
ISLAM AND HEALTH: Challenges and Opportunities in North Eastern Province, Kenya

Islamic Religious Leaders and Health

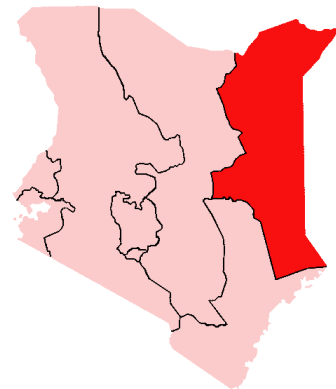
In recent years, there has been a growing recognition of the role that religious leaders play in shaping health-seeking behavior. Religious leaders are often arbiters of morality and ethics, defining what is prescribed or proscribed by a faith. Health decisions involve not only science but religion, culture, morality, and tradition. And because of this, religious leaders more often than not wield considerable influence over health issues in their communities.

While community perception is that certain health practices related to HIV/AIDS and maternal and child health are forbidden by Islam and/or religious leaders, APHIA II NEP (USAID/Kenya's AIDS, Population and Health Integrated Assistance Program) believes that there is a common ground to be found between health workers and religious leaders on issues such as abstinence, sexual fidelity, promotion of HIV counseling and testing, healthy timing and spacing of pregnancies, condom use for high-risk populations, and delaying early marriage.

In April 2008, the *Islam and Health in the Context of North Eastern Province: Opportunities and Challenges* conference was held in Garissa, North Eastern Province (NEP), Kenya. Conference organizers hoped to encourage discourse between Islamic leaders regarding Islamic perspectives of HIV/AIDS as well as other health issues; in addition, to integrate Islamic principles into messages for communities to create positive behavioral change. The meeting was also designed to provide accurate and appropriate information and skills to the attendant religious leaders, so that they could better help their followers make informed choices on matters related to health and well-being.

North Eastern Province (NEP), Kenya— Background

The North Eastern Province of Kenya (NEP) is a region that poses both challenges and opportunities for quality integrated health service delivery. The challenges are particularly striking. Over 70% of the population is nomadic pastoralist; only 42% currently has access to any health services at all. Between 60-75% of all livestock—the population's main source of income and nutrition—perished in the 2001-2005 drought. This has led to high levels of extreme poverty and malnutrition, with high percentages of children under five years old being underweight in parts of the province.



There are positive attributes to the region as well—uniformity of Somali language and culture in the region, as well as well-organized clans and religious structures are potentially supportive of health and economic development. Religious leaders in particular play a central role in social and health seeking practices and have the potential to be strong allies for positive change.

Participants

More than 70 religious leaders from all areas of NEP attended the conference, including members of the Supreme Council of Kenya Muslims (SUPKEM), the Council of Imams and

Preachers of Kenya (CIPK) and the Kenya Council of Imams and Ulamaa (KCIU).

During the first session of the conference, the attendees took a pre-test on their knowledge and attitudes regarding HIV/AIDS. The pre-test included questions about modes of HIV/AIDS transmission, identifying high-risk groups, ways of prevention, and attitudes about HIV+ people. The results showed that the majority of the religious leaders had little knowledge of basic HIV/AIDS information and few had any knowledge at all of reproductive health issues and safe motherhood. Furthermore, the results of the test indicated that most of the religious leaders would stigmatize and discriminate against people living with HIV/AIDS (PLWHAs).

HIV/AIDS in NEP

Per Dr. Hassan Aden, the Provincial AIDS and STI Coordinator (PASCO) in NEP, the province's rates are relatively low (0.65% to 2.1%), the lowest in Kenya, but rising (it has increased four-fold since 2001). This bucks a trend throughout the rest of the country, where rates had been generally dropping. Use of HIV/AIDS services, however, is also low. In fact, Dr. Hassan pointed out, the National AIDS and STI Control Programme, Kenya (NASCO) delayed the opening of 52 centers in NEP that provided HIV/AIDS programs such as Prevention of Mother to Child Transmission (PMTCT) and Voluntary Counseling and Testing (VCT) because of low uptake in existing centers.

Dr Hassan singled out the lack of involvement of religious leaders as the main issue impeding the fight against HIV. He pointed out that some of the Muslim leaders view the medical personnel working for the HIV/AIDS programs as conduits for the spread of Christianity in NEP. Others feel that condom distribution is against the teachings of Islam and encourages promiscuity. He urged participants to encourage members of their religious communities to use the facilities offering HIV/AIDS services.

Culture, Religion and HIV/AIDS in NEP

A number of Islamic and local traditional cultural practices affect efforts to prevent and treat HIV/AIDS in NEP. The conference addressed many of these, including polygamy, divorce, the mixing of sexes, elopement, washing the dead,

circumcision, female genital cutting, wife inheritance and stigma against PLWHA. Many of the speakers worked to clarify which practices were and were not supported by the tenants of Islam. In doing so, they highlighted a key way in which religious leaders can act as positive agents of change regarding health issues.

Islam and Stigma

It is a widespread belief that people with HIV/AIDS are being punished for their sins, that they became infected through sinful behavior (*Zinaa*). Presentations by Dr Mohamed Karama of KEMRI (Kenya Medical Research Institute) and Sheik Abdulwahab Osman discussed how the fear of being stigmatized has made many PLWHAs afraid of coming out in the open. For example, many will fast during Ramadan—risking their lives as they deny their bodies essential regular meals—or stop taking ART, further jeopardizing their chances of survival. Prof. Mohamed S. Abdalla of Aga Khan University also spoke to this point.

In Islam should there be judgment without evidence? Why should people who are HIV positive be judged as sinners if there is no evidence that they got HIV through Zinaa? Islam is very clear on how a Muslim should handle and care for the sick people in the community; there is no excuse in discriminating against those infected and affected by HIV/AIDS.

Because the perception that HIV is *Zinaa* makes it difficult for those who are infected to come out and seek treatment, Prof Abdullah challenged the leaders to demonstrate leadership in the community by practicing Islamic teachings, which promote tolerance. Islam does not permit discrimination against anyone whether sick or healthy.

Allah said, "Oh people, no men folk should look down upon other men folk for they could be more righteous than them, and no women should look down upon other women for they could be more righteous than them."

Al-Hujurat 49:11

In addition, Islam does not permit “double punishment.” According to some, HIV/AIDS is the result of deviant sex—a sin that requires punishment. Stigma is a tool of punishment to wrong-doers. However, argued Dr. Kalama and Sheik Abdulwahab, if HIV is a punishment from God then that is punishment enough. No other person should punish the patient because Islam does not acknowledge double punishment.

Care of the Sick

In his presentation, “Culturally Sensitive Health Services Delivery in Islamic Communities”, Abdullatif A. Sheikh discusses the Islamic approach to the care of the sick is clearly stated in Islamic teachings: the sick, irrespective of what their illness is, must be taken care of. The family should not abandon their sick relatives even when the patient is suffering from HIV/AIDS. This concept is important to the Islamic approach to community preservation and Sheikh Abdullatif reminded the audience of the responsibility of the head of the family towards the preservation of his family and the community.

Knowledge of Status

Speakers and participants alike agreed that there is a need for people to know their HIV status and to share that information with their spouses. Prof Abdullah reinforced that people must have the knowledge in order to make informed decisions. Religious leaders should help those who intend to get married to access VCT and share the information with their loved ones. In a situation where a man is infected he must do what is possible to prevent his wife/wives from getting infected. Having HIV positive status is not, in and of itself, a reason for divorce.

Condom Distribution

In the opinion of many of the participants, condoms should not be distributed without serious consideration given to the possible effects on the community. Many of the Muslim scholars believed that the distribution of condoms encouraged promiscuity and that it was forbidden by Islam. In his response, Prof Abdullah was categorical that Islam has no direct teaching on condoms. However, he stated, it clearly discusses preventing others from infections. In modern times and with the

advent of HIV/AIDS and other STIs, the way to protect one’s partner from contracting the virus is through the use of condoms. Therefore, those who are following Islamic teachings and who are married and who suspect themselves of having HIV have a good reason to follow the teaching by using condoms.

Sheikh Abdullatif related the concept of *Dharurah* (necessity) to HIV, saying that because condoms may be one of the main preventive methods of the spread of the infection from one partner to another, they must be strongly considered in cases of emergency such as the pandemic. He maintained that in a situation where a man is infected he must do what is possible to prevent his wife/wives from getting infected.

One suggestion made by Prof Abdullah was to give the Sheikhs themselves the responsibility of condom distribution in the community so as to ensure that only the right and deserving community members have access to them. In this, as in many things, the religious leaders need to provide guidance in their communities and it is upon the community leaders to save the community from extinction.

Religious Leaders as a Positive Force for Change

All of the conference speakers, religious scholars and health professionals alike, believe that local religious leaders can have a tremendous positive impact on the health choices of the people of NEP. In these deeply traditional communities, the words of the Imam carry significant weight and Friday religious services offer an ideal opportunity for communicating with a large section of the population. As leaders of the community, these Muslim scholars are well-placed to discuss issues such as the benefits of abstinence and fidelity; the importance of voluntary counseling and testing (VCT), particularly for those about to be married; and stigma against PLWHA. They can be resources for accurate information about HIV/AIDS, especially as it relates to the tenants of Islam, and help clarify misconceptions and rumors.

In addition, the participants encouraged one another to consider other aspects of behavior

that may have an impact on the health of the communities. Several suggested strengthening separation between the sexes in order to minimize the temptation and opportunity for adultery. Also mentioned was the need to relax stringent marriage requirements (financial and otherwise) in order to avoid elopements and hurried “underground” marriages that, among other issues, don’t allow time for HIV testing beforehand.

Recommendations

The conference was participatory in nature and placed a strong emphasis on collaboration and sharing. Participants discussed all papers presented and had parallel group discussions to review the various thematic areas. Furthermore, they made several recommendations within the framework of Islam and health. Those related to HIV/AIDS are below:

1. Couples should undergo HIV testing before marriage as a protection method against the contraction of the disease.
2. The Islamic *Sharia* commands that a Muslim’s confidentiality be kept and to reveal him is a contravention, but as well recognizes the rights of the spouse.
3. All Muslims should fear Allah, practice faithfulness among the married couples and abstinence among the singles for protection against HIV/AIDS. Avoid the use of condoms for casual sex, which Islam does not encourage.
4. Announce the dangers of HIV/AIDS during Friday sermons.
5. Women have the right to all useful education whether formal (i.e., in a school) or through health seminars, as long as the *Sharia* conditions are observed, such as avoidance of free mixing of the opposite sexes or traveling of a woman without the company of a closely related male escort.
6. Circumcision is *mashruu’* (has basis) in Islam for both males and females. However, *alkhitan alfir’auni* (female genital mutilation [FGM]) which the Somali community practices is unlawful (*haram*) and is against the teachings of Islam.
7. High-level workshop should be held for the Islamic leaders to be trained on basic facts on HIV/AIDS, TB and malaria as well as reproductive health issues as soon as possible.
8. It is not permitted in Islam to discriminate or look down upon anyone whether sick or healthy, Allah said, “Oh people, no men folk should look down upon other men folk for they could be more righteous than them, and no women should look down upon other women for they could be more righteous than them.”
9. If an HIV/AIDS patient spreads the disease among the innocent deliberately, he is considered to be a killer in the eyes of the *Sharia* and the relevant officers should take legal action against him.

Based on the enthusiasm of the participants and the overall success of the conference, it is anticipated that Muslim scholars will be able to significantly contribute to positive behaviour change as it relates to HIV/AIDS in the NEP region.

The Extending Service Delivery (ESD), a five-year project funded by USAID, helps address unmet need for family planning (FP) and increase the use of reproductive health and FP services in communities, especially among underserved populations. Pathfinder International manages ESD in partnership with Meridian Group International, Inc., IntraHealth, and Management Sciences for Health. For more information on ESD, please visit our website: www.esdproj.org

