COMPETING EXPLANATIONS AND TREATMENT CHOICES: MUSLIMS, AIDS AND ARVs IN TANZANIA*

Felicitas Becker

Introduction

The AIDS problematic has accompanied my research in Tanzania since 1999. By 2000, AIDS education campaigns had already reached the rural southeast, with which this paper is particularly concerned. After a marked increase in illness and deaths among young people, the pervasiveness of the threat of AIDS was openly acknowledged from 2003. Knowledge of treatment with anti-retroviral drugs (ARVs) also became available in 2003, when a private doctor’s practice in the provincial town of Lindi began to offer it, using versions of the drugs produced in India. Then, the cost of treatment amounted to about four fifth of the monthly minimum wage (TShs 40,000; the minimum wage was TShs 48,000). In mid-2005, a free treatment programme, financed by the US government, began to operate out of the provincial hospital.

Unlike the secrecy surrounding individual cases, or the reluctance to broach the topic in public noted by observers in other regions, conversations about or references to AIDS occurred frequently in everyday interaction, even with relative strangers, such as myself. Some of the most interesting exchanges about AIDS that I witnessed, though, did not involve me at all. As a white person, I was automatically identified with certain views on HIV/AIDS, namely with the ‘scientific’, medicalising approach prevalent in prevention campaigns. People expressed views that clashed with this approach more openly in conversation with interlocutors free of these associations. This paper is thus partly based on informal conversations recorded from memory or reported by others.

While the availability of treatment has modified official rhetoric on HIV/AIDS and mitigated the terror of an HIV+ diagnosis, it has not, to anyone’s mind, resolved the crisis, and the uptake of ARVs has been

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slower than hoped for. The present discussion focuses on the untidy negotiations, the discontinuities and dilemmas involved in Muslims’ living with the presence of HIV, AIDS and now ARVs. As Philip Setel observed over a decade ago, the experience of living with the threat of AIDS is shaped by a constant tension between the expectations of the course of the epidemic fostered by official pronouncements, locally forged consensuses, and individual experience. The personal experiences of AIDS victims and those who fear to join their numbers conform neither to standardised medical accounts nor to vernacular morality tales. Still, people make sense of these intensely personal experiences with reference to shared notions informed by these discourses, and those in turn shape their choices.

Tanzania’s Muslims face particular questions and constraints in relation to the AIDS epidemic, due both to the way Islamic teachings have become intertwined with pre-existing African notions and practices pertaining to gender, sex and procreation, and the way Islamic religious affiliation has become entangled in Tanzanian politics. The present discussion seeks to contextualise the way Muslims confront AIDS within their perceptions of their place in the Tanzanian polity and intensifying debate over their religious heritage. It finds that Muslim attitudes are less predetermined by restrictive religious notions than non-Muslim observers often tend to assume. Instead, they are deeply influenced by experiences whose relevance to questions of sex and health is not immediately apparent, particularly the political process and the status of different kinds of knowledge in Tanzania.

This wide array of factors that come into play in confronting AIDS, combined with the intensely personal nature of the threat it poses, mean that there is no unified pattern in the responses of persons of Muslim allegiance. More fundamentally, their being Muslim is neither the only nor necessarily the strongest factor shaping their response; not because they are incompletely Muslim, but because Islam like any other religion is lived in socially, politically and culturally specific contexts. While almost any aspect of religious practice and loyalties may come into play in response to the threat of HIV, none must. It is up to the imponderables of disposition, background and personal situ-

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2 On these issues more generally, see Felicitas Becker, *Becoming Muslim*, especially chapters 4 and 8.
3 For a general critique of the ‘Orientalist’ tendency to generalize about the behavior of Muslims on the basis of Islamic religious and legal texts, see Zachary Lockman, *Orientalism*.