS/AFP/2001/AF010113.html>



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This report was introduced into evidence, at a criminal trial of the medics in Benghazi, and the scientists testified on behalf of the defense. The prosecution introduced a report by Libyan scientists with contrary conclusions. The medics were found guilty in May 2004 and sentenced to death by firing squad. Reaction was swift, with a number of appeals from scientific and human rights organizations, and various official condemnations of the verdict along with diplomatic initiatives. The sentence was appealed and overturned. However, the retrial resulted in another death sentence in December 2006. A new genetic-based scientific analysis showed that some of the children were infected with HIV even before the foreign medical workers arrived in Libya, but it was not allowed to be admitted as evidence in the retrial. However, only on January 30, 2007, the case was closed when Sayf al-Islam, Muammar Qaddafi's son, said that the outbreak was due to negligence, not conspiracy, and further said that Libya will not execute the six defendants.<sup>17</sup>

Another case of “deliberately injecting people with AIDS” was reported by Hizb al-Tahrir as taking place in Uzbekistan. On June 17, 2003, Dr. Imran Waheed of Hizb al-Tahrir in London, who allegedly co-ordinates the activities of the organization in Uzbekistan, said that "tens of thousands of Uzbek Muslims have been unlawfully arrested, thousands have been tortured and dozens have been killed in extra-judicial executions... Muslims in prison report that they have been subjected to continuous and cruel battery, repeated anal rape and the insertion of metal bars in the anus, incarceration in basement cells in conditions intolerable for any human being, and the injecting of HIV infected blood for adhering to their Islamic prayer rituals and refusing to seek clemency from President Karimov".<sup>18</sup>

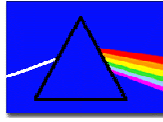
Israel is also blamed of intentionally infecting Muslims with HIV/AIDS. On April 13, 2007, text message that spread throughout cellular phones in Saudi Arabia, claiming melons entering the kingdom from Israel are infected with AIDS caused Frenzy among the people. The SMS message said that "the Saudi Interior Ministry warns its citizens of a truck loaded with AIDS infected melons that Israel brought into the country via a 'ground corridor'". The Interior Ministry denied this message, making it clear that it is just a rumor. But, to no avail.<sup>19</sup> It should

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<sup>17</sup> For more details on this case see on-line at: <http://www.thestar.com/News/article/176131>;  
<http://www.iht.com/articles/2005/10/14/news/nurses.php>;  
<http://english.aljazeera.net/English/archive/archive?ArchiveId=38138>  
<http://www.bta.bg/site/libya/en/03background.htm>;  
[http://www.laleva.org/eng/2004/05/aids\\_hiv\\_libya\\_to\\_execute\\_bulgarian\\_medics.html](http://www.laleva.org/eng/2004/05/aids_hiv_libya_to_execute_bulgarian_medics.html);  
<http://news.scotsman.com/topics.cfm?tid=460&id=2458882005>;  
[http://en.wikipedia.org/wiki/HIV\\_trial\\_in\\_Libya](http://en.wikipedia.org/wiki/HIV_trial_in_Libya)

<sup>18</sup> See on-line at: <http://www.ynetnews.com/articles/0,7340,L-3387545,00.html>

<sup>19</sup> See on-line at: <http://www.ynetnews.com/articles/0,7340,L-3387545,00.html>



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be mentioned, that the blaming of Israel with deliberately infecting Arab with AIDS is not new and involves also a strong anti-Jewish sentiments and motives.

From the abovementioned cases, one can conclude that the conspiracy theories are not only part of the radical Islamists agenda, but also of most Muslims, who are afraid of “corrupted” Western influences, which might affect them and their culture. But, the HIV/AIDS has kept coming and has infected mostly women. Several practices increase women's vulnerability: marriage patterns and age differences between spouses; cultural expectations of women's innocence, making it difficult for them to access information on risks; and the resurgence of early forms of temporary marriages, which may be religiously sanctioned in circumstances such as poverty, travel, or tourism.

Although knowledge is still inadequate and stigma and discrimination prevail in many Muslim societies throughout the world, one can see that in the last years there is growing public discussion on HIV/AIDS among Muslims. Throughout the Muslim world, governments and non-governmental organizations have initiated projects to break the silence around HIV, spread information, promote prevention, and provide care and treatment. The challenge facing the Muslim governments, organizations and religious clerics now is how to foster effective responses to the epidemic.

### **Jihadi Campaign against HIV/AIDS**

It has taken the Muslim world a couple of decades, but people in leadership positions have started to tackle the reality of HIV/AIDS among Muslim populations, particularly in hard-hit areas such as Africa or Asia. An important role in this struggle was reserved to the Muslim religious clerics. Without their assistance and active participation nothing could be done. .

Uganda was the first to wage struggle against HIV/AIDS in a national scale. Muslims account for about sixteen percent of Uganda's population. Already in 1988, the Islamic Medical Association of Uganda (IMAU) was established. It started working on HIV/AIDS issues in 1989, in response to the national call for all sectors including faith-based organizations to rise and address the challenge of AIDS in the country. IMAU started its work by organizing a dialogue for the top Muslim leaders in the country to discuss the scientific and Islamic aspects of AIDS. As a result of the dialogue, the leaders of the Muslim community declared in 1989 a "Jihad on AIDS". This was the rallying call for Ugandan Muslims to increase self discipline to control behavior in order to prevent HIV and care for those infected with it. Following partnership with the top Muslim leaders, IMAU moved down to the imams at the mosque level. IMAU trained trainers, who in turn trained the imams in how to address HIV/AIDS issues. The imams and their assistants then educated their communities during sermons, group talks and home visits. IMAU started getting interested in antiretroviral drugs in the late 1990s and already in 2002, it designed



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an inter-faith-based community mobilization and education project to increase awareness and utilization of antiretroviral drugs.<sup>20</sup>

Moreover, IMAU initiated also the Madrasah AIDS Education and Prevention Project, in which Muslim clerics have taken on an important role in teaching youth the basics of prevention in the framework of informal schools tied to mosques. This project underlines that certain traditional Muslim practices can increase the risk of exposure to the HIV virus, namely male circumcision with unsterile instruments and ablution of the dead without protective gloves. However, introducing the topic of condoms proved to be the single greatest difficulty. In the first year, the issue was removed from the curriculum after some religious scholars argued that recommending the use of condoms would promote sex outside marriage. Over a year, IMAU held a dialogue with Islamic leaders to work through their concerns, stressing that the condom was only being promoted as protection after the failure of the first two lines of defense: abstaining from sex and having sex only within marriage. As IMAU argued, girls do become pregnant before marriage and there are many cases of sexually transmitted disease among the unmarried. Eventually, Islamic leaders agreed that education on the responsible use of condoms was acceptable and the topic was reinserted in the curriculum in the second year.<sup>21</sup>

This approach resulted in a tangible decline of HIV/AIDS incidence among members of Uganda's Muslim community by 18 percent to the current rate of 6 percent. IMAU's approach for mobilizing the Muslim community to address HIV/AIDS was hailed by UNAIDS as a model for HIV/AIDS education and prevention. More importantly, other Muslim societies have tried to follow the Muslim Ugandan example and address the issue of HIV/AIDS in the same manner.

Bangladesh has seen considerable progress in HIV education and prevention efforts within gay and bisexual networks, and prostitutes. Recent surveys in Bangladesh have found that knowledge of HIV and its transmission is low among both male and female sex workers, and efforts to increase condom use are under way around the country. Since 1997, the Bahdhu Social Welfare Society has provided safer-sex promotion activities for more than 76,000 homosexual and bisexual men. Bangladesh has also successfully experimented with awareness programs in the mosques. With assistance from the Islamic Foundation, the Islamic Medical Mission, and the United Nations Development Programme, thousands of imams – including some women – have been training to deliver anti-HIV educational and prevention messages.<sup>22</sup>

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<sup>20</sup> See on-line at: [http://www.kit.nl/exchange/html/2003-3\\_faith-based.asp](http://www.kit.nl/exchange/html/2003-3_faith-based.asp)

<sup>21</sup> See on-line at: [http://findarticles.com/p/articles/mi\\_m1310/is\\_1999\\_Oct/ai\\_57476197](http://findarticles.com/p/articles/mi_m1310/is_1999_Oct/ai_57476197);  
[http://www.unesco.org/courier/1999\\_10/uk/dossier/txt33.htm](http://www.unesco.org/courier/1999_10/uk/dossier/txt33.htm)

<sup>22</sup> See on-line at: <http://www.frontpagemag.com/Articles/ReadArticle.asp?ID=18641>



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Religious leaders in Indonesia have begun to mobilize, with the support of AusAID, religious networks in some provinces to educate the community about AIDS prevention. Islamic scholars have held workshops in which the Islamic religious literature is studied in order to identify principles within the text that support AIDS prevention. The primary message of Muslim clerics who preach HIV/AIDS awareness in mosques, schools, and community halls, has been abstinence and fidelity, but condom use is advised in certain circumstances too. The Indonesia Mosque Association, also known as the Yayasan Dana Islamic Centre, has played some role in addressing HIV/AIDS. In 1999, it trained 300 Islamic preachers in South Sulawesi in AIDS awareness. In 2002, the Federation of Indonesian Muslim Women Organizations (BMOIW) organized a two day seminar to address the increasing number of HIV/AIDS cases in the country. The group is working to create a network of women and mothers throughout the country to focus on the need to protect families and children from HIV/AIDS. In 2005, Muhammadiyah promoted a 'Book of Sermons on HIV/AIDS Prevention', which addresses lifestyle responsibilities of individuals and families, how to engage youth, the need for compassion, and reducing discrimination. Seven thousand copies were distributed initially to a network of 2890 mosques. Training courses are being organized to help local religious leaders use the book and incorporate the messages into sermons.<sup>23</sup>

Mosques in Mozambique, alarmed by the high HIV/AIDS infection in the country, have been launching since 2005, with an Egyptian assistance, a campaign against HIV/AIDS, in which they raise the awareness of Muslims about subsequent grave consequences on both individuals and families. Official estimates indicate that some 50 percent of Mozambique's 19 million people are HIV positive, while international figures put the percentage at only 16. Muslims make up 50 percent of Mozambique population.<sup>24</sup>

Malawi is one of the most severely AIDS-hit countries in Sub-Saharan Africa. According to the World Bank, AIDS is the major cause of death among Malawians between the ages of 15 to 49 years. Islam is the second largest religion in Malawi after Christianity. Government figures suggest Muslims comprise 12 percent of Malawi's 12 million population, while the Muslim Association of Malawi put the percentage at 36 of the population. There are no clear statistics on the prevalence rate of HIV/AIDS among Muslims in Malawi, but the prevalence of the pandemic is estimated at about 15% of the whole population. Considering the grave consequences that may result due to laxity by the Muslim community in taking action against HIV/AIDS, most organizations declared Jihad against AIDS in 2006. Several Muslim organizations have initiated family HIV/AIDS education through local imams and madrasa teachers in both the rural and urban areas. Muslim institutions, such as the Bilal Trust's Madina Social Services in southern Malawi, and Social Islamic Development in central and northern Malawi, have established clinics to help people, including the HIV-positive, access medicine free of charge.<sup>25</sup>

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<sup>23</sup> See on-line at: <http://www.e-alliance.ch/media/media-6859.pdf>

<sup>24</sup> See on-line at: <http://www.islamonline.net/English/News/2005-08/30/article06.shtml>

<sup>25</sup> See on-line at: <http://www.islamonline.net/English/News/2006-10/15/04.shtml>



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The Zanzibar parliament adopted on October 20, 2006 its first HIV/AIDS policy. The Zanzibar National HIV/AIDS Policy calls for a door-to-door awareness campaign, HIV prevention education in school curricula and the promotion of condom use. However, the parliament turned down the request of some radical Islamist lawmakers to close all bars, outlaw revealing clothing as part of the strategy and to screen all visitors to the archipelago for HIV, and segregate HIV-positive people from HIV-negative people. Chief Minister Shamsi Vuai Nahodha urged the government to reject this request because of concerns over human rights violations and the island's dependence on tourism.<sup>26</sup>

There might even be a chance that the Ugandan model will be implemented in the Arab world too. Thus, 'Adnan al-Falaq and 'Adel Bou Khamsin stated in 2006 that they were in the process of establishing a NGO to help combat AIDS in the region of al-Ahsa in Saudi Arabia, in cooperation with Saudi authorities. The aim of the NGO will be to spread awareness on the dangers of the disease and ways to avoid contracting AIDS. If their efforts are successful, this project will be the first of its kind established by preachers from both the Sunnite and Shi'ite doctrines to be engaged in a joint venture in the kingdom.<sup>27</sup>

The important role of Muslim religious leaders and scholars in the fight against HIV/AIDS has been a subject for discussion in multi-faith gathering in Africa. In June 2002, the African Religious Leaders Assembly on Children and HIV/AIDS met in Nairobi at the request of the Hope for African Children Initiative and the World Conference of Religions and Peace. The multi-faith gathering, in which more than 120 representatives from 30 countries took part, convened to look at the role of religious leaders in fighting AIDS. Twaib Mukuye, deputy mufti of the Uganda Muslim Supreme Council, concluded this role, saying that "through our silence and denial, we have contributed to increased stigma and exclusion of people living with HIV/AIDS, but as spiritual leaders we are here to publicly launch a continent-wide Jihad on AIDS".<sup>28</sup>

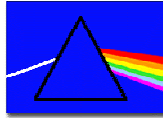
In March 2005, the Network of African Islamic Faith-based Organizations was launched in Abuja, Nigeria. The religious leaders stated in their declaration that "we support all appropriate methods of preventing HIV/AIDS. These include abstinence, being faithful and, when absolutely necessary, correct and consistent use of the condom between couples". At the 2005 Abuja summit, Muslim religious leaders from Nigeria, Senegal, and Tanzania, among others, agreed that they should disseminate information on HIV/AIDS in sermons and at religious events. However, when this Network met in November 2006 in Zanzibar to discuss issues that included HIV/AIDS, Muslim clerics from 25 African countries could not agree on a unified HIV/AIDS strategy, since they failed to reach consensus on the use of condoms in preventing HIV/AIDS.

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<sup>26</sup> See on-line at: <http://www.news-medical.net/?id=20757>; <http://www.unpo.org/article.php?id=5675>;  
<http://www.medicalnewstoday.com/medicalnews.php?newsid=55002>

<sup>27</sup> See on-line at: <http://asharq-e.com/news.asp?section=7&id=7220>

<sup>28</sup> See on-line at: <http://www.sojo.net/index.cfm?action=magazine.article&issue=soj0209&article=020942d>



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Many clerics at the meeting rejected the use of condoms on the grounds that they promoted promiscuity, particularly among the youth, while others felt the organization needed to make a clear statement in favor of condom use in the fight against HIV/AIDS.<sup>29</sup>

Parallel to the convention of the African Religious Leaders Assembly on Children and HIV/AIDS in 2002, an international conference of Muslim leaders convened to begin sharing strategies in the fight against AIDS, such as Uganda's "Jihad on AIDS" project and a women's education program in Indonesia.<sup>30</sup>

The need for a joint religious Muslim action to fight HIV/AIDS reached also the Arab world. Religious leaders have an important role in the campaign against AIDS in the Arab world, given the taboo nature of any discussion of sexuality and sexual freedom and the deeply religious nature of the prevailing social norms. In November 2006 a conference—drawing together more than 300 leading religious figures from 20 Arab countries—was organized by the Arab League and the UN Development Program in Cairo. It was jointly led by Muhammad Sayyid Tantawi, the Grand Imam of al-Azhar, and Pope Shenouda III, head of the Coptic Orthodox Church and President of the Middle East Council of Churches. The aim of the conference was to raise HIV awareness and fight stigma fueled by conservative religious views of sex and drug use. Indeed, religious leaders at the conference addressed themselves to some of the taboos inhibiting an effective response to HIV/AIDS. Some called on the Muslims to accept AIDS patients and not close the doors of mercy in their faces even if they are viewed as having sinned since God forgives, and so must the society. Thus, the Cairo conference represents a major step towards breaking the taboos that help HIV to spread unchecked.<sup>31</sup>

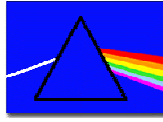
An important forgiving approach to those infected by HIV/AIDS has been made by several Muftis in the Arab and Muslim world. One such fatwa says, “Stigmatizing and gloating over AIDS patients cannot be the trait of the Muslim who lives according to Islamic manners. A true Muslim cannot feel joy when he sees others’ misfortunes whether they are Muslims or non-Muslims. Instead of gloating over the misfortune of those who are afflicted by AIDS, we should help them get proper care and treatment. Instead of stigmatizing them for carrying or having a disease for which they may not be responsible, why don’t we make *du`aa*’ for them? Why don’t we earnestly ask Allah to shower them with His mercy? ... Above all, gloating over others’ misfortune is the manner of the unbelievers and hypocrites... Based on the above-mentioned, we can conclude that it is not permissible to treat AIDS patients differently just because they have

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<sup>29</sup> See on-line at: <http://www.afrol.com/articles/23232>; <http://www.iolhivaids.co.za/index.php?fArticleId=3580428>

<sup>30</sup> See on-line at: [http://www.altmuslim.com/perm.php?id=1012\\_0\\_26\\_0\\_C30](http://www.altmuslim.com/perm.php?id=1012_0_26_0_C30)

<sup>31</sup> See on-line at: <http://www.time.com/time/world/article/0,8599,1559788,00.html>;  
[http://www.poz.com/articles/1\\_10814.shtml](http://www.poz.com/articles/1_10814.shtml);  
<http://www.metimes.com/storyview.php?StoryID=20061106-091859-8835r>



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AIDS. Instead, they should be treated kindly and given whatever medical treatment and care they need.<sup>32</sup>

### **The Radical Islamist Reaction: From the Condom Wars to Islamic Cure Attempts**

In order that the "Jihad on AIDS" strategy in the fight against AIDS will be effective, the cooperation of the religious scholars was most needed. However, there is one issue in which Muslim, and even Christian, religious scholars are disagreeing, namely, the issue of condom use. As mentioned earlier, there are some instances, such as in Uganda and Zanzibar, in which after long deliberations, Muslim scholars allowed to use condoms as a preventive measures. However, there are many other Muslim countries, which tried to conduct the strategy of "Jihad on AIDS", but their efforts failed. This failure has been mainly due to the opposition of radical and conservative Muslim clerics to condom use and to other measures included in this strategy.

Muslim "action commandos" have become one of the biggest obstacles in the fight against AIDS in Niger. Muslims comprise 90 percent of the population in the country. AIDS experts said that in 1994, when the government launched a five-year plan to fight the disease, Islamic associations expressed their hostility towards awareness campaigns. Islamic members often disrupted seminars and conferences on the issue, while prostitutes—considered by Islamists as vectors of the virus—were subjected to severe, punitive measures. Those responsible for campaigns promoting condom use often received death threats by radical Muslims. Under pressure from Muslim organizations, radio and television stations were forced to stop broadcasting messages promoting condom use, while all public displays, such as posters, were no longer visible in the capital, Niamey. In contrast, the campaign against "Western Methods of Prevention" was very much public, with marabouts using sermons and media spots as forums for their message. For example, on September 4, 1999, a marabout said in a television program that "for Muslims, abstinence and fidelity are the only acceptable means to avoid AIDS". Al-Hajj Noufou, an imam in Niamey, said that "a condom remains an instrument which invites debauchery and adultery".<sup>33</sup>

Central Asian governments, with the help of international donor organizations, have become increasingly active in HIV/AIDS prevention efforts. However, the increase in programs designed to stop the spread of the virus has been a cause for concern among some Islamic clerics and practicing Muslims, especially in the Ferghana Valley. State campaigns encouraging safe sex and tolerance for homosexuals and prostitutes have been seen by the Muslims as clashing with traditional values. Since the 1991 Soviet collapse, Muslim religious leaders in the region have voiced concern over deteriorating social values in their communities, linking the moral decline with the post-Soviet penetration of Western pop culture and vices. They consider the spread of HIV as perhaps one of the most tangible signs of the population's spiritual degeneration. They do not perceive government campaigns to promote awareness as addressing the root causes of the

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<sup>32</sup> See on-line at: [http://www.islamonline.net/servlet/Satellite?cid=1119503549240&pagename=IslamOnline-English-Ask\\_Scholar%2FFatwaE%2FFatwaEAskTheScholar](http://www.islamonline.net/servlet/Satellite?cid=1119503549240&pagename=IslamOnline-English-Ask_Scholar%2FFatwaE%2FFatwaEAskTheScholar)

<sup>33</sup> See on-line at: <http://www.aegis.com/news/afp/1999/AF990912.html>



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spread of infections, namely the popular drift away from Islamic values. Therefore, some Muslim clerics suggest that a return to a traditional lifestyle would be the best way of containing the disease.<sup>34</sup>

Islam's influence is widespread in the Ferghana Valley, a region of nearly 9 million inhabitants divided among Uzbekistan, Kyrgyzstan, and Tajikistan. Indeed, authorities view the valley as a hotbed of radical Islam. Thus, it is no surprise that such HIV/AIDS awareness and prevention programs have been attacked by radicalized religious groups, especially Hizb al-Tahrir. Many radical Islamists have felt that the eradication of the disease requires the elimination of Western influences. Hizb al-Tahrir has condemned public campaigns to promote safe sex through the use of condoms. It also attacked local officials for being corrupt and unable to solve societal problems, including the spread of drug addiction and prostitution. In May 2001, some Hizb al-Tahrir activists took matters into their own hands. They swept through one of the Kyrgyz city of Osh's main thoroughfares to disperse prostitutes who had gathered on street corners. Moreover, several media awareness/prevention campaigns have met strong popular resistance, especially in Uzbekistan and Tajikistan. In response to popular disapproval, and fearing a loss of audience share, many local media outlets have dropped HIV/AIDS awareness public service advertising, in particular those containing explicit references to sex.<sup>35</sup>

In Indonesia, the programs of the mainstream Muslim organizations have been continuously subjected to veto by the more radical groups. In 2002, the Indonesian Mujahidin Council, for example, blocked an AIDS awareness ad campaign by Family Health International that had been accepted by the national Health Ministry. In addition, some moderate groups have objected to condom education campaigns. Ma'ruf Amin, head of a commission at the Indonesian Ulama Council—the country's highest Islamic authority—said that "in Islam, having sex outside marriage is forbidden. Since it is an illicit act, the use of condoms by an unmarried couple is also proscribed". He further added that the council urges Muslims to prevent HIV/AIDS by "being more religious and closer to family and society". Thus, several AIDS education commercials have been pulled or revised to be less explicit at the urging of radical and conservative groups.<sup>36</sup>

The policy on HIV/AIDS has seemed to be another tool by which the Union of Islamic Courts opposed the Transitional Federal Government in Somalia. Anti-condom statements have been heard from Muslim religious scholars connected to the Union of Islamic Courts in Somalia. In 2003, the Somalia 'Ulama Council banned condom sales, threatening that it will punish, including flogging, those who buy or sell condoms. Sheikh Nur Barud, then chairman of the council, argued that "the use of condoms will increase adultery and those promoting its use deserve punishment. The members or representatives of the Transitional Federal Government, on

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<sup>34</sup> See on-line at: [http://www.asiansexgazette.com/asg/central\\_asia/centralasia01news03.htm](http://www.asiansexgazette.com/asg/central_asia/centralasia01news03.htm)

<sup>35</sup> See on-line at: [http://www.asiansexgazette.com/asg/central\\_asia/centralasia01news03.htm](http://www.asiansexgazette.com/asg/central_asia/centralasia01news03.htm)

<sup>36</sup> See on-line at: <http://www.e-alliance.ch/media/media-6859.pdf>;  
<http://www.thebody.com/content/living/art10252.html>;  
<http://www.thebody.com/content/living/art26421.html>



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the other hand, have continued to attend international for a on Islam and AIDS and preached the use of condom.<sup>37</sup>

In December 2005, the Moroccan Association for the Fight against AIDS launched a campaign to raise money to fight AIDS. This campaign raised a strong opposition from the Islamists, who accused the association of "spreading the culture of condom" through its telethon to raise funds. The telethon was a live program on the 2M TV channel on December 9, 2005, aimed to raise funds for people suffering from HIV or AIDS. With the awareness the program spread came also the opposition led by the Islamist party (PJD). A long article in the PJD daily al-Tajdid said that "the telethon held up use of condoms as the best way to protect oneself from AIDS". In promoting use of the condom, the association was "copying foreign programs and trying to implement them in Moroccan society with no regard to Morocco as an Islamic country". The article condemned the organizers over "the condoms used in the telethon décor designed by a French architect who had been brought to Morocco especially for this". Finally, the article said "fidelity to religion and marriage" are the way to fight AIDS, which it described as "Divine punishment".

This was not the first such protest conducted by Islamists. The PJD launched a similar campaign against a cartoon book produced to make youngsters aware of the danger of AIDS, and which presented the condom as a safe option. The publishers were condemned of using a mosque as a background to some of the cartoons. The Islamist opposition has also extended to tourism. The Islamists blame "sexual tourism" for the spread of AIDS in Morocco. Therefore, Islamists have invaded in recent years beaches and countered sunbathing and swimming by organizing collective prayers.<sup>38</sup>

It should be noted that unlike in Islamic websites of moderate nature, or those of the school of the Muslim Brotherhood, where there are many questions about HIV/AIDS, primarily by youngsters, the Salafi-Jihadi sites ignore the topic. A reference to the disease is usually linked either to the "Zionist-Crusader enemy" and its culture, or to its conspiracy against the Muslims. In some Jihadi-Salafi writings HIV/AIDS is related to the sense of apocalyptic visions of "the West that is destroying itself." As a result, the cure against the disease is by joining the Jihad as a way of life, since the Mujahidin "cannot be infected." For the Salafists, HIV/AIDS is "a sexual disease and the immediate divine punishment in this world, to the enemies of Allah... who deal with Homosexuality, prostitution, drugs, etc."<sup>39</sup>

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<sup>37</sup> See on-line at: <http://www.e-alliance.ch/media/media-6859.pdf>

<sup>38</sup> See on-line at: <http://www.aegis.com/news/ips/2006/IP060111.html>

<sup>39</sup> "The AIDS – divine punishment." See on-line at:  
[http://www.islamway.com/?iw\\_s=Article&iw\\_a=view&article\\_id=224](http://www.islamway.com/?iw_s=Article&iw_a=view&article_id=224)



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### **Islamist “Cure” for HIV/AIDS**

From the above mentioned cases, one can conclude that the radical and conservative Muslims have not cooperated with the awareness and prevention programs conducted by Muslim secular-national governments. They perceive AIDS in religious terms, and, thus, the cure for the disease must be an Islamic one. One such cure is to conduct one's life according to the Islamic tenets and not to behave according to Western codes of behavior. But, recently, it was claimed in some countries in the Muslim world that an Islamic cure for AIDS was found.

The first such “cure” was discovered in November 2006, in Yemen by Sheikh Abd al-Majid al-Zindani, who serves as president of al-Iman University, the head of the Committee of Scientific Miracles of the Holy Qur'an, and one of the leaders of the major Islamist opposition political party in Yemen, al-Islah. He announced that a possible cure for AIDS had been extracted from Prophetic tradition and tested with impressive results. He has been working along with nine other researchers in al-Iman University for the past three years to produce the drug, which is comprised of natural herbs. The team did not disclose the composition of the drug, arguing that they must wait until it can be further tested and registered. Al-Zindani claimed that the researchers in the university have treated many cases of AIDS, and in 20 cases the virus had vanished completely without any side effects.

One of those cured was one of the HIV-infected children from Libya using just herbs to the point that there were no traces of the virus and the child was sent to Germany for tests and the doctors there agreed the virus has gone. He further claimed that his drug needs to be registered under copyright before he will be ready to announce its composition. He added that his drug is supposed to cure the patient completely and is going to be available for the poor and cheap. He called experts and scientists to visit Yemen and experience this medicine themselves.

The news of the discovery was immediately spread in the Jihadi forums and throughout the world. The news immediately provoked a flurry of controversy among regional and international health professionals, researchers, and academics, many of whom remain highly skeptical of al-Zindani's claim, especially since no proof of the cure's effectiveness has yet been presented.<sup>40</sup>

On February 2007, Yahya Jammeh, the president of Gambia announced that after having made some fantastic discoveries, “he was now capable of curing AIDS, but only on Thursdays.” An estimated 20,000 Gambians—about 1.2 percent of the population—are infected with HIV.

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<sup>40</sup> See on-line at: <http://www.herbal-drug.com/node/2215?PHPSESSID=d6e1e1e78f831cf12a8ce44b12900152>;  
[http://www.apria.com/common/aw\\_cmp\\_printNews/1,2762,565579,00.html](http://www.apria.com/common/aw_cmp_printNews/1,2762,565579,00.html);  
[http://www.islamonline.net/servlet/Satellite?c=Article\\_C&cid=1164545906466&pagename=Zone-English-HealthScience%2FHSELayout](http://www.islamonline.net/servlet/Satellite?c=Article_C&cid=1164545906466&pagename=Zone-English-HealthScience%2FHSELayout); [http://en.wikipedia.org/wiki/Abdul\\_Majeed\\_al-Zindani](http://en.wikipedia.org/wiki/Abdul_Majeed_al-Zindani);  
<http://www.jamestown.org/terrorism/news/article.php?articleid=2373294>;  
<http://www.yobserver.com/cgi-bin/2007/exec/view.cgi/22/11417>;  
<http://www.tajdeed.org.uk/forums/showthread.php?s=4c437a05643f31aee320225b58360da7&theadid=47339>; <http://www.farouqomar.net/vb/showthread.php?p=7061>



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Jammeh claims to have successfully treated nine of them in January, and 27 more in February. He claimed that he could heal everyone, in condition that those who take anti-viral medication must stop doing so immediately. The cure method is based on the healing properties of seven herbs and Qur'anic prayers. It is taken orally and applied to the skin. The health Ministry collected blood samples to prove Jammeh's healing powers and sent them to a laboratory in neighboring Senegal. While the ministry insists that the results offer clear proof of the president's healing powers, the Senegalese scientist who carried out the tests disagrees. He said no conclusions can be drawn because the Gambians did not test the blood prior to the president's pseudo-medical intervention. His concoction has stirred controversy and anger among health officials who say the president's claims will bring false hope to the nation's HIV/AIDS patients. They are also afraid that it could cause patients to stop taking the anti-retroviral drugs that have been proven to prolong life and improve quality of living.<sup>41</sup>

In February 2007, Iran announced that after seven years of work, Iranian scientists introduced a herbal medicine which cures AIDS. Iran's Minister of Health, Treatment, and Medical Training, said that "the drug named IMOD is completely effective and safe with no proved side effects". He further said that "it is not a medication to kill the virus, it rather can be used besides other anti-retroviral drugs".<sup>42</sup>

What is common to all these three "cures" to AIDS/HIV is that they were discovered recently, one in November 2006 and the two others in February 2007. It seems like all three cures serve to increase the credibility and prestige of their discoverers, and nothing else. It should be remembered that until now there has not been found any scientific cure to AIDS, despite the work of many experts worldwide.

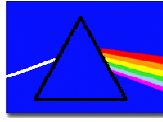
## Conclusion

From this article, one can conclude how important is the role played by Islamic religious scholars in the awareness and prevention campaigns against HIV/AIDS. Their cooperation is needed in

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<sup>41</sup> See on-line at: <http://www.spiegel.de/international/spiegel/0,1518,470231,00.html>;  
<http://www.scoop.co.nz/stories/WO0704/S00457.htm>;  
<http://www.sciencedaily.com/releases/2007/04/070430155808.htm>;  
<http://www3.cnn.com/2007/HEALTH/conditions/04/25/aids.gambia.reut/index.html>;  
<http://edition.cnn.com/2007/WORLD/africa/03/15/koinange.africa/index.html>;  
<http://news.bbc.co.uk/2/hi/africa/6390319.stm>

<sup>42</sup> See on-line at: <http://nukegingrich.wordpress.com/2007/02/05/report-iran-set-to-unveil-herbal-aids-cure/>;  
[http://www.sfgate.com/cgi-bin/blogs/sfgate/detail?blogid=16&entry\\_id=13362](http://www.sfgate.com/cgi-bin/blogs/sfgate/detail?blogid=16&entry_id=13362)



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order that the campaigns will be rooted within Muslim populations, whereas their opposition can harm the whole campaign and even, in some cases, call it off.

Radical Muslims throughout the entire Muslim world preach against these campaigns, especially against the use of condoms. However, even in places where the radical Muslims are dominant, such as in Zanzibar, the condoms are in use. Thus, whenever the Muslim society confronts a threat, it ignores the religious tenets, or more correctly, adapt them to present needs, so that they will be able to fight it. The same process has happened in some Muslim societies in connection with HIV/AIDS. In Uganda, the religious scholars found legitimacy in the Hadith for using condoms and for the awareness and prevention campaigns against HIV/AIDS.

As part of this campaign emerged the term "theology of compassion"—a term first used in 2000, in the literature of the South African organization called Positive Muslims and subsequently in the material of the Malaysian AIDS Council. In the last few years, along with a growing awareness of the pandemic, there has also been a significant increase of voices arguing for a compassionate approach to those living with HIV. The most significant indication of the emergence of a compassionate approach as a new "mainstream" one was the broad consensus reached at the Cairo conference in November 2006.

The issue of fighting AIDS/HIV in the Muslim world is perceived by many men of religion as part of the problematic issue of sex in general, which also involves the wider topic of family planning. Arab governments, above all Egypt, are fighting for many years the huge growth of its population by campaigns for birth control, family planning, safe sex, and older age of female marriage. The government has to fight certain Islamist elements, including within Al-Azhar university and its Fatwa committee. Therefore, Islamist radical attitudes towards fighting AIDS/HIV, tend to view the issue as part of Western cultural corruption of the Muslim mind by the West. Some governments also refuse to recognize the problem in order to avoid entering into clashes with religious establishments or powerful clerics on the wider issues.

In November 2006, the Arab League through HARPAS—the Arab project to fight AIDS/HIV in 20 Arab countries—managed to organize a colloquium of Arab religious people, in order to catalyze this flagship program to the next phase of implementation. The religious leaders colloquium—titled CHAHAAMA (*Shabakat Al-hay'ah al-imaniyyah al-ma'niyyah bil-AIDS*) – network of Faith Based Organizations dealing with HIV/AIDS. The aim of this colloquium was to bring together hundreds of Christian, Muslim, female and male religious leaders in the Arab region who have been mobilized via this initiative to further network and plan new ways to reach vulnerable groups and the broader community. The meeting was held under the auspices of the League of Arab States and leadership from Al-Azhar, the Coptic Pope, as well as hundreds of national leaders. The colloquium initiated four thematic regional and sub-regional workshops to



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further address issues including Female Genital Mutilation, Transient marriages, Harm reduction, and reaching for vulnerable groups.<sup>43</sup>

However, this program is once again an attempt by secular-national Arab Muslim governments to mobilize the religious establishments to their interests. Such an initiative, as positive and blessed as it is, is in radical Islamist eyes, part of the submission of Islamic establishments (*Ulama al-Salatin* – clerics of the rulers) to the “infidel governments” which cooperate with the Western conspiracy. Moreover, senior Islamic clerics, such as the Egyptian high Mufti Sheikh Ali Juma`h, harshly oppose any sexual educational programs in schools. According to one of his fatwas, “teaching children and teenagers in schools and by mass media how to practice sex “safely” and suchlike topics is prohibited; it contradicts principles of Islam. Thus, it is also prohibited to distribute contraceptives among children and teens, for this leads to sexual chaos.”<sup>44</sup>

In general, despite the changing approach of Islamic clerics towards the fatal disease, and the more enlightened and compassionate attitude, there are other linked issues that prevent them from full support for all the necessary means to block the disease.

Last but not least, another dimension of the relationship between Islamism and HIV/AIDS demands attention. Vicious interactions between HIV/AIDS and terrorism are feared. There has been speculation that individuals who know that they are living with HIV, and thus believe they have been handed a death sentence, may be ready to become suicide bombers. However, while there are examples of criminal and destructive behavior by some individuals living with HIV and AIDS, there is no obvious convergence between this mindset and that of a committed Mujahid.

A most fearsome scenario in Africa might be the possible link between AIDS orphans and future terrorists, given the large numbers of child soldiers throughout the continent, not only in Muslim African countries, and the creation of a steady stream of orphans, as a result of AIDS and the deadly conflicts that have ravaged Africa, which can be exploited and used for terrorist activities. It should be noted that the use of children to commit terrorist acts is not new. The Palestinian Islamic Jihad and Hamas used children to conduct terrorist acts against Israel. Jihadi insurgents in Iraq have used children as a cover to avoid searches in checkpoints while driving car bombs.

Much more probable is that governance crises in Africa with the impact of HIV/AIDS, will provide an environment for extremism or terrorism. One scenario is a governance vacuum that could be exploited by al-Qaeda. Such a crisis in a large African country is much feared in the U.S. administration. HIV rates in Ethiopia and Nigeria are rising rapidly, and the U.S. National Intelligence Council has identified these countries as part of the second wave of AIDS-impacted countries, where the epidemic threatens political instability in the coming decade. In Uganda,

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<sup>43</sup> See on-line at: <http://www.harpas.org/ReligiousLeaders.asp>

<sup>44</sup> See on-line at: [http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask\\_Scholar/FatwaE/FatwaE&cid=1119503549624](http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503549624)



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HIV/AIDS decimated the senior ranks of the armed forces, leading to a serious decline in military capacity and discipline. If replicated more widely, this could be a major threat to regional peace and security. Another scenario is the emergence of religious extremism of any color, in societies subjected to the existential crisis of mass adult mortality. Currently Christian extremism is the most likely manifestation of this, although this may in turn provoke a reaction by Islamists. In view of these scenarios, one must hope that the Ugandan "Jihad on AIDS" strategy will prevail all over the African continent and the Arab and Muslim world.

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