

**PROCEEDINGS OF THE 1<sup>ST</sup> INTERNATIONAL MUSLIM**

**LEADERS CONSULTATION ON HIV/AIDS**

**1<sup>ST</sup> – 4<sup>TH</sup> NOVEMBER 2001**

**KAMPALA, UGANDA**

Presented by:

Islamic Medical Association of Uganda



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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

### The Holy Qur'an 42:30 - 43

#### 1<sup>st</sup> International Muslim Leaders Consultation on AIDS

##### Organiser:

Islamic Medical Association  
of Uganda

##### Sponsors:

USAID, The Futures Group  
International Policy Project

##### Partners:

Uganda Muslim Supreme  
Council, UNAIDS,  
ACTIONAID, DFID,  
Malaysian AIDS Council,  
UNDP, UNICEF, Uganda  
AIDS Commission, Ministry  
of Health, AIDS Information  
centre, TASO.

##### Chairman Organising Committee:

Dr. Magid Kagimu

##### Co-Chairman Organising Committee:

Dr. Karama Said

##### Organising committee members:

Dr. Zainab Akol

Dr. Nasoor Muwonge

Dr. Ahmad Kiswezi

##### Dr. Yusuf Walakila

Dr. Mariam Kinene

Dr. Hafswa Kyambadde

Mr. Juma Ojwang

Haji Edris Mugawe

Mr. Haruna Mpungu

Sr. Mariam Bunnya

Sr. Sarah Balunywa

Sr. Halima Mayanja

Sr. Hamida Nassuna

Sr. Safina Musene

##### UMSC advisory committee:

His Eminence the Mufti,  
Sheikh Shaban Mubajje

Mr. Idris Kasenene

Mr. Mutwalib Tezikuba

Mr. Ismail Ecum

30. Whatever misfortune  
Happens to you, is because  
Of the things your hands  
Have wrought, and for many  
(Of them) He grants forgiveness.
31. Those who hearken  
To their Lord, and establish  
Regular prayer; **WHO (CONDUCT)**  
THEIR AFFAIRS BY MUTUAL  
CONSULTATION;  
Who spend out of what  
We bestow on them  
For sustenance;
32. Nor can ye frustrate (ought)  
(Fleeing) through the earth;  
Nor have ye, besides God,  
Any one to protect  
Or to help.
33. And among His signs  
Are the ships, smooth-running  
Through the ocean, (tall)  
As mountains.
34. If it be His will,  
He can still the wind:  
Then would they become  
Motionless on the back  
Of the (ocean). Verily  
In this are signs  
For everyone who patiently  
Perseveres and is grateful.
35. Or He can cause them  
To perish because of  
The (evil) which (the men)  
Have earned; but much  
Doth He forgive.
36. But let those know, who  
Dispute about Our signs,  
That there is for them  
No way of escape.
37. Whatever ye are given (here)  
Is (but) a convenience  
Of this life: but that  
Which is with God  
Is better and more lasting:  
(It is) for those who believe  
And put their trust  
In their Lord;
38. Those who avoid the greater  
Crimes and shameful deeds,  
And, when they are angry  
Even then forgive;
39. And those who, when  
An oppressive wrong is inflicted  
On them, (are not cowed but) help  
and defend themselves.
40. The recompense for an injury  
Is an injury equal thereto  
(In degree) : but if a person  
Forgives and makes reconciliation,  
His reward is due  
From God: for (God)  
Loveth not those who  
Do wrong
41. But indeed if any do help  
And defend themselves  
After a wrong (done)  
To them, against such  
There is no cause  
Of blame
42. The blame is only  
Against those who oppress  
Men with wrong-doing  
And insolently transgress  
Beyond bounds through the land,  
Defying right and justice:  
For such there will be  
A Penalty grievous.
43. But indeed if any  
Show patience and forgive,  
That would truly be  
An exercise of courageous will  
And resolution in the conduct  
Of affairs.

## THE ISLAMIC MEDICAL ASSOCIATION OF UGANDA

Organiser of the 1<sup>st</sup> International Muslim Leaders Consultation on HIV/AIDS

The Islamic Medical Association of Uganda (IMAU) is a registered non-governmental organization established in 1988. The Association consists of over 300 Muslim health professionals who form the General Assembly, the association's highest authority. The leadership of the association consists of eleven members of the Executive Committee headed by the Chairman. IMAU has branches in 12 districts of Uganda.

### Organization mission:

The main goal of IMAU is to promote the health of the people of Uganda. This is incorporated in IMAU's mission statement which is as follows:-

***“The overall goal of IMAU is the achievement of an Islamic conscious, knowledgeable, effective, efficient, cooperative, sustainable, expert Muslim Medical community that uses Islam in serving the people of Uganda in order to promote a healthy and productive life for all”.***

This is the basis of IMAU's motto:  
***“On Allah's selfless Health Service”.***

Major projects conducted and major achievements:

### a. Family AIDS Education and Prevention Through Imams (FAEPTI)

The FAEPTI project which covers 15 districts in Uganda was started in 1992. In this project IMAU works closely with Muslim communities to combat AIDS using the Islamic approach. This approach includes the following:-

1. Education of communities on the scientific information about AIDS prevention, care and support.
2. Education on Islamic teachings that support AIDS prevention, and the care and support of those infected and affected by AIDS.
3. Use of the Islamic administrative structure from the Mufti at the top to the Imams (Mosque leaders) at the grass roots to deliver AIDS related education and services.

The Muslim Leaders in Uganda code-named this struggle the **Jihad on AIDS**. The Jihad on AIDS is a continuation of the Jihad Nafs (Jihad of the soul). This involves striving to control the soul in order to avoid evil. The Jihad Nafs was declared by Prophet Muhammad (SAW) over 1400 years ago.

The IMAU strategy was identified by the Joint United Nations Programme on HIV/AIDS (UNAIDS) as one of the examples of "Best Practice" for mobilizing Muslim communities to combat AIDS. A booklet entitled "**AIDS education through Imams: A spiritually motivated community effort in Uganda**" and a video entitled "**The Long Jihad: A bitter battle against AIDS**" were produced. His Excellency the President of Uganda, Mr. Yoweri Kaguta Museveni, launched these documents in March 1999.

### b. Madarasa AIDS Education and Prevention (MAEP project).

In this project, the Imams and a selected team of youth assistants were trained to integrate AIDS education and prevention within Madarasa education.

**c. Sexually Transmitted Infections (STI) project.**

In this project the Imams and their assistants were trained to educate their communities on issues of treatment and prevention of sexually transmitted infections.

**d. Community Reproductive Health Education and Promotion (CRHEP)**

Community Reproductive Health Workers were trained to educate their communities about issues of reproductive health and to distribute contraceptives to those who needed them.

**e. Service Expansion and Technical Support (SEATS)**

In this project nurses, midwives, medical assistants and doctors were trained to provide quality family planning services in 17 Muslim health units.

**f. Saidina Abubakar Nursing Home:**

Established by IMAU in 1990 at Bakuli in Kampala District, it provides general medical services, family planning services, immunization and health education for community mobilization.

**g. Saidina Abubakar Hospital and training centre:**

IMAU is in the process of constructing this hospital and training centre on a 12 acre piece of land at Wattuba, 14km on Kampala Bombo road. The hospital complex when completed will consist of a 100 bed hospital, training facilities, conference facilities, a mosque and the International Resource Centre for promotion of the Islamic approach to HIV/AIDS prevention and control. The foundation of the first building has been constructed.

The training facilities will be planned to cater for various needs of Muslim communities both nationally and internationally. For example there is need to train in service delivery, research, monitoring, evaluation and coordination of integrated AIDS related services using the Islamic approach. This training is required both at national and international levels. Saidina Abubakar Hospital and training centre will be designed to address these issues.

We hope Saidina Abubakar Hospital can become a national and international centre of excellence for the promotion of the Islamic approach to HIV/AIDS prevention and control, Inshallah. We also hope the centre will eventually develop similar approaches to address other health related issues. The biggest challenge IMAU faces is to mobilise enough resources both nationally and internationally to realise this idea. IMAU therefore, welcomes all support and advice on this issue. ⊗

## **Speech by the Chairman Islamic Medical Association of Uganda Dr. Magid Kagimu at the Opening Ceremony of the First International Muslim Leaders Consultation on HIV/AIDS 1<sup>ST</sup>-4<sup>TH</sup> Nov. 2001**

### **BISMILLAH RAHMAN RAHIIM.**

The Guest of Honour, Alhaj Moses Ali, 2<sup>nd</sup> Deputy Prime Minister and Minister of Disaster Preparedness, who is representing His Excellency, Mr. Yoweri Kaguta Museveni, President of the Republic of Uganda, brothers and sisters,

Assalam Alaikum warhamatullah wabarakatuhu.

On behalf of the Islamic Medical Association of Uganda, I would like to welcome you all to the opening ceremony of the 1<sup>st</sup> International Muslim Leaders Consultation on AIDS. This gathering has four important learning points for us as far as the fight against AIDS is concerned. The first learning point is that we are all gathered here as friends who have come to address the international problem of AIDS. It is friendship that will help us address this AIDS problem. Here I mean genuine caring friendship both nationally and internationally.

We have friends here from the international community. I will mention their countries and request them to stand after which we shall give them a Ugandan round of applause. The countries represented here are from America, the United States of America, from Asia we have Malaysia, Bangladesh, Pakistan and Indonesia. From the Middle East we have Jordan. From Africa starting with West Africa, we have Nigeria, Ghana, Gambia and Senegal, from North Africa, we have Sudan, from Eastern Africa, we have, Ethiopia, Somaliland, Somalia, Kenya and Tanzania and from Southern Africa, we have South Africa, Malawi, Botswana and Zambia.

The second learning point is that the Muslim community of Uganda are committed to fight against AIDS. Whenever we call upon them to come and support the Jihad on AIDS, they come in big numbers. I would like to thank all of you who have turned up today to demonstrate that Islam in Uganda is alive and well and ready to address the AIDS problem at the international level.

The third learning point is that we have gathered here as partners in the fight against AIDS. Partnership is an essential component in the fight against AIDS. There are many partners who have helped us to organize this consultation. They include, United States Agency for International Development from Washington DC, the Futures Group International Policy Project, ActionAid, DFID, UNAIDS, Malaysian Aids Council, UNDP, UNICEF, Uganda AIDS Commission, Ministry of Health, AIDS information Centre and TASO. We would like to thank all these partners for their contribution.

Lastly the partnership of the volunteers of the Islamic Medical Association of Uganda and the Uganda Muslim Supreme Council has helped to organize this Jihad on AIDS. I will request them to stand and be given a *takbir*.

The final learning point is that it is self discipline in each one of us that has enabled us to gather here. Some of us have come from near and others from far. We have left many other competing pleasurable and pressing issues and committed ourselves to be part of this gathering to support the fight against AIDS. This self discipline in each one of us, is what will prevent and control AIDS. Allah who is our Maker is not silent on this issue. Allah has already given us guidance of how to discipline ourselves in order to address all issues including AIDS. Our business now is to consult each other and identify strategies that will strengthen and expand the utilization of Allah's guidance to reinforce our self-discipline in the fight against AIDS.

Once again I thank you all for coming to support the Jihad on AIDS.

**ASSALAM ALAIKUM.**

## UGANDA MUSLIM SUPREME COUNCIL

Visited by delegates at closing ceremony

Islam was introduced in Uganda in 1844 by our brothers the Arabs who entered the Country through the Coast Town of Zanzibar and the Northern route through Sudan. They purposely came to open commercial ties with the people of Uganda and in the process introduced Islam.

Up to 1972 Muslims of Uganda were conducting their Islamic affairs through factions. While it was found that there was disunity among Muslims, based on factions, this was not in the interest of Muslims and the country in general. It was the opinion of the government at that time that in order to protect its citizens there should be no factions in the overall administration of the Muslim faith. These factions usually justified their existence on the interpretation of the Quran and the teachings of the Holy Prophet Muhammad (S.A.W).

In order to bring about the desired unity, the government convened a conference of Muslim representatives from all the Districts of the Country. These delegates deemed it necessary that in the interest of Islam, all Muslims in Uganda should unite under one unifying body.

On 29<sup>th</sup> April 1972, to bring about the desired unity, a unifying body to co-ordinate and cater for all affairs pertaining to the Muslim faith was formed. This body is known as the "Uganda Muslim Supreme Council".

The Uganda Muslim Supreme council has several objectives. These are a few of them:

1. To promote Islam and the spiritual, moral and material welfare of Muslims of Uganda.
2. To educate and train Muslims and Sheikhs for the preaching of Islam and the performance of the rites of Islam.

3. To establish and operate Educational Institutions for the instruction and training of people for the benefit of Islam.
4. To promote Institutions of charity and rest homes for orphans, destitute, the disabled and any other needy persons.

**The UMSC structural set up is as follows:-**

- General Assembly
- Joint Session (Executive Committee together with Majlis-el-ulama)
- Executive committee
- Majlis-el-ulama (College of Learned Sheikhs)
- Management Committee
- District Councils
- County Committees
- Mosque Committees

The UMSC has achieved a lot in terms of advancement of Islam in Uganda through Daawah. Many Muslim professionals in different fields are already working in many parts of the country. Emphasis is being given to education in both religious and secular fields.

The Management Committee consists of the following officials: The Mufti, The Deputy Mufti, The Secretary General, the Secretary for Religious Affairs, The Secretary for Finance and Planning, The secretary for Education and social Services, The secretary for Administration.

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**Speech by the Mufti of Uganda Sheikh Shaban Ramadhan Mubajje at the Opening Ceremony of the 1<sup>st</sup> International Muslim Leaders Consultation on HIV/AIDS - 1<sup>st</sup> - 4<sup>th</sup> November 2001 at the International Conference Centre - Kampala, Uganda.**

**BISMILLAH RAHMAN RAHIIM**

The Guest of honour, Alhaj Moses Ali, 2<sup>nd</sup> Deputy Prime Minister and Minister of Disaster Preparedness, Your Excellencies the Ambassadors, distinguished guests, brothers and sisters, Assalam Alaikum Warahmatullah Wabarakatuhu.

On behalf of the Uganda Muslim Supreme Council, I would like to welcome you all to this occasion. The Uganda Muslim Supreme Council has been working with health professionals in the fight against AIDS since 1989. The health professionals explained to us that from their scientific data AIDS had a lot to do with the behaviour of the community. They informed us that the main route promoting HIV transmission was the sexual behaviour of the community. The main sexual behaviour that promoted AIDS was that of having many sexual partners without any regulation. They told us that there was a need to regulate peoples behaviours so as to minimize HIV transmission.

We informed them that regulation of sexual behaviour was not new in Islam. We had been educating people about it for many years. Many people did not initially appreciate the value of our education to regulate their sexual behaviours. We informed them that there is an Islamic teaching that if people fail to obey God's laws and regulations, diseases would afflict them affecting even the innocent. We told them that it is because people had relaxed their discipline that is why diseases like AIDS found their way into the community.

We informed them that the struggle to change behaviour which they were talking about was not new. Prophet Muhammad told his followers over 1400 years ago that this struggle is the biggest Jihad (Jihad Akbar). It is the struggle to control the soul from evil behaviour such as sexual behaviour likely to bring AIDS. We therefore, told them that the fight against AIDS is a Jihad of the soul declared by Prophet Muhammad which now requires energizing.

I am glad to report that the health professionals agreed to work together with us to educate communities to combat AIDS using Islamic teachings to support scientific information. So far we have covered about 1000 mosques in about 15 districts while working together with the Islamic Medical Association of Uganda. However, we have still a long way to go. There are over 6,000 mosques in Uganda to be covered. There is also a need for refresher training courses for those already covered.

I would like to thank all those who have been assisting IMAU by providing funding and technical support to them to deliver services to Muslim communities in particular and the people of Uganda in general. I would like to express our special thanks to the United State Agency for International Development and the Uganda Government through its Ministry of Health for having initiated AIDS prevention and control activities that involve religious leaders.

Assalam Alaikum

## HISTORICAL IMPORTANCE OF KIBULI FOR MUSLIMS

Visited by delegates

Prince Alhaj Kassim Nakibinge Kakungulu in whose residence the reception for the 1<sup>st</sup> International Muslim Leaders Consultation on HIV/AIDS was held, is a son and heir to the late Prince Alhaj Badru Kakungulu who was a son and a heir to Prince Kyabasinga Mbogo Nooh, one of the powerful sons of Buganda's King Ssekabaka Suuna II.

The late Badru Kakungulu was born in 1907 and educated at King's College Buddo. From 1921, when he succeeded his father Nooh Mbogo, until his death in 1991, he was one of the prominent leaders of the Muslim community in Uganda.

### HOW KIBULI HILL STARTED TO BELONG TO MUSLIMS

Prince Kyabasinga Mbogo Nooh had his palace at Nakasero Hill (near the present High Court). Between 1890 - 1900, there was fighting in Buganda based on religious differences involving Catholics, Protestants and Muslims.

In 1893, after it had been realised that Prince Mbogo had preferred to remain a Muslim rather than becoming a non-Muslim King of Buganda, supported by the Colonial Government, a decision was made by the same Colonial Government to send him in exile. He chose to be exiled to Zanzibar for two years under the care of the Sultan. After returning from Zanzibar in 1898, he was followed by Mwalimu Khalifane who

continued to teach him Islamic religious education.

Being uncomfortable with him at Nakasero, the Colonial Governor asked him to move to another place preferably on to one of the hills surrounding Kampala. Mengo hill was for Kings, Rubaga hill for Catholics, Namirembe hill for Protestants and since all these hills were already occupied, he chose to move to Kibuli Hill.

By 1903, Prince Nooh Mbogo had settled and made a palace of his own at Kibuli, which is known as Mbuga. This was later occupied by Prince Badru Kakungulu, his son and currently occupied by Prince Kassim Nakibinge Kakungulu, the grandson.

Prince Badru Kakungulu as a Muslim leader in Uganda donated 80 acres of his land on Kibuli hill to be put to the services and use of Islam in memory of his father, the late Nooh Mbogo.

On this land, now stands a Mosque, a Hospital (Kibuli Muslim Hospital), schools such as Kibuli Muslim Nursery School, Kibuli Demonstration School, Kibuli Secondary school, and Kibuli Muslim Teachers' Training School. The offices of the Uganda Muslim Education Association are situated on this hill. A Muslim Nursing Training School is under construction. The Islamic University in Uganda Kampala Campus which offers evening programmes has also opened a branch at Kibuli Teacher Training college.

## RAYAAT MOSQUE COMMUNITY

Visited by delegates

Rayaat Mosque Community and Primary School is situated in Kipamba zone, Makindye II Parish, Makindye division, Kampala district, 1 Km on Salaama road, off Entebbe road. It is in a semi-urban area of the city. Rayaat was started in 1970 by a few committed Muslims who pulled resources together and constructed a mosque. The Late Haji Khalifan Musoke provided the initial land. Later, more land was bought and in 1983 a primary school was established with a major objective of teaching vulnerable children

especially orphans and destitutes. Construction and expansion has been taking place steadily. Today, the school has 350 pupils, of whom 120 are orphans.

The Islamic Medical Association of Uganda (IMAU) introduced the Family AIDS Education Through Imams (FAEPTI) project to the Rayaat community in 1995, where Sheikh Muhammad Bukenya (Imam at Rayaat mosque since 1979) was trained and selected as a supervisor of the

Voluntary AIDS Workers (VAWs). IMAU equipped the Imams and VAWs with scientific knowledge on HIV/AIDS, basic counseling and communication skills.

Rayaat Mosque is a good example of a spiritually motivated community effort to deliver integrated AIDS related services. These activities, spearheaded by the Imam include the following:

1. The Imam spends some time during his sermons (Khutba) to educate the followers of Prophet (P.B.U.H) about HIV/AIDS prevention and care and support of those affected. He uses Islamic religious values to encourage community members to change their behaviour to that supportive of AIDS prevention and control.
2. The Imam and Voluntary AIDS Workers (VAWs) visit homes and families to educate them on HIV/AIDS prevention and control. The Imam and his team use a participatory education approach where relevant questions related to HIV/AIDS issues are asked to family members who then give their responses. In this way the Imam and the communities get a deeper understanding of the issues and how they can be addressed locally.
3. The Imam and VAWs visit sick people regularly including those suffering from AIDS. This helps to raise hope to those affected. They support the families to seek medical care whenever there are serious problems.
4. Orphan care is one of the major activities at Rayaat. Orphans are catered for in terms of education and limited financial support is given to them to cater for their needs.
5. Rayaat mosque collaborates with a nearby health centre to assist in dealing with health problems of the community including treatment of AIDS patients referred by the Imams and VAWs.

6. Rayaat mosque is involved in activities to generate income to assist in running its AIDS related activities. They initially started with brick making. Recently with the support of IMAU and ActionAid Uganda, they have acquired sewing machines. These machines are used to train pupils in the school as well as other students outside the school in the techniques of tailoring.

#### **CHALLENGES/PROBLEMS**

1. With the increasing number of orphans, the school needs more teachers and scholastic materials, which cannot be met by the available limited financial resources.
2. Shortage of space. The school needs to put up more structures in form of classrooms, administration block and dormitories for pupils.
3. Need to train more Voluntary AIDS Workers. Rayaat mosque is in a highly populated area. There is a need to train more Voluntary AIDS Workers in order to reach every one in the community

#### **S.M. CURE MEDICAL CENTRE**

Visited by delegates

This health centre is located next to Rayaat Primary school, and serves the Rayaat community. It was started in 1994 by the late Shaban Matovu, but under the supervision and management by his wife Hajat Hadijja Matovu, a Midwife by profession. It opens 24 hours a day and offers the following services: Family planning, STD treatment, antenatal, and postnatal care, treatment of common ailments in children and adults. The medical centre has 4 admission beds. Patients cost share many of these services. It receives about 20 patients per day, carries out an average of 20 deliveries per month and admits an average of 10 patients per month. The majority of children treated are orphans from Rayaat Primary school. Most of the adult admissions are people living with HIV/AIDS.

**Challenges:** Inadequately equipped laboratory, Inadequate number of staffs, Scarcity of drugs:

## EXAMPLE OF CURRICULUM GUIDELINES FOR COMMUNITY AIDS EDUCATION

Used by voluntary AIDS workers at Rayaat mosque to demonstrate their work to delegates

### TOPIC: AIDS PREVENTION

#### Procedure:

1. Introduce the topic of discussion by asking participants to mention the 3 modes of HIV/AIDS transmission.
  2. Ask participants what action must be done to prevent each mode of HIV/AIDS transmission?
  3. Ask participants to mention the problems that may be met in the prevention of each mode of HIV/AIDS transmission and to suggest possible solutions to each problem.
  4. Ask participants to mention the benefits of HIV/AIDS prevention and changing to and maintaining behaviour that promotes AIDS prevention, with respect to the individual, family and the community.
  5. Ask participants what is required to implement the prevention measures so as to gain benefits of behaviour change.
  6. Ask participants that if HIV/AIDS can be prevented, why is it that some people find it difficult to avoid HIV infection when they know how to avoid it?
  7. Ask participants to mention the Islamic approach to AIDS prevention.
  8. Ask participants to give examples of the Islamic Approach to AIDS prevention using the pillars of Islam. Ask participants to mention the 5 pillars of Islam. Ask participants to suggest ways in which each pillar helps in the prevention of HIV/AIDS and promoting good health.
- i. Abstinence: This means abstinence before marriage and also during marriage when your wife or husband is not available.
  - ii. Being faithful to your wife or husband in marriage while he or she does the same. It is important that blood screening for HIV is done before marriage to ensure that all of you are negative. This applies to both monogamous and polygamous marriages.
  - iii. Correct and consistent use of condoms with anybody whose HIV status you do not know. This applies in marriages where for one reason or another HIV testing has not been done. It also applies in marriage when for some reason one of the partners is HIV positive. Condom use outside marriage in fornication and adultery is illegal and a sin from the Islamic perspective. However, according to some Muslim scholars, fornication with a condom to prevent AIDS is a lesser sin than fornication without a condom when HIV infection may be transmitted to destroy an individual, family and community.
  - iv. An HIV infected mother avoiding getting pregnant. If she gets pregnant she should be tested to confirm her status and the pregnancy managed in a health unit that can assist to minimize HIV transmission to her child.
  - v. Avoiding sharing unsterile needles and other skin piercing instruments. People should use new or sterilized instruments. This applies to operations including male circumcision as an Islamic practice.

#### **Key Messages:**

- I. **Individuals can avoid getting HIV/AIDS through commitment to the following methods:**

- vi. Avoiding infected blood entering ones body. This requires using protective gloves to avoid contact with blood. This applies to operations and Islamic rituals such as ablution of the dead.

**II. The Islamic Approach to AIDS prevention includes three components:**

- i. Education on the scientific knowledge about AIDS.
- ii. Promoting and using Islamic teachings and practices which support AIDS prevention and control.
- iii. Using the heirs of Prophet Muhammad (S.A.W), namely the Imams, to educate the community by utilizing Islamic teachings and practices to support health education messages that promote AIDS prevention and control.

If this approach is used and supported by everybody, it is likely to help the community to prevent and control HIV/AIDS.

**III. a) The 5 pillars of Islam are the following:**

- 1. To have absolute faith and declare that there is no other God except Allah and that Prophet Muhammad (SAW) is His Messenger.
- 2. To perform the 5 daily prayers
- 3. To pay Zakah from your honestly earned money
- 4. To fast the month of Ramadhan
- 5. To perform the pilgrimage to Mecca (Haj) for those able to do it.

**b) The way the 5 pillars help in AIDS prevention is as follows:**

- 1. Having absolute faith in the Mercy and Power of God and the Prophet Muhammad (SAW). When a person

accepts and has faith in God, he will follow God's laws which help in AIDS prevention. For example if one follows Gods laws against adultery, fornication and sodomy, one can avoid catching HIV/AIDS. All Allah's laws and regulations for the human being are for the benefit of the human being. Man may not realize that these laws and regulations are for his benefit until he faces a catastrophe such as AIDS. Then he looks back and realizes his powerlessness and the power and Wisdom of God.

- 2. Performing the 5 daily prayers: Praying regularly helps one to remember God and discipline himself. This helps one to avoid unsafe behaviour, which God forbids and which may result into catching HIV/AIDS.
- 3. Fasting Ramadhan: Fasting teaches self discipline which helps one to avoid catching HIV/AIDS. Fasting teaches control of emotions including the powerful sexual emotion. It means that you do not have to obey your sexual emotion even if it were to be aroused. It can be controlled for your own benefit. It is a struggle to control your self to avoid AIDS. This is part of the Jihad on AIDS. It requires self discipline. It is not easy to maintain self discipline. This is why this Jihad of the soul to control one self (Jihad Nafs) is called the biggest Jihad (Jihad Akbar).
- 4. Paying Zakat: This trains one to help others in the name of God. This helps one remember God and therefore, follow those laws which help in HIV/AIDS prevention. It also trains one to assist those afflicted by calamities including AIDS
- 5. Going for Pilgrimage to Mecca: This helps one remember God and His Prophet Muhammad (SAW). This motivates one to remember God's laws which help in AIDS prevention. It also helps you to realize that you are part of God's big world and that it is God that joins men and women in brotherhood. It reminds one that God would like us all to join together to address issues including AIDS.

# SCIENTIFIC DATA ON HIV INCIDENCE IN A MUSLIM COMMUNITY IN UGANDA IN SUPPORT OF THE POSITIVE ROLE OF ISLAMIC PRACTICES AND BEHAVIOURS IN HIV PREVENTION AND CONTROL

Presented by Dr. David Serwadda at the opening ceremony of the consultation

## BACKGROUND AND SIGNIFICANCE:

The majority of the 36 million global HIV infections are acquired heterosexually. Several African studies suggest that men are the predominant source of new infections into marital relationships, in part because men are more mobile and have more extramarital relationships than women. In Rakai, Uganda 25.9% of men report extramarital relationships, whereas only 4% of women report such contacts. Measures are needed to prevent HIV infection in men and to reduce the introduction of HIV into marital or consensual partnership. Condom use is critical for HIV prevention, but in Sub-Saharan Africa, condom use is modest or low, and consistent use is infrequent, particularly within marriage. In Rakai, 29.1% of all men and 13.2% of married men report any condom use within the past year, but consistent use is low (6.0%) with any partner. Among HIV-discordant couples, 6.3% report occasional condom use and 1.2% report consistent use. These low rates persist despite nearly universal knowledge of the protective effects of condoms, intensive condom promotion and free supplies, and free VCT offered by the Rakai project. Married couples in particular are reticent to adopt condoms because of negative connotations of infidelity. Also, in cultures where fertility is highly valued, the contraceptive effects of condoms are regarded as a disadvantage. There is, therefore, a need to evaluate new approaches to HIV prevention. Since most male infections in Africa occur through heterosexual activity, circumcision provides a prevention strategy that requires evaluation in randomized trials.

## SELF-SELECTION, CONFOUNDING AND MISCLASSIFICATION IN EPIDEMIOLOGIC STUDIES OF HIV AND CIRCUMCISION.

Although there is generally consistent epidemiologic evidence suggesting that circumcision may reduce HIV risk, there are difficulties in proving an effect and estimating the expected magnitude of the protective effects from observational data, because of potential confounding and self-selection. In African societies men are generally circumcised for cultural reasons such as tribal puberty rituals or adherence to Islam, and a minority of men are circumcised because of medical complications such as phimosis following previous STD infections or balanitis. These reasons for performing circumcision may confound the associations between circumcision and prevalent or incident HIV. Muslim religion

provides an example of such confounding in the Rakai cohort. Overall, 16.5% of men were circumcised. However, 99.1% of Muslim men were circumcised, whereas only 3.7% of non-Muslims were circumcised, such that 80.8% of all circumcised men in the population were Muslims. Thus, it is difficult to distinguish between the biologic effects of circumcision *per se*, and the cultural and behavioural correlates of adherence to Islam.

Muslim men in Rakai consume no or little alcohol, a practice which is known to be associated with high risk behaviours. Muslims are more often polygamous, and polygamous marriages form closed sexual networks which reduce the likelihood of HIV introduction into marital relationships. In Rakai, HIV risk declines with longer duration of polygamous marriage, but increases with longer duration of monogamous marriages. Finally, Muslims are required to wash their genitalia after intercourse to purify themselves before prayer, and genital hygiene could, in part, explain the lower HIV risk among Muslim men and women. To address the issue of religion and circumcision, we compared circumcised Muslims to circumcised non-Muslims. HIV incidence was 0.9/100 py in Muslim men, 1.6/100 py in the circumcised non-Muslims, and 1.8/100 py in the uncircumcised non-Muslim men. Among Muslims, circumcision was performed for religious reasons and only 12.5% reported circumcision after puberty. The non-Muslim men, 75% of circumcisions were performed for medical indications, and 50.3% were post-pubertal procedures. Thus, age at surgery, culture and medical indication for circumcision differed markedly by religion. Similar concerns of self-selection and potential confounding arise in a Kenyan study where specific ethnic groups practice ritual circumcision, and where ethnicity may be associated with differential risk behaviours. Ritual However in pubertal circumcision is not practiced in Rakai, but a small number of Uganda ethnic groups (e.g. Bagishu) practice "ritual cutting" at puberty. The pubertal circumcision ceremony, which is associated with sexual initiation and alcohol use, could actually enhance HIV risk.

The dilemma of differentiating between the biologic effects of circumcision and the cultural correlates of circumcision is not new. Early studies in the U.S. suggested that male circumcision protected women from cervical neoplasia. However, subsequent analyses indicated that this apparent protective effect was largely due to confounding, because most circumcised men in the early studies were Jewish, and Jewish couples had fewer premarital or extramarital relationships. In summary, uncontrolled confounding due to the cultural correlates of circumcision may lead to biased overestimates of apparent protection.

# **FIRST INTERNATIONAL MUSLIM LEADERS CONSULTATION ON HIV/AIDS**

## **Theme:**

Strategies for strengthening and expanding the international Muslim Community response to AIDS

## **Goal:**

The overall goal of the consultation is to achieve greater involvement and better co-ordination of Muslim communities in their HIV/AIDS prevention and control efforts both nationally and internationally.

## **Specific objectives:**

1. To share experiences so far gained regarding the national and international Muslim community response to HIV/AIDS.
2. To discuss and articulate the Islamic contribution to HIV/AIDS prevention.
3. To discuss and articulate the Islamic contribution to HIV/AIDS care and support.
4. To discuss and articulate the Islamic contribution to mitigating the impact of HIV/AIDS.
5. To discuss and articulate strategies for strengthening, expanding and evaluating the national and international Muslim community response to HIV/AIDS.

# CONSULTATION SESSIONS

## THEME: INTRODUCTIONS AND SHARING EXPERIENCES.

### Participants' Expectations:

1. To initiate the process of making a simple user-friendly international training curriculum for the Islamic approach to AIDS prevention and control.
2. To initiate the process of training international trainers of the Islamic approach to AIDS prevention and control who have academic freedom in the style and methods of presentation depending on the target audience.
3. To initiate International networking to promote the Islamic approach to HIV/AIDS prevention and control.
4. To learn about problems in other countries as far as AIDS is concerned.
5. To learn how to network with other faiths
6. To learn how organizations can become self financing for AIDS related activities
7. To discuss ways of how to educate young people about AIDS.
8. To discuss the issue of how to deal with our cultures that hinder AIDS prevention and control efforts.
9. To discuss the issue of how to deal with ignorance of our communities regarding HIV/AIDS.
10. To discuss issues related to the Government role in AIDS prevention and control efforts of Muslim communities.

### Sharing experiences

#### **Experience from Uganda: Presented by Dr. Magid Kagimu.**

The IMAU/UNAIDS Video entitled “*Jihad on AIDS: A bitter battle against AIDS*” summarizing the experience of the Muslim community in Uganda in fighting AIDS was shown. A discussion on the video was done based on two main questions.

#### Questions:

1. What are the five components of the Best Practice Strategy for mobilizing Muslim communities to fight AIDS as shown in the video?

The five components of the Best practice strategy shown in the video are:

1. Using the Qur’an and Hadith to support AIDS prevention and control efforts.
2. Using the Imams and mosques to spearhead AIDS prevention and control efforts at the grassroots level.
3. Providing training, technical assistance and logistical support to the Imams and Voluntary AIDS Workers to assist them in their work.
4. Accountability to the communities: Gaining trust of the communities by discussing and identifying their needs, addressing the needs, being accountable to the communities and fulfilling promises i.e seriousness in conducting business.
5. Working with other partners and allies to mobilize human, financial and technical resources for AIDS prevention and control activities.

2. What is the IMAU method of training regarding AIDS related issues and who started it?
  - ◆ The IMAU method of training is participatory guided discussions using questions and answers
  - ◆ This method was used by Angel Jibril to train Prophet Muhammad (SAW) with messages from Allah (SWT). It is therefore, one of Allah's training methods.

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## **Experience from Malaysia: Presented by Nik Fahmee**

### Role of the MALAYSIAN AIDS COUNCIL

#### History

- ◆ Formed in 1992 upon initiative by the Ministry of Health
- ◆ to maximise NGO efforts through coordination
- ◆ ensure limited resources are used efficiently
- ◆ 18 original members, now expanded to 33.
- ◆ Received its tax exemption status on 1 April 1993.
- ◆ Most work being done among marginalised groups (drug users, sex workers, and transsexuals among others); also among medical personnel; religious communities; private sector corporations, young people, women etc.

#### Areas of Work

##### 1.Coordinating the HIV/AIDS Work of NGOs

- ◆ Ensure no overlap & encourage work among target audiences that NGOs already have experiences with.
- ◆ Encourage more work outside the Klang Valley.
- ◆ Encourage more programmes especially among women & youth.
- ◆ Coordinate government financial support.

##### 2.Capacity-building for all NGOs

- ◆ Provide training & skills building.
- ◆ Provide continuing education.
- ◆ Setting up of a Resource Centre & a homepage for easy access to information on HIV/AIDS (www.mac.org.my)
- ◆ Strengthening the network of HIV/AIDS-related NGOs.
- ◆ Effective management of volunteers.

##### 3.Advocacy

- ◆ Represents the views of NGOs & PHAs to the government.
- ◆ Sits on the National Coordinating Committee on HIV/AIDS and dialogues with other Ministries
- ◆ Developed the Malaysian AIDS Charter.
- ◆ Fosters partnership with the media, private sector and relevant agencies/bodies.

#### Scope of Activities

The programmes, activities & services provided by MAC and its affiliates fall into 3 main areas:

- ◆ Training and Education
  - ◆ Organise & coordinate workshops, seminars, talks & awareness exhibitions for all target groups.
  - ◆ Training programmes to equip all concerned with necessary skills, aptitude & outlook.

- ◆ General AIDS Campaign
  - ◆ Information, Education & Communications (IEC) materials.
  - ◆ 24-hrs infoline on HIV/AIDS.
- ◆ Treatment, Care and Support
  - ◆ Outreach services: social support services, counseling, nursing care, self-care practices.
  - ◆ Treatment: information & counseling to PHAs, their families and the public via a toll-free counseling line (1-800-1848) and booklets/leaflets.

#### Other Ways of Supporting NGOs

- ◆ Networking & linkages with regional and international organisations. – APCASO, ASAP, APN+, AHRN, GNP+, ICW, UNAIDS.
- ◆ Provide IEC materials.
- ◆ Through the Foundation –
  - ◆ Hospice Cahaya Fund
  - ◆ Paediatric AIDS Fund
  - ◆ People Living with AIDS (PLWA) Drug Assistance Scheme

#### MAC: Today & Tomorrow

- ◆ Expanded rapidly in 9 years, so need to review vision, goals & structure.
- ◆ Achievements:
  - Put HIV/AIDS in center of public mind
  - Enhanced the credibility of NGOs
  - Attained regional & international recognition
- ◆ Hosted the 5<sup>th</sup> International Congress on AIDS in Asia & the Pacific (5<sup>th</sup> ICAAP) in October 1999.

#### An Overview of HIV/AIDS in Malaysia

- 40,877 reported cases as of June 2001.
- 76% are drug users
- 82% aged between 20 – 39 years
- 95% are men but infection in women are increasing
- Heterosexual intercourse is suspected to be the main mode of transmission.
- Increasing number of infected women & children.

#### Common Problems Faced

- Social Isolation
- Disruption of Social and Sexual Relationships
- Lack of Needed Services
- Loss of Jobs
- Insurance
- Housing & Alienation From Family & Friends
- PHAs with a History of Drug use – Face Double Discrimination

## HIV/AIDS - A Different Epidemic

- Epidemic of Stigma
- Epidemic of Fear
- Epidemic of Ignorance
- Epidemic of Discrimination

## HIV/AIDS Issues:

- Rights
- Stigma
- Discrimination
- Marginalised Groups
- Uncomfortable Public Discussion
- Inadequate Social Support System and Access to Social Services
- Poverty
- Gender



## **Experience from South Africa: Presented by Dr. Ebrahim B. Mahomed**

### HIV in South Africa in 2000

- 4.7 million infected in a population of 40.6 million i.e. 11.6%
- 1700 new infections per day
- Antenatal prevalence of 24.5%
- 2.5 million women infected (15-49yrs)
- 2.2 million men infected (15-49yrs)
- 106,109 babies infected

### Public Health Approach

1. Promotion of safe sexual behaviour
2. Promotion of comprehensive case management at PHC
3. Specific interventions for high risk populations
4. Promotion of health seeking behaviour
5. Case finding

### DEPARTMENT OF HEALTH

- Antiretroviral therapy
- Prevention of Mother to Child transmission

### Islamic Medical Association (IMA) of South Africa's awareness campaign

- Pamphlet containing basic information about HIV and AIDS
- Jumuah talks on HIV and AIDS
- Guidelines for burial (ghusl)

RAP= Religious AIDS program

- 1996 Department of Health invited religious groups to get together to share ideas to curb HIV/AIDS epidemic
- September 1997 RAP was launched
- 3 Muslim groups launched MAP = Muslim AIDS program
  - IMA of South Africa - medical aspects
  - Jamiatul Ulema - shariah input
  - Islamic Careline - awareness, counselling, care –giving

MAP=Muslim AIDS Program

- Questionnaire –about AIDS information
- Program started in earnest in 1998
- Workshops conducted initially
  - Facts about AIDS
  - Attitudes towards those living with AIDS
  - Sexuality and Islam
  - Death and dying
- Need for 3 day train the trainers workshops
  - Pre and post test counselling
  - Home-based care
  - Legal aspects of HIV/AIDS

#### WORKSHOPS

- Intensive training
- To provide information to different communities
- Certified as AIDS trainers
- Ulema workshop
- Lifeskills program
- Total 1 day workshops- 97
- Total 3 day trainers courses- 15
- Total CME programs for healthcare providers-8
- Training for Dawah workers
- Life-skills programs at schools and universities
- Women groups

#### PUBLICATIONS OF THE IMA OF SOUTH AFRICA

- Pamphlets
  - What you need to know about AIDS?
  - Muslim AIDS awareness program
- Book
  - Malik Badri: *The AIDS Crisis: a natural product of modernity's sexual revolution*
- Booklets
  - *AIDS Prevention: role of governments, the media and organizations*
  - *AIDS Prevention: failure in the north and catastrophe in the south: a solution*
  - *AIDS Dilemma: a progeny of modernity*

## NETWORKING

- July 2000- Islamic Medical Association of Uganda visited South Africa at the time of the 13<sup>th</sup> International AIDS Conference
  - Presented UNAIDS Best practice strategy for mobilizing Muslim communities through Imams.
  - Conducted workshops throughout the country
- UNAIDS conference for southern and eastern Africa proposed

## FUTURE

- There is still a lot to be done
- Current plans are to utilize IMAs mobile clinics to conduct AIDS awareness and outreach programs
  - Providing subsidized healthcare to poor communities
  - To attach trained counselors to mobile clinics



## **Experience from Senegal: Presented in absentia by Sister Zeinabou Lo Kebe**

### **Experience of the Muslim community in the fight against AIDS in Senegal.**

#### **I. Presentation of Republic of Senegal:**

##### **1. Geography:**

Senegal is located in the Western part of Africa in the sub-saharan area. It covers an area of 196722sq (square kilometres). It has a border up North with the Islamic Republic of Mauritania, in the East with Mali, in the South with Bissau Guinea and Guinea. In the West, Senegal opens onto the Atlantic Ocean. Senegal is divided into two in the South by the Gambia Republic which forms a strip.

Senegal is a very flat country whose height does not go beyond 100 meters. The climate is a tropical one with a dry season that lasts for nine months and a rainy season for about three months.

##### **2. Economy:**

Senegal is predominantly agricultural at 80%. Groundnuts are the main crop that represent 42% of cultivable land and occupies 70% of the working population. Now the industrial and traditional fishing are gradually increasing to become the country's main wealth. Oil industries and phosphates are also very important. Tourism also plays an important role in the Senegalese economy.

##### **3. Population:**

In 1997 the population of Senegal was estimated about 8,802,304 inhabitants. Muslims are representing 95% of this population.

#### **II. Best practice strategy of the Muslim Community of Senegal in the fight against AIDS:**

##### **1. Epidemiological Overview.**

In 1995, WHO (World Health Organization) estimated that more than 19 million people were infected by HIV. 70% of these were in Sub-Saharan Africa. In 1998, in Senegal 90,000 people were infected by the virus of AIDS. The prevalence rate was about 1%. If nothing is done to fight against the increasing number, it is expected to rise to 3% by the year 2003.

Given the fact that prevention remains the only means to fight against the disease, Senegal has done its best in terms of sensitization campaigns. Senegal which is predominantly Muslim, has involved religious leaders in sensitizing people. This has been a powerful component in the fight against AIDS in Senegal. The priority was based on promoting moral behaviour that is to say, changing risky sexual behaviours in the light of Koranic principles and teachings.

## **2. Some Qur'anic Principles:**

### **2.1 Prevention:**

- It is the most important aspect in the fight against the disease.
- The behaviours to be encouraged are abstinence and/or faithfulness within the married couple.
- The Prophet Muhammad (PBUH) has said that when free sex and all that is related to it appears in a society, it attracts punishment.
- Allah (SWT) has said in the Holy Quran not to come near to adultery.

### **2.2 Information-Education:**

- Information should be done through an education process. It must be done through knowledge, knowledge of the body and of sexual relations, education about moral values such as respect, self esteem and love to others and to one another.
- The family should remain a sacred nucleus. When it is a healthy one, society itself becomes safe, and peaceful. Marriage itself is a prophetic tradition aiming at satisfying sexual needs in a legal atmosphere for reproduction resulting in giving birth to individuals who can fully participate in the development of their material and spiritual life.
- To facilitate and encourage marriage, may help prevent using women as objects for advertisement and other negative roles.

### **2.3 Professional secrecy:**

Islam recommends confidentiality. However, within the legal couple, it is better to get a lot of information in order to avoid HIV transmission in the family.

In order to sensitize about AIDS, religious communities have worked in close collaboration with the Committee against AIDS in Senegal. They mainly work in education and sensitization programmes. Religious leaders have been trained in the fight against AIDS dealing with all issues related to the disease. These leaders have organized themselves into different associations.

## **3. Islamic Associations fighting against AIDS:**

### **3.1 Islam and Population network.**

It is an independent association composed of Islam specialists, Muslim leaders, Imams researchers, family and religious representatives. This association is led by Pr. Ibrahim Mahmoud Diop, General Secretary of the Ulemas League from Morocco and Senegal.

The network has been decentralized to the other parts of Senegal. It has set up local offices throughout the country. At the national level it works as technical commission that helps the General Secretary in tasks of creating activities, programmes and coordination and monitoring programmes. The commission of studies and research has contributed in editing a religious document (Declaration of population policy in the light of Islamic law). With the Policy Rapid, the network has created a religious template RAPID which is a well done instrument for advocacy towards decision makers, most specially towards religious decision makers.

The Islam and population network has been intensively working on issues dealing with AIDS. Among the activities, the fight against AIDS plays a great part. Members have received training in that sense like the other Islamic associations. Collaborating with JAMRA the first NGO working in his area, the Islam and population network has worked in training in prevention for religious leaders.

### 3.2 JAMRA

Through the agreement with the National Committee against AIDS, this NGO has initiated the training in prevention for religious leaders. The training was conducted through different events such as:

- Forum on Islam and AIDS (1995)
- International symposium on AIDS involving doctors and religious leaders (1997)

### 3.3 Alliance between religious leaders and health specialists in response to AIDS in Senegal:

This alliance was created in 1999 after that meeting (1997). The components of this Alliance are JAMRA, the National Association of Imams and Ulemas in Senegal and the Catholic Church.

### 3.4 The National Association of Imams and Ulemas in Senegal:

This association is led by the Imam Ratib of the great mosque of Dakar in a very dynamic fashion. It is involved in broadcasting of Islamic principles regarding women's issues, population and health (AIDS). It has structures throughout the country, and has given strong opinions and positions on all issues regarding the fight against AIDS.

## 4. Results

The results of religious leaders activities and of Islam specialists have been very important in the fight against AIDS. Today, even if the sexual transmission mode is the most common, Muslim leaders do not accept that AIDS is the curse of God. It is believed to be a disease like others.

Therefore, speaking of AIDS as a sexually transmitted disease (STD) is no longer taboo among the religious leaders. It has to be noted that in the fight against AIDS, populations themselves go to search for information. This is an important step to the prevention of AIDS. There is a lot of benefit in collaboration with the Muslim leaders in order to inform populations about the Koranic principles related to the fight against AIDS and Sexually Transmitted Diseases.

# GROUP WORK

**THEME: THE CONTRIBUTION OF ISLAM TO THE ABCD OF HIV/AIDS PREVENTION.**

GROUP NO. 1

**TOPIC: ABSTINENCE FROM SEX FOR AIDS PREVENTION:**

**Qn 1: What Islamic teachings are there to support abstinence from sex to avoid AIDS?**

Qur'an;

Sura 23 verse 1-11 *“Successful indeed are the Believers. Those who humble themselves in their prayers; who avoid vain talk; who are active in giving zakat; who guard their modesty, except with those joined to them in the marriage bond, or the captives whom their right hands possess, for in their case they are free from blame. But those whose desires exceed those limits are transgressors; Those who faithfully observe their trusts and their covenants; and who strictly guard their prayers; these will be the heirs, who will inherit paradise: They will dwell therein forever”.*

Sura 17 verse 32 *“Nor come nigh to adultery; For it is an indecent (deed) and an evil way.”*

Hadith: Summarized messages.

1. The adultery of the eye is when it looks at that which is haraam, adultery of the ear is when it listens to that which is haraam, adultery of the tongue is when it utters haraam, adultery of the heart is when it desires and hopes for that which is haraam, adultery of the private parts is when they succumb to that which is haraam.
2. When a believer commits zina, he/she has to renew the Iman (faith)
3. Fasting is recommended for those who cannot marry
4. Sex can be destructive unless it is controlled by marriage.
5. An old person who commits zina will not have the mercy of Allah
6. A youth came to Prophet Muhammad (SAW) and said: “Please permit me to commit adultery”. The companions of the Prophet were enraged at these words but the Prophet said to him: “Come near to me. Would you like anyone to commit adultery to your mother?” He replied: “Not at all” The Prophet said “ Then other people will also never tolerate such a shameful act with their mothers”. Then the Prophet asked him the same question about his sister and aunt and other relatives. Each time the youth answered “Not at all”. Then the Prophet put his hand on his chest and prayed “O Allah! Purify his heart, forgive his sins and guard him against adultery”.

By this analogy if the youth go to Imams who are regarded as the heirs to Prophet Muhammad (SAW) and ask “Please permit us to commit adultery with condoms”. The Imams should use the same approach and wisdom used by Prophet Muhammad to convince the youth and pray to God to guide them. The response should not be blind rage at the youth. It should be wise counsel. For example no youth would like adultery or fornication committed on his mother, sister or wife even if the fornicator or adulterer uses a condom.

When is abstaining from sex necessary?

- a. When your wife or husband is away
- b. When you are not married
- c. Soon after birth
- d. When one of the spouses is sick.
- e. When the wife is menstruating

There is a problem of women abstaining from sex from their husbands who may be HIV positive. Many women would find it difficult to refuse sexual relations with their husbands even under these circumstances. The women can be protected by the teaching in the Holy Quran which advises believers not to kill themselves.

**Qn 2: What factors cause some men, women and youth succeed in abstaining from sex to prevent AIDS?**

The factors include:

1. Knowing the teachings from the Qur'an and Hadith
2. Fear of AIDS
3. Economic problems
4. The Islamic way of clothing
5. Separation of sexes
6. Knowing that abstaining is a form of protection
7. Faithfulness
8. Avoiding redundancy
9. Being busy

**Qn 3: What problems cause some men, women and youth not to abstain from sex to avoid AIDS?**

1. Lack of faith
2. Peer pressure
3. Ignorance about AIDS
4. Poverty
5. Too much money
6. Low self esteem
7. Problems in marriage
8. Lack of a well defined goal in life
9. Many women are simply not in a position to say 'no' to sex. This applies particularly to married women who may suspect or know that their husband is being unfaithful. These women depend on men for their livelihood and if they say 'no' to sex they fear that they may be deserted thereby threatening their well being.

**Qn 4: What solutions are there to overcome these problems?**

Lack of faith:

- Increase awareness of faith in homes by reading Qur'an and hadith.
- Have a proper planned program of education
- Associate with people of higher Iman (faith)
- Prepare people for sharia law

Peer pressure:

- Education of both boys and girls in homes and communities to provide positive peer pressure that prevents AIDS and counteract the negative peer pressure that leads to HIV transmission.
- Need to strengthen family brotherhood.
- Get involved in productive activities
- Parental guidance and good example

Ignorance:

- Planned education

Poverty:

- Start Income Generating Activities
- Use Zakat funds to assist the poor.
- Give Sadaqah (donations) to the community.
- Develop skills training for the affected people.
- Faith in Allah. Poor people do not have to die of AIDS. They can and they should use their faith in Allah to discipline themselves and avoid those activities likely to transmit HIV infection to them.

Low self esteem:

- Be proud of our religion
- Planned education
- Education about the history and pride of Islam

Problems in marriage:

- Promote good intentions in marriage
- Well planned education before marriage and during marriage.

GROUP NO. II

## **TOPIC: BEING FAITHFUL IN MARRIAGE FOR AIDS PREVENTION:**

Qn1. **What Islamic teachings are there to support being faithful in marriage to avoid AIDS?**

Definitions of Marriage, Faithfulness and Islamic teachings:

1. Marriage is a bond between a man and a woman under Islamic social contract.
2. Being faithful is upholding the Islamic social contract.
3. Islamic teachings come from the following:
  - Holy Qur'an
  - Hadith (Sayings of Prophet Muhammad (SAW))
  - Ijmaa (Consensus of Ulemas or learned people)
  - Qiyaas (Analogy)
  - Hikma (Wisdom)

Teachings from Al-Qur'an:

Sura (Al-Issra – 17 verse 32) *“Nor come nigh to adultery: For it is an indecent (deed) and an evil way.”*

Sura (Al-Muminun: 23: Vs 1 to 9)

*“ Successful indeed are The Believers; Those who humble themselves in their prayers; Who avoid vain talk; Who are active in giving Zakat; Who guard their modesty; Except with those joined to them in the marriage bond, or (the captives) whom their right hands possess, for (in their case) they are free from blame.”*

Sura (Al Ma Arij – 70: 19-35)

*“Truly man was created very impatient; Fretful when evil touches him; And niggardly when good reaches him; Not so those devoted to prayer. Those who remain steadfast to their prayer; And those in whose wealth is a recognised right, For the (needy) who asks and him who is deprived (for some reason from asking), And those who hold to the truth of the Day of Judgment; And those who fear the punishment of their Lord, For their Lord’s punishment is not a thing to feel secure from: And those who guard their chastity, Except with their wives and the (captives) whom their right hands possess, For (then) they are not to be blamed, But those who trespass beyond this are transgressors; And those who respect their trusts and covenants; And those who stand firm in their testimonies; And those who (strictly) guard their worship; Such will be the honoured ones in the Gardens of (Bliss).”*

Hadith: Summarized messages.

1. The worst sins include Shirk (associating Allah with other gods) and fornication
2. If a people fornicate and publicize it, Allah (SAW) brings down on them diseases never seen before.
3. A man while committing zina (fornication) is not a believer. A thief while stealing is not a believer, the one who drinks alcohol is not a believer, the one who cheats is not a believer...therefore, beware, beware

**Qn 2: What factors cause some men, women and youth to succeed in being faithful in marriage whether these marriages be monogamous or polygamous ?**

1. Marriage from a good family
2. Strict self control through spiritual practices
3. Understanding each other
4. Respect of each others’ Islamic rights
5. Dress code
6. Love and trust
7. Mutual co-operation
8. Patience
9. Following role models, for example of their parents.

**Qn 3: What problems cause some men, women and youth fail to be faithful in marriage whether these marriages be monogamous or polygamous?**

1. Forced marriages
2. Early marriages
3. Age differences between the couples
4. Cultural practices regarding sex e.g. free sex
5. Lack of knowledge i.e ignorance
6. Poverty
7. Lust
8. Condom culture with indiscriminate condom use.

Qn 4: **What solutions are there to overcome these problems?**

1. Application of Sharia Law
2. Policing
3. Education and sensitisation
4. Pre-marriage counselling and guidance classes
5. Discourage pre-marital courtship
6. Voluntary Counseling and Testing (VCT) before marriage

GROUP NO. III

### **TOPIC: CONDOM USE FOR AIDS PREVENTION:**

Condom use is a controversial issue. It should be noted that zina (fornication) in Islam is strictly prohibited and that with or without condoms zina remains a sin. However, HIV/AIDS infection in the Muslim community may not only come as a result of zina but may result from the following:

- Transmission from an infected mother to the new born baby,
- Transmission of infection from an unfaithful partner to a faithful partner in legal marriages,
- Transmission through transfusion of unscreened infected blood ,
- Transmission through use of unsterile instruments.

Qn1: **What Islamic teachings are there to support condom use for AIDS prevention?**

- There are no Islamic teachings that directly support the use of condoms. However, the Analogy of the following teachings need to be reviewed by Muslim scholars, in relation to their communities, particularly those with high HIV prevalence.
  - i) Analogy of avoiding self destruction:  
Qur'an 2:195 "*And spend of your substance in the cause of Allah, And make not your own hands contribute to your destruction; but do good for Allah loves those who do good.*"
  - ii) Analogy of choosing the lesser of two evils:

Islamic teachings of choosing the lesser between the two evils: From **Malik Badri's book: *The AIDS Crisis: a natural product of modernity's sexual revolution: page 283-284.***

"Islamically, the use of condoms can be viewed within the general law of fiqh or jurisprudence of ikhtiyar akhaffa dararain, or choosing the lesser of two evils. I personally believe that if we apply this rule on which there is general consensus among Muslim jurists, we would make the use of a condom obligatory for a fornicating Muslim who has some reason to expect HIV infection from his promiscuous practice. Fornication is a major evil, but exposing another, though that person may be a companion in fornication to a deadly disease is definitely a much greater evil.

According to Muslim jurists, there is a hierarchy of evils, and if one is forced, one should choose the least harmful. Losing one's faith and religion is the worst of all catastrophes, followed by losing one's life. Next is the evil of losing one's mind, and then the loss of fortune. Lastly comes the issue of one's ird which concerns one's actual detestable deeds, like fornication, with respect to one's self or family. A Muslim who fornicates has every possible chance of repenting, and his earlier sins would be forgiven, as the Holy Quran states".

iii) Analogy of necessity for preservation of the life of the community:

Holy Qu'ran 5 verse 3 : *‘Forbidden to you (for food): Are: dead meat, blood, the flesh of swine, and that on which hath been invoked the name of other than Allah; that which hath been killed by strangling, or by a violent blow, or by a headlong fall, or by being gored to death; that which hath been partly eaten by a wild animal; unless ye are able to slaughter it in due form; that which is sacrificed on stone (altars); (forbidden also is the division of meat by raffling with arrows; that is impiety. This day have those who reject faith given up all hope of your religion . Yet fear them not but fear Me. This day have I perfected your religion for you, completed my favour upon you and have chosen for you Islam as your religion. But if any is forced by hunger, with no inclination to transgression, Allah is indeed oft-forgiving, Most Merciful.*

**Qn2: What factors make some men, women and youth succeed in using condoms to prevent AIDS?**

- Some people have recognized the dangers of the AIDS situation. Despite their religious teachings, they decide to use condoms.
- They get enough education about the condoms and they use them effectively.
- Availability and accessibility of the condoms.

**Qn3: What problems cause some men, women and youth fail to use condoms for AIDS Prevention?**

- Religious restrictions
- Poor knowledge about condoms
- Use of intoxicants like alcohol, marijuana.
- Refusal to use condoms during sexual intercourse for fear of not being sexually satisfied.
- Men and women insisting not to use condoms because one partner may suspect the other of being unfaithful.
- Allergy to condom material.

**Qn4: What solutions are there to overcome these problems?**

- Parental guidance from childhood.
- Education based on religious teachings and values.
- Avoiding use of intoxicants
- Change of attitudes
- Early marriage in case of those who cannot abstain from sex till marriage.
- Research to prove that the Islamic way of life prevents AIDS, making use of condoms unnecessary.

**TOPIC: DRUG ABUSE AVOIDANCE TO PREVENT HIV/AIDS:**

Background:

- AIDS was known to be associated with homosexuality and drug/substance abuse at the beginning of the epidemic and that is why we are addressing this point today.
- Islam is explicitly against use of narcotic drugs or any other intoxicants because it makes one lose his faculty of reasoning and stands to be vulnerable to HIV/AIDS and other ills and evils. One also lacks self-control, dignity and righteousness. One's daily prayers are also not accepted while in a state of intoxication.

**Qn1: What Islamic teachings are there to support avoiding narcotic drug use to prevent AIDS?**

Quran:

1. Surah Baqarah; 2: 219 *"They ask thee concerning wine and gambling. Say: In them is great sin, and some profit for men: but the sin is greater than the profit. They ask thee how much they are to spend. Say: What is beyond your needs. Thus doth Allah make clear to you His signs in order that ye may consider."*
2. Surat 5 verse 90-91 *"O ye who believe! Intoxicants and gambling, sacrificing to stones, and (divination by) arrows, are an abomination, of satan's handiwork. Eschew such abomination, that ye may prosper. Satan's plan is (but) to excite enmity and hatred between you, with intoxicants and gambling, and hinder you from the remembrance of Allah, and from prayer, will ye not then abstain?"*

Hadith: Summarized messages.

1. Allah's Messenger cursed ten people in connection with wine: the wine-presser, the one who has it pressed, the one who drinks it, the one who conveys it, the one to whom it is conveyed, the one who serves it, the one who sells it, the one who benefits from the price paid for it, the one who buys it, and the one for whom it is bought. (*Al-Tirmidhi 2776, narrated Anas ibn Malik*)  
Tirmidhi and Ibn Majah transmitted it.
2. Don't drink alcohol, for it is the root of all evil. (*Hadith - Al-Tirmidhi #580, Narrated AbudDarda'*)
3. Abu ad-Darda reported that the Prophet said: "Allah has sent down both the malady and its remedy. For every disease He has created a cure. So seek medical treatment, but never with something the use of which Allah has prohibited." ( Abu dawood; Sahih Bukhari)
4. To protect the wealth or property of a Muslim, protect the brain, human dignity and human purification.
5. Of whatever thing a large quantity intoxicates, even a small quantity is prohibited.
6. Every drink that intoxicates is prohibited.

**Qn2: What factors make some men, women and youth succeed in avoiding narcotic drug use in order to prevent AIDS?**

- ◆ Being faithful and using the teachings of Allah.
- ◆ Teaching children at an early age of the dangers of drugs.
- ◆ Religious teachings at home involving parents.
- ◆ Anybody caught using drugs being punished.
- ◆ Applying sharia law.
- ◆ Vigilante surveillance e.g. parents being close to children and disciplining them.
- ◆ Coming back to good cultural norms where any adult can discipline any child when found misbehaving or using drugs.

- ◆ Strict government and police intervention. Enact strict punishment laws as a deterrent to drug traffickers so as to have less access to drugs. Schools whose curriculum include counseling and awareness of drug abuse have lesser drug use prevalence rates.
- ◆ Print and electronic media helping in conducting effective awareness.
- ◆ Fear of HIV infection from infected needles

**Qn3. What problems cause some men, women and youth fail to avoid using narcotic drugs in order to prevent AIDS?**

- ◆ Lack of recreational facilities to occupy the minds of the youth.
- ◆ Lack of family ties and strong responsibilities.
- ◆ Lack of sharia law implementation
- ◆ Media support of drug and alcohol use in programmes that attract the youth e.g. Rap music video shows and pop music stars. (Excessive media support)
- ◆ Lack of Islamic teachings.
- ◆ Lack of Islamic discipline in schools and homes.
- ◆ The Islamic teachers are not trained to handle children appropriately.
- ◆ Poverty leading to:
  - i. hopelessness
  - ii. ignorance due to lack of education
  - iii. lack of access to educative programmes on radio and TV.
- ◆ Psychological/social problems that arise out of family breakdown and divorce.
- ◆ Peer pressure from the youth
- ◆ Easy access to availability of drugs in some places.
- ◆ Socialising with wrong elements of the society.
- ◆ Lack of counseling centres
- ◆ Lack of government intervention to arrest drug traffickers.

**Qn4: What solutions are there to overcome these problems?**

1. All stakeholders to take stronger and aggressive approach to instill sharia, religious and moral values where applicable: Stakeholders include:
  - Government
  - Education Institutions
  - Religious bodies
  - Parents/family
  - Community leaders.
2. Income generating activities to keep vulnerable people busy and financially empowered.
3. Rehabilitation centres
4. Set up community level recreational facilities.
5. Governments should stop influx of drugs and drug trafficking.
6. Muslim pressure to stop abuse of drugs:
  - ◆ Stronger and more aggressive education campaigns by personalities who can reach large populations:
  - ◆ Imams, teachers, broadcasting stations, religious leaders, social workers, politicians should apply pressure.
  - ◆ Strict censorship of all media and public dissemination materials. Religious bodies should be on censorship boards.
  - ◆ Parents and extended family members to involve themselves more and also give prime time to their children at home, school and outdoors recreation games.
  - ◆ The media should be approached and utilised for positive societal uplifting.

# THEME: CONTRIBUTION OF ISLAM TO CARE AND SUPPORT

GROUP I

## TOPIC: STIGMATIZATION OF HIV/AIDS

Definitions:

Stigmatisation is “Social rejection” or “discrimination”, “isolation”, “prejudice”.

What is prejudice? This includes; ignorance, stereo typing, usurping the rights of people and oppressing.

### Qn1. What Islamic teachings are there to support the reduction of stigmatisation of HIV/AIDS?

Holy Qur’an:

1. Surat Hujrat 49:11 *“O ye who believe! Let not some men among you laugh at others; it may be that the latter are better than the former. Nor let some women laugh at others it may be that the latter are better than the former. Nor defame nor be sarcastic to each other, nor call each other by (offensive) nicknames: Ill-seeming is a name connoting wickedness, to be used of one after he has believed and those who do not desist are indeed doing wrong”.*
2. Surat Al-Baqara – 2:153-157  
*“O ye who believe! Seek help with patient perseverance and prayer, for God is with those who patiently persevere. And say not of those who are slain in the way Of Allah. (They are dead) Nay they are living, though ye perceive it not. Be sure we shall test you with something of fear and hunger, some loss in goods, lives and the fruits of your toil, but give glad tidings to those who patiently persevere. Who say, when afflicted with calamity: To Allah we belong and to Him is our return. They are those on whom descend blessings from their Lord and mercy and they are the ones that receive guidance.”*
3. Surat Imran, Surat 3: 159 *“It is part of the Mercy of Allah that thou dost deal gently with them. Wert thou severe or harsh-hearted, They would have broken away from about thee: so pass over their faults and ask for Allah’s forgiveness for them; and consult them in affairs (of moment) then, when thou hast taken a decision, put thy trust in Allah. For Allah loves those who put their trust in Him”.*
4. Surat 66 verse 8: *“Oh you who believe turn to Allah with sincere repentance in the hope that Your Lord will remove from you your evil deeds, and admit you to Gardens beneath which rivers flow, the Day that Allah will not permit to be humiliated The Prophet and those who believe with him. Their Light will run Forward before them and by their right hands, while they say, “Our Lord! Perfect our light for us, and grant us forgiveness for thou hast power over all things”*

Hadith: Summarized messages.

- ◆ Do not look at others for faults.
- ◆ The rights of your neighbour – show sympathy when he needs it, and rejoice with him if good befalls him.

Hadith supporting elimination of ignorance:

- ◆ Seek knowledge from the cradle to the grave.
- ◆ Seek knowledge even if you have to travel to China.

**Qn2. What factors make some men and women avoid stigmatisation of HIV/AIDS?**

- ◆ Knowledge of the Qur'an and Hadith.
- ◆ Personal and practical experiences.
- ◆ Empowerment through acceptance
- ◆ Patience
- ◆ Adequate technical knowledge.
- ◆ Positive peer pressure to avoid stigmatization as a counter measure to negative peer pressure that encourages stigmatization.
- ◆ Remembrance of Allah and seeking forgiveness

**Qn3. What factors cause some men, women and youth to stigmatise HIV/AIDS?**

- ◆ Ignorance: for example ignorance of persons living with HIV/AIDS and their fear of defamation.
- ◆ Absence of love and affection.
- ◆ Believing that people living with HIV/AIDS misused God's given free will and therefore deserve to suffer.
- ◆ Lack of communal support
- ◆ Forgetting the mercy of Allah
- ◆ Prejudice
- ◆ Misconceptions

**Qn4. How can these factors be addressed?**

- ◆ Education and sensitisation
- ◆ Education about the mercy of Allah
- ◆ Being grateful to Allah
- ◆ Organise fora and outreach programmes on reducing stigma
- ◆ Get testimonies from those who have been stigmatised.
- ◆ Being compassionate
- ◆ Increased spirituality
- ◆ Collecting data on stigma by conducting surveys
- ◆ Involvement of society/community in AIDS care.
- ◆ Include PHAs in community activities.
- ◆ Education that most people get HIV infection without knowing it. They think they will escape it even if they engage in high risk activities. If they had true knowledge they would probably avoid getting themselves infected. Unfortunately HIV cannot be seen. If it could be seen like a fire people's knowledge of it would be better. Most people would not put their hands in a fire when they are seeing it.

GROUP II

**TOPIC: CARE FOR PEOPLE LIVING WITH HIV/AIDS (PHAs)**

Qn1. **What Islamic teachings are there to support the Care of PHAs.**

Qur'an: 5:32

*“On that account: We ordained for the Children of Israel that if any one slew A person-unless it be for murder or for spreading Mischief in the land, it would be as if He slew the whole people: And if any one saved a life, it would be as if he saved the life of the whole people. Then although there came to them our Messengers with clear signs, yet even after that, many of them continued to commit excesses in the land.”*

Hadith recommend the following:

- ◆ Visiting the sick people
- ◆ Praying for the sick people
- ◆ Providing for the needy.

Qn2. **What factors cause some men, women, PHAs and youth to support and care for PHAs.**

- ◆ Knowledge and practice of Islamic teachings
- ◆ Training
- ◆ Openness
- ◆ Change of attitude
- ◆ Respect of human life
- ◆ Awareness
- ◆ Patience
- ◆ Fighting the problem together
- ◆ Social responsibility
- ◆ Extended family support
- ◆ Devine guidance
- ◆ Proper understanding
- ◆ God's Mercy

Qn3. **What problems do men, women, youth and PHAs face in the care for PHAs?**

- ◆ Stigma
- ◆ Ignorance of Islam
- ◆ Cultural fear
- ◆ Ignorance about AIDS
- ◆ Poverty
- ◆ PHAs and their perspectives are not catered for because people who take care of them are ignorant of their problems.
- ◆ Inadequate involvement of men in the process of taking care for the sick people

Qn4. **How can these problems be addressed?**

- ◆ Education
- ◆ Social responsibility
- ◆ Islamic sexual education
- ◆ Encouraging Islamic spiritual counseling
- ◆ Remembering Allah
- ◆ Media campaigns
- ◆ Promotion of establishment of Islamic media
- ◆ Training and support of community health workers
- ◆ Partnership between NGOs and Government
- ◆ Reading the Qur'an and making Du'a when visiting sick people
- ◆ Education that even though we may not be infected we are all affected by HIV/AIDS.

GROUP III

**TOPIC: COUNSELLING AND SPIRITUAL CARE FOR PHAs:**

**Qn1. What Islamic teachings are there to support counseling and spiritual care of PHAs?**

A. Qur'an:

Surat Zumr (39) verse 53-54

*“Say: O my servants who have transgressed against their souls! Despair not of the Mercy of Allah; for Allah forgives all sins for He is oft-forgiving, most Merciful. Turn ye to your Lord (in repentance) and submit to Him, before the Chastisement comes on you: After that ye shall not be helped”.*

B. Hadith: Summarized messages.

- ◆ A Muslim community is like a whole body – if any part gets affected the whole body gets affected.
- ◆ Muslims should be like a wall. If one brick is removed, the wall can collapse.
- ◆ Never mind the sickness, it may be a purification if God wishes.
- ◆ Any person visiting the sick whose prescribed moment of death has not arrived and supplicates 7 times (I ask Allah, the Supreme Lord of the magnificent throne to cure you) the sick person will be cured if Allah **WILLS**.
- ◆ If someone calls on a sick Muslim brother/sister it is as if he/she walks reaping the fruits of paradise until he/she sits. If this was in the morning 70,000 angels send prayers upon him/her until the evening and if this was in the evening the 70,000 angels send prayers until morning.
- ◆ It is unlawful to spend 3 days without visiting a brother. If you spent a year, it is like you have killed your brother, the end of it all you go to hell.

**Qn2. What factors make some men, women and youth successful in providing counseling and spiritual care for PHAs?**

- ◆ Comprehensive knowledge and skills about counseling and spiritual care
- ◆ Religious knowledge of the benefits of visiting the sick
- ◆ Commitment and dedication of the family and community
- ◆ Love for Allah and Prophet Muhammad (SAW)
- ◆ Empathy

**Qn3. What problems make some men, women and youth fail to care for PHAs?**

- ◆ Stigmatisation:
- ◆ Misconception about transmission of HIV/AIDS
- ◆ Lack of knowledge
- ◆ Poverty
- ◆ Lack of brotherhood
- ◆ Myths about HIV/AIDS

**Qn4. How can these problems be addressed?**

- ◆ Selection of dedicated and committed counselors and spiritual care providers.
- ◆ Continuous proper training and motivation
- ◆ Provide holistic care to PHAs by involving the PHAs, the families & the community.
- ◆ Extensive education through sermons in mosques, media, bill boards, public gatherings and traditional ceremonies.

GROUP IV

**TOPIC: BEREAVEMENT**

**Qn1. What Islamic Teachings are there to support affected families when they lose loved ones?**

A. Ayas from Qur'an.

- i. Baqara 2 Verse 151-156  
*“ A similar (favour have ye already received) In that we have sent among you a Messenger of your own, rehearsing to you our signs, and purifying you and instructing you in scripture and wisdom, and in new knowledge. Then do ye remember Me; I will remember you. Be grateful to Me and reject not faith. O ye who believe! Seek help with patient perseverance and prayer, for God is with those who patiently persevere. And say not of those who are slain in the way Of Allah. (They are dead) Nay they are living, though ye perceive it not. Be sure we shall test you with something of fear and hunger, some loss in goods, lives and the fruits of your toil, but give glad tidings to those who patiently persevere. Who say, when afflicted with calamity: To Allah we belong and to Him is our return. ”*
- ii. Surah 76: 8-9  
*“And they feed for the love of Allah the indigent the orphans and captive saying we feed you for Allah’s sake, no rewards do we desire from you nor thanks.”*
- iii. Sura 107:Aya –1 – 3  
*“Sees thou one who denies the judgment (to come)? Then such is the one who repulses the orphan, and encourages not the feeding of the indigent.”*
- iv. Sura 93, Aya 8-11:  
*“And he found you poor and made you rich, Self sufficient with self contentment. Therefore, treat not the orphans with oppression.”*
- v. Sura 4:2:  
*“To orphans restore their property (when they reach their age), Nor substitute (your ) worthless things for their good ones; and devour not their substance (by mixing it up ) with your own. For this is indeed a great sin”.*

- vi. Sura 4:10, :  
*“Those who unjustly eat up the property of orphans, eat up a fire into their own bodies: they will soon be enduring a blazing fire!”*
- vii. Sura 2:240 –  
*“Those of you who die and leave widows should bequeath for their widows a year’s maintenance without expulsion; but if they leave (the residence), there is no blame on you for what they do with themselves, provided it is reasonable and Allah is Exalted in Power, Wise.”*

Hadith: Summarized messages:

1. Me and the one who takes care of the orphans will be like this in paradise. (Two fingers close together)
2. Muslims are a single body, when one part is affected the other part also feels pain.
3. A man who offers condolences to one whose child is dead will be admitted to paradise and will be covered in the sheets of paradise.
4. A giver of maintenance to the widow and poor is like a giver in the way of Allah

**Qn2. What factors make some men women and youth succeed to support bereaved families?**

- ◆ Iman – faith and fear of Allah
- ◆ Commitment and obedience to the teachings of Allah
- ◆ Adherence to customs and values of the community
- ◆ Compassion and empathy
- ◆ Moral obligation and religious obligations
- ◆ Personal experiences of bereavement.

**Qn3. What factors cause some men, women and youth fail to support bereaved families?**

- ◆ Lack of proper Iman and Islamic teachings
- ◆ Poverty – can’t give financial support.
- ◆ Negative cultural beliefs and practices.
- ◆ Bad behaviour of the deceased
- ◆ Lack of proper guidance.
- ◆ Fear of HIV infection due to ignorance
- ◆ Stigma of HIV as the cause of death
- ◆ Indifference to social obligations.

**Qn4. How can these factors be addressed?**

- ◆ Proper commitment to Islamic teachings and values
- ◆ Allowing Sharia to guide us
- ◆ Bereavement counseling for communities
- ◆ Training through workshops and seminars
- ◆ Community mobilisation
- ◆ Building and maintaining cohesive family ties and reconciliation.
- ◆ Islamic social welfare and support
- ◆ Training religious leaders
- ◆ Political and social will and support from Government and NGOs.

## **THEME: CONTRIBUTION OF ISLAM TO MITIGATING THE SOCIO-ECONOMIC IMPACT OF AIDS.**

GROUP I

### **TOPIC: ECONOMIC SUPPORT FOR PHAs.**

**Qn1: What Islamic teachings are there to encourage economic support for PHAs?**

*Qur'an 2:177 "It is not righteousness that ye turn your faces towards East or West; but it is righteousness to believe in Allah and the Last Day, and the Angels, and the Book, and the Messengers; to spend of your substance, out of love for Him for your kin, for orphans, for the needy, for the wayfarer, for those who ask, and for the ransom of slaves; to be steadfast in prayer, and give Zakat, to fulfill the contracts which ye have made; and to be firm and patient, in pain or suffering and adversity, and throughout all periods of panic. Such are the people of truth, the God-fearing.*

*Qur'an 2:267 "O ye who believe! Give of the good things which ye have honourably earned, and of the fruits of the earth which we have produced for you, and do not aim at anything which is bad, out of it ye may give away something, when ye yourselves would not receive it except with closed eyes and know that Allah is Free of all wants, and worthy of all praise"*

**Qn2. What factors make some men, women and youth succeed in providing economic support to PHAs?**

- ◆ Iman – lessons from Qur'an and Hadith
- ◆ Financial capability
- ◆ Accepting responsibility for sick people
- ◆ Pride of helping others
- ◆ Spending for Allah with expectation of rewards from Allah
- ◆ Personal experience of needs of PHAs
- ◆ Sensitisation and education about PHAs

**Qn3. What factors prevent some men, women and youth from providing economic support to PHAs?**

- ◆ Lack of Iman
- ◆ Ignorance
- ◆ Lack of sense of responsibility
- ◆ Selfishness
- ◆ Negative cultural norms
- ◆ Stigmatisation
- ◆ Lack of compassion
- ◆ Misconception about charity

**Qn4. How can these factors be addressed?**

- ◆ Increasing Islamic knowledge and its application
- ◆ Promoting family values and responsibility
- ◆ Reminder of rewards and punishment from Allah
- ◆ Education and sharing experiences
- ◆ Dua (prayer) to save one from selfishness
- ◆ Networking to co-ordinate Zakat collection and distribution in various countries in order to provide specifically for the sick.

## GROUP II

### TOPIC: ORPHAN CARE

Definition- Orphan : A child below 15 years who has lost one or both parents.

#### Qn1. What Islamic teachings are there to encourage care for orphans?

*Qur'an, Sura Al-Ma'un 107: 1-7 "Seest thou one Who denies the Judgment to come? Then such is the one who repulses the orphan, and encourages not the feeding of the indigent. So woe to the worshippers who are neglectful of their prayers, those who want but to be seen, but refuse to supply even neighbourly needs."*

*Sura 4:2-6 "To orphans restore their property when they reach their age, nor substitute your worthless things for their good ones; and devour not their substance by mixing it up with your own. For this is indeed a great sin. If ye fear that ye shall not be able to deal justly with the orphans, marry women of your choice, two, or three, or four; but if ye fear that ye shall not be able to deal justly with them, then only one, or that which your right hands possess. That will be more suitable, to prevent you from doing injustice. And give the women on marriage their dower as an obligation; but if they, of their own good pleasure, remit any part of it to you, take it and enjoy it with right good cheer. To those weak of understanding, give not your property which Allah has assigned to you to manage. But feed and clothe them therewith and speak to them words of kindness and justice." Make trial of (try) orphans until they reach the age of marriage; if then ye find sound judgement in them, Release their property to them; but consume it not wastefully, nor in haste against their growing up. If the guardian is well off, let him claim no remuneration, but if he is poor, let him have for himself what is just and reasonable. When ye release their property to them, take witnesses in their presence; but all sufficient Is Allah in taking account."*

*Sura 4:10 "Those who unjustly eat up the property of orphans, eat up a fire into their own bodies: they will soon be enduring a blazing fire!"*

*Sura 2:220 "They ask you concerning orphans. Say: the best thing to do is what is for their good; if ye mix their affairs with yours, they are your brethren; but Allah knows the man who means mischief from the man who means good. And if Allah had wished, he could have put you into difficulties: He is indeed exalted in power, Wise."*

*Sura 2:83 "And remember we took a covenant from the children of Israel to this effect: Worship none but Allah, treat with kindness your parents and kindred, and orphans and those in need; speak fair to the people; be steadfast in prayer; and give Zakat, then did ye turn back, except a few among you and ye backslide even now"*

*Sura 2:215 "They ask thee what they should spend in charity. Say: whatever wealth you spend that is good, is for parents and kindred and orphans and those in want and for wayfarers. And whatever ye do that is good – Allah knoweth it well."*

*Sura 2:177 "It is not righteousness that ye turn your faces towards East or West; but it is righteousness to believe in Allah and the Last Day, and the Angels, and the Book, and the Messengers; to spend of your substance out of love for Him, for your kin, for orphans, for the needy, for the wayfarer, for those who ask, and for the ransom of slaves; to be steadfast in prayers, and give Zakat, to fulfil the contracts which ye have made; and to be firm and patient, in pain or suffering and adversity, and throughout all periods of panic such are the people of truth, the God-fearing"*

*Sura 4:8,127. "But if at the time of division other relatives, or orphans, or poor, are present, give them out of the property and speak to them words of kindness and justice."*

*Sura 4:10 "Those who unjustly eat up the property of orphans, eat up a fire into their own bodies, they will soon be enduring a blazing fire."*

*Sura 4:36 "Serve Allah, and join not any partners with Him; and do good to parents, kinsfolk, orphans, those in need, neighbours who are of kin, neighbours who are strangers, the companion by your side, the wayfarer (ye meet) and what your right hands possess, for Allah loveth not the arrogant, the vainglorious."*

Sura 4:127 *“They ask thy instruction concerning the women. Say: Allah doth instruct you about them and remember what hath been rehearsed unto you in the Book, concerning the orphaned women to whom ye give not the portions prescribed, and yet whom ye desire to marry, as also concerning the children who are weak and oppressed that ye stand firm for justice to orphans. There is not a good deed which ye do, but Allah is well-acquainted therewith.”*

Sura 59:7 *“What Allah has bestowed on His Messenger and taken away from the people of the townships, belongs to Allah to His Messenger, and to kindred and orphans, the needy and the wayfarer; In order that it may not merely make a circuit between the wealthy among you. So take what the Messenger gives you, and refrain from what He prohibits you. And fear Allah for Allah is strict in punishment.”*

Sura 90:4 -17 *“Verily we have created man into toil and struggle. Thinketh he, that none hath power over him? He may say boastfully, wealth have I squandered in abundance! Thinketh he that none beholdeth him? Have we not made for him a pair of eyes? And a tongue, and a pair of lips? And shown him the two highways? But he hath made not haste on the path that is steep. And what will explain to thee the path that is steep? It is freeing the bondman; or the giving of food in a day of privation to the orphan with claims of relationship, or to the indigent in the dust. Then will he be of those who believe and enjoin patience constancy and self-restraint and enjoin deeds of kindness and compassion.”*

Sura 89:15-20 *“Now, as for man, when his Lord trieth him, giving him honour and gifts then saith he puffed up My Lord hath honoured me. But when he trieth him, restricting his subsistence for him, then saith he in despair, My Lord hath humiliated me! Nay, nay! but you honour not the orphans nor do ye encourage one another to feed the poor! And ye devour inheritance all with greed, and ye love wealth with inordinate love!”*

Hadith: Summarized messages:

- ◆ The best house among the Muslim houses is where an orphan is looked after in a good way.
- ◆ I and the one that takes care of the orphans will be together in paradise (adjacent fingers)
- ◆ Best among mankind is the one who brings benefit to others.

**Qn2. What factors make some men, women and youth succeed in orphan care?**

- ◆ Fear of Allah
- ◆ Commitment to Islamic teachings
- ◆ Taking on one’s responsibility
- ◆ Cultural obligation
- ◆ Availability of financial resources
- ◆ Supportive Government policy
- ◆ Patience

**Qn3. What factors make some men, women and youth fail to provide adequate orphan care?**

- ◆ Lack of Islamic knowledge about duties to orphans
- ◆ Poverty
- ◆ Lack of Iman
- ◆ Selfishness
- ◆ Gender bias especially against females
- ◆ Lack of political will and society arrangements to care for orphans
- ◆ Inadequate financial resources
- ◆ Misuse of financial resources
- ◆ Lack of comprehensive programmes.

**Qn4. How can these factors be addressed?**

- ◆ Advocacy for the rights of orphans
- ◆ Spread of knowledge of Islamic teachings about orphans
- ◆ Institutions to support and care for orphans wherever they live, should be set up
- ◆ Income generating activities
- ◆ Transparency in accountability
- ◆ National strategic planning
- ◆ Encourage families and individuals to take care of the orphans
- ◆ Policing and monitoring to ensure excellent service delivery.

GROUP III

**TOPIC: INCOME GENERATING ACTIVITIES FOR AIDS RELATED ACTIVITIES.**

**Qn1. What Islamic teachings are there to encourage income-generating activities for AIDS related activities?**

Holy Qur'an:

Chapter 3 (Imran) verse 92 *“By no means shall you attain righteousness unless ye give freely of that which ye love and whatever ye give Allah knoweth it well.”*

Hadith: Summarized messages:

1. Whoever helps a poor Muslim will be rewarded in this world and the hereafter.
2. It is better to leave your children rich than leave them poor and begging.
3. Don't give your wealth to people who will not keep it properly.

**Qn2. What factors make some men, women and youth succeed in managing Income Generating activities?**

- ◆ Skills development (Continuous and properly done)
- ◆ Doing activities within limits of the Islamic teachings and depending on God for guidance i.e. constant prayers)
- ◆ Taking responsibility for IGAs
- ◆ Adequate accountability for IGAs
- ◆ Adequate facilitation with financial and technical assistance
- ◆ Adequate monitoring and evaluation
- ◆ Women managing IGAs since they are better managers for IGAs than men.

**Qn3. What factors make some men, women and youth fail to manage IGAs?.**

- ◆ Misuse of the income.
- ◆ Use of money in activities forbidden by religion
- ◆ Deteriorating health of the individuals
- ◆ Gender bias (Most women are not facilitated to do and maintain business)
- ◆ Most women are not able to do business because of home activities.
- ◆ Some cultures don't allow women to work

**Qn4. How can these factors be addressed ?**

- ◆ Islamic teachings have to be practiced.
- ◆ Equip people with skills for managing IGAs
- ◆ Good Leadership
- ◆ Establish good zakat systems.
- ◆ Supportive groups
- ◆ Perseverance, transparency and accountability
- ◆ Creating an enabling environment
- ◆ Creating a market
- ◆ Better understanding to overcome negative cultures and traditions.

GROUP IV

**TOPIC: PROTECTION OF LEGAL RIGHTS OF THOSE AFFECTED BY HIV/AIDS**

**Qn1. What Islamic teachings are there to encourage protection of legal and human rights of those affected by HIV/AIDS?**

A. Qur'an:

- ◆ Surah Maidah 5:32 *“On that account: We ordained for the Children of Israel that if any one slew A person-unless it be for murder or for spreading Mischief in the land, it would be as if He slew the whole people: And if any one saved a life, it would be as if he saved the life of the whole people. Then although there came to them our Messengers with clear signs, yet even after that, many of them continued to commit excesses in the land.”*
- ◆ Surah 6:151. *“Say: Come, I will rehearse what Allah hath really prohibited you from: join not anything with Him, Be good to your parents; Kill not your children on a plea of want; We provide sustenance for you and for them; come not nigh to indecent deeds, whether open or secret; take not life, which Allah hath made sacred, except by way of justice and law: Thus doth He command you that ye may learn.”*
- ◆ Surah Nisaa 4:7. *“From what is left by parents and those nearest related there is a share for men and a share for women, whether the property be small or large a determinate share”*
- ◆ Surah 51:15-19. *“As to the righteous, they will be in the midst of gardens and springs, taking joy in the things which their Lord gives them because, before then, they had done good deeds. They were in the habit of sleeping but little by night, and in the hours of early dawn, they were found praying for forgiveness, and in their wealth there is a due share for the beggar and the deprived”.*
- ◆ Surah 49:12. *“O ye who believe! Avoid suspicion as much as possible for suspicion in some cases is a sin, and spy not on each other, nor speak ill of each other behind their backs. Would any of you like to eat the flesh of his dead brother? Nay ye would abhor it.. but fear Allah; for Allah is oft-returning, most Merciful.”*
- ◆ Surah 9:71 *“The believers, men and women, are protectors, one of another: they enjoy what is just, and forbid what is evil: they observe regular prayers, pay zakat and obey Allah and His Messenger. On them will Allah pour His Mercy for Allah is exalted in power, Wise.”*

- ◆ Surah 5:41-50 *“O Messenger! Let not those grieve thee, who race each other into unbelief (Whether it be) among those who say “We believe with their lips but whose hearts have no faith: Or it be among the Jews. Men who will listen to any lie, will listen even to others who have never so much as come to thee. They change the words from their right places. They say, “If ye are given this, take it, but if not, beware!” If any one’s trial is intended by Allah, thou hast no authority in the least for him against Allah. For such it is not Allah’s will to purify their hearts. For them there is disgrace in this world, and in the Hereafter a heavy punishment. (They are fond of) listening to falsehood, of devouring anything forbidden. If they do come to thee, either judge between them, or decline to interfere. If thou decline, they cannot hurt thee in the least, if thou judge, judge in equity between them. For Allah loveth those who judge in equity. But why do they come to thee for decision, when they have their own Tora before them? Therein is the plain command of Allah; yet even after that, they would turn away. For they are not really people of faith. It was We who revealed the torah to Moses therein was guidance and light. By its standard have been judged the Jews, by the Prophets who bowed as in Islam to Allah’s Will, by the Rabbis and the Doctors of Law: For to them was entrusted the protection of Allah’s Book, and they were witnesses thereto: Therefore, fear not men, but fear Me, and sell not my signs for a miserable price. If any do fail to judge by what Allah hath revealed, they are unbelievers. We ordained therein for them: Life for life, eye for eye, nose for nose, ear for ear, tooth for tooth, and wounds equal for equal. But if any one remits the retaliation by way of charity, it is an act of atonement for himself. And if any fail to judge by what Allah hath revealed, they are wrong doers. And in their footsteps we sent Jesus the son of Mary, confirming the Torah that had come before him: We sent him the gospel: therein was guidance and light. And confirmation of the Torah that had come before him: A guidance and an admonition to those who fear Allah. Let the People of the gospel judge by what Allah hath revealed therein. If any do fail to judge by what Allah hath revealed, they are those who rebel. To thee we sent the scripture in truth, confirming the scripture that came before it, and guarding it in safety: so judge between them by what Allah hath revealed, and follow not their vain desires, diverging from the truth that hath come to thee. To each among you have we prescribed a law and an open way. If Allah had so willed, He would have made you a single people, but (His plan is) to test you in what He hath given you, so strive as in a race in all virtues. The goal of you all is to Allah; it is He that will show you the truth of the matters in which ye dispute; And this He commands judge thou between them by what Allah hath revealed, and follow not their vain desires, but beware of them lest they beguile thee from any of that (teaching) which Allah hath sent down to thee. And if they turn away, be assured that for some of their crimes It is Allah’s purpose to punish them. And truly most men are rebellious. Do they then seek after a judgment of the Days of ignorance? But who, for a people whose faith is assured, can give better judgment than Allah?”*

B. Hadith: Summarized messages:

1. “Whoever covers up the defects of a fellow believer, Allah (SWT) will cover up his defects on the day of Judgment.”
2. “The Prophet has said: If anyone of you comes across an evil, he should try to stop it with his hand (using force) if he is not in a position to stop it with his hand, then he should try to stop it by means of his tongue. If he is not even able to use his tongue, then he should at least condemn it in his heart. This is the weakest degree of faith.

**Qn2. What factors make some men, women and youth succeed in protecting legal and human rights of those affected by AIDS?**

- ◆ Adherence to Islamic knowledge and practices.
- ◆ Fear of Allah and hereafter
- ◆ Proper understanding of HIV/AIDS
- ◆ Respect for life.

**Qn3. What factors make some men, women and youth fail in protecting the legal and human rights of those affected by AIDS?**

- ◆ Ignorance of Islamic teachings
- ◆ Taboos , misconceptions
- ◆ Lack of proper Imaan (faith)
- ◆ Lack of implementation of Islamic teachings and legal laws in our respective societies.
- ◆ In some cases lack of adequate law enforcement.

**Qn4. How can these factors be addressed?**

- ◆ Fear of Allah.
- ◆ Review public health acts and legal issues.
- ◆ Enforce Islamic laws within the Muslim communities.

**THEME: STRATEGIES FOR STRENGTHENING, EXPANDING, COORDINATING AND EVALUATING THE NATIONAL AND INTERNATIONAL MUSLIM COMMUNITY RESPONSE TO AIDS.**

GROUP I

**TOPIC: INITIATING, STRENGTHENING AND EXPANDING THE MUSLIM COMMUNITY RESPONSE TO AIDS.**

**Qn1. What needs to be done to encourage Muslim communities who have not yet started AIDS related activities to initiate these activities?**

- ◆ Survey to assess the degree of HIV/AIDS awareness in the target community.
- ◆ Gather resource persons/leaders in community and do education workshops for these people to encourage them accept and acknowledge that they have a role to play in addressing HIV/AIDS.
- ◆ Lobby for support from Muslim Leadership.
- ◆ Expand network of AIDS workers through mosques to get greater involvement of men, women and youth.
- ◆ Encourage peer counseling after appropriate education
- ◆ Identify more volunteers in community and train them.
- ◆ Sensitise the communities
- ◆ Involve media
- ◆ Persistence in all efforts
- ◆ Develop material and spiritual resources.

**Qn2. What needs to be done to strengthen the response of Muslim communities to HIV/AIDS?**

- ◆ Mobilise more resources
- ◆ Strengthen education at all levels
- ◆ Increase Income Generating Activities(IGAs) to sustain programmes
- ◆ Strengthen education in the home on issues related to the value of protecting the body.
- ◆ Incorporate sex education in schools from the Muslim perspective.
- ◆ Encourage collective responsibility at all levels.
- ◆ Strengthen networking amongst sister organisations
- ◆ Strengthen exchanging ideas and experiences

**Qn3. What needs to be done to encourage Muslim communities to expand AIDS related activities?**

- ◆ Involve more volunteers and train them
- ◆ Share experiences of successful strategies
- ◆ Use testimonies from PHAs
- ◆ Expand existing activities and new initiatives.
- ◆ Expand testing and counseling services
- ◆ Capacity building at all levels
- ◆ Create incentives for volunteers
- ◆ Expand Jumah khutba talks to all mosques on issues related to AIDS.

GROUP II

**TOPIC: COORDINATION OF THE MUSLIM COMMUNITY  
RESPONSE TO HIV/AIDS**

**Qn1. What needs to be done to co-ordinate the response of the Muslim community to AIDS at the national level?**

- ◆ Identify groups of people for coordination at the grassroots level.
- ◆ Organise them according to community values and structures.
- ◆ Get commitment of various community leaders to participate and lead.
- ◆ Use Imams and other religious leaders
- ◆ Networking of various stakeholders
- ◆ Encourage professional management
- ◆ Encourage skills training
- ◆ Do strategic planning at the national level.
- ◆ Acquire more resources
- ◆ Encourage unity and team work
- ◆ Encourage strong leadership at all levels
- ◆ Encourage good political will at all levels.

**Qn2. What needs to be done to co-ordinate the response of the Muslim community to AIDS at the international level?**

- ◆ Form international body comprising of various Muslim leaders to coordinate the response.
- ◆ Organise international workshops with sponsorship from the international community.
- ◆ Continue international consultations.
- ◆ Get participation of Organisation of Islamic Conference (OIC)

**Qn3. What needs to be done to coordinate the response of the Muslim community to AIDS with activities of other stakeholders in government, NGOs and other faith based organisations?**

- ◆ Participate interfaith fora
- ◆ Participate in NGOs fora
- ◆ Form SMART (Specific, Measurable, Achievable, Realistic, Timely) partnership with all stakeholders in areas of education, prevention and care.
- ◆ Produce and distribute publication materials
- ◆ Involve the media in disseminating information

### GROUP III

## **TOPIC: EVALUATION OF THE MUSLIM COMMUNITY RESPONSE TO HIV/AIDS**

**Qn1. What indicators will show a successful Muslim community response to AIDS both nationally and internationally?**

- ◆ Reduction of HIV/AIDS prevalence in the target Muslim communities
- ◆ Better response to care and support e.g the Muslim community having more compassion in the care and support of PHAs.
- ◆ Increase in life expectancy as a result of improved interventions in the care of HIV affected persons.
- ◆ A reduction in the number of new cases.
- ◆ Positive changes in knowledge, attitude and behaviour.
- ◆ Increased Voluntary Counselling and Testing (VCT): (Number of intending couples voluntarily testing for HIV is increased).
- ◆ Reduction in poverty
- ◆ Increased resources for dealing with the AIDS problem in target communities i.e increased resource mobilisation and utilization.
- ◆ Reduced infant and maternal mortality and morbidity in target communities.
- ◆ Increase in number of Islamic foundations providing assistance to Muslim communities affected by HIV/AIDS.
- ◆ Increased research and documentation of HIV among the Muslim communities e.g intervention studies and comparative scientific studies.
- ◆ Increased openness and commitment by Muslim authorities to address HIV/AIDS
- ◆ Increased number of Muslim nations and communities with a policy for the Islamic approach to HIV/AIDS.

**Qn2. Who should be responsible for monitoring and evaluating the national and international Muslim community response to AIDS?**

- ◆ Imams assisted by Volunteers
- ◆ Sheikhs, Khadis and Muftis at district and national levels
- ◆ NGOs/CBOs
- ◆ Local government authorities
- ◆ Ministries of health and AIDS Control programmes
- ◆ Multisectoral AIDS committees
- ◆ Donor communities e.g WHO, UNDP, USAID, UNAIDS, OIC etc.

**Qn3. What arrangements should be made to disseminate evaluation findings of the Muslim community response to AIDS?**

- ◆ Capacity building at all levels.
- ◆ Collect and analyse data in a systematic and scientific manner for easy dissemination
- ◆ Compile reports for dissemination
- ◆ Form networks to share experiences and to discuss progress.
- ◆ Form a global forum for Muslims to address HIV/AIDS issues.

## GROUP IV

### **TOPIC: RESOURCE MOBILISATION**

Definition: Resources are financial, technical and human

**Qn1. What available sources of funding should be made use of in implementing AIDS related activities?**

- ◆ Zakat
- ◆ Sadaqah
- ◆ Donor funding (national and international)
- ◆ Government funding
- ◆ Private sector funding
- ◆ Wakf (Endowment fund)
- ◆ Local fundraising

**Qn2. What potential sources for funding should be mobilised for AIDS related activities?**

Above sources of funding may be potential sources of funding for communities who are not yet utilizing them. It is important to anticipate the needs of the community and agree on what priorities need to be funded.

**Qn3. What is required to successfully mobilise funds for the Muslim community response to HIV/AIDS?**

- ◆ Getting organised and setting up or utilizing structures at all levels that can mobilize and utilize resources properly e.g NGOs, CBOs, public institutions
- ◆ Training/skills building/capacity building
- ◆ Good plans and proposals
- ◆ Leadership/political will
- ◆ Transparency/accountability
- ◆ Effective networking
- ◆ Monitoring of disbursement of resources and evaluation
- ◆ Human resources development
- ◆ Financial resources development
- ◆ Material resources development
- ◆ Consultation/involvement of all affected parties.

## TOPIC: THE WAY FORWARD

### Qn1. What is the way forward for sharing experiences of the Muslim community response to AIDS?

1. Document and disseminate the proceedings of this consultation meeting to all Muslim countries, organisations, bodies etc., nationally at country level and internationally.
2. Mobilise all Muslim countries and communities in the world for action against HIV/AIDS. Those countries with a few cases of HIV/AIDS should work hard to stop further spread of HIV. Those countries with many HIV/AIDS cases should also work hard to reduce new cases of infection.
3. At country level, Islamic Medical Associations (IMAs) and Muslim organisations working on HIV/AIDS activities should be strengthened for better action and response.
4. Endeavour to penetrate and influence global Muslim bodies e.g Muslim World League (MWL), Organisation of Islamic Conference (OIC) for action against HIV/AIDS. We should have for example an HIV/AIDS desk at OIC, an already recognised international body from which we can seek audience with the UN for instance to air out the position of Islam and Muslims on HIV/AIDS issues.
5. We should continue to hold consultations on a regular basis as one of the fora for sharing experiences, information and filling identified gaps.
6. We should immediately form a committee (Technical) consisting of Sheikhs and health professionals to compile and document all the Islamic teachings (Qur'an, hadith etc.) concerning or related to HIV/AIDS issues that can be used as a reference for curriculum development, training and other actions for HIV/AIDS issues.
7. We must create mechanisms for networking at various levels i.e. Nationally, Regionally and Globally.
8. Address misconceptions, misinterpretations, culture and traditional practices among Muslims that hinder HIV/AIDS interventions.
9. Develop a common agenda so that our responses and actions are related and therefore, comparable and shareable.
10. We should establish a physical infrastructure to act as a model centre for promoting and practicing the Islamic approach to HIV/AIDS. This centre could be named for example The International Resource Centre for the Islamic approach to HIV/AIDS.

In this centre we would:

- ◆ Regularly receive members of other countries to learn and share experiences.
- ◆ Plan together.
- ◆ Develop curricula together
- ◆ Train together
- ◆ Conduct collaborative research

It would be a documentation centre as well as a place to propagate the use of Islamic principles to promote a healthy life for all if Allah so wills. This centre should initially be established in Uganda which has a significant experience in the Islamic approach to HIV/AIDS. Similar centres would be established in other countries whenever appropriate.

**Qn2. What is the way forward for AIDS prevention from the Islamic perspective?**

1. Promote and use the Islamic teachings and practices in the Quran and Hadith to support AIDS prevention and control.
2. Promote the use of the five pillars of Islam to support AIDS prevention and control. These pillars can be used as follows:
  1. Shahadah – Remembrance of Allah and hence his laws.
  2. Prayers – Remembrance of Allah and self-discipline.
  3. Fasting – teaches self-discipline
  4. Zakat – gives training in helping others
  5. Pilgrimage to Makkah– Remembrance of Allah.It should be noted that The Jihad on AIDS calls for self-discipline using Allah’s guidance which is incorporated in all the five pillars.
3. Adhere to the Islamic practices like abstaining from sex before marriage, avoiding use of drugs, avoiding unnecessary mixing of sexes, upholding the Islamic dress code especially for women.
4. Encourage blood screening for HIV/AIDS before marriage.
5. Correct and consistent use of condoms in the context of marriage where for one reason or another, HIV testing was not done in an environment of high HIV prevalence or when one or both couples tested HIV positive. Use of condoms outside marriage is forbidden (haraam).
6. Provide parental guidance and encourage parents to act as role models.
7. Increase advocacy for Islamic values and practices.
8. Encourage early marriages for those unable to abstain from sex. Marriage is a protection from immoral behaviour that may lead one to contracting AIDS.
9. Promote appropriate Islamic sex education for the youth and children so that they can behave Islamically when faced with challenges in their youth and adult years.
10. Promote using the existing Islamic organizational structures such the Mosque Imams, to disseminate information and educate the community using Islamic teachings and practices to support AIDS prevention and control.

**Qn3. What is the way forward for AIDS care and support from the Islamic perspective?**

1. Promote and use Islamic teachings and practices in the Holy Quran which support; reduction of stigmatization, care for people living with HIV/AIDS, counselling and spiritual care for the affected, and bereavement counselling for the affected.
2. Sensitise the community through education and training using the following:
  - ◆ mass media
  - ◆ seminars and workshops
  - ◆ testimonies from those infected and the affected
  - ◆ sermons in the mosques
  - ◆ bill boards
  - ◆ public gatherings and traditional ceremonies
  - ◆ exchanging visits and sharing experiences

3. Greater involvement of the community in AIDS care and support programs.
4. Organise outreach programs.
5. Build and maintain cohesive family ties based on Islamic teachings.
6. Provide training for religious leaders in the methods for the promotion of Islamic values and practices.
7. Promote visiting the sick, praying for and comforting them.
8. Encourage continuous consultation and networking with various groups – Religious, social and the government.

**Qn4. What is the way forward for mitigating the socio-economic impact of AIDS from the Islamic perspective?**

1. Promote and use the Islamic teachings in the Holy Quran and Hadith on charity for the needy.
2. Promote and use Islamic teachings in the Quran and Hadith that support care and protection of orphans
3. Promote a supportive environment to take care of orphans:  
This includes:
  - ◆ Fear of Allah
  - ◆ Charity to orphans: food, shelter, clothing, education and love.
  - ◆ Commitment to the Islamic teachings.
  - ◆ Consulting the Qur'an and Hadith as regards orphans care.
  - ◆ Avoiding grabbing the property of orphans when their parents have died.
4. Form Islamic community support groups for orphans.
5. Disseminate knowledge of Islamic teachings about orphan care.
6. Start income generating activities to support orphans
7. Maintain transparency and accountability for orphan's projects and programmes
8. Encourage and support individuals, families, and communities to take care of orphans.
9. Encourages Sadaqah for use to initiate income generating activities for affected families.
10. Establish good zakat systems and use the funds to assist affected families to start income generating activities.
11. Enforce Islamic laws to protect those affected by HIV/AIDS within Muslim communities.

**Qn5. What is the way forward for initiating, strengthening and expanding the national and international Muslim community response to AIDS.**

1. Initiation and Strengthening:
  - ◆ Identify the problem in the community and sensitise the community about it.
  - ◆ Identify community volunteers and train them
  - ◆ Establish a network for AIDS related activities through the Mosques
  - ◆ Mobilise resources at all levels and establish Income Generating Activities (IGAs).
  - ◆ Educate and explain life skills to school children and continue networking with sister organisations working in the same area.
  - ◆ Expand existing activities and initiate new ones.
  - ◆ Encourage people to do voluntary counseling and testing.
  - ◆ Continue with Health education through Jumah sermons in mosques.
2. Co-ordination of the Muslim community response to HIV/AIDS.
  - ◆ Identify and organise groups of people at grass roots according to common values.
  - ◆ Encourage commitment of various community leaders e.g Imams and religious leaders to participate and lead.
  - ◆ Use professionals in training and skills building.
  - ◆ Design strategic plans at national levels and look for resources.
  - ◆ Form an international body comprising of various Muslim NGOs and government agencies.
  - ◆ Conduct international AIDS training workshops.
  - ◆ Continue consultations.
  - ◆ Produce literature dealing with various medical and legal aspects of AIDS and involve the media in its dissemination.
3. Evaluation of the Muslim community response to AIDS:
  - a) Indicators for a successful Muslim community response
    - ◆ Reduction in the HIV prevalence and incidence in the Muslim community.
    - ◆ Increase in life expectancy
    - ◆ Reduction in poverty.
    - ◆ Reduction in infant and maternal mortality and morbidity.
  - b) Requirements:
    - ◆ More scientific research and documentation of results for dissemination in order to share experiences.
    - ◆ Formation of a global forum for sharing experiences of the Muslim community on HIV/AIDS issues.
    - ◆ Setting up structures at all levels for monitoring and evaluation.
    - ◆ Capacity building at all levels
    - ◆ Good planning, good proposal writing and good implementation
4. Resource Mobilisation:
  - ◆ Mobilise resources including: financial, technical and human.
  - ◆ Use Islamic teachings to support resource mobilisation
  - ◆ Make use of available or potential sources of funding such as
    - Zakat and Sadaqah
    - Donor funds from national and international NGOs
    - Private sector,
    - Local fundraising
    - Endowment funds (Wakf)
    - Government funds

# RESOLUTIONS

## **Resolutions of the 1<sup>st</sup> International Muslim Leaders Consultation on HIV/AIDS held in Kampala from 1<sup>st</sup> – 4<sup>th</sup> November 2001 with 86 participants representing NGOs and Government departments from 21 countries of Africa, Asia, the Middle East and North America.**

From this day forward, we commit ourselves to the following resolutions in our Jihad on HIV/AIDS by the Grace of Allah (SWT):

1. We will adhere to the 5 basic components of the strategy for the Islamic approach to HIV/AIDS prevention and care. These are:
  - A. Utilizing messages from the Quran and Hadith
  - B. Channeling efforts through Imams and Mosques.
  - C. Providing the community with technical assistance & logistical support.
  - D. Working with allies for resource mobilization.
  - E. Maintaining accountability to our communities.
2. We will practice Allah's (SWT) method of guided interactive discussion in training and educating our respective communities.
3. We will strive to perfect our Iman (Faith), Neyya(Intentions) and efforts.
4. We will strive to instill responsibility and accountability in our children and youth.
5. We will strive to eliminate the following vices related to HIV/AIDS, at all levels in our community.
  - Ignorance
  - Apathy
  - Stigmatization
  - Irresponsibility
  - Disorganization
  - Poverty

This will be done through the following efforts:

- A. Addressing the AIDS epidemic through social, medical, psychological, financial and spiritual avenues and solutions
- B. Networking at all levels:
  - Local, regional, national and international
  - Between sister organizations:  
Community Based Organizations (CBO), Faith-Based Organizations (FBO) and Non-Government Organizations (NGO).
  - Interfaith organizations
  - Government Departments
  - Donor agencies.

- C. Utilizing systems and infrastructures already established in the following areas:
- Education
  - Sensitization
  - Destigmatization
  - Capacity building
  - Care
  - Support
  - Dissemination
  - Behaviour change
- D. Disseminating Islamic teachings on:
- Abstinence
  - Condom use
  - Fidelity
  - Jihad Nafs (Self discipline using Allah's guidance)
  - Mercy
  - Compassion
  - Pity
  - Social responsibility
  - Attaining knowledge
  - Special care for orphans, widows, sick and poor
  - Financing by various means such as Zakat, Sadaqa, wage and Income Generating Activities.
6. We will disseminate the experience and results of this consultation to our respective communities
7. We will identify and address our own community needs with regard to HIV/AIDS through:
- Research assessment
  - Programme development
  - Community mobilization
  - Commitment
  - Consistency
  - Perseverance
  - Material development
  - Continuous networking, reminding and resolving
8. We will strive to keep things in perspective and remain realistic resilient and proactive.
9. We will commit ourselves to the following action plan:
- A. Mobilize resources and conduct 3-day workshops to disseminate experiences and results of the consultation to Muslim Leaders at various levels in our respective countries.
- B. Hold the 2<sup>nd</sup> International Muslim Leaders Consultation in Malaysia after 1 year on a suitable date to be determined by the Malaysian AIDS Council, which is likely to be convenient to both the host and participants.
- C. Establish an international resource centre in Uganda for coordination and promotion of the Islamic approach to HIV/AIDS prevention and control at the international level.
- D. Lobby the Organization of Islamic Conference (OIC) to establish or designate a department or a desk for promoting the Islamic approach to HIV/AIDS prevention and control. The representative from Jordan will lead the lobby assisted by other countries including Malaysia, Uganda and Sudan.

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