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HIV/AIDS and Islamic religious education in Kisumu, Kenya

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Abstract
The aim of this article is to describe and critically discuss the discourse on HIV/AIDS within the framework of Islamic Religious Education (IRE) in Kisumu, Kenya. It is based on data collected mainly through participant observation and interviews during five fieldwork sessions in the period 2003–2006. The context is the research project Islamic education and social development in Kisumu, Kenya, financed by the Swedish International Development Agency (SIDA). The article describes how the issue of HIV/AIDS is present in the context of IRE, mainly in secondary schools in Kisumu, an area heavily affected by the pandemic. The framework in which teachers and students address the issue is one conditioned by notions of religiously correct and incorrect sexual behaviour and gender, and by the fact that Muslims constitute a religious minority in Kisumu. The article argues that the main role of the local discourse on HIV/AIDS and Islam in the context of IRE is to strengthen notions of religious and moral superiority, and hence boost the self-esteem of the Muslim students. Furthermore, it provides support for dominant views and norms relating to Islam, gender and sexuality.

Key words: HIV/AIDS, Islam, IRE, Kisumu, sexuality, gender

Introduction
The city of Kisumu, by the shores of Lake Victoria, is the third largest in Kenya. It is one of the most HIV/AIDS affected areas of the world. According to surveys from 1996 and 1997/1998, the prevalence of HIV infection in the age group of 15–49 years was around 20% for men and 30% for women. (Hargreaves, Morison, Chege, Rutenburg, Kahindo, Weiss et al., 2002; Glynn, Caraël, Suvé, Anagonou, Zekeng, Kahindo et al., 2004). Other, more recent surveys provide figures that are lower, which may indicate a positive trend. However, the figures are still alarmingly high, and higher than in other parts of the country (CBS, 2004, p. 223). It is worth noting that according to UNAIDS (Odiwuor, 2000, p. 77) there is a significant gender gap regarding infections among teenagers in Kisumu (see also Glynn, Caraël, Kahindo, Chege, Musonda, Kaona et al., 2001). Among girls aged of 16, 17.9% were infected, while there was no reported male case in the same age group. Among 19-year-old girls, the rate was 33.3%, and among the boys, the rate was 8.6%. The high prevalence rates are well known locally. HIV/AIDS forms part of the system of reference in everyday conversation in Kisumu, also within the local Muslim community, which is in focus here.

This article, which can be placed within the field of the Study of Religions and Islamology in particular, concerns how Islam is discursively constructed when teachers and students in Kisumu town address HIV/AIDS in the context of Islamic Religious Education (henceforth IRE). A basic theoretical premise is that the local discourse on HIV/AIDS and Islam is influenced by the fact that Muslims in Kisumu constitute a religious minority, albeit a quite visible one.

There is an ongoing discussion internationally on the role of religion in relation to HIV/AIDS. The media coverage mainly focuses religious opposition to condoms, insistence of sexual abstinence and marital fidelity as the main ways of protection from infection and the stigmatization of those affected through the association with “sinful behaviour”. There are, however, also suggestions that religious “faith-based” organisations and religious leaders may play a positive role in combating the spread of HIV (see, e.g. UNICEF, 2003; Lagarde, Enel, Seck, Gueye-Ndiaye, Piau, Pison et al., 2000; Odiwuor,
2000, p. 115). With this article, I hope to contribute with some input into this discussion.

**Method**

**Basic considerations**

I view the academic study of religion as a secular study of religious discourses, practices, communities and institutions (Lincoln, 2003). Religion forms part of a larger cultural complex, and is constructed, maintained and at times challenged and changed, through the social interaction of individuals and groups (Berger, 1967; McGuire, 2002). Articulations and understandings of a religious tradition differ in different social contexts, and are related to social variables such as, for example, class, status, gender and ethnicity. To assert religious diversity among Muslims around the world, as opposed to viewing Islam as a “monolith” has become commonplace in academic works, especially those with a leaning towards anthropology. It is sometimes expressed using the plural “Islams” instead of the singular “Islam” (el-Zein, 1977; Azmah, 1996; Turner, 1994, p. 104; Varisco, 2005, pp. 146–150).

Some believing Muslims may see this academic view of diversity as provocative, and false. It contradicts a religious notion that there can only be one “true” Islam, uniting Muslims into the worldwide “imagined community” (Anderson, 2006) of the umma. Indeed some uniting features make it possible to speak of a “Muslim world” in a cultural or discursive, rather than geographical, sense. The majority of believing Muslims will accept the notion of the Qur’an as the revealed word of God, of the Prophet Muhammad as both the vessel of divine revelation, and as a normative ideal in his words and actions, and of an eternal and divine ethical or legal system, the Shari’ah, accessible through interpretation of the religious sources. There is also a shared “Islamic terminology” (Eickelman & Piscatori, 1996, p. 12), a set of words and expressions, mainly derived from the Arabic language and often with Qur’anic origin, carrying positive or negative emotive charge (Hjärpe, 1996). This, however, does not contradict the basic view of diversity. Instead, it provides a framework for it. The uniting features provide reference points in the construction of “Islams” in local settings, reference points that are invested with diverse meanings in this process (Mandaville, 2002, p. 56). For example, shared notions of the importance of the Qur’an and the Prophet, do not imply shared views on how verses in the Qur’an or Muhammad’s sunna according to his sayings and doings recorded in the hadith-literature are to be interpreted and understood. Nor does it imply consensus on who is invested with authority to interpret the sources. Words and expressions that form part of the “Islamic terminology” do not carry any inherent and stable meaning, but receive such meaning in the social contexts where they are employed (Eickelman & Piscatori, 1996, pp. 11–16).

The methodological implications of the above for this article are several. In approaching the issue of HIV/AIDS in the context of IRE, I take the discussion among students and teachers to be part of a construction of a local Islam. The “basic building blocks” (Gilsenan, 1983, p. 15) in this process is to be found in a larger tradition, to which heed then must be taken. The local discourse needs to be related to the larger discursive religious context, i.e. the reference points previously mentioned (Varisco, 2005). The process of constructing local versions of Islam involves a conscious or unconscious selection from various sources on the part of participants, a selection informed by social or personal relevance and related to structures of power and authority (Hjärpe, 1996; McGuire, 2002). Methodologically, this also means that concern needs to be taken both to what is selected, and to what is left out of the discourse (Potter, 1996).

**Fieldwork**

The fieldwork on which the following is based was conducted in five periods between the years 2003 and 2006. The framework is a larger project on Islamic education and social development financed by SIDA/SAREC, in which HIV/AIDS is only one issue among several. I did participant observations of activities within the context of IRE in public and private primary and secondary schools. I also conducted semi-structured interviews with all the teachers of IRE in Kisumu town (in total 12) and with 15 secondary school students (both individual and group-interviews in the latter case). The informants (teachers as well as students) were in the interviews asked to address topics such as education, gender relations, poverty, and most importantly for this article, health and HIV/AIDS from a religious point of view. Furthermore, a questionnaire was distributed in March 2006. One hundred and thirty-seven Muslim students at these six schools as well as 2005). The process of constructing local versions of Islam involves a conscious or unconscious selection from various sources on the part of participants, a selection informed by social or personal relevance and related to structures of power and authority (Hjärpe, 1996; McGuire, 2002). Methodologically, this also means that concern needs to be taken both to what is selected, and to what is left out of the discourse (Potter, 1996).
these three sources of data, useful information was gained also from informal conversations with teachers and students in and outside the school context, as well as through my continuous and close interaction with members the Muslim community in Kisumu during a total of seven months fieldwork.

Ethical considerations

The research was conducted with permission from the Kenyan Ministry of Education. In the following, I have tried to safeguard the anonymity of the informants as much as possible. This is clearly easier in the case of the students, while it is more difficult in the case of a couple of the teachers. Based on their gender and descriptions of the school, a well-informed reader may guess their identity. I did discuss the problem with those concerned, and they accepted the information to be used anyway. Owing to this problem, I have used some discretion concerning what to include in my presentation. When quoting from the interviews, I have taken the liberty in some cases to correct the language, as I do not consider grammatical or linguistic errors as significant data to be analysed.

Findings

A very short overview of Islam and IRE in Kisumu

The history of Islam in the Nyanza province (in which Kisumu is the major urban centre) is still to be thoroughly mapped, but the Muslim presence dates back at least to the late 19th century (Said, 1995). The percentage of Muslims in the total population in Kenya is a politically sensitive issue. According to for example the 2003 Kenyan Demographic and Health Survey Muslims constitute 6–8% of the total population. (CBS, 2004) The Internet sources Wikipedia and the CIA World Fact Book state the figure of 10%. In his book, Arye Oded (2000) estimates the percentage of Muslims to be 20. Kenyan Muslims often express strong scepticism towards the official statistics, and themselves usually suggest higher figures—sometimes as high as 40% (see, e.g. Yahya, 1995, p. 218). The concentration of Muslims is the largest in the North Eastern Province and the Coast Province. In the interior of Kenya, Muslims are found mainly in the urban centres, such as Nairobi, Nakuru and Kisumu.

In Kisumu, as in Kenya as a whole, the majority of Muslims are of African ethnicity, although there are Muslims who identify themselves as being of Arab and South Asian origin as well. The overwhelming majority are Sunnis, belonging to the Shafi’i madhhab (school of law). There are also small communities of Twelver Shi’as, and Ismailiya Shias (Bohora and Khoja), and a Ahmadiyya (qadiani fraction) community as well, with a centrally located mosque. All the teachers and students interviewed identified themselves as Sunni. The results from the questionnaire, though, indicated that a few Shi’a as well as Ahmadiyya Muslims among the students.

The subject of IRE is offered in some, but not all, primary and secondary public and private schools in Kenya. Its history dates back to the 1970s, when it was established as a Muslim counterpart to the already existing Christian Religious Education (CRE) (Oded, 2000). In Kisumu, IRE is offered at four secondary schools, and at five primary schools. In all four of the secondary, and three of the primary schools, Muslim students constitute a minority. Other schools, although they have Muslim students attending, do not offer IRE. Students in primary school, and in the first two years of secondary school, have to take CRE instead, since religious education is compulsory.

IRE has the explicit double objective of providing basic formal knowledge of Islam as a religious tradition (e.g. its sources, rituals and history) and of moulding students into “good” Muslims. It coexists with the traditional madrasa or chou education but differs from it in focus. The latter focuses on teaching basic skills in reciting the Qur’an in the Arabic language and basic knowledge of other sources, i.e. hadith (the normative traditions of the Prophet Muhammad and the early Muslims), sira (the biography of the Prophet) and fiqh (jurisprudence) (Kahumbi, 1995). IRE has a wider scope, including topics such as Islamic history (worldwide and locally), different Islamic “sects” (mainly Shi’a) and morals, akhlaq. Unlike the madrasa/chou education, there are furthermore official, national syllabuses for IRE for both primary and secondary schools. These were revised in 2002.

If one considers the syllabuses for IRE, the teaching provided in classrooms, the discussion in the classrooms as well as the textbooks used, the Islam put forward here is well structured, comprehensive, rational, basically unitary and fairly simple system; “a way of life” (MEST, 2002b, p. 78). This corresponds to a “modernist” version of Islam that Muslim activists often put forward in the contemporary world. It is a version promoted through inexpensive pamphlets distributed by organisations such as the Islamic Foundation and World Assembly of Muslim Youth (both active in Kenya). In IRE, Islam becomes a delineated “object” for reflection and discussion. Hence, the subject IRE is part of the process that anthropologists and Islamic studies scholars Dale Eickelman and James Piscator (1996) have termed as the “objectification” of Islam peculiar to the contemporary world. This “objectified” Islam that
is constructed in the classrooms is at times in variance with the actual way Muslim students and teachers in Kisumu understand their religion, lead their everyday life and relate to one another outside that context. I will not go further into this issue here, which I have discussed in another article (Svensson, 2006). My main point is just to caution against assuming that the discourse on Islam in the context of IRE, and the norms verbalised here, has a direct influence on actual conduct among the students (Hjärpe, 2003).

IRE and HIV/AIDS in the 2002 syllabuses

In the interviews with the teachers, all stressed the importance of the syllabuses for the structure as well as the content of their teaching. The new 2002 syllabuses for primary and secondary schools pay attention to what is taking place in contemporary society. That includes addressing issues of health, and as a consequence the issue of HIV/AIDS (MEST, 2002a, p. iii; 2002b, p. v.) In the questionnaire distributed to the students, almost all respondents claimed that they had been taught about HIV/AIDS in school (97%). An equivalent proportion of the respondents (95%) wished for the school to provide even more information. According to UNAIDS (2006), Kenya has a relatively high percentage (69%) of young women and men (aged 15–24) with a comprehensive HIV and AIDS knowledge, compared to other countries in sub-Saharan Africa.

In the introduction to the section on IRE in both syllabuses, there is an explicit mentioning of HIV/AIDS. In the primary school syllabus, HIV/AIDS is presented together with “corruption, drug abuse and environmental degradation” as “emerging issues” that the teachings of Islam should be related to (MEST, 2002a, p. 181). There is a similar statement, using “challenges of life” instead of “emerging issues” in the secondary school syllabus. The role of IRE is to help the student face such challenges (MEST, 2002b). In primary schools, the topic of HIV/AIDS should be introduced in the last two years (years seven and eight), within the context of akhlaq, i.e. moral teachings. The students are expected to cover both how the disease is transmitted, but also “Islamic measures in controlling the HIV/AIDS pandemic”. Apart from this, the students are supposed to acquire knowledge on how to relate to those affected by AIDS; a subtopic placed under the general topic of “tolerance” (MEST, 2002a, pp. 202–203). In the syllabus for secondary school it is less obvious in what contexts HIV/AIDS should be discussed. There is a mention of STDs (sexually transmitted diseases), including HIV/AIDS, and their “causes and effects” in the last year (year four), but there is no further elaboration. In year two, the students are expected to discuss “immoral trends” in society, their effects and why Islam forbids them. Examples of “sexual perversions” are given, and those include zina (pre-marital and extra-marital sex), prostitution, homosexuality, incest, “bestiality” and rape. In Islam, the syllabus suggest, there is a “preventive precautionary morality” in relation to such “perversions” (MEST, 2002b, p. 88). Although it is not stated outright, there should be ample possibility to connect “immoral trends” and Islamic “preventive precautionary morality” to HIV/AIDS. As my observations and interviews reveal, this is also the case in the actual teaching in class. Furthermore, it is clear from the syllabus that the context in which HIV/AIDS is to be discussed is one concerning religious morals, and that Islamic morality has relevance for the issue.

HIV/AIDS and Islamic moral superiority

Not all teachers of IRE in Kisumu chose to address the issue of HIV/AIDS in class. Some, particularly in primary schools, viewed it as a too sensitive topic due to the connection with sexuality. The secondary school teachers, however, viewed addressing the topic as an inevitable part of their role as teachers. It may very well appear as a topic in the final, national exams, and much of the actual content in the teaching, according to the teachers themselves, was conditioned by anticipations of what would be included in those examinations.

There was a consensus among my informants that HIV/AIDS is less of a problem for the Muslim community compared to other religious communities in Kisumu. One secondary school teacher gave the following assignment to his students over the Christmas holidays in 2004: “Demographic studies indicate that the HIV/AIDS prevalence rate in the Islamic states is lower than in countries which are non-Islamic. Give reasons for this statistic with reference to the holy Qur-an [sic] and Hadith.” The factual basis for this statement may be questioned. According to the UNAIDS’, AIDS epidemic update 2006 the difference in estimated prevalence of adult HIV-infection between Muslim dominated Middle East/ North Africa region and the non-Muslim dominated Western and Central Europe Latin America and Oceania is rather small (UNAIDS, 2006). The point in the assignment, however, is not to state a perceived fact, but to provide a certain image of Islam. First, the assignment indicates a Muslim universal commonality. Muslims, worldwide, are less prone to contract HIV. The assignment displays an “umma-consciousness” (Eickelman & Piscatori, 1996, pp. 141–148).
Second, and more importantly, the basis for this commonality can be found in the sacred sources, which are assumed to have a direct impact on the umma. Other possible reasons for lower prevalence rates are not relevant to address in this context. In the questionnaire, I asked the students to relate to the statement “Islam is the solution for the HIV/AIDS-problem in Africa”. Sixty per cent agreed while 30% disagreed.

There are no official statistics comparing HIV prevalence among Muslims and non-Muslims in Kisumu. Studies in other areas of sub-Saharan Africa, however, do indicate a negative correlation between Muslim religious affiliation and HIV-prevalence. Anthropologist Peter Gray notes in an article from 2004 that out of seven studies on HIV-prevalence in sub-Saharan Africa, six could be interpreted as supporting his basic hypothesis that Islamic religious affiliation correlates negatively with HIV-prevalence. In an attempt to explain these results, Gray states that “several Islamic tenets may have the effect, if followed [my emphasis], of reducing the sexual transmission of HIV” (Gray, 2004, p. 1751). He provides examples. The Islamic ban on alcohol consumption, which is one form of risk behaviour, may be one factor. Hygiene is another aspect. Here Gray points to “ritual washing”. He probably refers to the “larger cleansing” ritual of ghusl, involving the whole body. Ghusl is undertaken in order to attain ritual purity, tahara, after, for example, sexual intercourse. He may here also refer to the cleaning the genitals with water after urinating (instinja’). Gray further notes that other studies have indicated that male circumcision may reduce the risk of contracting HIV (Gray, 2004). It should be noted that a direct connection between male circumcision and reduced risk of HIV-transmission is not generally accepted (see, e.g. Boyle, 2004; Siegfried, Muller, Deeks, Volmink, Egger, Low et al., 2005).

Last, but not least, Gray points out the religious ban on pre-marital and extra-marital sex and on homosexual intercourse (Gray, 2004).

If Gray’s article had been known to my informants, I have no doubt that all his “Islamic tenets // reducing the sexual transmission of HIV” would have occurred in my material. As it was, only sexual mores were explicitly mentioned. In the interviews, verse 17:32 of the Qur’an was often cited: “Nor come nigh to adultery [zina]: For it is an indecent (deed) and an evil way”. One teacher who cited the verse saw in it the explanation as to why the HIV-prevalence, according to him, was lower among Muslims in Kisumu than in other religious communities. He stated that while punishments for zina in accordance with traditional Islamic law (i.e. lashing or stoning depending on the marital status of the offender) are not carried out in Kenya, the severity of the “crime against God”, stressed in the Qur’an and in the hadith-literature, directly influenced the sexual mores and manners of Muslims in Kisumu. Other informants, teachers as well as students, gave similar comments. One male secondary school student remarked:

[Allah] says ‘do not go near it’. He did not say, ‘do it, but do it in this way’. No, He said ‘do not go near it’. So the Muslims have instructions. If you follow those instructions, not even one will be infected. Contrary to our brothers, the Christians. They are given that room // [they] go to the pubs and such things. The Christian leaders they just talk. // For example, a Christian leader, a priest or something, will talk about it [i.e. to avoid zina]. But on Christmas Eve he will be joining some of his friends in such things, which is very wrong. (Int: Do you believe that Christians are more immoral than Muslims?) Yes, that is known worldwide. Not more immoral, but more than immoral. (Int: Why?) They have not been shown. They have been left blind. They have not been shown the direction […] in the Bible, there are no measures to protect various … various things. We have everything in the Qur’an and in the hadith.

In these examples, Islam, again with reference to basic sources and to the term zina, which carries strong negative emotive value, provides clear moral guidance of a kind that is superior to other religions, which in turn has direct effect on the spread of HIV. In the second quotation, the local Christians (who constitute the majority) are compared with Muslims, and are found morally inferior. This inferiority is related partly to deficiencies in the Christian religious sources. These sources do not provide the clear “guidance”, hidaya that the Islamic sources provide. In other cases, informants referred to “the West” in a similar way, i.e. as an anti-thesis to Islam concerning sexual mores, often exemplified with reference to contemporary popular culture, particularly the soap operas on TV (of which the most popular incidentally are of Latin American origin, but dubbed into American English).

In the examples above, the Islamic religious sources and in part its legal tradition, are given an explanatory role in relation to a perceived lower prevalence of HIV among Muslims in Kisumu. To commit zina is to transgress the boundaries, hudud, that God has erected through his revelation. The underlying view is that a devoted Muslims would not do that. There are aspects of Islamic legal thought and prescriptive morals, based on interpretations of the sources that could be seen as
problematic in relation to HIV/AIDS. These were not mentioned at all in interviews or in the classroom discussions. This also corresponds to what can be observed in the wider contemporary Muslim religious discourse on Islam and HIV. The controversial American Muslim thinker Amina Wadud is one of the few who have pointed out such problematic areas. She specifically mentions the right for a husband in marriage, under traditional Islamic law, to sexual intercourse with his wife whenever he wants to, based on an interpretation of the Qur'an, verse 2:223. According to Wadud, his wife cannot deny him enjoyment of this right, even if he is HIV-positive. She here calls for rethinking and reinterpretation of Islamic law in order to change such a situation (Wadud, 2003). Gray furthermore mentions polygamy and easy access to divorce for men as possible Islamic risk factors. Both increase the number of lifetime sexual partners (Gray, 2004). Furthermore, given the fact that HIV can spread from mother to child through breastfeeding (WHO, 2001), the religious notion of two years breastfeeding as an ideal (based on the Qur'anic verse 2:233) would appear problematic.

The Islamic measures to prevent the spread of HIV/AIDS

From what I can judge from my data, there is no lack of knowledge among the teachers, or among the secondary school students, as for ways in which HIV spreads. In the questionnaire I provided eight alternatives (including breastfeeding) to choose from, three of which are correct (blood transfusion, sex and breastfeeding). Due to some misunderstanding, not all students understood that they could choose more than one alternative. There is thus a difficulty in interpreting the result. Nevertheless, 43% had ticked breastfeeding, and I suspect the number could be higher if I had been more careful in providing instructions. As a comparison 89% ticked sex, 63% blood transfusion and 29% kissing (a couple of the respondents here adding “deep” with their own writing).

However, ways of transmission other than heterosexual intercourse were rarely mentioned in interviews or in the classroom discussions. The discussion on protection from HIV-infection was also focused on (heterosexual) sexuality, and the three main areas of abstinence, faithfulness and condoms. Among these, condoms were rarely mentioned in class or spontaneously in the interviews. Faithfulness was mentioned in passing, but the focus was on abstinence. Discussions on sex were not avoided in the secondary schools. On the contrary, they were frequent. When instructing the students on “Islamic” sexual mores, all teachers urged them to avoid sex before marriage: “Abstinence. That is what I really emphasize on. Abstinence, abstinence, abstinence. That is what I always tell them. I give them the example of Mary. Mary retained her chastity. So they should be chaste women.” Mary here is Maryam, the mother of the Prophet ‘Isa (Jesus). The implicit reference is to the well known, and loved, Qur’anic chapter 19, and verses 27–28 in particular, where the unmarried Maryam is accused of zina but defended by her infant son, speaking from the cradle. Her example, an element from the religious system of reference, provides a normative model of femininity focusing on chastity.

Another teacher interviewed in 2004 had been active in organizing an AIDS-club for the students in 2003. The club (which was no longer active in 2006) started as an initiative for the Muslim students. Since then, the club had become open for both Muslims and non-Muslims. The initial objective had been to create a forum in which the students could air their views and discuss issues such as what they as Muslims could do to combat the spread of HIV. The AIDS club at this particular (mixed) school had a distinct religious touch to it, again stressing abstinence. The teacher/patron told me:

Actually the motto in our club is ‘to abstain’. That is our motto. The girls tell me ‘madam you know, we are flowers. We are very beautiful. We want to maintain ourselves. Say no’. So that is their motto. I am really enjoying being with them. They tell me ‘madam, we want to abstain, we want to show that we are very important people in the society, we women. Because when you can stop it I think that the men will not have people to mess with.’ So it is very positive.

In an interview with the chairman and the vice-chairman of the club, both pointed to abstinence as the main method of protection stressed in the club meetings, although condoms were addressed as well. It was noteworthy in these cases that when those interviewed mentioned abstinence, the focus was on the girls and their “chastity”. This is also the general impression from interviews and observations. When I asked another secondary school teacher to outline the problems his school was facing, he also emphasized girls and their sexuality:

It is also a challenge because when a girl comes to school [she is] very innocent. You find some of her peers. They start pressuring her. That peer pressure. And this girl feels as if she is so much behind. So she wants to have a relationship and so on, and so forth. So this is also a challenge.
Peer pressure for boys was not mentioned in this context, although the school was mixed.

In interviews and observations, I could note, not surprisingly, that sexuality was closely associated with dress code and an ideal of segregation of the sexes. The issue of morals was not only a matter of inward intention (niyya), but also outward appearance and symbols. Dress code and segregation were also discussed in relation to HIV/AIDS. One primary school teacher provided the following reasons for a perceived lower rate of HIV infections among Muslims compared to members of other religious communities in Kisumu:

You know, in Islam // because of the strictness when it comes to sex and such. Just from the mode of dressing ... there is no way that a Muslim should end up being HIV-positive // There are so many precautions that make a Muslim not to contract HIV.

Other teachers expressed similar views, as did the students. In one of the primary schools some of the teachers in a joint interview stressed the use of the hijab, here referring to the headscarf, as part of the school uniform, as an important strategy to combat the spread of HIV. If girls did not learn to dress properly at an early age, they might later on tempt men to seduce them, resulting in immoral behaviour and eventually the spread of HIV. The issue of the dress code was clearly gendered throughout interviews and observations, and concerned women's dress, and in particular the hijab. I could observe how one of the secondary school teachers, in class, repeatedly rebuked female students for not dressing correctly, i.e. not wearing long sleeves or long trousers underneath their school uniform skirts. I did not encounter discussion on any particular “Islamic men’s dress” in observations or interviews, although there are instructions for such in Islamic normative tradition. This corresponds to a general feature in a wider contemporary Muslims religious discourse on “modest dressing”. Modesty is primarily a matter of women covering their awra or “nakedness”, in order not to tempt men. Exactly what constitutes this awra is a matter of debate (Roald, 2001, pp. 254–294).

At times teachers and students voiced the view that according to the ideal, women and men who are not closely related or married are not to meet, not to shake hands and not even glance at one another. The students and teachers that I interviewed and observed in my fieldwork did definitely not heed this perceived divine command, neither in the classroom, nor outside of it. Nevertheless, they all voiced it as a religious ideal, and as an example of Islamic norms preventing the spread of HIV.

The few occasions when teachers addressed forced sex and rape, important aspects in the discussion on HIV-transmission in sub-Saharan Africa; it was also in the context of “correct” Islamic manners and modes of dressing as protective measures. Rape was a result of women/girls not acting in accordance with the ideal. When sex was discussed, it was usually as a voluntary act between two consenting parties, instigated by the boys, and accepted by the girls, often in a framework of seduction. This also touches upon an issue of some importance in relation HIV. Underlying the view that the “ chastity” of Muslim girls, modest dress and segregation would make Muslim boys abstain from sex, and hence counter the spread of HIV, was that there were no other possible objects for the boys’ sexuality. This did not appear to be the case in the local context. On the contrary, in interviews with teachers as well as with students I suggested that maybe it was more socially acceptable for Muslim boys, compared to Muslim girls, to have sexual relationships before marriage. When realizing that I was referring to actual practices, and not to any Islamic ideal, all informants agreed that this was actually the case. According to the informants, boys, to a larger extent than girls, did have relationships with non-Muslims of the opposite sex, including sexual relationships.

In an interview, one of the teachers discussed this possible discrepancy between religious ideal and actual practice in the context of sexuality. On the one hand, she, as a teacher of IRE, had to advocate abstinence before marriage as an Islamic ideal, in line with the edifying role of IRE. On the other hand, she noted that abstinence before marriage is not necessarily what the students (particularly the boys) would opt for:

There was one student who actually had a very funny question: ‘Madam, you know, we eat a lot of carbohydrates. How do you expect us to utilize that energy? [Laughter]. We can’t afford fruits we can’t afford a lot of proteins. We basically eat ugali [the staple food in many Kenyan homes, a heavy maize porridge], and ugali is full of carbon hydrates. With the ugali, we will have bread. How do you expect us to abstain?’ [Laughter] You get such questions and you have to tackle them. My answer to the student would be: ‘Ok according to the Holy Prophet, you should try and fast a lot in order to use that energy. You can also engage in extra curriculum activities like netball, volleyball, football, you know, you become busy. By the end of the day you will have used up that energy’ [laughter] // I expect the students to
abstain. But you see, you never know. They might not be able.

The teacher points to a problem here, at least from a religious viewpoint. Even though you are able to point directly to the sources, in this case the *sunna*, in order to substantiate a moral demand, there is not guarantee that this demand will be heeded to by the students. However, if abstinence is not generally practiced, how then is the issue of the spread of HIV through unprotected sexual intercourse to be tackled? Here, the problematic issue of condoms emerges. Kenyan authorities and the media in particular have nowadays taken a positive stance to condoms as a protective measure against HIV. Condoms are easily available and openly advertised, for example, on public billboards in Kisumu and in television commercials. Posters suggesting condom use (together with abstinence and faithfulness) as a protection against HIV-infection were put up on the walls at least in one of the secondary schools. Still, within the framework of IRE, the topic of condoms is sensitive. A few teachers stated that condoms and contraceptives in general, are not allowed in Islam. Most of them, however, viewed contraceptives as religiously legitimate (halal) within marriage, albeit not recommendable. In some cases, they gave scriptural references to well-known *hadiths* on “azl” or, *coitus interruptus* as accepted by the Prophet Muhammad. However, addressing condoms in class, and especially as a way of protection against STDs, was another issue. As one teacher remarked:

You know, what people fear most is that [when speaking about condoms] we are encouraging people to use them and actually encouraging people to commit *zina*, I agree, and I don’t want to do that. I will say to my students that OK, use condoms, but use condoms when you are married or something like that // in a legitimate setting. [To use them in illicit sex], even if you are protecting yourselves from getting AIDS, you will be committing a transgression against God and that will not be good for you.

Unlike in Catholic thought, it is thus not the contraceptive in itself that necessarily constitutes the problem, but rather the question of whether it is used in a legitimate or in an illegitimate setting. In 2006, the same teacher was reluctant to admitting an American peace corps volunteer to address his IRE students in class on the issue of HIV. His motive? “She will only start talking about condoms, and I don’t want that”. Another teacher had an attitude that was a bit more open, referring to a discrepancy between the Islamic ideal and the reality. On a direct question as to whether topic of contraceptives was addressed in class, the answer was:

No, usually I don’t. Maybe condom. But some students will say: ‘Madam, condoms are not allowed in Islam’: It usually ends up in a very interesting debate. The students will say, ‘condoms are not allowed in Islam’. Then I will tell them. ‘Then abstain!’ They will tell me ‘We can’t’, and so it goes. . . . It is usually very tricky [laughter]. You know. Religion will tell you ‘no contraceptives’ unless it is very very necessary. Like if you are going for *hajj* [pilgrimage]. But you see now, you’ve got to tell them that if you cannot abstain, which is the Islamic ideal, then use condoms. But I would not advice you to do that. And then there is the AIDS epidemic, so what do you do? You just tell them that this is what the religion is saying. But I know that you are in adolescence stage, you are developing, you want to explore . . . then you just have to be extra careful, and use condoms.

This pragmatism has a certain foundation in traditional Muslim ethics, and the rule that in a choice between two evils, one should choose the lesser evil. The argument of human weakness has been used also in contexts where Muslim organisations have been active in combating the spread of HIV, for example in Uganda (see, *IMAU*, 1998, *p. 30*). The other teachers of IRE in Kisumu, however, chose not to address the issue of condoms as a protection against HIV in class. In my classroom observations, I noted that condoms were only mentioned as tokens of a general immorality in society. Teachers as well as students voiced opposition to what they viewed as an open promotion of *zina* in TV and billboard advertisements for condoms.

**HIV/AIDS as divine punishment and the issue of stigmatization**

The association of HIV/AIDS with divine curse and punishment is strong in the local setting, regardless of religious affiliation. In his book *The impact of HIV/AIDS on primary education* (2000) international education scholar Wycliffe Odiwuor points out that among the dominant ethnic group in Kisumu, the Lou, there is a traditional concept of *chira*. This is a “curse” produced by the breaking of social taboos and having similar symptoms to those related to AIDS (Odiwuor, 2000, *p. 43*). When asked, the majority of the informants, teachers as well as
students stated that HIV/AIDS was a punishment from God for immoral behaviour. At times, they made clear references to the religious sources. On the question whether he saw AIDS as a punishment from God, one (male) student remarked:

Yes, there is a hadith of the Prophet that says that when a society becomes rotten Allah might bring down maybe an epidemic that cannot be controlled, it is very possible, and these days we have seen the world is corrupt, we, the human beings, are corrupt. We have all the immoralities of the generations that have passed. Homosexuality, everything is being entertained. Like in the Western world, people live like animals, totally like animals. They don’t have that respect of a human being to a human being, a human being to his Lord, and a human being to other people, it is animalistic, and they have really contributed to this.

Hence, it is not only “Islamic morals” relevant to HIV/AIDS that could be found in the sources. These sources also contain predictions and explanations that provide meaning to what is happening in the local but also global context. Here the student presents HIV/AIDS as a punishment inflicted on those who have not heeded the divine will, especially in the “West”. In suggesting a connection between “Western” immorality, HIV/AIDS and divine punishment the student sides with similar views in a wider contemporary Muslim discourse on HIV/AIDS. One of the more extensive attempts to address the issue of HIV/AIDS from an Islamic religious perspective is psychologist Malik Badri’s book The AIDS crisis: An Islamic socio-cultural perspective (1997). The author rejects the commonplace notion that HIV originated in Africa, and instead suggests that it has its origin among homosexual men in the USA. AIDS is a punishment, according to Badri, especially for male homosexuality. The reference is on the one hand to the Qur’an. In verse 32:21 it is stated “And indeed We will make them taste of the Penalty of this (life) prior to the supreme Penalty, in order that they may (repent and) return”, suggesting a partial punishment here on earth for those who do not heed the divine commands. Furthermore, Badri points to the narration of Sodom and Gomorrah, and qawm Lut, “Lot’s people” who transgressed God’s boundaries through male homosexual acts. He also quotes the hadith referred to in the interview above, from Ibn Maja’s collection (one of the six “canonical” hadith-collections in Sunni Islam), where the Prophet makes a prediction of a forthcoming plague as a punishment for sexual misconduct (Badri, 1997, pp. 209–210). Although such a view on HIV/AIDS as a divine punishment is widespread in the contemporary Muslim discourse, it is not general. For example, the South African organization positive Muslims actively work against such an attitude, which they deem stigmatizing (Esack, 2004).

In the questionnaire, I asked the students if they regarded AIDS as a divine punishment. Three quarters of the students strongly agreed or agreed to some extent with the statement “AIDS is a punishment from God”. There was no significant difference here between those Muslim students who took IRE and those who did not. The result from interviews with students was similar.

Some of the teachers pointed to the problem of stigmatization of those infected with the virus. They suggested that there was a widespread reluctance among Muslims to go for testing and a tendency to hide the fact that one was infected. One secondary school teacher provided the following image:

You see somebody suffering from HIV/AIDS. You see all the signs. But they will tell you ‘ahah, huyu, ana jini’ [this person has a jinn, i.e. is possessed by a spirit]. They will tell you ‘huyu ametumiwa na jini’ [this person is being used by a jinn]. They don’t accept. // And you know they don’t go to the doctor’s, because they say ‘amerogwa’, [he/she has been bewitched], and so on. // Maybe they feel it is shameful because Islam as a religion does not encourage immorality.

This particular teacher saw the inclusion of the topic of HIV/AIDS in the new syllabus of 2002 as an important, positive step in tackling the issue in the society, given the negative attitude among Muslims in Kisumu to those affected by HIV/AIDS.

So they [the Muslims in Kisumu] feel maybe it is a shameful act. And they don’t want to actually go out. But I think that if they will open up and start tackling it as a problem, as a disaster, we will be able to control it. Now, if I cannot do that with the parents, I think I can do something with my students.

Another secondary school teacher had decided to tackle actively the problem of HIV/AIDS being associated with divine punishment.

Personally I think it is not a curse [but] I know the thinking of my community. // There is a general feeling that AIDS is actually a curse, and it is propagated by the imams [mosque functionaries/preachers] themselves. They are saying that AIDS is a curse because it was brought here to punish those people who commit zina. This has always
been said in the mosques. They are misleading people. AIDS is not a curse because you can get AIDS from other ways. You know, like you can get it from blood transfusion. Children can get it from their mother, and what crime did they commit, what sin did they commit? // God will be so unfair to punish a child for the mistakes that were made by his parents.

There is a possible implicit reference to the Qur’anic verse 81:8–9 here. Towards the end of the world, when resurrection takes place, the “girl-child that was buried alive is asked for what sin she was slain”. This passage is usually connected to a perceived practice during al-jahiliya (the pre-Islamic period on the Arabian Peninsula) of burying infant girls alive. Of course, this is different from the situation addressed by this particular teacher. It is nevertheless possible that he here uses a well-known imagery from the Qur’an, carrying notions of the gravest of injustices, to argue for his case. I could observe how this particular teacher, in class, tried to convince his students that HIV/AIDS should not be seen as a divine punishment, but as a disease like any other, one for which a cure will eventually be found. He objected vehemently to a remark from a student that the “cure” for HIV/AIDS is “the Qur’an and the sunna”, deeming such a view both naïve and dangerous. AIDS has no cure, at least for the time being.

While discussing the ways in which HIV is transmitted is difficult at times, the issue on how to relate to those infected is less so. According to the syllabus for primary schools, this topic is to be covered in year seven. The teachers interviewed all stressed caring for the sick as a religious obligation in the context of HIV/AIDS. The commonplace religious ethical demand to show “compassion” for those less fortunate was here often invoked.

Several informants pointed out how religious leaders nowadays advice those who are planning to get married to first go for an HIV-test. Students as well as teachers stressed this advice as a way to prevent HIV from spreading in the Muslim community. One secondary school teacher justified this advice with reference to a well-known utterance of the Prophet, present in the two major canonical collections of hadith, al-Bukhari’s and Muslim’s (with some variance).

The Prophet knew, he was the messenger of Allah, he knew it, and he told us that, if there is a plague in a city, nobody should go into that city or come out of that city, until that plague is cured. Ok, so this is a city that you are going into. A person with whom you are going to share your life. So don’t involve yourself physically with that person unless you go for a test.

In interviews with the students, it became clear that this advice had taken root. They all stated that they would follow it when getting married in the future. In one interview, a male student viewed it not merely as an advice, but as an actual prerequisite for the validity of the marriage. However, some doubts were raised as well. The advice may not be that easy to adhere to in real life. In a group interview, three female students came to discuss it. Although they all agreed to the rationale of going for testing, they contended that to suggest such a test to your future spouse might be problematic. One of the girls related a story of how a marriage she heard of was called off because the girl, and her family, insisted that the future couple should go for an HIV-test. The boy’s mother reacted very negatively. She viewed the suggestion as an accusation that her son had involved himself in immoral acts. Although I have not tried to verify this particular story, similar reactions from future parents-in-law would seem quite plausible.

The advice to go for testing was also discussed in class. On one occasion, the question on what happens if one of the two future spouses is found to be HIV-positive came to the fore. The teacher explained that if this is the case, the man and the woman should go separate ways. Several of the students objected to this.

Male student 1: No sir, you can’t do that. That is not love. How can you say that? One has to decide that for oneself.
Teacher: Yes, you can choose. But if you want to follow the sunna [expressed in the hadith mentioned in the quotation above] of the Prophet, you have to leave one another then and there.
Male student 1: No, I can’t agree with that. Love is more important.
Male student 2: You are stupid! Is love more important than life? You will be infected yourself if you marry her.

A lively discussion followed, involving the whole class.

Female student 1: I think you ought to marry her anyway, but without having sex with her.
Male student 2: You can’t be married without having sex. That is against Islam. Sex is a must in marriage. //I would never marry someone who is positive.
Male student 1: But you would not have sex with her. There is love and there is lust, and these are
two different things. You should not abandon her. You should stay with her and take care of her, maybe even without marrying her. Look at Khadija, for example. The Prophet did not marry any other woman while she was alive. He stayed with her and only her. That is love.

This last example shows clearly how discussions relating to HIV/AIDS in the classroom setting can be part of the construction of Islam. Elements from the religious tradition are used rather freely and innovatively. Khadija is the Prophet’s first wife. Their relationship is often used as a normative example for romantic love, and not least as an argument for monogamy. There is no self-evident, inherent or predictable connection between the topic discussed and the elements used. Romantic love, rational considerations and religious norms and law are three distinct foundations for moral evaluation put forward in the quoted discussion. Religion comes in as an independent argument only in connection with Islamic family law and sexual intercourse as prerequisite for marriage. However, religion comes in as a secondary support for two contrasting evaluations: the “stay with her” argument as well as the “go separate ways” argument. In both cases, the reference is to the *sunna*, and the connection is not self-evident, but created by the speaker in this particular context.

**Discussion**

Kisumu is a town characterised by pluralism of religious worldviews. The fact that Muslims in Kisumu constitute a religious minority (or minorities) is important to take into account in trying to understand the discourse on HIV/AIDS and Islam in the context of IRE. The pluralistic situation in itself “undermines the taken-for-granted quality of any single worldview” (Mcguire, 2002, p. 38), including any single Muslim worldview. Sociologist of religion Peter Berger has stressed that such pluralism inevitably leads to a situation where individuals and groups are faced with the “heretical imperative” (Berger, 1979, pp. 26–31) of being forced to choose between religious alternatives, and having to justify that choice for themselves and in relation to others. While retreating from the postulation that a pluralistic situation by necessity leads to a secularization of religion, Berger still sees this imperative as an important feature of religion in all areas of the world affected by modernization and globalization (Berger, 2001).

Basically, it is the social interaction between the members of a religious community that preserves that community’s common religious system of meaning, through making it plausible for the individual. As long as this interaction is strictly limited to people who share the same worldview, the system can be maintained. In a pluralistic situation, religious groups may isolate themselves from the larger society and other groups and creating their own “cultural enclaves” (Mcguire, 2002, p. 38). In Kisumu, there are Muslim groups who do this, but they are marginal. Most young Muslims in Kisumu (as in most other parts of Kenya) have daily interaction with non-Muslims, and access to a global information flow, mainly through the entertainment industry. Hence, they are in a situation where pluralism is a fact in everyday life. There is no self-evident monopoly for an Islamic system of meaning in defining and justifying social norms and roles. The very existence of alternatives leads to reflection and the notion of choice. In order for a particular religious system of meaning, including norms and practices, to be preserved in this situation, members of the community that share it have to deem that system to be relevant to issues of their everyday life, and also superior (or at least equal) to possible alternatives (Mcguire, 2002, p. 215).

Religious education, in different forms, has an important role socialising individuals into the meaning system of the group. This is also one of the explicit aims of IRE. Islamic Religious Education, and in general Islamic activities in the school environment, connects Islamic beliefs, norms and practice to the issues of the day, and works to create a sense of pride of being Muslim among the students. From my findings during fieldwork, I conclude that HIV/AIDS is one of those issues in relation to which Islam is constructed as a worldview and system of norms that is feasible, rational and superior to other locally available worldviews and systems of norms. One way through which this is achieved is through positioning Islam against other (inferior) alternatives, in a dichotomous relationship. In Kisumu, the superiority of Islam is “proven” by the perceived lower rate of HIV-infections among Muslims. In the discourse, this is closely connected with the religiously prescribed mores and modes of conduct. Unlike “the Christians” or “the West”, Muslims have been provided with a divine protection against HIV/AIDS. Islam is constructed as containing a unique and morally superior system of norms ultimately related to its basic sources, the Qur’an as the Word of God and the normative example of the Prophet. The relevance of these sources in relation to the contemporary world is thus stressed. In this dualistic division between “us” and “them” there is no need to point out actual diversity, or for that matter the relationship between ideals and realities, neither within the in-group nor within the out-group.
Apart from creating an image of superiority in relation to the “Other”, the discourse on HIV/AIDS strengthens the affinity to a Muslim “imagined community” at large, locally and globally. One way this is done is through the suggestion that Islam is the solution to the HIV/AIDS-problem. Such a view is evident already in the syllabus, with the reference to a “preventive precautionary morality” of Islam, and occurs in everyday conversation in Kisumu. Above, it is implicit in the quoted assignment concerning lower rates of HIV-infection in “Islamic states”. The strict ban on premarital and extramarital sex in Islamic legal thought is hence provided with extra-religious justification through the association with HIV/AIDS. The ban is justified not only because it is God given, but also because it is rational. The claim that HIV/AIDS is predicted in the sources furthermore relate to an image of the latter as being universal, and unbound by time and space, containing information and norms that are socially relevant also today.

The findings related above also show how the HIV/AIDS issue in the context of IRE has bearing on notions of gender. Two aspects of this are worth noticing, the dress code for women and girls as responsible both for their own, and the boys’ sexuality. The norms of “proper dressing” and on hijab in particular, are provided with relevance through association with HIV/AIDS. Although the use of hijab is widespread among Muslim women in Kisumu, it is not general. The very fact that some Muslim women and girls choose not to wear it puts the norm into question; it is not self-evident. Connecting the issue of women’s dress to HIV/AIDS provides it with much needed additional rational justification.

In focusing on “abstinence” as the remedy for the HIV/AIDS menace, there is an additional element of gender construction. This is because discussions on “abstinence” to a large extent focus on girls” abstinence, and their role as protectors of the morals of the community. Such a symbolic role for Muslim women and girls as protectors and guardians of the umma is common in the wider contemporary Muslim discourse (Eickelman & Piscatori, 1996; Rippin, 2005). In the discussions on HIV/AIDS, masculinity is constructed as being weak in self-control. Women and girls are, by their very nature, objects for male sexuality. Since that sexuality is so difficult to control, women have to cover their awra, and guard their ‘chastity’. Hence, dominant religious views of masculinity, femininity and sexuality are further strengthened. From an outsider’s perspective, given the difference in social control of sexuality, it would seem more conducive, if the goal was to counter the spread of HIV/AIDS, to focus on abstinence for the Muslim boys. Given the gender gap in HIV-prevalence among teenagers in Kisumu, boys would also appear to run a higher risk than girls do of encountering a heterosexual partner of the same age who is infected.

The main argument put forward here is that the discourse on HIV/AIDS in the context of IRE in Kisumu has its main purpose of adding to the construction and justification of an Islamic system of meaning in a local context, given the pluralistic situation. This would explain why this discourse does not include reflections on possible risk factors connected to Islam. To address the issue of for example breastfeeding or polygamy and HIV in IRE would not be conducive in this respect. On the contrary, it would pose a threat to the construction: How comes, for example, God, in the Qur’an, has recommended, or even ordained, a practice that puts innocent, new born babies at risk of being infected with HIV? The reluctance to discuss condoms can be viewed in a similar way. Condoms is an alternative to an Islamic “preventive precautionary morality” as means to protect individuals from HIV/AIDS, maybe even a better alternative, since it would protect also those who cannot or will not adhere to such a morality. To be faithful and restrict oneself to one sexual partner, another protective measure is possible even in an “illegitimate” relationship from the viewpoint of Islamic legal tradition. The relevance of the Islamic “preventive precautionary morality” mentioned in the syllabus is dependent upon other, “non-Islamic”, protective measures being glossed over.

In the context of IRE, the discussion of HIV/AIDS is thus limited by the boundaries of akhlaq. Others have noted that the discussion on HIV/AIDS within a framework of Islam and Islamic sexual ethics has its problems and limitations (see, e.g. De Waal 2003, pp. 250–251). Even if individual teachers, aware of possible discrepancies between Islamic ideals and the reality that faces the students, would like to address the issue from a practical and pragmatic, rather than Islamic idealistic point of view, IRE does not appear to be the forum to do that. Certain important aspects of prevention strategies are difficult to handle, both concerning prevention in itself and possible “Islamic” risk factors. The close connection between immorality and the spread of HIV, central in the context of IRE, makes stigmatization of those affected a problem, regardless of contrary stress on “compassion”. For the same reason, the recommendation of mutual testing before marriage may be difficult to realize in practice.

Alternatively, addressing the issue of HIV/AIDS in the context of IRE is useful for the Muslim community from another point of view. It assists in the
maintenance and justification of an Islamic meaning system. It serves well to strengthen a positive self-image within the Muslim community, important in a minority situation. This role of HIV/AIDS discussion in IRE, is however, dependent on the focus being kept on sexuality, segregation and veiling, and kept off issues concerning alternatives to abstinence before marriage and possible Islamic risk factors for the spread of HIV.

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Notes
1. Quotations from the Qur’an in the following are in the translation of Yusuf Ali (Ali, 1983).
2. This is not to say that the girls themselves do not accept and even value such a position as guardians of the community morals in the area of sexuality. Several responses from the female students, in interviews and discussions indicate that they deem the role as protectors of morality as a meaningful part of their identity.
3. In this article, I have not provided any overview of Islamic sexual ethics. Given my basic view on Muslim religious diversity, pointed out above, such an overview is not possible to give in a limited space such as this. For those interested in the issue, I can highly recommend a recent book by religious scholar Kecia Ali, Sexuality and Islam, Feminist reflections on Qur’an, hadith, and jurisprudence (2006).

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