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Islam and development practice: HIV/AIDS in South Africa

Logan Cochrane and Suraiya Nawab

The role of religion in development is often neglected, whether this refers to the faith of intended beneficiaries, provides staff and volunteers with a motivation for involvement in development practice or influences the design and implementation of projects. This paper examines how Islam provides guidance for development practice, with a focus on addressing HIV/AIDS, using a South African case study. The case study highlights important principles on which two Muslim organisations (Islamic Careline and the Muslim AIDS Programme) base their operational methodologies. It shows how Islamic beliefs have influenced their approach to addressing issues related to HIV/AIDS in the South African context, where prevalence rates remain very high, the impact of the epidemic is widely felt and Islam is a minority faith.

L'Islam et les pratiques de développement : VIH et sida en Afrique du Sud
*Le rôle de la religion dans le développement est souvent oublié, qu'elle concerne la foi des bénéficiaires prévus, donne aux membres du personnel et aux volontaires une motivation pour prendre part aux pratiques de développement, ou influence la conception et la mise en œuvre des projets. Cet article examine la manière dont l'Islam donne des conseils pour les pratiques de développement, en se concentrant sur la lutte contre le VIH et le sida, à l'aide d'une étude de cas sud-africaine. Cette étude de cas met en relief des principes importants sur lesquels deux organisations musulmanes (*Islamic Careline *et le* Muslim AIDS Programme*) basent leurs méthodologies opérationnelles. Elle montre comment les croyances islamiques ont influencé leur approche pour aborder les questions liées au VIH et au sida dans le contexte sud-africain, où les taux de prévalence restent élevés, l'impact de l'épidémie se fait largement sentir et l'Islam est une foi minoritaire.*

Islamismo e prática de desenvolvimento: HIV e AIDS na África do Sul
O papel da religião no desenvolvimento é frequentemente negligenciado, seja ele referente à fé dos beneficiários pretendidos, proporcione motivação aos funcionários e voluntários para que se envolvam na prática de desenvolvimento ou influencie a criação e implementação de projetos. Este artigo examina como o Islamismo oferece orientação para a prática de desenvolvimento, com enfoque na abordagem do HIV e a AIDS, utilizando um estudo de caso sul-africano. O estudo de caso destaca princípios importantes nos quais duas organizações islâmicas (Islamic Careline e o Programa Muçulmano contra a AIDS) baseiam suas metodologias operacionais. Ele mostra como as crenças islâmicas têm influenciado sua abordagem para tratar de questões relacionadas ao HIV e AIDS no contexto sul-africano, onde as taxas de incidência permanecem muito altas, o impacto da epidemia é amplamente sentido e o Islamismo é uma fé minoritária.

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Islamismo y desarrollo: VIH y SIDA en Sudáfrica

A menudo se pasa por alto el papel de la religión en el desarrollo, trátese de la fe de los beneficiarios, de la motivación del personal y de los voluntarios o de su influencia en el diseño y la implementación de los proyectos. Basado en un estudio de caso de Sudáfrica, este ensayo examina cómo el islamismo orienta la práctica del desarrollo centrándose en la atención al VIH/SIDA. El estudio de caso pone de relieve principios fundamentales sobre los cuales dos organizaciones islámicas (Islamic Careline y el Programa Islámico sobre SIDA) han elaborado sus metodologías de operación. También demuestra cómo la fe islámica se ha utilizado para responder a temas vinculados al VIH/SIDA en Sudáfrica, donde la tasa de prevalencia sigue alta, el impacto de la epidemia se ha generalizado y el islam es una fe minoritaria.

KEY WORDS: Social sector – HIV/AIDS and sexual health; Civil society; Sub-Saharan Africa

Introduction

In continuation of the message brought by prophets of the past, such as Noah, Abraham, Moses and Jesus, Islam promotes a belief in one God. Muslims believe that the last prophet was Muhammad, who lived over 1,400 years ago. Today an estimated 1.5 billion people around the world consider themselves Muslim.[1] They live all over the world, constituting a majority in the vast region stretching from Morocco to Pakistan and in many parts of South East Asia, but a minority, sometimes a very small minority, elsewhere.

This note will outline some Islamic principles for development work, which will be exemplified by the case of Islamic Careline in South Africa and one of its programmes, the Muslim AIDS Programme (MAP). Development studies often neglect to evaluate the ethical and operational frameworks that religions offer and sometimes even the role that faith plays in service delivery. The case study will illustrate how Muslim ideals are transformed into practice, in particular how Islam approaches contemporary challenges, such as HIV/AIDS. The principles identified and discussed in the case study include the religious obligation to respond to the needs of others, to take action appropriate to a particular situation, to adopt a holistic approach, to be inclusive and to collaborate with others. The aim, therefore, is not to cover all the ways in which Islamic beliefs might influence concepts of or approaches to development, but to focus on a specific case study and those aspects of Islam that pertain to it.

The Islamic framework

In order to delve into how development work is implemented in practice, it is important to contextualise those operations with a brief outline of the framework through which Islam views humanitarian assistance and development work. Muslims look to the Qur'an and the narrations, sometimes called traditions or sayings, of the Prophet for guidance. As the Qur'an was bestowed upon the Prophet Muhammad, it makes logical sense to begin by looking at his life when seeking religious direction with regard to developing an Islamic framework for development activities.

At the outset of his Prophethood, Muhammad lived in Mecca, an ancient place of pilgrimage already known within the traditions of the Abrahamic faiths (Judaism, Christianity and Islam). During the years that he lived and shared the message of one God with the people of Mecca he was opposed from many directions – not only religious but also economic and socio-cultural. The early Muslims who accepted his message experienced great difficulty living in Mecca,

including physical torture, death and a long term business and trading embargo. After years of planning, they began to migrate to a different city – Madinah.[2] Upon their arrival a place of prayer was constructed, which functioned as a centre for the Muslim community.

The first priority that Muhammad addressed was to serve and support those in need. Thus, a social support system was the first organised effort launched in this new city. The homeless were housed. The hungry were fed. Education was provided freely. Muhammad himself served food to the homeless, invited them to his home for meals and took every action he could to provide for their needs. The community of believers did likewise. The entire process was based upon a belief that all are equal before God. Muhammad taught: '*All mankind is from Adam and Eve, an Arab has no superiority over a non-Arab nor a non-Arab over an Arab; also a white has no superiority over black nor a black over white except by piety and good action*'.[3]

Linked to this, poverty is understood to be a form of oppression diametrically opposed to the goals and objectives of the *Shari'ah* (holistic way of living) and Muslims strive to eradicate its causes and symptoms. The Prophet warned each and every Muslim in his saying: '*He is not a believer who goes to sleep with a full stomach while knowing that his next door neighbour is hungry*'.[4] He also said: '*He who does not show mercy to people, God will not show mercy to him*'.[5] The Prophet himself experienced poverty and demonstrated a keen awareness of its adverse effects on people's psychological and spiritual well-being, supplicating and seek refuge with God for assistance not just with his struggles with disbelief but also with the many effects of poverty, saying: '*O' God I seek refuge with You from disbelief and poverty*'.[6] The Islamic development principles presented here aim to provide a basis for alleviating human suffering with appropriate and holistic interventions.

Often it seems as though Muslims are disengaged from the larger society and/or do not wish to work with others. This was not the example that Muhammad provided. Prior to the time that revelation was being sent to Muhammad, an agreement had been made in Mecca whereby various groups within the city's religiously and socially diverse society came together to protect the rights and wealth of residents and travellers, regardless of their faith. Muhammad said, later in his life, that if such an agreement to cooperate in doing good were offered to him again, he would agree to it.

HIV/AIDS in South Africa

South Africa's 50 million people have diverse linguistic, cultural and religious backgrounds. Well known for the struggle against apartheid, all ethnic groups are now represented in the country's parliament. South Africa has the largest economy in Africa, yet almost a quarter of the population lives below the national poverty line (UNDP 2008; UNDP 2011). Predominantly a Christian country, Muslims comprise only about one and a half per cent of the total population.

An estimated 5.6 million people are living with HIV in South Africa, nearly 18 per cent of the adult population, while prevalence among pregnant women is 29 per cent (UNAIDS 2009). UNAIDS data show that trends have stabilised and the incidence of HIV infection among some groups is decreasing (UNAIDS 2010). The South African government is today, after a slow start, making significant progress in addressing this national challenge (Republic of South Africa 2010). Yet much more needs to be done: annually there are still over half a million new infections and fewer than a third of young people (aged 15–24) are able to correctly identify the ways to prevent sexual transmission of HIV (UNAIDS 2009).

Islamic Careline and the Muslim AIDS Programme

Islamic Careline (IC) has been operating in South Africa since 1992 and offers a wide range of services that focus around mental and physical health. The founder and current director, Suraiya Nawab, was motivated to start the organisation to combat social problems she witnessed in society, such as domestic violence, drug and alcohol abuse, and unemployment. The organisation started the first Muslim women's voluntary counselling centre, is based in Johannesburg and has a wide range of partners including the government, the University of Witwatersrand, Jamiatul Ulama (Council of Muslim Theologians), the South African Islamic Medical Association and international faith-based development organisation, Islamic Relief. Over the last 20 years the services it provides have increased in size and scope in response to the needs of the intended beneficiary communities.

The Muslim AIDS Programme (MAP) was founded by Ebrahim Bham, a religious scholar and Secretary General of the Jamiatul Ulama; Dr Ebrahim Mohammad, a medical doctor and executive member of the Islamic Medical Association, and Suraiya Nawab. The programme was launched by a partnership of IC, the Islamic Medical Association and Jamiatul Ulama. IC supports the partnership by bringing expertise in counselling, training and development, while the Islamic Medical Association assists with clinic management and the Jamiatul Ulama plays an advisory role. MAP began operations in 1996 and works in five provinces in South Africa, with most of its funding coming from multiple departments of the government, while private donors also contribute. Each of its five provincial offices is staffed by a programme manager, a life skills manager, an administrative assistant and teams of volunteers. Both IC and the MAP are registered NGOs and work in partnership with the national Department of Health, the Gauteng Department of Social Development, the Carolina Department of Correctional Services and the North West Region of the Department of Correctional Services.

HIV/AIDS, tuberculosis (TB) and poverty, as well as crime and violence, are among the great challenges individuals, families and the South African government struggle to address. Both these NGOs have positively contributed to the government's struggle against these social problems by implementing government accredited interventions, which are informed by both international development thinking and practice and the traditional Islamic sources.

The objective of MAP is to provide healthcare services, to empower the poor and to support the destitute. Its focus is on serving people living with HIV/AIDS. For many, including Muslims, the virus, and the disease it causes, are associated with immorality, leading to the adoption of judgmental approaches to people's behaviour and advocacy of being faithful within and abstaining from sex outside marriage. However, this is not how Muslims in IC and MAP approach it – they recognise that high HIV/AIDS prevalence is symptomatic of wider social problems, including drug abuse and violence against women, and that messages promoting faithfulness and abstinence must be part of a wider response. Their approach has six elements, which reflect both the Islamic principles identified above and international good practice.

First, even in instances where the means by which people have been infected with HIV conflict with Islamic ethics, they believe that they have a religious duty to assist such individuals, show compassion and provide them with assistance, noting that Muhammad himself treated and assisted those who had engaged in activities contrary to his teachings.

Second, the team takes a holistic approach to health, not only looking at HIV status but also TB, diabetes, hypertension and beyond. The programme offers regular Health Awareness Days in various cities. It also offers voluntary counselling and testing (VCT), increasing HIV/AIDS awareness and providing transmission prevention services for young people. Its emphasis on testing for a variety of common diseases reduces the stigma attached to HIV/AIDS.

Third, a harm reduction model is used by MAP with a view to gradually changing the attitudes and practices of those with whom they are working. Many individual and community change programmes have adopted this approach, which is used to reduce the harmful consequences of high risk behaviours, for example use of drugs or alcohol (see, for example, Inciarti and Harrison 2000; Marlatt 2002). It recognises those social characteristics that are believed to necessitate an approach that seeks to gradually eradicate harmful behaviour rather than prohibiting it outright. The Canadian AIDS Society (2000), for example, has approved and adopted the harm reduction approach to reducing substance abuse and harmful sexual behaviour. Within the model, individuals are encouraged to make choices and decisions to gradually reduce the harm or risk, as opposed to requiring immediate cessation of the harmful or risky behaviour.

MAP believes that a harm reduction approach is consistent with Muslim teachings. The Qur'an was revealed over a period of 23 years, providing an example of a harm reduction approach to gradually changing the behaviour of believers with respect to the consumption of alcohol. When revelation began, many of Muhammad's followers consumed alcohol regularly. First, God explained to believers that there is some harm in alcohol (Chapter 2, Verse 129). Following social recognition of its harmful potential, God revealed a regulation that Muslims should not pray while intoxicated (Chapter 4, Verse 43). As community members' attitudes and behaviour gradually changed, God revealed the last instruction on the matter: that the consumption of alcohol is not permitted (Chapter 5, Verse 90).

The approach is controversial, and not only in religious circles. For example, workers addressing drug abuse advocate a gradual reduction in the use of drugs or alcohol when total abstention is not thought to be feasible, thus essentially tolerating the use of smaller quantities. A harm reduction approach promotes safer sex rather than abstinence, which may also be criticised by some. Rogers and Ruefli (2004) demonstrate the effectiveness of the approach in the context of specific interventions to reduce drug abuse. Esack (2005) and Hasnain (2005) highlight the role of harm reduction in the context of Islam, while research in Afghanistan demonstrates the effectiveness of this model in a Muslim country (Todd *et al.* 2011).

The approach thus utilises an Islamic principle of jurisprudence, choosing the lesser of two harmful actions. Within an Islamic framework, both abolitionist and harm reduction approaches may play a role and it is the job of Muslim scholars to provide guidance as to the approach that is appropriate in any particular context.

Fourth, Islam encourages development programmes to be holistic – it is not considered sufficient to address a single aspect of a multi-layered social challenge, as demonstrated by Muhammad's own actions. When building the community in Madinah, housing, nutrition and education were provided, along with additional social support mechanisms in the financial, business and psychosocial realms. In a similar way, IC and MAP do not simply view HIV/AIDS as medical issues, but have developed approaches that include care, counselling, reduction of stigma and support to people living with HIV/AIDS and their families. The MAP services, therefore, include life skills training, education and development. Life skills are considered to be an important aspect of prevention, particularly as young people aged 14–29 are a high risk group in South Africa. Life skills training is provided in Gauteng, North West and Kwa Zulu Natal provinces. It addresses the needs of students in schools and tertiary institutions, offering age-appropriate information on disease, assertiveness, sex and sexuality, death and dying, as well as related topics, to enable young people to make positive choices for their future. Further training and development programmes are targeted at adults in train-the-trainer workshops. Nutritional support is extended to orphans as well as vulnerable children within intended beneficiary communities, and a shelter for women living with, or affected by, HIV/AIDS is operated. MAP also takes initiatives to address other social problems, such as violence against women and children.

Fifth, MAP services are not discriminatory and no one has been turned away by the organisations. This is a model advocated and adopted by other Muslim organisations (for example Positive Muslims 2007).

Finally, MAP works collaboratively with other organisations, both Muslim and secular. As noted above, the programme itself involves three Muslim organisations, which contribute specialist expertise (theological guidance, medical knowledge and counselling). In Gauteng, MAP extended its awareness, educational and counselling programmes to hospitals, clinics and communities. Staff and volunteers are also deployed at antiretroviral treatment (ART) distribution sites, which are located in the primary health clinics run by the government or private providers, in Kwa Zulu Natal and Gauteng provinces. MAP teams at both government and private facilities provide treatment adherence counselling, support and refreshments, as patients often wait in long queues.

IC and MAP's multilayered and holistic approach to individual and social development has resulted in a number of openings and further activities. In Gauteng, for example, the life skills and peer education youth programmes led to a nationwide speech contest that was implemented in partnership with Radio Islam and attended by local celebrities. MAP has also begun working with prisons operated by the Carolina Department of Correctional Services and the North West Region of the Department of Correctional Services, creating an interfaith partnership to enhance services and facilitate treatment, care and support for inmates in prisons with high HIV/AIDS prevalence rates, where MAP's services seem to be welcomed and valued. MAP also regularly submits articles to newspapers and conducts interviews with radio stations for the purpose of increasing community awareness and reaching new audiences. One of these media outreach activities may result in a TV series on Channel Islam International.

In its 2010–2011 annual report, the MAP outlines the broad reach of its work.[7] During the year, nearly 20,000 people attended voluntary counselling and testing services; another 16,437 were offered general counselling services; 44,564 young people were involved in prevention education activities; over 2,000 people were given training services; and the organisation reached an estimated one million people via the media activities. Furthermore, 14,670 people were supported in their adherence to antiretrovirals (ARVs) and over 23,000 children supported through the orphan and vulnerable children programmes. Most of MAP's outreach programmes involve non-Muslims, in particular those living in informal settlements.

The approaches adopted by IC and MAP are claimed by the organisations themselves and acknowledged by others to have had a significant reach and made positive contributions. In many of the programme locations, counsellors build trusting relationships with patients, who express a preference for MAP staff to do both testing and counselling, rather than clinic nurses doing testing and MAP staff counselling. In the Mpumalanga site, for example, when clients were given a choice with regard to provision of VCT services, many asked specifically for comprehensive services to be provided by MAP. Parents and teachers alike, irrespective of their religious belief, expressed their appreciation for the MAP Lifeskills training provided to learners in three provinces.

Conclusion

The principles of development presented in this paper provide an outline of how ethics and belief can support the design and delivery of services. IC and the MAP demonstrate how Islamic principles can be implemented and some of the results the approaches adopted by the two organisations have produced. As recognised faith-based organisations in South Africa, both these NGOs utilise religion as a guide for designing and implementing constructive interventions aimed at communities in need. MAP and IC have also demonstrated that religious

social service organisations can partner with government to address the needs of individuals and society.

Notes

1. The estimate of the global Muslim population varies by source. The CIA's *World Factbook* estimates that 22.4 per cent of the world is Muslim (2009 figure), amounting to 1.55 billion people (based on 2011 population figures). The often referred to website, www.adherents.com, lists an approximate figure of 1.5 billion, using figures from the *Encyclopedia Britannica*. Wikipedia, citing a variety of sources, provides a figure of 1.3 to 1.65 billion.
2. At the time of migration the city was known as Yathrib. Thereafter it became known as al Madinah, or the city, referring to the city of the Prophet.
3. This statement comes from the Final Sermon of the Prophet Ninth Day of Dhul Hijjah 10 A.H. which was delivered in the Uranah valley of Mount Arafat (in Mecca). However, his message of equality before God permeated his entire life and message.
4. This narration is recorded in the book of Prophetic narrations by al Tabarani as well as Bazzar.
5. This narration is recorded in the book of Prophetic narrations by al Bukhari and Muslim.
6. This narration is recorded in the book, *al Adab al Mufrad*, of Prophetic narrations al Bukhari. It is graded as an authentic narration although the author, Imam al Bukhari, did not include it in his most famous text, known as *Sahih al Bukhari*.
7. Impact assessments of aspects of the work being done by IC and MAP have been done periodically over the last two decades, but were not available for this report.

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