

The Re-Production of Discourse, the Exercise of Power, and the Creation of Piety in the Issue of HIV/AIDS and Islam in Indonesia

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Abstrak

AIDS dipahami oleh mayoritas orang Islam Indonesia sebagai sebuah bentuk balasan tuhan, aib keluarga, hukuman homoseksual atau laknat tuhan. Pada kenyataannya, melalui fatwâ dan khotbah terkait AIDS, Muslim yang terjangkit penyakit HIV & AIDS diasingkan dari wilayah kesalehan Islam dengan ditempatkan dalam kategori berbeda melalui kekuasaan agama. Makalah ini hendak menawarkan pendekatan analisis-evaluatif dalam melihat respons (ajaran) Islam terhadap orang-orang Muslim yang positif terkena HIV di Indonesia. Artikel ini juga akan melihat landasan logis dari lahirnya kategorisasi dan identifikasi kelas-kelas sosial yang kemudian dikenal dengan nama MLWHA (*Muslims Living with HIV and AIDS*). Makalah ini juga berusaha mengurai kategori-kategori MLWHA yang sebenarnya dikonstruksi oleh “pemegang otoritas” yang mewakili umat Muslim Indonesia, yakni MUI (Majelis Ulama Indonesia). Lembaga ini mengeluarkan fatwâ terkait dengan HIV dan AIDS pada tahun 1995, yang kemudian dikenal sebagai Tadzkirah Bandung. Melalui fatwâ tersebut MUI mengklasifikasi Muslim Indonesia ke dalam tiga kategori: (1) Mereka yang terkena HIV dan AIDS, (2) mereka yang berisiko terkena HIV, dan (3) umat Muslim secara umum. Artikel ini bermaksud menjelaskan relasi kekuasaan yang melatari lahirnya kategori sosial tersebut. Ini untuk memahami dampak individu dan sosial dari munculnya klasifikasi di atas.

Kata kunci: Islam, HIV dan AIDS, MUI, Strata Sosial.

Introduction

This article offers an evaluative analysis of the approach taken to the Islamic responses towards HIV positive Muslims in Indonesia, considering the underlying rationale for their categorization or identification as a specific social category namely “MLWHA” (Muslims Living with HIV and AIDS). As I will confirm through this article that the category of “MLWHA” is truly constructed by a Muslim Authority in Indonesia namely the Council of Indonesian Ulama (MUI), when issuing their fatwâ (religious decree) on HIV and AIDS in 1995, which is also famous to be named as “*Tadzkiroh* Bandung”. Through that fatwâ, MUI categorized Muslims in Indonesia into three social categories; *first* Individual Muslims who are living with HIV and AIDS, *second* “Individual Muslims who live with risky behavior (of HIV transmission)” and the *third* is “Indonesian Muslims in general”.

This article is intended to study power relation existed behind such social categorization; it is also an elaboration to understand the social impact at both individual and communal level from such emergence of social grouping. This article shall provide further an analysis by which we may be able to answer questions related to a particular social-religious context in which MLWHA in Indonesia are being stigmatized and discriminated.

While examining the relation of power which is taking place within that particular context of *fâtâwâ* (religious decrees), religious sermons and “rules” addressed by those authorities, this article will also examine particularly whether the motivating rationale for the imposition of rules relating to MLWHA and the stigmatization to them is a form of power mechanism, through which the Islamic authorities in Indonesia are able to have control over the wider Muslim community in Indonesia? Or the relation of power is not indicated by such existing control, domination and (or) hegemony, but rather by merely the construction of discourse in which the power is being exercised by certain kind of stigma reproduction, discrimination, and the (re)construction of what so called “political-religious piety”?

From a Question of a Discourse to an Investigation of Power

Paula Treichler's identification of AIDS as an "epidemic of signification" highlights multiple approaches that may be used to understand the epidemic,¹ extending from the proximal level of explanation to the distal level of discussion; from the broader aspects of AIDS in its global context, to the particularities and distinctiveness of AIDS in its specific territories. It is the latter element that makes Indonesia a complex case study.

Indonesia holds religion at its core both politically and culturally as its "national belonging".² This presents challenges in evaluating the degree to which religion should be involved in the discussion in the fight against AIDS. This is especially the case when one considers that the stigmatization of Muslims living with HIV dan AIDS (MLWHA) is based not only on common misunderstandings of the disease as infectious, but the stigma is rooted epistemologically in the interpretation of AIDS, put forward by religious communities according to their teachings and beliefs. In this regard religion-based stigma, in particular, should be one of the significant issues in the discussion of AIDS in Indonesia.

Islam as the religion of the majority in Indonesian society³ and the "Islamic ethos" that increasingly pre-dominates the country's popular culture⁴ confirm the "popular interpretation" of AIDS as merely a religious moral issue. Indeed, AIDS is perceived by the majority of Indonesian Muslims as a form of divine retribution, family disgrace, homosexual punishment, or God's heavenly chastisement.⁵ In fact,

¹ Paula A Treichler, *How to have Theory in an Epidemic: Cultural Chronicles and AIDS* (Durham: Duke University Press, 1999), 23.

² John R. Bowen, *Islam, Law and Equality in Indonesia: An Anthropology of Public Reasoning* (Cambridge: Cambridge University Press, 2003), 50; Tom Boellstroff, "Between Religion and Desire: Being Muslim and Gay in Indonesia", dalam *American Anthropologist*, Vol. 107, Issued 4, 2005), 30.

³ In 2000, there were approximately 177.528.772 Muslims from 201.241.999 of the total population.

⁴ Boellstroff, "Between Religion and Desire", 45.

⁵ Ahmad Shams Madyan, *AIDS dalam Islam: Krisis Moral atau Krisis Kemanusiaan?* (Jakarta: Mizan Press, 2009), 60.

through Islamic *fâtâwâ* and sermons on AIDS, MLWHA are marginalized from the territory of “Islamic piety” by being placed in the category of “others” through the exercise of religious power.

Islamic Moral Response to HIV and AIDS in Indonesia

It is worth to mention beforehand that I have done a research previously undertaken on “AIDS and Islam in Indonesia” through which I demonstrate that Indonesian Islamic responses to the pandemic have created moral judgments, which have contributed to the stigmatization and condemnation of Muslims living with HIV and AIDS.⁶

The research was based mainly on textual responses declared by the three biggest Islamic authorities in Indonesia *viç*: NU (*Nabdlatul Ulama*), Muhammadiyah and MUI (the Council of Indonesian *Ulama*). The first two are representative of moderate Islam and are the most influential mass- based organizations with the largest membership of over 70 million combined⁷.

NU is representative of “traditional Islam”, while Muhammadiyah represents “Modernist Islam”. However, both organizations have relatively similar response to AIDS pandemic in Indonesia.⁸ MUI, which is supported by the Indonesian government, does not represent certain stream within Islamic debate in particular since it was supposed to be the voice of Indonesian Muslims by all sects and schools (*madhhab*) in general.⁹

⁶ Ibid., 61.

⁷ Frederick: 1993, In fact, there is no valid statistical reference on numbers of membership between NU and Muhammadiyah, since both only have ID membership only recetly. The number seems to come up by the comparative participation that is ‘apparent’ in their gatherings.

⁸ Ahmad Shams Madyan, *AIDS dalam Islam: Krisis Moral atau Krisis Kemanusiaan?* (Jakarta: Mizan Press, 2009), 61.

⁹ In fact, MUI was established by Indonesian government in 1975 to support the political hegemony of Soeharto, the second president of Indonesia. It remains composed of members selected by the government from various organizational backgrounds of schools (*Madzhab*) in Indonesia although the perception being that MUI is increasingly becoming conservative recently.

According to the *fatwâ* (sing. of *fâtâwâ*) of NU, AIDS is analogous with leprosy considering that both are infectious diseases that cause shame and disgrace (*'aib*) to a family.¹⁰ As a result of this, NU considers a person living with HIV and AIDS can marry but their marriage status, according to the Islamic law, is *makrûh* (allowed, but not preferred).

Muhammadiyah, on the other hand, has published a collection of Friday sermons (*kumpulan khotbah Jum'at*) on combating AIDS in Indonesia.¹¹ Although some sermons call for anti-discrimination towards MLWHA, the overall messages of the sermons attribute AIDS to God's punishment. Some call MLWHA to repent for their sins and return to the faith, others quote the story of the prophet of Loth, commenting that AIDS is God's penalty for homosexuals.¹² It should be noted here that neither NU nor Muhammadiyah could be regarded as "monolithic entities" that have single responses. Besides there are opinions of individual Muslims that differ from their organizational responses, each of these organizations has its own dynamic reflected in the existing variations and at times contradictory thoughts within their sub-divisions.

Fatayat and Aisyiah, for instance, are semi-autonomous organizations for women within NU and Muhammadiyah respectively. Both have relatively different responses to AIDS from the official *fâtâwâ* of their umbrella bodies. Although neither Fatayat nor Aisyiah issue independent *fatwâs* on AIDS specifically, they do work progressively with some NGO's and the KPA (National AIDS Commission) for AIDS awareness program in Indonesia.¹³

¹⁰ NU quotes the hadith (prophetic saying) that says "Run away from a person who has leprosy as you run away from a lion". Refer to A. Aziz Masyhuri, *Masalah Keagamaan: Hasil Muktamar dan MUNAS Ulama NU Kesatu 1926 s/d Ketigapuluh 2000* (Jakarta: PPRMI and Qultum Media, 2004), 539; and Sahal Mahfudz, *Solusi Problematika Aktual Hukum Islam: Keputusan Muktamar, MUNAS & KONBES Nahdlatul Ulama (1926-1999)* (Jakarta: LTN-NU and Diantama, 2004).

¹¹ Thabrani Syabirin (ed.), *Menghindari AIDS: Kumpulan Khotbah Jumat* (Jakarta: USAID-YASA-PP Muhammadiyah, 2005), 77.

¹² *Ibid.*, 78.

¹³ LKKNNU: 2005, It is interesting to see here how Fatayat and Aisyiah have different responses to AIDS from their umbrella bodies since both Fatayat and Aisyiah are women organizations that involve in the process of power negotiation to the

AIDS appears to MUI in a similar way to NU and Muhammadiyah as God's retribution for the human crisis of morality.¹⁴ In addressing their *fatwâ* on AIDS, MUI rely on a Qur'anic verse that illustrates God's affliction and punishment.¹⁵ As mentioned earlier, in their *fatwâ*, MUI recommend certain "rules" after categorizing people into three groups; (1) HIV-positive individuals, (2) people living with high-risk behavior and (3) Indonesian citizens in general.¹⁶

For those who are HIV positive, MUI recommends that unmarried persons must abstain from sex completely, while married couples "must"¹⁷ inform their spouses of their HIV positive status and use condoms during their "emergency sex".¹⁸ For people exhibiting high risk behavior, MUI recommends that they check their HIV status (especially before marriage) while married couples "must" ensure condom usage.¹⁹ Regarding Indonesian citizens in general, MUI advocates the maintaining of morality, returning to faith, increasing their piety, and avoiding sins and bad behavior. In addition to that, MUI

powerful leadership of men. The responses of Fatayat and Aisyiah also indicate how woman project and youth as the effective bottom project became a real legitimacy that they may have also different sense of morality and sexuality in the context of AIDS response from the *Ulama*.

¹⁴ Madyan, *AIDS dalam Islam*, 66.

¹⁵ QS. al-Anfâl [7].

¹⁶ According to the redaction of *fatwa*, the *fatwa* consists of six points which are: (a) preamble [*Mukaddimah*] (b) Tadzkirah Bandung (c) The system of spreading AIDS and information about HIV/AIDS to people (d) the role of Ulama in HIV/AIDS prevention (e) plan of actions (f) conclusion. <http://www.theceli.com/-dokumen/produk/lain/muiaids.htm> accessed 3 July 2008.

¹⁷ The stress on the word 'must' is translated from the original version '*wajib*'. According to Islamic tradition, the word 'Wajib' has a religious tone which indicates control and force.

¹⁸ Translated from Indonesian version; "*Bagi pasangan suami isteri dalam keadaan darurat agar mengenakan kondom dan alat perlindungan lain*". Since a married couple is supposed to engage in sexual relations, I question what the MUI meant by the usage of the term 'emergency sex' here?

¹⁹ KH Hasan Basri, the chairman of MUI, says that MUI opposes campaigns that advocate the use of condoms to prevent the spread of the HIV and AIDS. He describes this as an open invitation to promiscuity. See Malik Badri, *AIDS Crisis: A Natural Product of Modernity's Sexual Revolution* (Kuala Lumpur-Malaysia: Madeena Book, 2000), 283.

recommends that all HIV positive individuals should be guided for repentance (*Tambah*).

Islamic Responses to HIV and AIDS

Based on my previous research on AIDS and Islam in Indonesia, that I have mentioned earlier, it may help us understand if I could extract my findings about Islamic responses to AIDS in Indonesia and drag that into a boarder context through which we may easily understand the response of Islam to HIV and AIDS in general, as it will be a map that navigate our comprehensive understanding.

I should say that at least, there are two constructions or two responses of Islam looking at AIDS. The *first* is an option to see AIDS as a crisis of morality, while the *second* is an option to see AIDS is a crisis of more global injustice; It is a crisis in a greater and more complex sense of humanity.²⁰ As for me to say again that the first option is the most popular in Indonesian Islam. It is the response that sees AIDS as God's punishment, divine retribution homosexual attribution.²¹ I should say that both responses represent different discourses. They contest each other as each claims to be the most Islamic.

The meaning of Islam has long been debated as the religion is a struggle and defense for God's kingdom and superiority that put human morality and their obedience as the core meaning of religion. AIDS as a moral discourse that is being defined and related to sexual morality become one of the icons that Muslims should not be near to any fornication for it causes AIDS. The disease is then symbolized and understood as His punishment.

While the other contesting meaning puts the central mission of Islam is the liberation and Justice for the people. To this group, looking at AIDS as it is merely symbol of sin and dirt is narrow and unfair, since there are many innocents Muslims and babies who have contracted AIDS not because they are sinners. For the two discourses we can see

²⁰ Madyan, *AIDS dalam Islam*, 35.

²¹ *Ibid.*, 36.

that the two different responses to AIDS; the conservative-moralist and the progressive social justice, are actually representing the contestation of interests for giving meaning about Islam itself.

The Global Context of Islamic Moral Response to HIV and AIDS

To understand the contestation of discourses little deeper, I would like to discuss how Islamic moral responses to AIDS in the global Islamic world represents the most popular discourse as it has always been reproduced and exercised.

As it is observed, the predominant discourse adopted by Muslim authorities in Indonesia to HIV and AIDS is defining AIDS as a behavioral problem or an issue of individual morality. It arguably becomes the most prevalent response of Indonesian Muslims to the pandemic.²²

In fact, this discourse is seemingly constructed as it has been academically shared by some Muslim thinkers such as Professor Malik Badri, as our review on his thought will enrich this article with somehow deeper understanding. We will use Badri's moralist thought on AIDS crisis as an example how certain discourse of AIDS is being reproduced. To a certain degree, Badri's book²³ represents discourse reproduction in which he tends to be using an "Occidentalism approach" in seeing the pandemic. In the book, he frames AIDS as a product of "Western modernity" and "Western-Sexual revolution".²⁴

Sindre Bangstad considers that Badri's work on "Islam and AIDS" belongs to a subgenre of popular discourse of Western

²² Ibid., 37.

²³ The book was first copyrighted in 1997 and was virtually recognized as the first full book on 'AIDS and Islam', which was given the Award of the best contribution to Islamic medicine for the year 2000 by a trans- national organization on Islamic medical projects, IMA (Islamic Medical Association).

²⁴ Malik Badri, *AIDS Crisis: A Natural Product of Modernity's Sexual Revolution* (Kuala Lumpur-Malaysia: Madeena Book, 2000), 58.

conspiracies found throughout the Muslim world.²⁵ Bangstad further describes Badri's work on AIDS as an instance of "Occidentalism" in the vein of Islamists such as al-Mawdudi and Sayyid Qutb.²⁶

Occidentalism—if we need to confirm any further—is characterized by the manner in which someone is trying to de-humanize images of "the West". Since Badri's main thesis considers AIDS as the outcome of "Western" sexual promiscuity, it is therefore perceived strongly as "God's punishment" unleashed upon human beings for their sinful behavior, it therefore follows for Badri's argument that AIDS is attributable to human sexual "errors", especially homosexuality that has been legally promoted in Western modernity.²⁷

Badri's labeling of AIDS as a "western product" is very strong as his conclusion that AIDS is indeed a divine retribution. He claims:

Thus, the general belief about the AIDS pandemic is that of divine retribution for the immoral homosexual revolution of the West and its aping in other countries. This belief is firmly rooted in the Muslim mind because every child in his early school years must have been thrilled by the Qur'anic story of the prophet Loth (peace be upon him) and what God did to his homosexual people.

Along with his agenda of Islamization, Badri supports the notion that Islam is "the solution" for all human crises, including AIDS. In this sense the message of the book emphasizes that "Islamic morality" and "Islamic rituals"²⁸ are the only way to combat AIDS. Islam for Badri is the complete package of moral conducts to protect the Muslim community (*Ummah*) from Western contamination, particularly from HIV and AIDS.²⁹

Clearly, Badri's discourse on AIDS exteriorizes the risk of HIV infection among Muslims by constructing it as a product of "otherness",

²⁵ Hans-Jacob Bangstad et.al., "Insulin Treatment in Children and Adolescents with Diabetes" (*Pediatric diabetes* 10.s12, 2009), 82-99.

²⁶ *Ibid.*, 89.

²⁷ Badri, *AIDS Crisis*, 190.

²⁸ *Ibid.*, 214-221.

²⁹ *Ibid.*, 184.

which appears in the form of “Western modernity” and the “Western sexual revolution”.³⁰ He classifies the “good- pious Muslims” as worthier when compared to people who lean towards Western modernity and its sexual norms. In fact, Badri provides insights into how the moral and sexual concerns of Muslims should be handled by Islamic teachings. His views seemingly validate the notion that Muslims who practice their faith well are not at risk of contracting the virus. Here the image of religion as “hygienic and pure” and the virus as “dirt and an impurity” are constructed within his conceptual classification.

The attribution of AIDS to Western homosexuality indicates that Badri does not really care about “the conspiracy of silence” or “the will not to know” that covers the facts of homosexual practices in Muslim societies.³¹ Imagining only the absurd concept of “the West” as the only agent for this sexual preference, it becomes obvious from Badri’s point of view that “the West” and “Islam” are involved in a cultural conflict. In fact, Badri himself seems to be confirming the views of Samuel P. Huntington in “The Clash of Civilization” (1993).³²

The moralist perspective of Badri represents one discourse of the Islamic responses to the pandemic in a global context. As it is also evident that the moral responses of Islamic authorities in Indonesia to the pandemic are derived from similar construction; the “images” of AIDS and MLWHA attributed to “bad behavior” is created to counter the images of “Islamic behavior” which is supposed to be “pious, pure and hygienic”. This contrast is used to indicate how a discourse is being socially constructed and the relation of power being socially exercised.

Recalling Theory of Power

As The Indonesian’s and Badri’s moral response being analyzed, it is relevant to understand that his “moral perspective” on AIDS as a “discourse” consequently enforces “power” and “control”. A

³⁰ Hans-Jacob, et al., “Insulin treatment in children and adolescents with diabetes”, 82-99.

³¹ Stephen O. Murray and Will Roscoe, *Islamic Homosexualities: Culture, History and Literature* (New York: New York University Press, 1997), 89.

³² Badri, *AIDS Crisis*, 210.

methodological reflection on how we understand “power” can be facilitated by understanding Foucault’s theory and his methodology of analyzing “a discourse”.

In fact, such Badri’s discursive point of view, the Indonesian Islamic discourse of AIDS has—indeed—encompassed our view on AIDS as a mere problem of morality. Consequently, we regard MLWHA as people who have “problems” with their morality justifying the “exclusion” from the territory of our “moral community”. The question then becomes whose “morality” are we talking about? What kind of morality? Some critical question may be derived, such as what of those who are morally good but infected with HIV?

Michele Foucault—the famous social scientist who theorize power—defines “discourse” in his book *The Archaeology of Knowledge* (1972) as a body of statements that is organized, systematic, and is presented as a set of rules.³³ Foucault defines a discourse as a system of representation that regulates meaning so that certain ways of thinking, speaking and behaving became “natural”.³⁴ According to Foucault, “a discourse” is a collaboration of statements and one of the central purposes of the discourse is to establish a relationship between statements so that we may make sense of what is being conveyed to us.

In the context of morality discourse, Emile Durkheim considers that “morality” is to limit the behavior of individuals to the expectation of the wider society.³⁵ The purpose of morality is (a) to determine conduct (b) to fix conduct and (c) to eliminate individual arbitrariness.³⁶ Through the imposition of the “morality discourse” in the context of AIDS, the Indonesian Islamic authorities have created rules that prescribe such ways of behaving, so Indonesian Muslims and especially MLWHA will behave according to the rules. In fact, they will behave accordingly not because some innate force is at work, or because they

³³ Michel Foucault, *The Archeology of Knowledge*, trans. AM. Sheridan-Smith (London: Tavistock, 1972), 55.

³⁴ *Ibid.*, 56.

³⁵ Emile Durkheim, *Moral Education: A Study in the Theory of The Sociology of Education*, trans. E.K. Wilson and H. Schuner (New York: Free Press of Glencoe, 1973), 78.

³⁶ *Ibid.*, 80.

like to behave in that particular manner but because they are subject to the stigmatizing moral authority. Here we can see that morality is characterized by its “regularity”, therefore irregular behavior is then regarded as incomplete morality.³⁷

It is also apparent that the three predominant Islamic institutions in Indonesia as well as Dr. Malik Badri lean towards power by “creating structure” and “order” that are used to control the public. In fact, through the *fâtâwâ* we have seen how MUI, for instance, has created “structure” and justified “the order of things”. It is clear especially when MUI classified people into three categories as I have described. Clearly, “the order of things” is identified by Foucault as the nature of systems of classification.³⁸

Having understood these theorizations of power, morality, and discourse it becomes clear that the *episteme* of “moral based response to AIDS” held by the three Islamic institutions have generated the “order of discourse”. In fact, these *fâtâwâ* and sermons are created to control people’s views of the world, particularly with regards to HIV, AIDS and those living with it (MLWHA). In this manner, the nature of this discourse allows them to categorize citizens within a network and divide them into “virtual boxes” as pious Muslim vs. impious Muslim; good Muslim vs. bad Muslims, etc.

This view of “power” is further apparent when considering the *fâtâwâ* and sermons that tell people about how a person should behave, understand his own status, and adapt the manner in which he “must” relate to others. To Foucault’s term, these are really forms of the “discipline of the body”.³⁹ Thus, the construction of power, in the context of the *fâtâwâ* and sermons, can be seen through the process of classifying individuals, dividing practices, and understanding one-self.⁴⁰

³⁷ Ibid., 81.

³⁸ Michel Foucault, *The Order of Things: An Archaeology of Human Science*, trans. A Sheridan-Smith (London: Tavistock, 1969), 58.

³⁹ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. A. Sheridan-Smith (London: Penguin, 1977), 67.

⁴⁰ Ibid., 68.

Locating MLWHA in Indonesia and Religious Response

If we remember the fatwâ of NU in 1997, it was about MLWHA in Indonesia and how Nu answer three problems; (1) Question related to the status of the marriage of an HIV positive Muslims (2) Question on the way to prepare a *janaẓab* of an HIV positive Muslim and (3) question related to the *Hukm* of euthanasia for HIV positive person

As I have mentioned beforehand, according to the *fatwâ* of NU, regarding the first point of the *fatwâ*, AIDS is analogous with leprosy considering that both are infectious diseases that cause shame and disgrace (*'aib*) to a family.⁴¹

NU quotes the hadith (prophetic saying) that says “*Run away from a person who has leprosy as you run away from a lion*” look⁴² As a result of this, NU considers a person living with HIV and AIDS can marry but their marriage status, according to the Islamic law, is *Makrûh* (allowed, but not preferred). The epistemic foundation beyond this *Hukm* is the view that AIDS bring shame and disgrace to family. The law of *Makrûh* is taken through *Qiyâs* (analogical reasoning) to the law of marriage for someone with leprosy.

Recalling Foucault's Work

Michel Foucault's analysis of power forms a valuable framework within which to consider Islamic responses to AIDS in Indonesia. Through his book *Madness and Civilization* (1971), Foucault examines the history of lepers, in which we can regard it as another source of applicable framework that we may use to understand the Indonesian Islamic moral responses to HIV and AIDS. In fact, from Foucault's historical narrative of lepers who were excluded from the Medieval-

⁴¹ Mahfudz, *Solusi Problematika*, 530; Masyhuri, *Masalah Keagamaan*, 55.

⁴² Mahfudz, Sahal. *Solusi Problematika Aktual Hukum Islam; Keputusan Mukhtamar, MUNAS & KONBES Nahdlatul Ulama (1926-1999)*. (Jakarta: LTN-NU and Diantama, 2004), 539.

European society, we can see later on similar story being experienced by Indonesian MLWHA.

It was medieval leprosy which had become endemic in Europe by the end of the 6th century.⁴³ People believed that leprosy came straight from God to punish humanity for its sins, especially for its attribution to “sexual errors”. St. Bernard of Clairvaux believed that leprosy afflicted the children of promiscuous parents.⁴⁴ In fact, leprosy as a disease was diagnosed not by doctors but by priests. Therefore, this belief remained deep in the European heart for centuries and became a symbol of the worst punishment that God could inflict upon humanity.⁴⁵

Leprosy had been mentioned in Hebrew law; Leviticus 13. This *old* [first] testament says that, “A man afflicted with leprosy must wear his clothing torn and his hair disordered; he must shield his upper lip and cry “unclean, unclean” as long as this disease lasts he must be unclean and therefore he must live apart; he must live outside the camp”. A century and more after leprosy had departed from Western Europe, hospitals were reopened to serve in isolated places for the corrupt souls and bodies of heretics and syphilitics.⁴⁶

The elimination of lepers in medieval Europe from the “church colonies”⁴⁷, which Foucault pointed out as an example of the power relation and exclusion process requires further deliberation here, considering particularly that in Indonesian context of AIDS discussion, NU have explicitly pointed out in their *fatwá* that AIDS is analogous to leprosy.⁴⁸

Considering this historical atrocity, we can say that leprosy was “a discourse” for the church community at that time and was used to justify “the purity” and “the hygiene” of religion. In a similar manner, we can see today how the discourse of AIDS as a moral (sexual) problem

⁴³ Peter Lewis Allen, *The Wage of Sin: Sex and Disease, Past and Present* (London: Chicago Press, 2000), 88.

⁴⁴ *Ibid.*, 88.

⁴⁵ *Ibid.*, 89.

⁴⁶ *Ibid.*, 90.

⁴⁷ *Ibid.* 86.

⁴⁸ Mahfudz, *Solusi Problematika*, 530; Masyhuri, *Masalah Keagamaan*, 56.

has contributed to the justification of “the dirt” of HIV and “the hygiene” of Islam.

Today, Muslims can easily search in their teachings and find a *Hadith* (prophetic sayings) claiming that when sexual promiscuity (*fābīshab*) spreads, Allah will send a pandemic (*thā’ūn*) that they can easily interpret it as AIDS. In a *Hadith* narrated by Ibn Majah, the prophet Muhammad said:

“If *fābīshab* or fornication and all kinds of sinful sexual rudeness become rampant and openly practiced without inhibition in any group or nation, Allah will punish them and with new pandemic (*thā’ūn*) and new disease which were not known to their forefathers and earlier generations.”⁴⁹

In his book, *Madness and Civilization*, Foucault argues that with the gradual disappearance of leprosy, madness came to occupy the excluded position. In the 15th century, the “ship of fools” was a literary version of an exclusionary practice. In 17th century Europe, there was a movement that Foucault famously describes as “the Great Confinement” in which “unreasonable” members of the population were locked away and institutionalized. In the 18th century, madness came to be seen as the reverse of reason, and, finally, in the 19th century madness has come to be regarded as a “mental illness”.

What Foucault traces here shows how the use of power operates through the categorization and exclusion process in which bodies have to be “punished” and “disciplined”. Foucault sees that from the beginning of the 17th century “discipline” became similar in many respects to training. Individuals were made into someone and individuality became institutionalized into a set of categories.⁵⁰

It seems that the interpretation of AIDS by Indonesian Islamic authorities is similar to the interpretation of leprosy and mental illness as discussed by Foucault. It is only when the *fātāwā* and sermons as statements and rules became representation of “a discourse”, we find

⁴⁹ Malik Badri uses this Hadith to support his argument that HIV-AIDS is God’s punishment. See Badri, *AIDS Crisis*, 1.

⁵⁰ Michel Foucault, “Orders of discourse”, dalam *Social Science Information* 10.2 (1971): 7-30.

certain classifications such as healthy people, HIV positive individuals, good behavior, bad behavior, high risk people, innocent people etc. In this regard, religious moral judgments in the context of AIDS can be seen as a function of “clinic” or “treatment” in Foucault’s theory, especially when the *fatâwâ* recommends that all MLWHA should be guided to repent for their sins, to strive towards piety, and return to faith.

Islamic Moral Response to AIDS

As I have mentioned before, the moral discourse of AIDS can be analyzed as the construction of the discourse of Islam as an exclusive cultural category; a construction of Islam as the supreme; a construction of cultural self and otherness. It can be seen even as a cultural advertisement; a mission agenda of “Islamization”. From the example of Malik Badri’s exposition of AIDS for instance, while he blames others, in this case is “the West”, Badri supports the notion that Islam is “the solution” for all human crises, including AIDS. In this sense the message of the book emphasizes that “Islamic morality” and “Islamic rituals”⁵¹ are the only way to combat AIDS. Islam for Badri is the complete package of moral conducts to protect the Muslim community (*Ummah*) from Western contamination, particularly from HIV and AIDS.⁵²

It is *interesting* to also have a perspective that AIDS moral perspective is actually a social-cultural movement. In fact, such construction of Badri’s categorization and his creation of such cultural “otherness” in the context of AIDS is supported by the transnational Muslim community called IMA (Islamic Medical Associations), which is under the Federation of Islamic Medical Associations (FIMA).⁵³

The *organization* is well established all over the world, especially in Muslim countries. The context of Badri’s publication was also within this

⁵¹ Badri, Malik., *AIDS Crisis: A Natural Product of Modernity’s Sexual Revolution* (Kuala Lumpur-Malaysia: Madeena Book, 2000), 214-221.

⁵² *Ibid.*, 211.

⁵³ The federation has been established in 1981, and is based in Illinois in the USA. this organization can be seen at <http://www.ima.org.za>.

Islamic-International network, since the first publication was under the financial support of ISTAC-IIU Malaysia and thereafter by FIMA-SA (South Africa). It is arguable to understand the relevance of these facts, because post structural theories recognize that an equally important part of a disease and its response involves a process of social identity formation, the cultural framing of medical discourse, and the production of bodies at risk.⁵⁴ Diseases in other words are cultural products, given a specific moral judgment depending on the ideological needs of a certain community.⁵⁵

As it is important to understand the relevance of these facts because post structural theories recognize that an equally important part of a disease and its response involves a process of social identity formation, the cultural framing of medical discourse, and the production of bodies at risk.⁵⁶ Diseases in other words are cultural products, given a specific moral judgment depending on the ideological needs of a certain community.⁵⁷

Social Piety: Political and Religious

Following on to consider, whether as a result of this control and restrictive religious interpretations of HIV in Indonesia a discourse of Islamic piety has been created. In fact, the discourse of morality in the context of AIDS in Indonesia operates—by impact—to exclude MLWHA from the territory of “social and religious piety” in Indonesia.

Badri as well as the Indonesian Islamic authorities identify AIDS as a mainly homosexuality related problem. In many places, Badri’s “homophobic views”—particularly—are even translated into statements that claim that homosexuality is the main cause of the “AIDS crisis”.⁵⁸

⁵⁴ Tony Barnett and Alan Whiteside, *AIDS in the Twenty-First Century Disease and Globalization* (Macmillan New York: Palgrave, 2002), 108.

⁵⁵ *Ibid.*, 109.

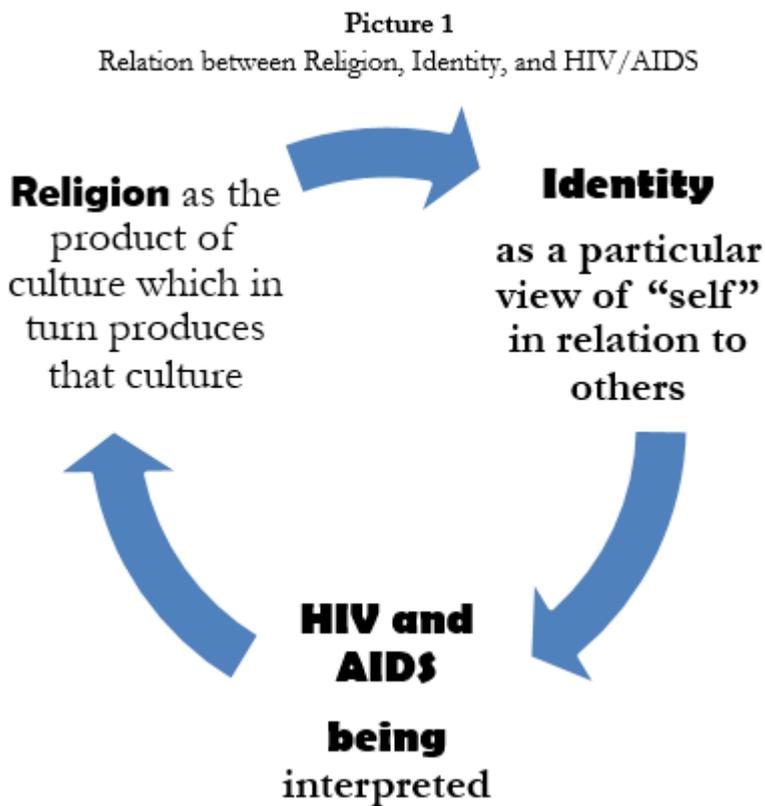
⁵⁶ *Ibid.*, 110.

⁵⁷ *Ibid.*, 111.

⁵⁸ Badri, Malik., *AIDS Crisis: A Natural Product of Modernity’s Sexual Revolution* (Kuala Lumpur-Malaysia: Madeena Book, 2000), 215.

Such identification is also apparent when reading the Friday sermons of Muhammadiyah,⁵⁹ which often recall the story of the prophet Loth and his community (Sodom) to be used in the context of an HIV and AIDS prevention program in Indonesia.⁶⁰

Clearly, Badri's tendency of power is even easier to be observed when his views on AIDS are actually marked by his political agenda on "Islamization" as a counter of "Westernization". It might not be an exaggeration to assume that Badri's views on Islamization are generated



⁵⁹ Syabirin, Thabrani (ed.), *Menghindari AIDS: Kumpulan Khutbah Jumat* (Jakarta: USAID-YASA-PP Muhammadiyah, 2005), 34.

⁶⁰ *Ibid.*, 56.

by his belief in the supremacy of Islam.⁶¹

If we understand this as a process of PLWHA being excluded from the territory of “Islamic piety”, we may understand that “the piety” is actually “political”, since the definition of “the political” has been developed; The “political” does not only cover “politics” that involve the humdrum activities of political parties, elections and lobby groups etc. But, the “political” also includes activities which place sovereignty at the core of any inquiry.⁶²

Once we understand piety as “political” we can say further that the piety is also “religious”; from a perspective that sees “religiosity” as “communal”. Again, Durkheim’s explanation on “religion” is helpful in *Elementary forms of Religious Life* (1912) he has attempted to describe “religion” not on the basis that religion consisted primarily in the holding of certain beliefs, but rather on the basis that “religion” consists of ritual activities with respect to sacred objects that affect the creation of a “community”.⁶³ So religion, religious or “religiosity” is best understood in terms of “action” rather than “belief”.⁶⁴

It can be seen through this framework that the construction of Islamic-religious piety by the *fâtâwâ* and sermons on HIV and AIDS has demonstrated a tendency of power by excluding MLWHA from the so-called pious “Muslims”. Furthermore, it appears that the whole concept of piety has become hegemonic in Indonesia. It seems that it is not enough to be “religious” in Indonesia, but a person now has to be “openly pious” in order to be viewed as a good Muslim and even as a good citizen.

This analysis demonstrates how these powerful authorities and the powerful movements of “*Pietisation*” have contributed to the emergence of oppressive stigma and discrimination which control the

⁶¹ Badri, *AIDS Crisis*, 217.

⁶² Bryan Turner, “*The Acts of Piety: the Political and the Religious or Tale of Two Cities*”, dalam EnginIsin, ed. *Acts of Citizenship* (London: Zed Books, 2008), 156.

⁶³ Durkheim, E., *Moral Education: A Study in the Theory of The Sociology of Education*, trans. E.K. Wilson and H. Schuner (New York: Free Press of Glenco, 1973), 87.

⁶⁴ *Ibid.*, 88.

life MLWHA by “politically” pushing them out of the abstract territory of “Islamic piety”. In fact, it is evident that those living with HIV and AIDS in Indonesia are not only marginalized because of the nature of the infection that they suffer, but that they are also stigmatized by the “*Pietisation*” and “moralization” movements such as generated by those Islamic authorities in their *fâtâwâ* and sermons.

Regardless of the fact that there could be innocent people who are infected (babies or even pious persons) if they fall under the category of MLWHA, MUI and such authorities will still recommend God’s forgiveness and repentance for all of them.⁶⁵ The *fâtâwâ* and the sermons have suggested that all MLWHA “have to” return to the faith and protect their salvation by living under the discourse of “Islamic piety”. This then raises the question as to how those living with HIV and AIDS do so and can they really be part of the pious community again? Or will the stigma remain as long as the HIV remains in their blood?

Othering “AIDS” and the Intimacy of “Self”

Having example of the discourse on AIDS, Identity and Religion, we then need to see that we cannot point out neither “religion” itself as the real factor of othering, nor “identity” as the particular view of self in relation to others, because both of them involved creating such an image of AIDS and how it is interpreted today in religious community. I would propose a picture of this intermingle process of othering AIDS.

To lessen the otherness construction, many of us might think that pity is needed and we have to help people living with HIV-AIDS by giving donation, charity, etc. It once happened to me to think that “Idol gives Back” (American weekly TV life show) gave a picture how people in the show (Simon Cowell, Paula Abdul and Randy Jackson and Ryan Seacrest) went to Africa to give charity and donation to the people living with AIDS from the money collected during the show. I am not sure,

⁶⁵ See the *fatawa* of MUI <http://www.theceli.com/dokumen/produk/-lain/muiaids.htm>, accessed 3 July 2008.

but when I see more deeply and carefully to that show, I can still see that “otherness” is still operating there!

What’s wrong with charity? What’s wrong with donation? Nothing wrong with charity, but rather it is personal, fickle in nature, depending the weak and poor on the will and disposition of the rich and powerful.⁶⁶ “Idol Gives Back” or such is only subject to the vagaries of short term funding. It is more about individual moral agenda; it is only about “intimacy of self”. It could be worst if I say that it tends to be about commercialization of people who suffer. So “yes”, HIV-AIDS is an “epidemic of signification” which has to be understood through all aspects of both social and ethical problems, in which marginalized people, such as homosexuals, drug users and the poor are stigmatized.⁶⁷

Post structural theories recognize that an equally important part of disease and its response involves a process of social identity formation, the cultural framing of medical discourse, and the production of bodies at risk etc. Diseases in other words are cultural products, given a specific moral judgment depending upon the ideological needs of a society. I can conclude finally that in fact, the interplay of the disease, Identity and religion had depicted about a contestation of powers; HIV-AIDS is merely “an opportunity” which “fundamentalists” can feel good about their moral-worldview since it seems proved by AIDS, while “liberal group” can also feel good because HIV-AIDS has provided for them an opportunity to help and to voice about the need for compassion. By the opportunity of AIDS given, all are now about constructing their own “identity” and “kingdom”.

Conclusion

While in general, this short article demonstrates the Indonesian Islamic responses to AIDS, this article provides an analysis of the scenario of power and exclusion through the discourse of AIDS and

⁶⁶ Tony Allan, *The Middle East Water Question: Hydropolitics And The Global Economy* (Ib Tauris, 2002), 348.

⁶⁷ Farid Esack, *HIV, AIDS and Islam: Reflections based on Compassion, Responsibility & Justice* (Cape Town: Positive Muslims, 2004), 11.

Islamic piety. The power relation is demonstrated through the various *fâtâwâ* and sermons of the Islamic authorities in Indonesia by analyzing the discourse of moral judgmentalism, the classification between MLWHA and “normal-pious” Muslims, the category of “bad behavior” and “pious behavior”, the construction of cultural/religious understanding on HIV and AIDS, the “discourse” of Islamic piety, and the exclusion of MLWHA from the territory of “the Indonesian Muslim pious community”.

Coming back to Treichler who identifies AIDS as an “epidemic of signification”, this article questions generally the relation between AIDS and religion (i.e. Islam) in Indonesia and highlights the fact that religious practices, beliefs and interpretations have an important role in the re-production of stigma toward the MLWHA which may exacerbate the situation of the pandemic in this country, especially by oppressing MLWHA to live in the margin of a “moral community”.

The subsequent research is to go down to the field and interact directly with the MLWHA in Indonesia in order to see their actual reactions to these regulating *fâtâwâ* and sermons as structural discourses and knowledge constructions that surround the disease namely HIV and AIDS. The question is to test how the discourse of power and “religious-political piety operates through the social construction of AIDS in Indonesia and how MLWHA as agencies react and negotiate.

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