## The AIDS Crisis: An Islamic Sociocultural Perspective

## By Malik Badri, International Institute of Islamic Thought and Civilization, 1997.

Dr. Malik Badri has done it again. In his earlier book *The Dilemma of the Muslim Psychologists*, published in 1978, he warned Muslim psychologists not to fall into the arms of Western secular psychology. This was at a time when Muslims were uncritically plunging headlong into any body of knowledge that came out of the West. In his latest book *The AIDS Crisis: An Islamic Sociocultural Perspective*, Badri is again ahead of his time in warning us about the futility of adopting secular methods in dealing with the crisis of AIDS.

He explains the biological basis of HIV and AIDS and the misconceptions about its origins. American scientists are desperately trying to prove that AIDS originated outside the United States. The author demolishes all these theories with powerful arguments in which he cites studies and says:

I should like to conclude this chapter by saying that to believe that the gene mutation of HIV took place from green monkeys to Africans and from Africans to Haitians, and from Haitians to Americans in order to avoid the obvious fact that the mutation might have taken place in the insulted, germ ridden rectums of San Francisco homosexuals, is indeed an extremely far-fetched, racist, and unfair way to ward off stigmatism and ease cognitive dissonance. (p. 128–29)

He further analyzes the thinking of various psychologists and influential writers that contributed to the sexual revolution, from Freud, the father of the sexual revolution to Maslow, Ellis, and Skinner. "After the sexual revolution implemented it's new morality, it was necessary for it to change the terms in the language to pave the way for sex." Thus, adultery became known as *extramarital relations* and sodomizers became known as *gay*, which expresses cheerfulness and joviality.

He suggests:

Knowing fully well why the Western sexual revolution is changing terminology, they [referring to Muslim workers] should always call a spade a spade. For example, they should use the proper Islamic terms such as "zinnah" for adultery and "liwat" for sodomy. They should also use the suitable methods for Islamic moralization and retribution and pay less attention to the failing preventative measures of Western modernity.

Revealing the Western scholars' endorsement of homosexuality, Badri quotes extensively. Barbara Ehrenreich believes that since gays cannot reproduce, "Then what could be more moral than teaching teenagers that homosexuality is a viable lifestyle" (Time, Sept. 26, 1994). Presenting biological reasons why AIDS and homosexuality are inextricably linked, he quotes studies to prove his point. For example, 75 percent of all AIDS cases in the United States have occurred in male homosexuals. He then presents surprising evidence that hemophiliacs do not develop full-fledged symptoms of AIDS at the same rate as their homosexual counterparts. Six years after infection a mere 10% of hemophiliacs succumb to AIDS while the rate for homosexual patients is 50% (p. 160). Quoting a fascinating study conducted in Italy, 508 drug abusers were sent to a monastery where they were restrained from drug intake and sexual activities. After four years none of them had developed AIDS (p. 161). These studies clearly indicate that HIV positive individuals can live a healthier life if they do not indulge in deviant activities. Badri is making a case for multifactorial causes of AIDS and although HIV is a high risk factor, it can be mitigated by abstaining from promiscuous sex and drug abuse.

He argues persuasively that the prevention of AIDS has become a controversial issue. The Western world will not adopt any strategy that interferes with their sexual liberty and the freedom to be deviant. So they have come up with their call for "safe sex," which has been a boon for condom manufacturers. Citing evidence that "AIDS is the leading cause of death among Americans aged 25 to 44" (p. 170), he dismisses the safe sex prevention model. "Westerners prefer to bury hundreds of thousands of martyrs of the sexual revolution" rather than control and restrain their sexual behavior. He believes, and rightly so, that the AIDS issue is much more complicated than just a medical issue, and therefore prevention will be more complex than preventing an infectious disease like tuberculosis.

The Islamic approach for preventing AIDS is summarized in the hadith quoted in the beginning of the book:

If *fahishah* or fornication and all kinds of sinful sexual intercourse become rampant and open without inhibition in any group or nation, Allah will punish them with new epidemics (*ta'un*) and new diseases that were not known to their forefathers and earlier generations.

Taking inspiration from this hadith, Badri reiterates specific rules of Islam that would prevent AIDS. For example, he mentions:

Islam strictly prohibits homosexuality, adultery, anal intercourse and vaginal sex during menstruation. Islam also prohibits the intake of alcohol and drugs, the Islamic tradition of male circumcision, the practice of *ghusul al janabah*. (p. 221)

Discussing the effectiveness of the Islamic approach, he quotes a project where the chief qadi of Uganda launched a jihad against AIDS. Imams were invited from provincial areas to participate in a workshop of the Islamic model of AIDS prevention. About 400 mosques were covered by this project. There was a significant decrease in adultery and number of partners among male and female participants (p. 278).

As to the role of sex education and AIDS prevention, Badri believes that sex education should be taught along with *wudhu* and prayers by the Islamic studies teachers. Daringly, Badri delves into the question of punishing wrondoers. The Shari'ah is very clear about the punishment of adultery, rape, and drug and alcohol abuse and he believes:

I do not want to sound punitive but I feel that just as good role models, rewards, and spiritual fulfilment are important positive incentives to behavioral and attitudinal changes with some people, deterring punishment or fear of such punishment is indispensable for others.

Badri analyzes the development of the Western sexual revolution and its subsequent impact on morality, values, behavior, and language of the people of the 20th century. Unfortunately, as Badri points out, Muslims are also being influenced by the conceptualizations and the language of the West and are blindly copying the solutions suggested by them. He reminds the Muslims that they have better, more effective methods to deal with the sexual revolution that are based on the Qur'an, the Sunnah, and Hadith. As Murad Hofmann points out in reviewing the book:

Many people talk about the Islamization of knowledge. Badri, without even mentioning it, through his competent, holistic Islam-based approach does a marvelous job exactly at that, complete with the detailed guidance for Muslim AIDS workers and psychiatrists helping Muslims to unlearn their (invariably) acquired homosexual habits.

This book certainly covers much more than just the AIDS crisis; therefore, a more general title would have been more appropriate. Critical editing would have made the language of the book more succinct. Sometimes the author digresses from the main point and goes off on a tangent as he has a wealth of information to share. Nevertheless, this book is a scholarly tome. It is full of information and wise suggestions. Badri has indeed fulfilled his duty of *nahyan* 

al-munkir and amar bi al-ma'ruf (forbidding the evil and encouraging the good). One hopes that more Muslim scholars will follow Badri's lead and present practical solutions rooted in Islam to solve the problems of the ummah today. The author is refeshingly frank and almost surgically precise about the ills of Western modernity. Extensive work and research has gone into the book, making it an excellent reference work. This book is strongly recommended for all Muslims but especially for youth and health educators.

Sabeena M. Watanabe Clinical Psychologist Lahore, Pakistan

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