FIMA YEARBOOK 2024

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Federation of Islamic Medical Associations الاتحاد العالمي للجمعيات الطبية الإسلامية

ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS - PART X

موسوعة الأخلاقيات الطبية الإسلامية- الجزء العاشر

Contemporary and Controversial Health Issues: Medical and Bioethical Perspective

المنظور الطبي الأخلاقي لقضايا صحية جدلية معاصرة

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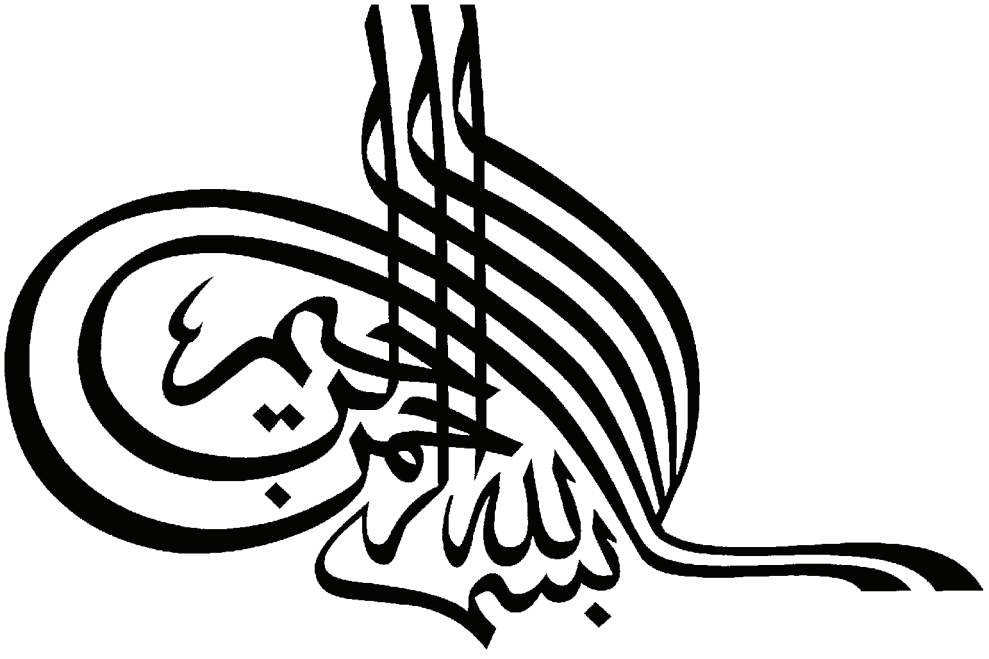
بسم الله الرحمن الرحيم

"...وَقُل رَّبِّ زِدْنِي عِلْمًا" سورة طه: 114

"*O my lord! Advance me in knowledge*"

The Glorious Qur'an: Taha 20: 114

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Year Book 2024

Federation of Islamic Medical Associations

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Contemporary and Controversial Health Issues: Medical and Bioethical Perspective

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المنظور الطبي الأخلاقي لقضايا صحية جدلية معاصرة

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TABLE OF CONTENTS

EDITORIAL

السَّلَامُ عَلَيْكُمْ وَرَحْمَةُ اللهِ وَبَرَكَاتُهُ

All praises be to Allāh (ﷻ) the Most Beneficent, Most Merciful.

Peace and blessings be upon Prophet Muhammad (ﷺ), his family, companions and followers until the end of time.

The rapid evolution of medical technology continues to outpace societal consensus on ethical boundaries, creating complex dilemmas where science, morality, and faith intersect. In an era marked by rapid biomedical advancements, global health crises, and evolving socio-ethical norms, healthcare professionals face increasingly complex moral dilemmas. The intersection of modern medicine and Islamic ethics is more relevant—and more tested—than ever.

As members of the Federation of Islamic Medical Associations (FIMA), we bear a unique responsibility to uphold clinical excellence while remaining deeply rooted in the ethical guidance of our faith. As Muslim healthcare practitioners, there exists a dual responsibility to uphold evidence-based medical standards while aligning decisions with Islamic ethical principles. FIMA's work in advancing health equity, humanitarian relief, and ethical discourse places us at the forefront of global Muslim health leadership.

These contemporary and controversial health issues demand careful navigation through Islamic jurisprudence (*fiqh*), which views ethics as inseparable from divine law (*Sharia*) and rooted in *ilm* (knowledge), *hikmah* (wisdom), and *taqwa* (God-consciousness).

The FIMA Yearbook 2024 explores several contemporary health issues from a combined medical and Islamic perspective, underscoring the need for nuanced, principled, and compassionate responses in this evolving discourse. In this 10th chapter of the Encyclopaedia of Islamic Medical Ethics, with the theme Contemporary and Controversial Health Issues: Medical and Bioethical Perspectives, we explored vaccination, gene therapy, moral distress-moral injury-burnout, artificial intelligence, gender issues, assisted dying, medical insurance, healthcare of marginalised populations, social media in healthcare, and patient privacy and confidentiality in the tech era.

In responding to these challenges, Muslim physicians must be more than clinicians—we must be *murabbi* (nurturers), *muslih* (reformers), and shuhada' (witnesses) to the truth. FIMA's strength lies not only in its global reach but in its ability to harmonise medicine, ethics, and faith. Let us continue to lead with *hikmah* (wisdom), *amanah* (trust), and *ikhlas* (sincerity), placing the well-being of our patients and the guidance of Allah at the heart of all we do.

As technology advances forward, medicine's highest calling remains unchanged: to heal without compromising human dignity. The Islamic ethos—balancing science with spirituality, autonomy with divine authority—offers a roadmap for this timeless pursuit.

In the words of Imam al-Shafi'i, "No knowledge is more worthy than that which brings benefit to humanity." May our pursuit of health equity, scientific integrity, and ethical clarity be a service to both humankind and the Divine.

My sincere gratitude to all the contributors to Yearbook 2024. And my special thanks to our dear sister Elham Mohamad Swaid at the Islamic Hospital, Amman-Jordan for her stellar secretarial support. May Allāh (ﷻ) reward and bless her bountifully.

We pray for Allāh's (ﷻ) guidance, mercy and acceptance in all our endeavours. Unto Him (ﷻ) we seek refuge and forgiveness for our failures and shortcomings.

Yours sincerely,
Musa Mohd Nordin
Editor in Chief
FIMA Yearbook

FEDERATION OF ISLAMIC MEDICAL ASSOCIATIONS (FIMA) IN BRIEF

- On 31st December 1981, FIMA was formed in Florida, USA. Senior medical professionals representing ten Islamic Medical Associations (IMA), from various parts of the world, convened and laid down the foundation of the Federation.
- FIMA was incorporated in the state of Indiana as a not-for-profit corporation on 18th January 1982 and re-incorporated in the State of Illinois on 30th March 1999.
- FIMA enjoys Tax Exempt status under Section 501 (C) (3) US Federal Income Tax by the Internal Revenue Service.
- In 2005, FIMA acquired Special Consultative Status to the United Nations Economic and Social Council (UN-ECOSOC).
- FIMA membership now include Islamic Medical Associations (IMA) and associates from 50 countries.
- FIMA aims to foster the unity and welfare of Muslim medical and healthcare professionals, promote healthcare services, education and research through the application of Islamic principles, mainstream Islamic perspectives of medical ethics, mobilize professional and economic resources for medical and humanitarian relief and collaborate with partners for the mercy and healing of mankind.
- First medical jurisprudence conference, Amman 1991.
- First humanitarian relief conference, Paris 1994.
- Launch of FIMA Year Book, Jakarta 1996.
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- Encyclopedia of Islamic Medical Ethics, Kuala Lumpur 2012.
- FIMA App on Care of Muslim Patients (Elsevier), Kuala Lumpur 2012.
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- FIMA Green Crescent, Cape Town 2013.
- FIMA Declaration on Addiction, Cape Town 2013.
- FIMA Declaration for Polio Eradication, Cairo 2013.
- FIMA Book on Immunization Controversies, Makassar 2015.
- FIMA Save Heart 2016
- FIMA Safe Water, Istanbul 2017.
- International Journal of Human and Health Sciences (IJHHS), Istanbul 2017.
- FIMA Life Saver, Amman 2018.
- FIMA Declaration on Climate Health, 2020.
- FIMA Save Earth, Jakarta 2021.
- FIMA History of Islamic Medicine, Islamabad, 2022.
- FIMA Declaration on 2030 Strategic Planning 2023

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2005-2006:
GERIATRICS AND END OF LIFE ISSUES: BIOMEDICAL, ETHICAL AND ISLAMIC HORIZONS.
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HIV/AIDS: SCIENTIFIC ETHICAL AND ISLAMIC DIMENSIONS.
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WOMEN'S ISSUES: ISLAMIC PERSPECTIVES.
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MEDICAL EDUCATION AND PROFESSIONAL ETHICS:
ISLAMIC INSIGHTS
2010-2011:
FIMA GLOBAL RELIEF: THE VISION, ACHIEVEMENTS AND MORAL OBLIGATIONS
2012:
HEALTH IN THE MUSLIM WORLD:
MEETING THE MILLENNIUM DEVELOPMENT GOALS
2013:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS – PART I
2014:
ADDICTION: MEDICAL, PSYCHOSOCIAL AND ISLAMIC PERSPECTIVES
2015:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART II
GENOMICS: SCIENTIFIC, MEDICAL, ETHICAL AND ISLAMIC PERSPECTIVES
2016:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART III
MEDICAL CARE AT END OF LIFE
2017:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART IV
SCIENTIFIC BIOMEDICAL RESEARCH
2018:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART V
REPRODUCTIVE MEDICINE: BIOETHICAL AND RELIGIOUS PERSPECTIVES
2019:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART VI
ISLAMIC AND HEALTH CHALLENGES IN THE CONTEXT OF COVID-19 PANDEMIC
2020:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART VII
MAQASID AL-SHARI'AH AND MEDICAL JURISPRUDENCE AND BIOETHICS
2021:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART VIII
HOSPITALS AND HEALTHCARE SERVICES: ISLAMIC PERSPECTIVES
2022:
ENCYCLOPEDIA OF ISLAMIC MEDICAL ETHICS- PART IX
MEDICAL AND ETHICAL CHALLENGE IN *HAJJ* HEALTHCARE
2023:
SPECTRUM OF FIMA PROJECTS AND ACTIVITIES

DILEMMA AND CONTROVERSIES SURROUNDING HIV PREVENTION

Ummu Afeera Zainulabid[*] and Ahmad Faidhi Mohd Zaini[**]

ABSTRACT

HIV prevention strategies have undergone substantial transformation in recent years, with the development of new methods such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), as well as the introduction of innovative options like long-acting injectables and implants.. Despite their promise, these advancements are often accompanied by cultural, ethical, and religious debates , particularly concerning their perceived influence on behaviors traditionally regarded as high-risk for HIV transmission. This article explores the intersection of HIV prevention methods and the Islamic ethical principles, advocating for a nuanced, compassionate approach to address such behaviors.

Grounded in the example of the Prophet Muhammad (peace e upon him) who constantly met individuals engaged in transgressions, with empathy and moral clarity, rather than judgment. The Prophet's example illustrates how to balance corrective measures with support, highlighting the need for both spiritual and practical interventions in tackling public health challenges like HIV.

The article argues for a holistic strategy—one that encompasses prevention, education, treatment, and above all, compassion. Such an approach is in harmony with the Islamic values of mercy, dignity, and redemption. In doing so, it calls for inclusive healthcare models that are non-judgmental and accessible to all, regardless of risk profile, ultimately promoting both individual well-being and communal responsibility.

Keywords: HIV, AIDS, PrEP, PEP, prevention, abstinence.

INTRODUCTION

The Evolving Methods in HIV Prevention

HIV prevention has made remarkable strides in recent years, with a variety of methods now available to reduce the transmission of the virus. While Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) have gained prominence as key strategies in preventing HIV in recent decades, these approaches have not been without controversy, particularly when viewed through cultural, ethical, and religious lenses. However, PrEP and PEP are just the beginning of HIV preventive and curative therapy. The landscape of HIV prevention is rapidly evolving, with new methods being developed and tested, including long-acting implants, vaginal rings, and injectable formulations (Figure 1)[1].

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These innovations promise to expand the toolkit available to prevent HIV transmission, but they also bring new challenges and debates. The introduction of these novel prevention methods raises important questions about their accessibility, acceptability, and potential impact on communities with diverse cultural, religious, and socioeconomic backgrounds.

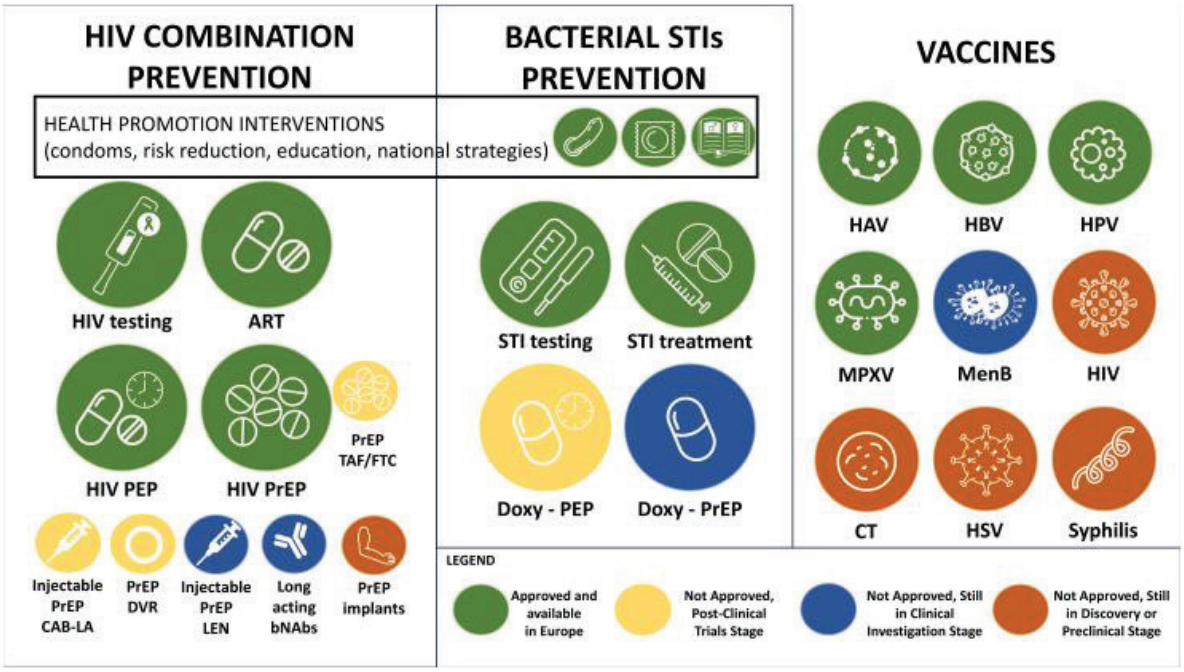

Figure 1: Prevention strategies for HIV, bacterial STIs, and vaccines. This figure highlights various prevention strategies, including HIV combination prevention, bacterial STI prevention, and available vaccines. It features methods such as HIV testing, ART (antiretroviral treatment), HIV PEP (Post-Exposure Prophylaxis), PrEP (Pre-Exposure Prophylaxis), and vaccines for various infections like hepatitis A (HAV), hepatitis B (HBV), human papillomavirus (HPV), and others. The color-coded icons indicate the approval status and availability of these treatments and vaccines, with some methods still in clinical trials or under investigation[1].

HIV Epidemiology in Malaysia: A National Perspective

HIV in Malaysia has undergone significant changes since the first case was reported in 1986[2]. Initially, the epidemic was largely driven by people who inject drugs (PWID), with injection drug use contributing to the majority of new HIV cases. However, since 2011, there has been a noticeable shift in the primary mode of HIV transmission, with sexual transmission, particularly through heterosexual and homosexual contact, becoming the dominant route. By 2011, the majority of new HIV cases were attributed to sexual transmission[3].

According to the 2023 Global AIDS Monitoring Report by the Ministry of Health Malaysia, data from 2022 highlights a troubling trend: the majority of new HIV infections are now detected in young adults aged 20 to 39 years, making up 74% of all new cases reported. Within this group, individuals aged 30 to 39 years accounted for 32% of new infections, while those aged 40 to 49 years contributed 13%. This suggests that young adults are the most vulnerable group in the ongoing HIV epidemic in Malaysia[4].

Despite progress in some areas, the country continues to face challenges in addressing the spread of HIV. A critical concern is the increasing rate of late diagnosis. Many individuals with HIV do not seek treatment until they experience significant health deterioration or symptoms become too severe to ignore. The percentage of adults diagnosed late - defined as having a CD4 count of fewer than 350 cells/mm³ at the time of diagnosis - has risen significantly, from around 55% in 2016 to nearly 75% in 2022. This delay in diagnosis and treatment is concerning as it leads to a weakened immune system and increases the risk of developing AIDS and other related complications[4].

Several factors contribute to the delay in seeking treatment for HIV in Malaysia. Stigma and discrimination remain major barriers, with many individuals avoiding HIV testing or care due to fears of social rejection[5-7]. There is also a general lack of awareness and understanding of HIV and its transmission, with some individuals not realizing that they are at risk or not understanding the importance of early treatment. Additionally, access to healthcare remains uneven, particularly for marginalized populations and those living in rural areas. These barriers - ranging from logistical challenges to financial constraints - further complicate efforts to manage and prevent HIV in the country[8].

In response to these challenges, Malaysia has made notable progress in several areas. For instance, the country became the first in the Western Pacific region to be recognized by the World Health Organization (WHO) in 2018 for eliminating mother-to-child transmission of HIV and syphilis. This success was the result of a long-standing effort to provide universal antenatal screening for HIV, which began in 1998. Today, HIV and syphilis testing and treatment are offered free of charge, ensuring that nearly all women have access to quality healthcare services, including family planning and assisted childbirth[9].

Despite these successes, the rise in new HIV cases among key populations, such as men who have sex with men (MSM), male sex workers (MSW), transgender individuals (TG), and female sex workers (FSW) - remains a significant public health challenge. Projections suggest that if no new interventions are introduced, the number of HIV infections in Malaysia will continue to rise, particularly in these high-risk groups[10].

Adolescent Sexual Health in Malaysia: A Growing Concern

Adding to the complexity of the HIV epidemic in Malaysia is the alarming data from the National Health and Morbidity Survey 2022 (Adolescent Health Survey). This survey revealed troubling statistics regarding adolescent sexual behavior in the country. A significant 154,646 adolescents (7.6%) reported having had sexual intercourse, indicating a high level of sexual activity among young people. More concerning is the fact that 33% of these adolescents engaged in sexual activity before the age of 14, meaning that over 50,000 adolescents under 14 have already been involved in sexual activity[11].

Additionally, 75% of adolescents who reported being sexually active did so recently, suggesting that the issue is not just a historical one, but an ongoing concern. Alarmingly, 88% of these adolescents did not use any form of contraception during sexual activity, significantly increasing the risk of unintended pregnancies and the transmission of sexually transmitted infections (STIs), including HIV. Furthermore, 88% also reported not using condoms during sexual intercourse, exacerbating the risk of HIV transmission and other STIs. Another worrying statistic is that 11% of adolescents reported having

more than one sexual partner, further increasing the likelihood of health risks and the spread of infections[11].

These findings highlight a critical gap in sexual education and health awareness among Malaysian youth. Despite being a country known for its Islamic values, the high rates of early sexual activity and the lack of safe sexual practices among adolescents reflect a serious public health challenge. This also underscores the need for comprehensive sexual health education, integrated with both medical knowledge and religious teachings, to guide young people away from high-risk behaviors.

The situation in Malaysia calls for urgent action to address the growing threat of HIV, particularly among young people and high-risk populations. The combination of late diagnosis, inadequate sexual education, stigma, and barriers to healthcare creates a dangerous environment for the spread of HIV and other STIs. To combat these challenges, Malaysia must continue to invest in HIV prevention programs, early detection, and treatment access, while also promoting more effective sexual health education that aligns with cultural and religious values[12].

Abstinence: The Ideal from an Islamic Perspective

In Islam, abstinence is considered the ideal and most effective form of HIV prevention, particularly about sexual behavior. Islamic teachings promote chastity and fidelity within the bounds of marriage, and sexual relations outside of this context are regarded as sinful. The Qur'an and Hadith emphasize the importance of guarding one's private parts and avoiding actions that could lead to immoral behavior, to protect individuals and the community from harm. Allah says in the Qur'an:

"وَالَّذِينَ هُمْ لِفُرُوجِهِمْ حَافِظُونَ،إِلاَّ عَلَى أَزْوَاجِهِمْ أَوْ مَا مَلَكَتْ أَيْمَانُهُمْ فَإِنَّهُمْ غَيْرُ مَلُومِينَ"

"And those who guard their private parts, except from their wives or those their right hands possess, for indeed, they are not to be blamed." (Qur'an, 23:5-6)

Abstinence, whether before marriage or outside the marital relationship, is not only a method of preventing sexually transmitted infections but also a moral and spiritual safeguard. The Prophet Muhammad (peace be upon him) also said:

"Whoever guarantees me what is between his jaws (the tongue) and what is between his legs (the private parts), I guarantee him Paradise." *(Sahīh al-Bukhāarī*)

This emphasizes the importance of controlling one's desires and staying within the boundaries set by Allah, which aligns with preventing the spread of diseases like HIV.

The Reality of the *Ummah*: Addressing Modern Challenges

Muslim healthcare professionals understand clearly the religious perspective on the prohibition of *Zinā (fornication) and homosexuality in Islam. Religious prohibition against Zinā and homose*xuality is already known and accepted by all Muslims (*al-Ma`lūm Min al-Dīn bi al-Darūrah*), whereas it is unreasonable for a Muslim to be ignorant about these matters.

However, in the endeavor to tackle this ongoing delicate social illness, Muslim health professionals and religious authorities or scholars should be aware of the changing social background and the emerging complexity surrounding factors that currently contribute to widespread *Zina* and homosexuality within our community. In contrast to classical behavioral theory, which attributes any commission of

unworthy or sinful acts to individual internal free will, lust, and ignorance; the evolution and globalisation of our modern world pose greater challenges to contemporary Muslims. Our youth and adults are deemed vulnerable as they are more exposed and to some extent also involved in modern industrial-scale sexual enticing activities such as pornography, sexual addiction, sex workers, and drug addicts. Thus, this development has shown that the issue is far more complex than merely propagating moral teachings as a sole solution.

It is important to note that individuals often engage in such behaviours due to a variety of factors. One of the many often neglected factors is the deep-rooted adverse childhood experiences. Adverse Childhood Experiences (ACE), including physical, emotional, and sexual abuse, neglect, or exposure to family dysfunction, can have a profound impact on a person's development. Factors such as parental neglect due to financial struggles, divorce, or dysfunctional family environments significantly affect socio-emotional growth and increase the likelihood of individuals engaging in substance abuse and high-risk sexual behaviours. In many cases, individuals trapped in poverty and difficult living conditions find themselves caught in a cycle of harmful behaviours, making it incredibly difficult to break free from these challenges[13-14].

Although we should admit that some individuals are drawn into these behaviours due to weak religious conviction and the overpowering influence of their desires (*nafs*). However, this lack of strong faith commitment, coupled with the inability to control one's desires, can make it particularly difficult for individuals to resist temptations and exit these destructive patterns. The struggle to reconcile personal desires with religious values creates an internal conflict that further complicates the ability to change. As such, many find themselves in a cycle that is hard to escape, unable to break free from both the external circumstances and internal struggles[15].

This highlights the reality within the Muslim *ummah*, where despite the ideal of abstinence, complex social, economic, psychological, and spiritual issues persist. While abstinence remains the ideal, it is important to acknowledge that many individuals face circumstances that push them away from religious teachings, and the difficulty of overcoming personal desires exacerbates the situation. A compassionate, empathetic approach is necessary to address these issues, ensuring that individuals receive not only medical care and preventive interventions but also emotional, psychological, and spiritual support to facilitate healing and change.

The role of Islamic scholars, healthcare professionals, and community leaders is critical in bridging the gap between religious teachings and the real-world challenges faced by individuals. While the importance of abstinence and moral conduct should continue to be emphasized, it is also necessary to recognize the complexity of human behavior and provide support to those in need, especially those whose difficult circumstances have led them to make choices contrary to religious guidelines.

The Spectrum of Risk: Understanding Low and High-Risk Groups for Targeted Preventive Intervention

In efforts to reduce HIV transmission, it is crucial to understand the differences between low-risk and high-risk groups. The majority of individuals engaged in Islamic and religious community work are dealing with low-risk groups - those who have not yet been involved in high-risk activities such as unprotected sexual relations or drug use. These individuals are often children, adolescents, and young adults who have yet to engage in behaviors that increase the risk

of HIV infection. While they may not be at immediate risk, they must receive a comprehensive education to prevent them from falling into high-risk behaviours in the future.

Holistic sexual health education is key to preventing this group from being exposed to HIV. Preventive approaches, such as promoting abstinence until marriage and providing religious and moral education, are also beneficial. These individuals must be educated about HIV transmission and the importance of prevention, while also being empowered to make healthy choices regarding their sexual health. The Ministry of Education's proactive step in creating the National Guidelines for Reproductive Health Education (PEERS) is commendable in helping young people acquire the skills to make safe and informed decisions about reproductive and sexual health[16].

However, while efforts are focused on low-risk groups, we must also recognize and support the high-risk groups who are already involved in behaviours that put them at significant risk of contracting HIV. These high-risk groups include individuals who engage in unprotected sexual activity, people who inject drugs, and sex workers - many of whom may lack adequate knowledge of how to protect themselves from HIV, or who may not have access to healthcare services that can prevent or treat HIV[17].

It is crucial for those working in the community, including Islamic scholars, healthcare providers, and NGOs, to not only focus on low-risk populations but also to understand and support those in high-risk groups. These groups face unique challenges, and addressing these requires a multimodal approach that goes beyond prevention and includes intervention and long-term care strategies. A non-judgmental, compassionate approach is necessary to provide these individuals with the education, resources, and healthcare they need to protect themselves from HIV. We must acknowledge the work of activists, healthcare workers, and NGOs who dedicate their efforts to supporting high-risk groups. It is essential that all members of the community, regardless of their risk level, are treated with dignity and offered the support they need to make positive changes in their lives.

The Prophet Muhammad's Approach to *Zinā* and Adultery: A Model of Compassion and Justice

The story of how Prophet Muhammad (peace be upon him) dealt with the issue of *zinā* (fornication) and adultery offers us valuable insights into addressing complex social issues, including HIV prevention. The Prophet's approach was always rooted in compassion, justice, and understanding, recognizing the complexity of human behaviour and the importance of offering guidance, rather than judgment.
A well-known story is that of a woman named Ghamidiyah, who came to the Prophet Muhammad (peace be upon him) confessing that she had committed adultery. Despite her admission, the Prophet initially did not seek to punish her, instead asking her to reconsider her confession multiple times, urging her to seek forgiveness from Allah. This highlights the importance of compassion and the opportunity for repentance (*Sahih Muslim*, *Kitāb al-Hudūd*, the Book of Punishments).

In Islam, repentance is always possible, and the Prophet's approach was one of mercy, recognizing that human beings are fallible and that the key to healing lies in turning back to Allah and seeking forgiveness. Similarly, in the context of HIV prevention and care, those at high risk, such as people living with HIV, should not be met with judgment but with a spirit of compassion, support, and the opportunity for recovery. This aligns with the Islamic principle of offering hope and support to those in need,

regardless of their actions, as long as they seek repentance and improvement. The story of Ghamidiyah is often cited as an example of sincere repentance, but it also demonstrates the Prophet's wisdom in handling moral transgressions with patience, compassion, and an understanding of human nature. When she confessed, the Prophet Muhammad (peace be upon him) did not rush to punish her but instead gave her time, encouraged reflection, and indirectly guided her toward repentance.

Some may argue that HIV prevention, especially methods like PrEP, enables continued sinful behaviour, unlike Ghamidiyah, who had already stopped engaging in zina. However, the key lesson from the Prophet's actions is that transformation is a process, not an immediate event. Many individuals engaging in high-risk behaviours may not yet be ready to leave them entirely, just as the Prophet recognized that people need time, guidance, and support to change. Just as the Prophet (peace be upon him) provided Ghamidiyah with a pathway to seek forgiveness rather than immediate punishment, modern public health measures provide a pathway to harm reduction and eventual behavioural change. HIV prevention is not about condoning sin, but about minimizing harm, protecting lives, and keeping the door open for eventual transformation. Preventing HIV does not contradict the Islamic principle of repentance; rather, it ensures that those who may one day seek to reform themselves do not suffer irreversible harm in the meantime.

This approach aligns with the Islamic principle of preventing harm and reflects the Prophet's actions in dealing with moral and social dilemmas. Some may argue that methods like PrEP (pre-exposure prophylaxis) are not a sign of repentance because they may enable individuals to continue engaging in high-risk behaviours. However, just as the Prophet Muhammad (peace be upon him) demonstrated mercy and patience toward those who repeatedly engaged in sinful behaviour, we must recognize that guiding high-risk individuals requires a multifaceted, compassionate approach.

PrEP, like other preventive strategies in medicine, does not condone risky behaviour but mitigates harm, offering individuals a second chance, both physically and spiritually. The Quran reminds us, "And do not throw [yourselves] with your [own] hands into destruction" (2:195), reinforcing the principle of harm reduction and self-preservation. Providing protective measures does not contradict repentance; rather, it ensures that individuals remain alive and healthy long enough to reflect, seek guidance, and change.

More importantly, HIV prevention is not just about individual protection but about safeguarding the entire community, including those who may not even realize they are at risk. Studies show that many people acquire HIV unknowingly due to factors beyond their control, such as transmission from a long-term partner, unrecognized risk behaviours, or structural barriers like stigma, misinformation, and lack of access to testing[18].

By implementing comprehensive strategies- including PrEP, ART (antiretroviral therapy), regular testing, and education - we not only protect high-risk individuals but also create a protective barrier for society as a whole[19]. Countries that have integrated HIV prevention programs into their public health policies have seen a significant decline in new infections, demonstrating that such approaches do not encourage immorality but actively prevent suffering[20].

For individuals engaged in high-risk behaviours, traditional approaches to

da`wah* may not be effective. A more compassionate, educational, and harm-reduction-focused strategy is needed. Providing comprehensive sexual education within HIV prevention clinics serves as an indirect yet impactful form of *da`wah - one that does not immediately call for repentance but instead equips individuals with knowledge, fosters responsibility, and gradually guides them toward self-awareness and change. By discussing safe practices, HIV prevention, and personal responsibility in a non-judgmental setting, we create a bridge for meaningful engagement with Islamic values. This approach is aligned with the Prophet Muhammad's (peace be upon him) example of meeting people where they are, addressing their immediate needs, and guiding them gradually rather than through coercion. Ultimately, education is a form of empowerment, and empowering individuals with the right knowledge is a powerful form of *da`wah*. While some may not be ready to abandon high-risk behaviours immediately, indirect education plants the seeds for future change, allowing individuals to make informed choices that protect both their health and their faith.

Just as the Prophet (peace be upon him) emphasized preventing harm and preserving life, we too must prioritize harm reduction, education, and evidence-based interventions. HIV prevention is not about enabling sin - it is about fulfilling our ethical and Islamic duty to protect human life, reduce suffering, and create a healthier, more informed society.

Another powerful example of the Prophet Muhammad's (peace be upon him) compassionate approach to difficult social issues, such as addiction, is his treatment of a man caught drinking alcohol repeatedly. In a well-known Hadith, a man who was known to have a drinking problem was brought before the Prophet Muhammad (peace be upon him). The Prophet ordered that the man be punished for his actions, but the punishment was not meant to cause harm - it was a corrective measure, intended to bring him back to the right path.

After the punishment, some of the companions uttered words of condemnation, wishing that the man would be disgraced. The Prophet immediately stopped them, saying:

"Do not say such things. Do not help Satan in causing harm to him."(Sahīh al-Bukharī i)

This teaches us several important lessons. First, the Prophet (peace be upon him) understood that addiction is a complex issue, and while consequences for actions are necessary, judgment and condemnation should not follow. The Prophet's focus was on rehabilitation, guidance, and offering the opportunity for change, not on public shaming. Even when people repeatedly fall into harmful behaviours, their potential for repentance and change should always be acknowledged. Just as this man was allowed to reform, so too should individuals at high risk for HIV, such as those involved in unprotected sex or drug use, be treated with compassion and provided with practical support, rather than harsh judgment.

In the same way, while PrEP and other prevention strategies may be seen by some as enabling high-risk behaviour, it is a necessary harm-reduction strategy. It does not condone the behaviour but provides a safeguard for those who are still on their path to change. It is part of a broader, compassionate, and multifaceted approach to managing public health crises, allowing individuals to protect themselves and others while they work towards spiritual and behavioural reform.

Conclusion

In conclusion, the issue of HIV prevention requires a comprehensive, compassionate, and culturally sensitive approach. While

advancements in methods like PrEP and PEP provide essential tools for reducing transmission, they must be understood within the broader context of human behaviour, spirituality, and societal values. Drawing inspiration from the teachings and practices of Prophet Muhammad (peace be upon him), we are reminded that the path to healing and prevention is not solely through punitive measures or judgment, but through empathy, support, and an unwavering belief in the potential for change. Just as the Prophet showed compassion to those who repeatedly fell into sin, modern healthcare approaches should recognize that individuals engaged in high-risk behaviours are not beyond redemption. A multifaceted approach - combining education, prevention, treatment, and spiritual guidance - offers the best opportunity for those at risk to protect themselves, make informed decisions, and ultimately achieve both physical and spiritual healing. By promoting an inclusive, non-judgmental healthcare environment that aligns with Islamic values of mercy, we can build a society where prevention, care, and personal growth go hand in hand, ultimately reducing the impact of HIV and fostering a more compassionate world.

References

1.Gökengin, D., T. Noori, A. Alemany, C. Bienkowski, G. Liegon, A.Ç. İnkaya, J. Carrillo, G. Stary, K. Knapp, O. Mitja and J.M. Molina, 2023. Prevention strategies for sexually transmitted infections, HIV, and viral hepatitis in Europe. The Lancet Regional Health - Europe, 34: 100738.

2.Apenteng, O.O., P.P. Osei, B. Oduro, M.P. Kwabla and N.A. Ismail, 2020. The impact of implementing HIV prevention policies therapy and control strategy among HIV and AIDS incidence cases in Malaysia. Infectious Disease Modelling, 5: 755–765.

3.Singh, D., M.C. Chawarski, R. Schottenfeld and B. Vicknasingam, 2013. Substance Abuse and the HIV Situation in Malaysia. Journal of Food and Drug Analysis, 21(4): S46.

4.The Global AIDS Monitoring Report 2023.

5.Wilandika, A. and A. Yusuf, 2023. The Driving Factors of Social Stigma Against People With HIV/AIDS: An Integrative Review. Malaysian Journal of Medicine and Health Sciences, 19(SUPP6): 2636–9346.

6.Bin Ahmad, M.Z., M.M. Yasin, N.M. Nasir and M. Mohamad, 2024. The association between HIV-related stigma, HIV knowledge and HIV late presenters among people living with HIV (PLHIV) attending public primary care clinic settings in Selangor. PLOS ONE, 19(7): e0306904.

7.Ahmed, S.I., S.A. Syed Sulaiman, M.A. Hassali, K. Thiruchelvam, S.S. Hasan and C.K.C. Lee, 2017. Attitudes and barriers towards HIV screening: A qualitative study of people living with HIV/AIDS (PLWHA) in Malaysia. Journal of Infection Prevention, 18(5): 242.

8.Azri, M., A. Adnan, N. Sahril, M. Aznuddin, A. Razak, N. Shamsuddin, M. Hazrin, H. Hashim, M. Hatta and A. Mutalip, 2024. Prevalence of inadequate HIV knowledge and its associated factors among the Malaysia general population: findings from the National Health and Morbidity Survey (NHMS) 2020. Journal of Health, Population and Nutrition 2024 43:1, 43(1): 1–11.

9.https://www.who.int/westernpacific/news/item/08-10-2018-malaysia-eliminates-mother-to-child-transmission-of-hiv-and-syphilis. Accessed February 17, 2025.

10.JadKarim, L., J. Wickersham, K. Gautam, I. Azwa, R. Saifi, A. Khati, K. Paudel, T. Ha and R. Shrestha, 2023. Correlates of never testing for HIV among men who have sex with men in Malaysia: A cross-sectional study. PLOS ONE, 18(11): e0294937.

11.National Health & Morbidity Survey 2022 Adolescent Health Survey 2022.

12.Barmania, S. and S.M. Aljunid, 2016. Navigating HIV prevention policy and Islam in Malaysia: contention, compatibility or reconciliation? Findings from in-depth interviews among key stakeholders. BMC Public Health, 16(1): 524.

13.Hesselink, A. and A. Hesselink, 2023. Adverse Childhood Experiences (ACEs) and the Link to Antisocial, Delinquent, and Criminal Behaviors. Criminal Behavior - The Underlyings, and Contemporary Applications.

14.Webster, E.M., 2022. The Impact of Adverse Childhood Experiences on Health and Development in Young Children. Global Pediatric Health, 9: 2333794X221078708.

15.Kádár, B.K., L. Péter, B. Paksi, Z. Horváth, K. Felvinczi, A. Eisinger, M.D. Griffiths, A. Czakó, Z. Demetrovics and B. Andó, 2023. Religious status and addictive behaviors: Exploring patterns of use and psychological proneness. Comprehensive Psychiatry, 127: 152418.

16.https://mprh.lppkn.gov.my/youth-sexual-education-and-reproductive-health/. Accessed February 17, 2025.

17.He, J., Y. Wang, Z. Du, J. Liao, N. He and Y. Hao, 2020. Peer education for HIV prevention

among high-risk groups: a systematic review and meta-analysis. BMC Infectious Diseases, 20(1): 338.

18.Babel, R.A., P. Wang, E.J. Alessi, H.F. Raymond and C. Wei, 2021. Stigma, HIV Risk, and Access to HIV Prevention and Treatment Services Among Men Who have Sex with Men (MSM) in the United States: A Scoping Review. AIDS and Behavior, 25(11): 3574.

19.Gandhi, R.T., R. Bedimo, J.F. Hoy, R.J. Landovitz, D.M. Smith, E.F. Eaton, C. Lehmann, S.A. Springer, P.E. Sax, M.A. Thompson, C.A. Benson, S.P. Buchbinder, C. Del Rio, J.J. Eron, H.F. Günthard, J.M. Molina, D.M. Jacobsen and M.S. Saag, 2023. Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2022 Recommendations of the International Antiviral Society–USA Panel. JAMA, 329(1): 63–84.

20.Khademi, A., S. Anand and D. Potts, 2015. Measuring the Potential Impact of Combination HIV Prevention in Sub-Saharan Africa. Medicine, 94(37): e1453.