



# The Virus and the Scriptures: Muslims and AIDS in Tanzania

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## Abstract

This paper examines Tanzanian Muslims' practical and discursive stances on AIDS in relation to the context in which they are produced. The AIDS problematic is interacting with lively debates, as for the last two decades Muslim reformists have been demanding revisions to ritual practice and a more restrictive application of Muslim social norms. The state-sponsored central organisation for Tanzanian Muslims is viewed with distrust not only by reformist, but also many 'mainstream' Muslims, and there is no organisation to provide an inclusive forum for debate. Official AIDS education programmes reached provincial Muslims before the epidemic had become acute, and were initially greeted with the same formulaic, passive acceptance as many other state initiatives. Since AIDS deaths have become more frequent, recommendations for prevention have become the subject of intense debate. Understanding of the epidemic draws on local religious notions as well as Muslim teachings, and invariably focuses on ways of life rather than questions of health narrowly conceived. It indicates increasing scepticism regarding the ability of either local society or the state to achieve 'development' and wariness of the perceived closeness of science to authority. On the other hand, Muslim observers have found ways to relate scientific descriptions of the epidemic to the Qur'an and to accept the epidemic as God's will, without thereby abdicating responsibility for trying to contain it. Ultimately, individuals are on their own in formulating their understanding of the epidemic. There is no clear correlation between reformist sympathies and the acceptance or otherwise of official recommendations, as many other factors, including age, education and personal experience, influence individual stances.

## Keywords

Tanzania, Muslim reform, healing, AIDS education, religion and politics

## Introduction

Though not its main focus, the AIDS problematic has accompanied my research in Tanzania since 2000. By then, AIDS education campaigns had already reached the rural southeast where I was working. After a marked increase in illness and deaths among young people, the topic of AIDS often came up in conversation

during field trips in 2003-05. Some of the most interesting exchanges I witnessed, though, did not involve me at all. As a white person, I was automatically identified with certain views on HIV/AIDS, namely with the 'scientific', medicalising approach prevalent in prevention campaigns. People expressed views that clashed with this approach more openly in conversation with interlocutors free of these associations. This paper is thus partly based on eavesdropping, and even more on informal conversation recorded from memory. It is an account of personal views that I have encountered, rather than of the results of a formal survey.

As Philip Setel observed over a decade ago, thinking and speaking about AIDS is shaped by a constant tension between the expectations of the course of the epidemic fostered by official pronouncements, locally forged consensus, and individual experience.<sup>1</sup> The personal experiences of AIDS victims and those who fear to join their numbers conform neither to standardised medical accounts nor to vernacular morality tales. Still, people make sense of these intensely personal experiences with reference to shared notions informed by these discourses, and those in turn shape their choices. Tanzanian Muslims face particular constraints and dilemmas in making sense of AIDS, because of the country's recent political history and because of developments within religious thought, at home and abroad. This paper seeks to trace connections between the way Muslims think about their place in the Tanzanian polity, their non-Muslim, local religious heritage, Muslim reformist thought and the process of making sense of AIDS. It finds that Muslim attitudes are less pre-determined by religious notions than non-Muslim observers often tend to assume. On the other hand, they are deeply influenced by experiences whose relevance to questions of sex and health is not immediately apparent, namely with the political process and the status of different kinds of knowledge in Tanzania.

The following observations encompass metropolitan, Dar es Salaam-based views, but focus on the provincial regions of Lindi and Mtwara. Situated in the southeast of Tanzania, on the Indian Ocean coast near the border with Mozambique, these locations are following a fairly usual pattern regarding the spread of the virus in rural areas. Despite poor communications with Tanzania's urban centres, foci of HIV infection are provided by a large army base, the migration of young men who go to work as *wamachinga* hawkers on the streets of Dar es Salaam but return to the provinces intermittently, and mines for semi-precious stones that attracted young men from all over the country.<sup>2</sup> This is a part of Tanzania where Muslims are clearly in the majority in both town and countryside (although, as will be seen, Catholic agencies in the region make an important contribution to thinking about AIDS), and, as my research was concerned with the history of Islam, I had conversations touching upon the topic of AIDS with many representatives of the faith.<sup>3</sup>

The present study should serve to dispel an impression that seems to be widespread among non-Muslim observers of developments in Tanzania: namely, that Muslims adhered to a fairly united and fixed point of view with regards to HIV/AIDS. Christian as well as religiously neutral observers tend to over-estimate the adherence of Muslims to codified religious prescriptions. In fact, caught between their scriptures, habits and conflicting information on HIV/AIDS in the public sphere, Muslims, like everybody else, muddle through. The pandemic has come at them from two sides. On one hand, there are the pronouncements about it by the government and by experts, but also by faith-based organisations, by unofficial notables, by neighbours, friends and rumour-mongers. Of these different speakers, medical experts and the administrators who endorse them treat HIV control as a practical rather than moral problem and propagate sexual abstinence, faithfulness to a faithful partner or condoms as the means of protection. The others, though, produce a multi-voiced chorus of moral and metaphysical views around it. On the other hand, there is the experience of illness: dying friends and relatives, and the risks, or possibly illness, in one's own life.

### **'Development', AIDS and the state**

Debates on HIV/AIDS occur in the context of a general uneasiness, fostered by economic stagnation, about the possibilities for making a life for oneself. More specifically, there is growing disillusionment with the state's role in achieving the ever-elusive aim of *maendeleo*, 'development'. In the case of Lindi and Mtwara regions, official warnings against the virus reached the public before its effects were so evident that people would have readily agreed that they were facing a specific new threat. Arguably, this sequence favoured a response that was bound to make itself felt because of the rural peoples' earlier experience of state interventions: namely, to listen to official pronouncements, to applaud them, and then to ignore them.<sup>4</sup> Over the years, there have been more officially endorsed campaigns and recommendations in pursuit of development than anybody cares to remember, and, even where they were heeded, the results were rarely as promised.<sup>5</sup>

Like many development campaigns, pronouncements about HIV/AIDS have acquired a discursive facade: certain people would always say certain things in public. Their public would agree, yet it was understood that this agreement did not predict their behaviour. The official recommendation of 'abstinence, faithfulness or condoms' therefore often went the same way as exhortations to plant maize in rows or adopt new hoes.<sup>6</sup> Everybody knew about it, and everybody was on their own when it came to deciding whether it was worth following. This

habitual scepticism, however, was never stated. Rather than mere hypocrisy, such duplicity is a long-standing part of the rhetorical practice of local politics.

In the meantime, the reality of the illness has become undeniable. In 2002, after HIV tests became more easily available, a doctor practising in Lindi town found that among patients whom she tested for HIV because of telltale symptoms, over seventy per cent were in fact HIV-positive.<sup>7</sup> She guessed that up to fifty per cent of today's young adults might die of AIDS in the course of the next two decades if the spread of the virus was not contained. But so far, rising mortality has not led people to conclude that the officials talking about viruses and 'abstinence, faithfulness or condoms' must have been right. Rather, they considered every possible explanation. This included ones derived from indigenous knowledge and religion, ones derived from the Qur'an—not necessarily clearly distinguished, let alone contrasted—and ones derived from vernacular re-interpretations of so-called scientific information. The variability of the course of AIDS makes it possible to apply a range of explanations and definitions to different cases.

In everyday conversation, this variety served to explain AIDS away. Although people talked a lot about how many people died of it nowadays, nobody was rude enough to name anyone who had died of it. While young people in the southeast, like those in Kilimanjaro region observed by Setel, spoke of HIV infection as *ajali kazini*, 'a workplace accident', neither AIDS sufferers nor their relatives were normally ready to name the illness when it struck. This was not only because the admission is shameful, but also because it took away any hope for a cure.

### **Local and Muslim views on gender relations and sex**

The spread of HIV in this region occurred in the course of sexual encounters shaped by attitudes influenced, but not determined, by Muslim sexual mores. On the whole, it is not clear whether sexual mores have become more restrictive as local people became Muslim in the course of the twentieth century, or maybe even less so, because of other parallel developments. The development of sexual mores is inseparable from gender relations more broadly conceived, and changes at this level have been ambiguous throughout the twentieth century. The one thing that is clear, though, is that domestic power relations have been renegotiated in every generation, and that they therefore give cause for concern; they could never be taken for granted.<sup>8</sup>

The way these negotiations shaped women's options depended very much on their economic situation. In the coastal towns, the lives of upper-class women

have become less secluded since independence, and their control over their lives has probably increased. On the other hand, poor urban women face a constant struggle, more so if they try to live up to established Muslim notions of respectability, which prescribe dress styles and circumscribe their movements. Though attention to these issues has waned, 'slackness' in this regard still invites comment, especially from men. The supposedly licentious ways of young urban women, moreover, are a recurring theme in the conversation of members of the older generation. While men tend to be more damning than women, older people of both sexes complain of them. The reality behind these complaints lies with the increasing participation of women in the urban economy as the service sector—typing and printing; photocopying and bookkeeping services; sale of doughnuts or fish—develops. They reflect concern about the maintenance of social control in untested social situations. The same can be said of complaints about the ease with which young men initiate and abandon sexual relationships, but given that both the mobility of young men and their dependence on (precarious, but private) income from petty trade have increased in recent years, there may well be some factual truth in them.<sup>9</sup>

Outside the towns, our understanding of local practice and its changes is hampered by limited and tendentious information.<sup>10</sup> Still, it is fairly clear that people here used to practise an un-ceremonial and easily dissolved form of matrilineal marriage ('a husband is only a visiting cock').<sup>11</sup> There used to be a heavy emphasis on the correct 'spacing' of births, demanding at the very least two years between them. In the absence of contraception, wives would let husbands stray if they were not yet willing to risk another pregnancy.<sup>12</sup> Conversely, infidelity was tolerated in women if their husbands failed to make them pregnant. A succession of initiation rituals served to instruct girls about sex, among other things. These rites still continue, and their clearly non-Muslim character does not make them objectionable to rural Muslims. Marriage, though, has become a source of worry for rural women, who complain of the fickleness of men and their lack of interest in their offspring.

This concern reflects far-reaching yet uneven change. Besides the increasing acceptance of Islam, schooling, commodification, monetisation and rural-urban migration have been impinging on sexual and marital practices. Uxorilocal marriage has declined, making women more dependent on husbands (and hence more liable to complain about the way they treat them). Matrilineal bonds, between a man and his sisters and sisters' children, have weakened. On the other hand, fathers have more influence in the household than they used to, but women's complaints suggest that they cannot rely on either maternal uncles or fathers to provide support for the raising of their children. Both practical necessity, as women prefer to be able to call on male support, and the long-standing

tenuousness of marital bonds make it likely that sexual relationships are initiated relatively easily.

In this fluid situation, women and men alike feel that the other sex is falling short of its obligations. While men are quicker than women to evoke Muslim teachings in their criticism of women, women too consider the failure to live by Muslim norms as a factor to explain the unsatisfactory state of gender relations. Similarly, differences in perspective and mutual mistrust between the generations are a recurrent topic in discussions of AIDS. Old people connect the epidemic to disobedience by the young, but also to their own failure to transmit their knowledge and values. Young people feel that old people pontificate, that they are ignorant and fail to understand the strictures they face. Among the older generation in the villages, it was one of the most common complaints that procreation has escaped their control. Older people said that young people 'have children any which way' (*wanazaa ovyo*), i.e., too early and in too quick succession, and that they have sex with no social sanction, 'like chickens'.<sup>13</sup>

While these complaints reflected a general dissatisfaction of older people with their perceived lack of control over the young, they do have some basis in fact. The influence of Muslim teachings on the understanding of marriage is very clearly discernible, but many sexual encounters occur outside wedlock. Both anecdotal information and organised study suggest that young people start having sex early and that casual and transactional sex are common, even if publicly frowned upon.<sup>14</sup> Compared to the time when today's elders were young, the present generation of young people is more mobile. Moreover, in the face of increasing land scarcity and poor prices for export commodities, they both want and have to try different livelihood strategies.<sup>15</sup> In recent years, petty trade, fuelled by an influx of cheap, mostly Chinese-made consumer goods, has been prominent among them. It is fair to think that sexual favours are among the many goods exchanged in this process.

It is quite appropriate, then, that vernacular and religious explanations of AIDS tended to put societal change, broadly conceived, centre stage. The following comment was made by a villager with very little education, Zainabu Sefu Abdalla of Mnacho, Lindi rural district.

Women used to be kept at home after their initiation, and men had their initiation in the wilderness. But now, people change. You will see, they come to perform the children's initiation at their homes. That used to be *mwiko*, taboo. That is why you see AIDS and all that. Because they are breaking the taboos, they are breaking the customs (*mila*) of the country of their elders.<sup>16</sup>

Zainabu was Muslim, but the ritual she spoke about pre-dates the conversion of this region to Islam. In this regard, she exemplifies the religious pluralism prevalent

especially among rural Muslims. Above all, her remark is characteristic in that it linked the emergence of this illness to her fellow villagers' way of life, and to changes in this way of life that she interpreted as decline. Listening to conversations about AIDS, it was apparent that the epidemic was always seen as a social ill. Yet while biomedical explanations of the pandemic clearly did not suffice, there was no clear way to work out what really was wrong. Zainabu, for instance, leaves us wondering whether the problem was one of insufficient control over the sexuality of the younger generation, or of ritual pollution.

### The problem with science

The limited use of biomedical explanations is related to educational and political history. For people in southeast Tanzania, the search for medical help against AIDS-related illnesses and the education campaigns about it constituted yet another encounter with *sayansi na teknolojia*, science and technology. Villagers and townspeople alike used this term to refer to something that they imagined as immensely powerful not only in a technical sense, but also because, for the last fifty years at least, they have typically experienced it as allied to political power.<sup>17</sup> Both the late colonial and the postcolonial Tanzanian state have invoked science to justify their policies and especially development initiatives. Yet *Sayansi na teknolojia* has been a very fickle ally in the quest for progress. The initiative most explicitly premised on technological inputs and 'scientific' planning, the 'villagisation' campaign of the 1970s, has not met its aims. However polite many people were about it to outsiders, they mistrusted *sayansi na teknolojia* deeply.<sup>18</sup> The AIDS crisis adds to the insecurity and mistrust surrounding science, as claims regarding the 'scientific' explanation and control of the pandemic have proliferated wildly.

Problems already start with the concept of 'virus'. The concept of microorganisms as the organic cause of illness was alien to most people I interacted with. Many people had not heard that viruses existed even before HIV and took 'virus' as the proper name of the infectious agent of AIDS. I learned not to say that I had 'caught a virus' when I had a cold, to avoid giving the impression I was telling the world I was HIV-positive. Moreover, that such a creature should have appeared apparently out of nothing was bewildering. Hence if one accepted the role of the virus in causing AIDS, there was still scope for religious explanations of its origins.

The insecurity surrounding the usefulness or otherwise of condoms exemplified the difficulty of arriving at 'scientific' security. That this piece of latex should protect against an invisible but evidently powerful creature was not immediately convincing. Meanwhile, the Catholic management of the largest hospital

in Lindi region, the Mission Benedictine Hospital at Ndanda, justified its strict adherence to the Vatican's official line on condoms by claiming to possess 'scientific' proof that their effectiveness against the virus did not exceed 20 per cent. Representatives of AIDS education programmes argued against this.<sup>19</sup> Whom, then, were their listeners to believe? Both the pro- and the anti-condom stance were ultimately of European derivation; both were equally close to the realm of science. That people were hard pressed to make up their minds is evident from a story that Zuhura Mohamed, my research assistant, picked up from a roadside shoemaker. Determined to find out whether condoms worked, he claimed, he had put one on—and then spread chilli sauce on it. He reasoned that if a condom could not protect him against the biting sensation that might result, he would not trust one against the virus. His verdict went against condoms. Conversations on whether condoms worked, especially among young men, could often be heard at markets and bus stands. They more often involved speculation than experimentation, but the outcome tended to be the same: the pro-condom stance lost.

Whatever the reasons for this particular dislike, conversations on condoms shared the tendency of conversations about AIDS: to branch out into speculation on the state of society.<sup>20</sup> At this level, religion easily trumped *sayansi na teknolojia*. Although villagers encountered it as a source of prescriptions much like religion, its prescriptions had neither the weight of the past nor that of the scriptures behind them, neither God nor *wazee*, elders. They lacked both the apparently timeless moral charter of the book religions, and the concrete richness and flexibility of indigenous ideas, for example of witchcraft. They simply were not as evocative or persuasive. Vernacular and Qur'anic (as well as biblical) language have a force that biomedical explanations and recommendations cannot match.

### **Factions and debates among Tanzanian Muslims**

Muslim leaders and teachings, on the other hand, were clearly called upon to provide answers. Like their Christian counterparts, they were not immune from being drawn into the ritual of deceptively clear public pronouncements that misrepresent tentative everyday efforts to make sense of the epidemic. Organisational structures among Muslims, however, are much looser than among Christians, and in the past they had avoided taking strong stances on questions of contraception and protection. Confronted with medical recommendations on HIV/AIDS, they had no unified starting point. On the other hand, and notwithstanding stringent Muslim rules on illicit sex, the Muslim legal traditions do not condemn sex as such, and no Muslim authority has taken as inflexible a view



of contraception as the Catholic Church. Debates among Muslims, though, were shaped by the fact that when AIDS became a subject of discussion at the end of the 1990s, they were facing increasing internal divisions.

Uncertainty surrounds the percentage of the population of Tanzania who are Muslim, as statistics on religious adherence have not been kept since 1967. Different observers place their share between just under 40 and over 60 per cent. In the areas where I have had my conversations, in southeastern Tanzania and the southern districts of Dar es Salaam, Muslims form a large majority, in the region of 80-90 per cent.<sup>21</sup> In spite of the venerable age of coastal Islam, a majority of these Muslims had non-Muslim grandparents or great-grandparents. Outside the urban centres, these are young Muslim communities, founded by villagers for villagers during the first half of the twentieth century.<sup>22</sup> While they take their religious obligations seriously, it is only very recently that young reformists among them have begun to condemn their local religious heritage, many elements of which, including initiation and some forms of sacrifice, are still widely practised. Even within the towns, their influence is palpable. On the other hand, here one also feels the presence of descendants from more exclusively Muslim milieus, formerly associated with the Sultanate of Zanzibar. Tanzanian Muslims, then, are a diverse group. It comprises women who wear the *buibui* veil drawn across their faces and others who do not even wear a headscarf; people who pray five times a day and others who besides occasional attendance at the mosque leave donations at local sites of sacrifice.

In spite of occasional conflicts over ritual practice, fuelled by social divisions, Tanzania's Muslims have by and large tolerated their differences. The Sufi brotherhoods Qadiriyya and Shadhiliyya have been crucial in providing common ground for Muslims of diverse backgrounds, especially in the towns. They expanded enormously during the first half of the twentieth century, asserting an inclusive and pacific ethos among their members. As their main social base lay among relatively poor, and poorly educated, people, they had a certain affinity with the egalitarianism of Nyerere's Independence campaign. Tolerant and focused on the next world, these Muslim organisations easily subscribed to the claim that *serikali haina dini*, the government has no religion, and supported the secular Tanzanian state after Independence.<sup>23</sup> This cooperation has, however, not prevented their decline in recent decades, caused by the protracted economic difficulties of their main bases on the coast and their increasing marginality to the new political elites.

In the face of this decline, Muslim reformists have made themselves heard since the early 1980s.<sup>24</sup> They have two main roots: reformist tendencies that developed among Zanzibari and Mombasan scholars, in turn inspired by reformists in Egypt and the Levant, since the mid-twentieth century, and young scholars returning

from training at Saudi Arabian (and possibly Sudanese) universities.<sup>25</sup> These latter were the driving force behind the foundation of an organisation called *Ansuari Sunna*, 'the fellows of the way', which to the mind of many 'ordinary' Muslims has become synonymous with the Islamist challenge. Its stances are not codified and are presented differently by different representatives and observers.<sup>26</sup> It is clear, though, that they combine a religious and a political agenda, with very varying emphases. One of their main concerns is purifying religious practice from anything they consider 'innovation' (*bid'a*), that is, additions made after the Prophet's lifetime. In keeping with Saudi *wahhabi* ideology, they count Sufi rituals among the innovations.<sup>27</sup> They specifically oppose the annual celebrations of the birthday of the Prophet and of the memory of the founders of the different brotherhoods, and the use of Sufi chants at funerals. There is therefore plenty of cause for debate among Muslims without even introducing radical Islamist positions that would include the call for the imposition of *shari'a* law or for some form of Muslim government, and without touching on AIDS.

Where such political positions are present among Muslim reformists, they are fuelled not only by the international ideology of Islamism, but also by the alienation felt by an increasing number of Tanzanian Muslims. The shortest vernacular description of debates among them would pit the *Ansuari* Muslims against *Bakwata* Muslims. *Bakwata* or the Central Muslim Council of Tanzania (*Baraza kuu la Waislamu Tanzania*) has increasing problems maintaining its legitimacy. Its formation in 1967 was instigated by the government and followed on the heels of the prohibition of the independent 'East African Muslim Welfare Society'. Although at first many prominent *shehe* endorsed it, there was from the start a dissenting party that held that *Bakwata* served to curtail the independence of Muslim leaders vis-à-vis the state.<sup>28</sup> Fostered by the niggling grievances of Tanzanian Muslims (under-representation in universities and higher administration, the economic weakness of the old Muslim regions, the status of the Muslim island of Zanzibar), it has been growing.<sup>29</sup> *Ansuari* spearheaded the challenge against *Bakwata*, but many mainstream Muslims share their criticism of it.<sup>30</sup>

Heated debates during the last twenty years have led to a good deal of differentiation in both camps, so that both *Bakwata* and *Ansuari* Muslims come in many shades. There are Sufis who oppose the religious reforms of the *Ansuari* but rail against discrimination against Muslims by the Tanzanian government, Islamists who demand more political control for Muslims without addressing the differences between reformers and Sufis, and *Ansuari* who are quietist and insist that they do not strive after political power. Moreover, the *Ansuari*, most of them young people, have found it difficult to dislodge older, traditionalist notables from control of the larger inner-city mosques. They have therefore turned their attentions to the countryside during the last few years. In the southeast,

*Bakwata* supporters refer to themselves more often as *Lailah* Muslims, a name derived from chants used at funerals by the Sufi brotherhoods and rejected by *Ansuari*. Conversely, a local variant of *Ansuari* is known as *Chimumuna* or 'quietly, quietly', because of the silence they keep at funerals. The names thus reflect the fact that the most hotly debated issue among Muslims in this region is how to bury people. Still, the ritual issues are implicitly associated with political stances. This slippage between religion and politics haunts the attempts of Muslim groups to position themselves in response to the AIDS pandemic.

There can be no doubt that the HIV/AIDS pandemic provides grist for the mills of some Islamist groups. They emphasise several points. Firstly, they point to the low infection rates of Arab/Muslim countries and attribute them to their adherence to Islamic sexual mores. Recently, word has also got round that circumcision lowers transmission rates of the virus (a medical insight provided by western scientists).<sup>31</sup> This fact underlines the 'salutary' nature of Muslim custom, especially compared with Christian ones, where missionaries occasionally actively opposed circumcision rites because they were bound up with so much 'pagan' ritual. In keeping with widespread mistrust of the claim that AIDS started in East Africa, Islamists instead associate the spread of the virus with increased contact with the west. This is made easier by the fact that the spread of the pandemic in Zanzibar occurred on the heels of the expansion of tourism to the island. These observations are combined with the assertion that adherence to the prescriptions of the Qur'an regarding sex would have prevented the whole pandemic. Together, they allow for the depiction of the AIDS pandemic as a symptom of decadence, caused by the failure of Muslims to adhere to the Qur'an and the ways of the Prophet, and by pernicious western influence. This is an evocative description for the most discontented, verbally aggressive current within Muslim reformism that combines the call for religious reform and that for political power. Because of their assertiveness, their stances are relatively widely known also among non-Muslims.

At the other extreme of the spectrum are those *shebe* who endorse government-sponsored HIV/AIDS prevention campaigns, above all representatives of *Bakwata*. They take a line much like representatives of those Christian denominations that do not summarily condemn condoms; supporting the 'abstinence, faithfulness or condoms' line with an emphasis on the first two terms. Many other Muslim notables vacillate in the middle. But uneasiness about the extent of illicit sexual relations that the AIDS epidemic seems to reveal runs deep among them. AIDS educators take issue with Muslim leaders because they refer to HIV/AIDS as *ugonjwa wa zinaa* rather than *ugonjwa wa ngono*, an illness transmitted by fornication, rather than by intercourse.<sup>32</sup> This uneasiness, along with the on-going competition between *Ansuari/Chimumuna* and *Bakwata/Lailah*

supporters, and the concerns among both about the place of Muslims in the Tanzanian state, works against the adoption of the *Bakwata* line. Even many mainstream Muslims mistrust activities run by the government, and share the sentiment that more restrictive sexual mores ought to be promoted, if not enforced. The active commitment of the Tanzanian government to AIDS control by the 'ABC' formula is therefore no recommendation for it. Moreover, some Muslim leaders complain that while they are willing to get involved in HIV control the government ignores them and prefers to deal only with *Bakwata*-representatives.<sup>33</sup>

A further stricture for *shebe's* participation in official HIV-control campaigns arises from the fact that the demonstrative virtuousness of the Islamists prompts *Lailah* Muslims to try to compete by tightening their own stances. As a result, it would be difficult for any Muslim leader to endorse attempts at AIDS education based on the 'let's talk openly about sex' paradigm that is central to the approach of many prevention programmes. They are even liable to adopt more conservative stances in public than they might think strictly necessary, to avoid being denounced as lax. The public aspect of the AIDS debate among Muslims thus presents *Bakwata* Muslims gingerly endorsing official policy while preaching the advantages of a virtuous life, and indignant Islamists accusing them of *kutangaza zinaa*, 'advertising fornication',<sup>34</sup> while making maximalist demands for behaviour changes among their fellow believers.

### **AIDS, healing and witchcraft**

But if AIDS favours the spread of restrictive attitudes and Islamist sentiment among Muslims and highlights the marginality of their official organisation, ongoing discussion among Muslims allows for much more ambiguity. The restrictive stances expressed by young Islamists form part of their challenge to the authority of elders and the state. They are as rhetorical as officials' pronouncements on development, technology or AIDS prevention. When it comes to confronting HIV/AIDS practically on a daily basis, there is more room for nuance. The *Ansuari*, after all, share the cultural roots of other Muslims, and their ideology does not come with a blueprint for dealing with HIV/AIDS any more than mainstream Muslim practice. The moral and practical issues around HIV/AIDS have multiplied since it first became a subject of debate. There is the vexed issue of condoms, but also the question who should go for testing; what to do if one half of a couple tested turns out to be positive; whether to be open about test results; how to handle stigma; how to evaluate the different forms of medical treatment available; and recently whether to put any hopes into antiretroviral

drugs, which in Swahili have become known as *dawa za kurefusha maisha*, 'medicine to extend one's lifespan' but are suspected of leaving you a shadow of your real, living self.<sup>35</sup>

The question of Qur'anic or 'book' healing, *uganga wa kitabu*, into which many Tanzanian Muslims put much trust, focused many of the ambiguities Muslim reformists ran into. On the advice of Qur'anic healers, Qur'an surahs are worn as amulets or 'drunk' by ingesting the ink used to write them. While many of these practices resemble ones pursued by Sufis in other parts of the Muslim world, they can also be seen as a continuation of indigenous medicine. Muslims refer to them as *kuganga*, healing, just like the healing of traditional *waganga* healers (people trained in 'western' medicine are more often known as *madaktari*).<sup>36</sup> Despite their initial condemnation of every religious practice not explicitly sanctioned by the Qur'an, the stance of the *Ansuari* on therapeutic uses of the Qur'an was muted and unclear. On one hand, the use of the scripture as a means for protection was not in principle considered innovation. The notion of the Qur'an as a panacea even had a certain resonance with Islamist ideas.

On the other hand, the mixture of objects and substances with religious elements in *uganga wa kitabu* smacks of *shirk*, the sin of idolatry, and the focus on the materiality of the scriptures runs counter to the reformist emphasis on intellectual engagement with them. By and large, the *Ansuari* dealt with the uncertainty by not pushing the point. Given that they have their own roots in places where *uganga*, whether using books or plants, is deeply entrenched, this muted attitude probably reflects both the recognition that a rejection of the different forms of *uganga* would meet with little understanding, and an acknowledgement of their own need for it.

Moreover, *uganga wa kitabu* is also used against *uchawi*, witchcraft, which plays an important role in the vernacular understanding of AIDS. Witchcraft presents, in effect, a more bearable alternative to the notion of an incurable infectious agent as the source of AIDS. That the concept of contamination helped explain the spread of the illness was widely acknowledged, but the implications were bitter: they left little hope of avoiding the virus by any way other than sexual abstinence. Moreover, the notion of contamination was closely related to the stigma attendant on AIDS. In Lindi and the small country towns of the region, where people knew a lot about each other, it was widely noted that the first people to die were ones particularly liable to engage in transactional sex: wealthy middle-aged men on the one hand, *mabaamedi* ('barmaids') on the other. The story of one Lindi businessman who ran a flourishing off-licence, had a lavish funeral, and whose girlfriends were said to be dying off one by one, served both as a morality tale and as a paradigm for the spread of the disease. While many people acknowledged that by now nobody was safe, the association of AIDS

with loose morals has been preserved. Meanwhile, witches were said to give you an illness that 'looks like AIDS' but did not have these shameful connotations, and might be responsive to treatment by *waganga*.

However much this reasoning echoes local, non-Muslim beliefs, *Ansuari* did not deny the existence of witchcraft any more than other Muslims: the Qur'an repeatedly condemns 'sorcerers'. Still, they tried to distance themselves from current practice. Some Muslim reformists said that believers should restrict themselves to imploring God for help against witches. Others, among them less metropolitan *Ansar* groups such as the *Chimumuna*, did not condemn the use of *uganga wa kitabu* against witchcraft in principle. They did, however, hold that certain methods widely used also by book healers to identify who had bewitched a patient were *haramu*, prohibited. This claim, in turn, left it to the individual believer to work out how to make use of the healing powers of the Qur'an without indulging in *haramu* activity. Some said that while good Muslims should avoid the use of *uganga*, it was a lesser sin than *uchawi*, and that the use of witchcraft by bad neighbours (and bad Muslims) forced even good Muslims to take recourse to somewhat dubious means.

There are indications that the omnipresence of death in the age of AIDS has revived witchcraft fears and accusations. Sometime between 2000 and 2003, an inscription appeared above a roadside shop in Lindi region reading *wachawi acheni ukimwi unatosha*, 'stop it, witches, there is enough AIDS already'. Moreover, the last few years have seen a recrudescence of witchcraft cleansing. Witchcraft cleansers have been known in this region since at least the 1920s, but two things are remarkable about the last wave.<sup>37</sup> First, Kingwandu, the best-known of the current witchcraft eradicators, is very young for this profession, and his entire entourage consists of youth. When I encountered them, they were effectively invading the home of an elderly village notable and *shebe*, searching it for witchcraft utensils. Given the demographics of the AIDS epidemic, which forces the old to bury the young, it is likely that Kingwandu spearheads the mistrust of the younger generation against elders they perceive as complacent, and possibly well versed in witchcraft.<sup>38</sup>

Secondly, although witchcraft eradication in this region has a history of borrowing from both Christianity and Islam, Kingwandu, in keeping with his vernacular name, did not emphasise these affinities. While mainstream *shebe* avoided passing judgement on witchcraft cleansing and many mainstream Muslims supported it, Kingwandu was anathema for young Islamists.<sup>39</sup> His appearance in a rural stronghold of *Ansuari* in Mtwara region, the village of Tandahimba, resulted in two deaths when witchcraft cleansers and *Ansuari* started burning each other's houses.<sup>40</sup> While religious arguments against Kingwandu's methods could easily be found (his antelope's tail, whistle, mirror, drums and

dancing certainly have no Qur'anic precedent), this hostility also reflects the fact that the two parties compete for the same constituency of young, poorly educated rural people.

### Religious tropes and personal interpretation in speaking about AIDS

The coexistence of Kingwandu with Muslim reformists in southeastern Tanzania highlights the variety of influences that characterises religious life at large and in particular attempts to make sense of AIDS. Particular factions develop their particular explanations and recommendations, and it is left to Muslims 'on the street' to rework them for their own lives. They do so amid accumulating personal experiences, shifts in the emphasis of official education campaigns, and changes in the medical services available, and the results are inevitably fluid. Nevertheless, we can identify recurring themes. They are tropes that can be deployed very differently by different speakers, but nevertheless indicate shared lines of enquiry in the everyday discourse on AIDS. They show how the experience of AIDS, singular in its awfulness, nevertheless becomes part of thinking about broader issues, including the differences among Muslims, their place in the Tanzanian polity, and the failures of progress.

#### *The uncertain evaluation of 'changing times': the bus conductor*

The bus conductors, *konda*, on the route between Lindi on the coast and the rural town of Rwangwa were loud-mouthed, apparently carefree young men who spent their working lives in dangerous vehicles on poor roads. The regular gathering place of Rwangwa's vocal *Ansuari* faced on the bus stand and the *konda* were friendly with them. Yet one morning, trading jokes with an elderly passenger, one of them declared laughingly that today's people were *wabichi*, 'unripe', compared to earlier generations. 'Or why do you think we're dying like we do?' The young man was offering a variation of a view more often stated by older people, who had a way of speaking about a wide range of developments as a function of changing times. The statement that 'we go with the times', was offered to me as an explanation for the spread of Islam in the countryside, and changing times were blamed for declining commodity prices, tired soils, poor rains and AIDS.<sup>41</sup>

This invocation of changing times reflects an uneasy sense of discontinuity between the present and the past. Although efforts at late-colonial development were short-lived in this region, 'expectations of modernity' have entered vernacular discourse.<sup>42</sup> In Swahili, the operative term is *maendeleo*, development, which is cited as a rationale for most actions by government and as an absolute neces-

sity by people on the street. Yet as the expected benefits of development initiatives have proved elusive, the evaluation of change has become ambiguous. A tendency to reify the past, especially regarding its supposedly higher moral standards, coexists with its dismissal as backward, poor and ignorant. On one hand, present-day interlocutors asserted that indigenous 'techniques' such as rain dances and protective medicines once used to work, expressing an attitude towards their forebears that was not simply deferential, but almost protective. On the other hand, they acknowledged that they had broken with this past, not least by becoming Muslim, and vividly remembered the hardships especially of rural life in earlier days. They thus had no choice but to put their hopes into change.

Both Muslim ideas and the local religious notions that coexist with them contribute to ways of expressing the increasing scepticism about *maendeleo* and to the inconclusive debates on the evaluation of changing times. The *konda* quoted above did not specify whether it was decline in the standards of Muslim practice—loudly decried by the *Ansuari* in Rwangwa—or the loss of the local ritual knowledge of earlier generations that had left today's youth 'unripe'. It is clear, though, that mainstream Muslim thinkers, too, were pondering the apparently inexorable change of times for the worse. Summing up the many difficulties encountered by Sufis in Tanzania during the last two decades, a notable of the *Shadhiliyya tarika* and expert on the history of Kilwa town remarked sadly that he did not know why they occurred now, but it seemed that 'we are running out of blessings in this world'.<sup>43</sup> The words suggested that God was withholding what he had earlier provided, but Mzee Mwichande did not say that he was punishing local people. God's choice to end his blessings, if this was what had occurred, was as enigmatic as the changing times.

#### *Locating AIDS in the scriptures: Bi Safiya*

The following comments were made by Safiya binti Abderehmani, a woman of about 70. She was the daughter of a *shebe* in Lindi, well versed in the Qur'an, respected but impoverished. Like a fair number of members of the provincial Muslim intelligentsia who have witnessed their gradual marginalisation since Independence, she sympathised with the *Chimumuna* despite her roots in the Sufi orders.<sup>44</sup>

AIDS is written in the Qur'an. God has said 'if people forget my *aya* (Qur'an verses), I will send them a creature that will make them talk'. This is a Qur'an verse; if it wasn't so late and dark, I would look it up for you. Now you might think this creature would be a large animal that comes to tell people, listen, don't act like this, but no, it is an invisible bug. If you think about it carefully, you will understand.



I myself, I have buried five children since 1993.<sup>45</sup> Only the grandchildren remain. It is not easy for young people to refrain from doing that deed [having sex]. And they are careless. Some of the time, they protect themselves, at other times they say, but this person [the envisaged partner] is quite healthy, she/he has no virus.... I am better off being old, I want nothing do to with men any more and my husband is dead. But for men the desire never ends. And then old men like to go after young girls and lo and behold, the young ones are precisely the ones who are infected.

And then those people who go about saying condoms are *haramu*, what nonsense! Of course, people shouldn't fornicate, but even if two people are married, one of them will 'cast their gaze about'; men especially find it hard to stick to one woman. Now, isn't it better they protect themselves! And why do they start to condemn condoms now, condoms have been around for a long time. We have long known about them. I used to buy them for 2 ½ Shilling [decades ago], to avoid pregnancy....

People know about the tests and they don't say they don't work. But nobody talks about their results, and some people are mean-spirited; they say 'why should I go on my own?' Others simply don't believe what they are told.

Bi Safiya represents the roots of East African reformism among local scholars: the concern about local Muslims' perceived lack of knowledge of their religion and the improvement of Muslim practice. An emphasis on the centrality of the Qur'an has been part of this discourse at least since Shehe Abdallah Farsy translated the Qur'an into Swahili and began to criticise 'innovation' (*bid'a*) among East African Muslims.<sup>46</sup> Her locating the AIDS virus in the Qur'an asserted the fundamental claim that the Qur'an is relevant to everything that happens on earth. Muslims of all persuasions would agree with this notion in principle, but in Lindi it was the *Ansuari* who had made insistence on it part of their rhetoric. Echoing their concerns, Bi Safiya acknowledged that local Muslims had 'forgotten' the Qur'an. In an act of faith, she accepted the AIDS virus as a reminder of the centrality of God's word.

Yet while Bi Safiya shared the *Ansuari's* concern with reorienting Muslim practice towards the scriptures, she did not share their damning rhetoric on AIDS prevention. Her comments on condoms refer to the views of the *Chimumuna* in Lindi. In conversation with me, their representatives declared not that condoms were *haramu*, but that they did not work. Of this, they said, there was 'scientific evidence'; probably a reference to the claims put about by the Mission Benedictines. More importantly, though, Muslims should have no need for them if they only followed the rules of their religion. This means that although condoms are not *haramu*, their use is evidence of *haramu* behaviour, i.e. *zinaa*, fornication. This fine distinction was lost on many Muslims in the town, who held that *Ansuari* considered condoms *haramu*.

Bi Safiya, a partisan of the *Chimumuna shehe*, took the liberty to disagree with these views in the privacy of her own home. Her statement that she was safe,

because old and widowed, displays a realistic appreciation of the way the epidemic spreads, while the suggestion that some people consciously spread the virus because they did not want to 'go on their own' transmits the fear and mistrust surrounding AIDS. On the other hand, the notion that the Holy Scriptures foretold the current epidemic was very important to her. As a reminder of God's word, the illness acquired meaning, and the living could act upon it by 'remembering' God's word. In contrast to the rhetoric of many young *Ansuari*, she would certainly think of this remembering as a process; a conversation among believers so as to work out the import of the Scriptures on their present situation, rather than the bandying-about of ready-made truths.

### *Rhetoric and pragmatism: Ngazija Mosque*

In 2004, Ngazija ('the Comorian') Mosque in central Dar es Salaam was used by Muslims of all persuasions (Sufi traditionalists, *Ansuari*, Pakistani-influenced *Tabligh*). Memories of attempts by rival parties to monopolise it, though, were still fresh. A friendly elderly man sold religious books out of a box in front of the building. One day I bought a treatise from him, entitled *kila ugonjwa na dawa yake*, 'every illness has its [Qur'anic] medicine'. When I asked whether HIV/AIDS was mentioned in it, he was very startled. 'No, AIDS could never be mentioned in a book like that. The medicine for AIDS is written in the Qur'an.' Namely? 'Do not fornicate. There is no other cure.' This was not an uncommon attitude. But I was struck by the tone in which he spoke, not so much embarrassed as horrified, as if I had sworn in church. He was not an indignant young *Ansuari*. He was invoking the notion of the religious sanctioning of sexual relations for protection against illness; a line of thinking that I had often encountered also among mainstream Muslims in Lindi.

The same bookseller, though, directed me towards an educational centre of *Ansuari Sunna* in the suburbs: he scribbled the address for me on a paper bag made from the pages of an American Sunday school manual. Facilities at this centre were basic and the people in attendance young, poor and not well educated. They conceived of themselves as radicals and were initially bewildered at seeing me. Nevertheless, they made me welcome once I had explained my purpose, and avowed that they had recently held a seminar on HIV/AIDS, inviting a speaker who had attended a biomedical information programme run by the government. Even though no clear recommendations had apparently emerged from this seminar, by organising it they already showed more pragmatism than the old man at Ngazija Mosque.

This attempt to connect to biomedical discourse was in keeping with the self-proclaimed scientism of the *Ansuari*. They looked upon their own approach to the scriptures as more 'scientific' than that of mainstream Muslims and were keen

to claim scientific achievements for the Muslim world.<sup>47</sup> Again, these claims formed part of a rhetorical challenge to officials who assert state control over technology, and to the association of science with the west. Nevertheless, these *Ansuari* were willing to tolerate the linkages of biomedical information on AIDS to officialdom and the west in their quest for information and worked with input from official programmes. Age is probably part of the reason why they differed from the elderly bookseller. Young and sexually active, they could not afford his maximalism. But they also took a more medicalised view of the illness; they did not assume that religious sanction could protect them from infection. Their religious radicalism notwithstanding, they were more open to biomedical explanations than many mainstream Muslims.

## Conclusion

The interest in science, then, is not only rhetorical. Rather, Muslim reformists are holding on quite determinedly to general notions of science and rationalism and their compatibility with the Muslim scriptures. On the other hand, the recognition of official biomedical rhetoric *as rhetoric* is crucial in understanding how Muslims in Tanzania have responded to AIDS education. Muslims' perception of themselves as marginal to the Tanzanian polity leads them to view it with distrust. In effect, AIDS education has become a political issue for Muslims, a fact rarely acknowledged by either international or national agencies.

That Muslims' perceptions of AIDS cannot be reduced to the Qur'an any more than those of African Christians could be to the Bible, has, perhaps, become clear. European observers of African Christianity have long accepted that it owes as much to the indigenous cultural heritage of African Christians as it does to the message of missionaries, yet is fully Christian. By the same token, many, especially rural, Muslims, engage in practices rooted in indigenous religion, but still consider themselves Muslim. Knowledge of the non-Muslim heritage of this region is certainly helpful in understanding how today's Muslims conceptualise and live with the threat of AIDS. Even (or all the more) if reformist Muslims readily joined European observers in describing these practices as unorthodox, it would be very important for representatives of biomedical explanations of AIDS to accept them as fully Muslim, rather than (as non-Muslim observers of rural Islam often do) as a watered-down, 'syncretic' form of Islam. Nobody likes having their religious practice defined for them by outsiders.

Approaches to causes and cures of AIDS among southeastern Tanzanian Muslims clash less with biomedical ones than the Pentecostalist view that makes itself heard so much among Christians. Muslims do not equate the virus with the

works of the devil and do not cast the attempt to cure or prevent AIDS as a battle between good and evil, God and Satan. They are quite ready to accept the virus as God's creature, spread by the works of humans. Moreover, in keeping with the recognition of spirits as creatures of God in the Qur'an, Muslims tend to recognise the spirit world as part of the universe under God rather than demonising it. This view also underpins the tradition of Qur'anic healing. From a different angle, the scripturalist, rationalist character of Muslim reform, with its active affirmation of science as complementary to the Qur'an, also encourages the accommodation of a notion of the virus fairly close to the biomedical one into Muslim discourses.

Still, Muslims tend to take issue with the recommendations derived from biomedical explanations of AIDS. In spite of their many differences, mainstream Muslims and reformists all integrate AIDS into narratives of decline: of increasing distance from God, of running out of blessings, of rising ignorance or 'westernisation'. The perception of decline in religious practice, in this view, fits seamlessly with disillusionment with development at large and with the state's role in achieving it. But while mainstream Muslims consider the latter outside their control, they can take the initiative to address the former. The AIDS emergency, then, is likely to increase interest in reformist debates.

For Muslim observers, the problem lies with human action, with human ignorance of or indifference to God's commandments; with human weakness or wickedness. While these may be interpreted as works of the devil, that is a minor point, a metaphorical way of speaking. *Zinaa*, illicit sex, in this line of reasoning is a symptom of mankind's turn from God. Whatever the intentions of AIDS educators, their bluntly pragmatic recommendations as to how to protect yourself when having sex, illicit or not, are easily seen as an endorsement of illicit sex. In turn, it is easy for Christian or western observers to dismiss these misgivings as hypocritical, as pre-marital, extra-marital and transactional sex undoubtedly occur among Muslims. But the divergence between religious ideal and social praxis does not imply that Muslims did not genuinely yearn to bring social practice closer to the religious ideal, and worry that HIV control programmes might have the opposite effect. Arguably, the onus is partly on AIDS educators to engage with these worries.

Concern about their perceived ignorance haunts Muslims' conversations about AIDS, and intersects with the mistrust between the generations and the sexes. Young Islamists will accuse mainstream Muslims of ignorance and lassitude because they 'do not know the Qur'an' and did not enforce its restrictions; the mainstream elders will accuse the youngsters of the same thing for disregarding their, the elders', local orthodoxies and sexual taboos. Parents vacillate between blaming themselves for having failed their children, without quite knowing how

they did so, and blaming their children's carelessness. Restrictive interpretations of Muslim rules for interaction between men and women, meanwhile, begin to look more attractive. It is likely that women will feel increases in restrictiveness more than men, as the spokesmen (rarely women) of Muslim reformism tend to problematise women's behaviour more.

These concerns should be appreciated as an aspect not only of the way in which Muslims negotiate the distance between their religious ideals and everyday exigencies (much like Christians), but also of their uncomfortable role within the Tanzania polity. Some Muslim leaders may adopt conservative, e.g., anti-condom, stances in public because they feel that they should not be discussed in public (lest morals decline further), or in order to avoid too close identification with *Bakwata*. But no Muslim leader would describe sex, and only some would describe condoms, as inherently sinful and, as Bi Safiya's example shows, they may be much more pragmatic in private. Even if views on gender roles are overly clear and conservative among Muslims, many of them acknowledge that, when it comes to controlling AIDS, they are on new territory and may have to try new approaches.

Part of the problem lies with identifying the appropriate fora for addressing HIV/AIDS. Much of the most meaningful discussion among Muslim notables takes place on stone benches outside mosques or in the living rooms of Shehes. For girls, by and large, the family is seen as the only appropriate context for sex education. One may deplore the patriarchal family model that underlies this judgement, but there have to be ways to work with these attitudes. At the moment 60 per cent of the voluntary HIV testing centres in Tanzania are supported by 'faith-based partners', but not a single one by a Muslim institution.<sup>48</sup> It would be a missed opportunity, and possibly harmful also for the political climate in Tanzania, if this resulted in Muslims feeling that AIDS control efforts in the country passed them by.

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## Notes

1. Setel, *A Plague of Paradoxes*.
2. On the patterns of the spread of AIDS, see Iliffe, *The African AIDS Epidemic*, chapter 4.
3. Between July 2000 and June 2005 I spent a total of 15 months in Lindi/Mtwara regions, gathering ca. 350 formal interviews, and another four months in Dar es Salaam. Part of the results is available in Becker, 'A Social History'. See also Becker, 'Traders, 'Big Men' and Prophets'.
4. A good analysis of this sort of ritual in a Tanzanian context is found in Schneider, 'Developmentalism and its Failings'.
5. The most spectacular such campaign was that for 'villagisation' in the 1970s. On its promises and failures, McHenry Jr., *Tanzania's Ujamaa Villages*; Raikes, 'Rural Differentiation and Class Formation'.
6. On the tug-of-war about 'modern' hoes, see Hassett, 'Economic Organisation', 64-93.
7. Letter from Dr Hildegard Vogt, Lindi, June 2002.
8. For the description of a similar course of domestic negotiations, see White, *Magomero*.
9. The changing options of the younger generation are related to post-Nyerere trade liberalisation and declining rural livelihoods. For the wider context, see Bryceson, 'Scramble in Africa'.
10. The first people to produce written information on sexual mores were missionaries who were appalled at the sexual content of initiation rites, especially for girls, and occasionally wildly exaggerated the focus on sex in these practices. Even today, some Christian government officials claim that traditional initiation rites for girls include sexual intercourse. Initiated women consistently deny this. On a less confrontational attempt to de-sexualise initiation, see Ranger, 'Missionary Adaptation'.
11. Amman, 'Sitten und Gebräuche'.
12. Interviews with Ismail Mkwenya and Muhammad Athuman Mwindi, Mnero-Kitandi 15 September 2000.
13. E.g. interviews with Hawa Omari Mandale and Zaituni Mohamed Mgombe, Rwangwa 29 October 2003.
14. In Lindi, the practice of teenage girls exchanging sex for presents such as shoes or clothing is known as *kulala kona*, literally 'to sleep in a corner'. For a more systematic, if biased, account, see Shuma, 'The Case of the Matrilineal Mwera'.
15. For an account of changing livelihood strategies, see Bryceson, 'Scramble in Africa', and Helgesson, 'Getting Ready for Life'.
16. Interview with Zainabu Sefu Abdallah, Mnacho-Nandagala, 1 September 2000.
17. My own status as bona fide researcher was based on a certificate from the 'Commission

for Science and Technology' in Dar es Salaam, which was universally accepted as proof of my entitlement to administrative support.

18. For appeals to science to justify villagisation, see Raikes, 'Rural Differentiation'; Scott, *Seeing Like a State*. The uneasiness surrounding it can, for example, take the form of rumours concerning the ingredients of products imported from the West: pig serum in vaccines, placenta in cosmetics.

19. Interview with Mihayo Mageni Bupamba, African Medical Research Foundation, Dar es Salaam, 8 June 2005.

20. The reasons against condoms discernible here were similar to the objections posed in many other places: reduced enjoyment, reduced intimacy, embarrassment, fear of betraying mistrust against the partner, concerns about effectiveness and the health effect of using condoms. See e.g. Rugalema, 'Understanding the African HIV Pandemic'.

21. This is according to the figures kept by the Catholic Church in the region. 'Takwimu za jimbo ya Lindi na Mtwara', Bishop's office, Lindi/Mtwara.

22. A book-length study of the way rural people in this region became Muslim will be published by Oxford University Press, probably in 2007. Felicitas Becker, *Becoming Muslim: The Spread of Islam in Southeast Tanzania, ca. 1880-2000*.

23. Westerlund, *Ujamaa na dini*, 81-108.

24. On the connection with wider political change, see Kaiser, 'The Demise of Social Unity'.

25. Kresse, "'Swahili Enlightenment'"; Pouwels, 'Islamic Modernism'; Becker, 'Rural Islamism'.

26. My *Ansuari* interlocutors were associated with Imamu Shafii College, Tanga; Ilala Mosque, Dar es Salaam, Kwa Mtoro Mosque, Dar es Salaam, Madrasa ya Stendi, Lindi, Stendi Mosque, Lindi, Bomolea Mosque, Lindi, Madrasa an-Nuur, Masasi, Godoni Mosque, Rwangwa. Each one of them presented a somewhat different account of the origins and meanings of *Ansuari*.

27. On this problematic in other African contexts, see Rosander and Westerlund, *African Islam and Islam in Africa*.

28. Said, *Maisha na nyakati ya Abdulwabeed Sykes*, 325-354; Interview with Shehe Hasani Mbwana, Lindi 5 November 2003. *Shehe* is my rendering of the Swahili form of *shaykh*.

29. There is no comprehensive account of these issues in present-day Tanzania. Paul Kaiser, 'The Demise of Social Unity in Tanzania', addresses some of them.

30. The description of the conflicts among East African Muslims as confrontation between Sufis and 'anti-Sufis' has been criticised by Desplat, *Islamische Gelehrte*.

31. Hwaa Irfan, 'AIDS and Circumcision'. <http://www.islamonline.net/english/Science/2001/08/article8.shtml>, 2001.

32. Interview with Mihayo Bupamba, African Medical Research Foundation, Dar es Salaam 8 June 2005.

33. I encountered this complaint among the leadership of the *Shadhiliyya* brotherhood in Kariakoo, the heart of Muslim Dar es Salaam; in other words in a milieu with no sympathies for the theological claims of the *Ansuari*.

34. This complaint was widespread, also among Christians, after a 2004 campaign for openness by the National Aids Control Commission (TACAIDS). Its motto was 'Don't be shy—talk [to your partner about HIV prevention]', but the 'don't be shy' was interpreted rather more generally.

35. There are many causes for the mistrust against antiretrovirals, including their price and their side effects, but also the fact that taking them implies admitting that you are affected in



the first place. Some Muslims take issue with their epithet, insisting that nothing can extend your lifespan beyond the time attributed by God.

36. On *uganga*, see Langwick, *Devils and Development*.

37. On a celebrated example from the 1950s, see bin Ismail, *Swifa ya Nguvumali*.

38. This would be a reversal of the pattern observed in DR Congo. See Schoepf, 'AIDS, History, and Struggles'.

39. Interview with Hamisi Kidume, Mikindani, 28 June 2004.

40. News broadcast, Radio Tanzania, 28 September 2004.

41. Interview with Muhammad Mperemende, Rwangwa, 3 September 2003.

42. For the term 'expectations of modernity' and the vernacularisation of modernisation theory in Zambia, see Ferguson, *Expectations of Modernity*.

43. *Baraka inakwisha duniani*. Interview with Mzee bin Said Muhammad Mwichande, Kilwa-Masoko, 17 June 2004.

44. Bi Safiya made these observations during an informal conversation when I visited her in June 2005. I wrote them down from memory as soon as I came home.

45. 'Children' in this case could also mean her sisters' children rather than her own.

46. On Farsy, see Kresse, "'Swahili Enlightenment"?'.

47. Becker, 'Rural Islamism'.

48. Information supplied by Angaza, based at the African Medical Research Foundation, Dar es Salaam.