

Review

## Islamic perspectives on HIV: a scoping review

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### Abstract

**Background** There is some evidence to suggest that the human immunodeficiency virus (HIV) prevalence may be lower in Muslim-majority countries and among Muslims in general. The low prevalence is usually accredited to Islam's influence on the behaviours that affect transmission of HIV. Reports of HIV epidemics, predominately among injection drug users (IDUs), are emerging in Muslim-majority countries, forcing the Muslim world to respond to them.

**Objective** This study is a scoping review of the literature that addresses (a) the messages communicated regarding HIV from an Islamic perspective, (b) the approaches Muslims adopt to comprehend and treat people living with HIV, and (c) roles of Islam and religious leaders. This review scopes the available literature and identifies the nature and extent of research conducted to date.

**Methods** A comprehensive search was performed using PubMed, Medline, Web of Science, ScienceDirect, Scopus, and Academic Search Ultimate. Primary research that focused on the Islamic perspective and discourse of HIV and AIDS, were considered. In total 22 studies dating from 2002 to 2017 studies were included.

**Findings.**

Five themes emerged (1) Western Import, (2) God's Wrath, (3) God's Test, (4) Tolerance and Mercy, and (5) Religious Silence.

**Conclusion** HIV has indiscriminately affected communities globally and the Muslim community has not been an exception. More diverse research is required as well as Muslim-majority countries and communities must develop effective HIV awareness and prevention campaigns that are rooted in Islamic teachings and involve religious leaders.

**Keywords** HIV · Islam · Prevention

## 1 Introduction

With an estimated 39.0 million (33.1–45.7 million) people living with the human immunodeficiency virus (HIV) at the end of 2022 [1] and an estimated 4000 people acquiring HIV every day [2], HIV remains a worldwide public health concern. Although there is a rich body of research exploring the role of religion and religiosity, especially regarding Islam and its protective factors, less is known about how HIV is being perceived and communicated from an Islamic perspective.

Islam is practiced by over 1.6 billion people in the world and is seen as a way of life rather than a religion [3–6]. Muslims often look to the Qur'an and the narrations of the Prophet as they have some of the clearest and most direct teachings and guidance for all aspects of life—individual and social, material and moral, economic and political, legal and cultural, and national and international [3, 4]. Islamic religious leaders, who are revered for their knowledge and interpretation of Islamic texts, also play an important role in the daily lives of Muslim people as they have a duty to guide Muslims and share the teachings of Islam [3, 4, 7, 8].

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In relation to HIV, there is some evidence to suggest that HIV prevalence may be lower in Muslim-majority countries and among Muslims in general [7, 9, 10]. The low prevalence is usually accredited to Islam's influence [3, 6, 11–13] on the behaviours that affect transmission of HIV which include; universal circumcision of Muslim men [10], prohibitions of intoxicants, abstaining from sex outside of marriage [14], anal sex and sex during menstruation [4].

However, adherence to Islamic values is not enough to prevent HIV transmissions [6, 15]. Reports of HIV epidemics, predominately among injection drug users (IDUs), in Indonesia, Malaysia, Bangladesh, Iran, Libya, Tajikistan, and Pakistan [16–19] are emerging and forcing the Muslim world to respond to them [10]. There also indication that HIV transmissions are increasing through sexual relations [3, 11, 20].

Islam is one of the most universal and impactful factors that significantly influences Muslim people's attitudes, values and behaviours at both the individual and societal levels. This suggests that an Islamic approach to HIV is essential, particularly as it is felt that usually perceived that HIV is a Western-based promiscuity disease [9] and that the secular approaches to HIV prevention are ineffective in targeting Muslim communities [3, 9, 21].

The aim of this review is to gather published insights on the perceptions and attitudes of Muslim people on HIV and people living with HIV as well as, the messages that are communicated.

## 2 Method

A comprehensive search was performed using PubMed, Medline, Web of Science, ScienceDirect, Scopus, and Academic Search Ultimate. An initial search using key terms and medical subject headings (MeSH) was conducted. Search terms included HIV or "human immunodeficiency virus", "AIDS" or "acquired human immunodeficiency syndrome", "Islam", "Muslim", and "Perceptions", and "Perspective".

The following selection criteria was utilised: (a) full-text studies, (b) published in the peer-review literature, (c) written in English, (d) focused on the Islamic perspective and discourse of HIV and AIDS

The number of records retrieved was 601, 315 titles and abstracts were screened, and 22 Primary research studies, published during 2002 – 2017, were included (Table 1).

The main author reviewed the articles, and studies that focused on the preventative nature of Islam, risk behaviours of Muslim people, HIV prevalence in Muslim majority countries, adherence to treatment and condom use, were exclude.

A scoping review was selected as scoping reviews presents the available research on a topic and are useful when the topic is complex or not well-reviewed. They also help determine the value of undertaking a full systematic review and identify research gaps [22].

Ethical approval or informed consent was not required for this scoping review which does not involve human participants. Ethical approval was not sought for the present study because the present study is based on publicly available data.

### 2.1 Findings

A summary of the findings is presented in Table 2.

#### 2.1.1 Western import

AIDS was first mentioned in Muslim ethical literature in 1985 as an illness only affecting the West as God's punishment for sexual promiscuity, perverted sexual contacts and flouting moral restraints [3, 9, 21]. Homosexuality, in particular, is exemplified as a perversion of human nature and is regarded as the main cause of the spread of HIV [3, 9, 11, 15].

Influential religious scholars such Malik Badri, argue that AIDS is the direct result of the Western sexual revolution and the promiscuity that it had propagated [9, 10, 23]. With HIV prevalence increasing within the Muslim population, Western countries are being blamed for exporting their liberal views, via tourism [7] and television [20], spreading their propaganda of sexual rights [9, 23] and importing HIV to the country [10, 20].

Regardless of the increase HIV prevalence in Muslim countries, the overwhelming response from Muslim communities has been to deny the existence of HIV [10, 12, 17, 21, 24], possessing a "not-in-this-region" [10, 11, 25] and "it is still not our problem" [9, 12, 23] approach. This denial not only increases the vulnerability of acquiring HIV but also ignores the human rights of People Living with HIV (PLHIV) as the issue not even recognized [9, 17].

**Table 1** Characteristics of included studies

| Author(s)                                     | Title  | Date | Description  |
|---|--|------|--|
| Francesca E                                   | AIDS in contemporary Islamic ethical literature  | 2002 | The author analyses the attitude of Muslim religious authorities towards individual sexual behaviour and AIDS. It is mainly based on contemporary legal responses and uses various sources of Islamic ethical literature   |
| Musso S, Faget D, Cherabi K                   | Religion and education for HIV/AIDS prevention: an Arab-Islamic view   | 2002 | This is a descriptive review that uses qualitative methods to examine the perceptions and attitudes of Muslim religious leaders and educators on HIV/AIDS  |
| Maoulidi S                                    | Muslim women responding to HIV/AIDS in Tanzania  | 2003 | Explores the impact of HIV/AIDS and Islam on Muslim women's lives, rights, and roles in rural Tanzania. The article is a qualitative study that uses the authors' experience working with NGOs and National HIV efforts  |
| Paruk Z, Mohamed SD, Patel C, Ramgoon S       | Compassion or condemnation? South African Muslim students' attitudes to people with HIV/AIDS   | 2006 | This study is quantitative study that surveyed undergraduate and postgraduate Muslim students in South Africa (N = 90). The objective is to understand the social, economic, and religious factors that affect the students' attitudes to people with HIV/AIDS                             |
| Becker F                                      | The Virus and the Scriptures: Muslims and AIDS in Tanzania   | 2007 | The author relies on informal conversation and personal views rather than of the results of a formal survey, in an attempt to have a more open conversation on the influence of Islam on the perception of AIDS within the Muslim community in Tanzania                                    |
| Svensson J                                    | HIV/AIDS and Islamic religious education in Kisumu, Kenya  | 2007 | Based on data collected mainly through participant observation and interviews, this is a descriptive review that examines the perceptions and attitudes of Muslim religious leaders and educators on HIV/AIDS  |
| Maulana AO, Krumeich A, Van Den Borne B       | Emerging discourse: Islamic teaching in HIV prevention in Kenya  | 2009 | This study uses qualitative methods; content analysis of The Quran and other Islamic texts as well as interviews with Islamic leaders in Lamu, to examine their perceptions towards HIV  |
| Balogun AS                                    | Islamic perspectives on HIV/AIDS and antiretroviral treatment: The case of Nigeria   | 2010 | This article examines some Islamic perceptions of HIV and ART in Africa, with particular emphasis on Nigeria. Method included the use of two main sources of Islamic law —the Quran and the Sunnah— as well as discussions with some Islamic religious leaders                             |
| Abu-Moghli F, Nabolisi M, Khalaf I, Suliman W | Islamic religious leaders' knowledge and attitudes towards AIDS and their perception of people living with HIV/AIDS: a qualitative study | 2010 | This qualitative descriptive study explored Muslim religious leaders' perception, knowledge and attitudes towards AIDS. 20 Islamic religious leaders (males and females) participated in two audio-taped focus group discussions. A content analysis approach was used to analyse the data |
| Kanu M, Brown E, Theriot R, Briggs R          | Religious and cultural perceptions about HIV/AIDS among Muslims  | 2010 | A cross sectional study that involved adult male and female participants (N = 96) from Muslim worshippers in the United States. The objective is to explore the religious views and perceptions about HIV/AIDS among Muslims   |
| Clarke M, Charnley S, Lumbers J               | Churches, mosques, and condoms: understanding successful HIV and AIDS interventions by faith-based organisations                         | 2011 | The article conceptualises the successful characteristics of a Muslim organisation that incorporates Islamic teachings within the context of HIV in Thailand. It also discusses the challenges and opportunities for faith-based organisations   |
| Speakman S                                    | Comparing the Impact of Religious Discourse on HIV/AIDS in Islam and Christianity in Africa  | 2012 | The author compares the social construction, epidemiological understanding and public responses among Muslim populations in Africa with Christian ones and the impact of religious discourse and attitudes   |
| Cochrane L, Nawab S                           | Islam and development practice: HIV/AIDS in South Africa   | 2012 | Using Islamic Careline in South Africa and its programmes, the Muslim AIDS Programme (MAP) as a case study, this paper evaluates the Islamic ethical and operational frameworks in this context  |

Table 1 (continued)

| Author(s)   | Title  | Date | Description  |
|---|--|------|--|
| Monshipouri M, Trapp T                                  | HIV/AIDS, Religion, and Human Rights: A Comparative Analysis of Bangladesh, Indonesia, and Iran  | 2012 | Relying on a thematic and comparative analysis, this study argues that the essentialist characterisation of the Islamic way of life ignores the social determinants of HIV/AIDS risks  |
| Ghaly M   | Collective Religio-scientific discussions on Islam and HIV/AIDS: I. Biomedical Scientists  | 2013 | This paper is a descriptive review that uses qualitative methods to examine the perceptions and attitudes of Muslim biomedical scientists on HIV/AIDS. The paper also discusses the challenges and opportunities for collective legal reasoning between scientists and Islamic religious scholars  |
| Svensson J  | Islam, HIV/AIDS and activism: a critical analysis of some themes in Positive Muslims' 'theology of compassion'                                   | 2013 | This is a critical analysis of the South African organisation Positive Muslims' 'Theology of compassion' by analysing various texts that are part of the organisation's project and their publications. It argues that the group's ideas are not based on a good understanding of Islam, HIV/AIDS, or human rights   |
| Svensson J  | God's Rage: Muslim Representations of HIV/AIDS as a Divine Punishment from the Perspective of the Cognitive Science of Religion                  | 2014 | The present article focuses on the Muslim views on HIV/AIDS as a divine punishment. The paper uses ideas from the cognitive science of religion, which studies how Muslims think and feel about HIV  |
| Lua PL, Mustapha N, Abdullah R, Rahman AKA              | The experiences and challenges in caring for HIV/AIDS patients: A qualitative exploration among Muslim family caregivers in Terengganu, Malaysia | 2014 | A qualitative study that explores the beliefs, challenges and experiences of HIV/AIDS family caregivers in Malaysia. 12 semi-structured interviews conducted and analysed  |
| Tham JS, Zanuiddin H. R                                 | Religion and media: a case study of Utusan Malaysia's response to HIV/AIDS   | 2015 | The purpose of this paper is to explore how the Islamic tenets and beliefs are portrayed in the Malaysian newspaper, Utusan Malaysia, in relation to the HIV/AIDS  |
| Shaik S   | HIV/AIDS and Muslims in South Africa: The 'Untouchable' Disease  | 2017 | This paper seeks to conceptualise HIV/AIDS amongst Muslims of Indian descent in Durban, South Africa, with an aim to uncover the social and Islamic beliefs towards HIV. The research findings are based on life histories of five key respondents as well as 10 semi-structured interviews with volunteers and caregivers of Muslims living with HIV/AIDS |
| Shaw SA, Saifi R, Lim SH, Saifuddeen SM, Kamarulzaman A | Islam and HIV related social services in Malaysia  | 2017 | A review of the HIV prevention and treatment efforts involving Islam in Malaysia. The article also discusses the religious impacts the way in which communities understand and respond to HIV  |
| Tocco JU  | The Islamification of antiretroviral therapy: Reconciling HIV treatment and religion in northern Nigeria   | 2017 | An ethnographic study explores how HIV treatment is reconciled with Islamic beliefs in northern Nigeria. The author conducted mixed method, multi-site research, including interviews with 30 Muslim men living with HIV   |

### 2.1.2 God's wrath

An overwhelming number of Muslims believe that HIV/AIDS is a punishment from God, a disease for those who flout religious and moral values, such as adultery, homosexuality and drug use [3, 4, 7–9, 11, 17, 20, 21, 23, 26, 27].

Various texts from the Qur'an that refer to a time when homosexuality had spread among people (of Lut), to which God responded by punishing them with showers of clay as well as, the Prophet's alleged warning of a plague that will spread among people who transgress morally [3, 23], have been used to support the argument that HIV is a punishment.

The opinion that people living with HIV are responsible for acquiring the virus due to their immoral and sinful behaviour [8], increases stigma, discrimination [11] and forces them to hide their status [9]. However, it is not only "the sinful ones among us"[9] who have acquired HIV.

### 2.1.3 God's test

Muslim people living with HIV are a neglected community, experiencing stigma and discrimination [3, 6, 12, 15, 17, 23, 28]. The combination of external stigma and internal oppression impose a heavy burden, resulting in Muslim PLHIV reporting poorer wellbeing with feelings of anxiety, depression, and guilt [4, 8, 11, 21, 27, 29, 30].

Often for Muslim PLHIV their Muslim identity stays intact, resulting in an inner struggle between their religious faith and their HIV status, consequently internalising the stigma [15, 17]. As Islam unquestionably forbids homosexuality, drug use and sexual relation out of wedlock, PLHIV who might have acquired HIV through these means may express a sense shame, a fear that their status is tainting the Muslim religion or that this is their punishment for their transgression [15]. Others choose to believe that HIV was God's will or a test for them and therefore perhaps easing their situation by removing the transgressor label [8, 20].

Studies found that some Muslim PLHIV used Islam for comfort and coping with the emotional, psychological and physical pain. PLHIV voiced how listening to the Qur'an, prayer and fasting helps relieve the physical pain, provides calmness and also gives them hope. [6, 20, 28].

Those who acquired HIV through blood transfusion or through religiously sanctioned sexual activities are considered 'innocent victims'; whereas if a person acquired it by illegal sexual relation, homosexuality or drugs then they are 'transgressors' who deserve to be punished [3, 7, 11, 21].

Muslims are trying to make sense of why there are any innocent victims if the virus is perceived to be transmitted through immoral and transgressive behaviour. One belief, which is generally rejected by the majority of Muslims, is that HIV is God's collective punishment to humanity for allowing sexual deviation and moral transgression and the innocent victims are collateral damage [4, 8, 27].

However, a more accepted school of thought is that HIV is sent from God to test people's faith and patience [3, 4]. This belief disconnects HIV from the label and the stigma that it carries as a divine punishment for moral deviance and explains why children and those with low-risk behaviours can also acquire HIV [8].

Regardless of the whether HIV was acquired through blood transfusion or by illegal sexual relation, the majority of Muslim people believe that PLHIV should not be judged need to be cared for as dictated by Islam [7, 9, 11].

### 2.1.4 Tolerance and mercy

Tolerance is a basic principle in Islam and is a religious and moral duty for every Muslim [3, 6, 9, 11, 12, 16, 23, 26, 29].

Several Qur'anic verses and Prophetic sayings have been referenced to re-enforce the need for tolerance and compassion towards PLHIV as well as God's love to all his creatures [3].

The first which refers to the privacy and caution against judging people- "He who relieved his (Muslim) brother from a distress in this world Allah would relieve from a distress on the Day of Resurrection, and he who veils [the faults] of a Muslim Allah will veil (the faults of) on the Day of Resurrection." [3, 7, 9].

The second on taking care of the sick- "The Muslim is the brother of (his fellow) Muslim. He does not do him injustice and he does not forsake him." [4, 9].

Muslims are expected to be merciful to all of God's creatures with The Prophet stating: 'He who does not show mercy to people, God will not show mercy to him' [4, 14, 16], noting that Prophet Muhammad himself treated and assisted those who had engaged in activities that go against his teachings [14].

**Table 2** Summary of findings

| Theme               | Studies  |
|---------------------|--|
| Western import      | [3, 7, 9–12, 15, 17, 20, 21, 23, 25]           |
| God's wrath         | [3–5, 7–9, 11, 17, 20, 21, 23, 26, 27]         |
| God's test          | [3, 4, 6–9, 11, 12, 15, 17, 20, 21, 23, 27–30] |
| Tolerance and mercy | [3, 4, 6, 7, 9, 11, 12, 14, 16, 23, 26, 27]    |
| Religious silence   | [3, 6, 7, 10, 15, 16, 21, 26]                  |

### 2.1.5 Religious silence

Islamic religious leaders or Imams are primarily responsible for leading congregational prayers in mosques. However, they also play a vital role in the Muslim community as they are revered for the knowledge of the Qur'an, the Hadiths as well as Islamic traditions. And as such, they are figures that many people seek out for guidance and counselling on both personal and religious matters [6, 10, 15, 20, 21].

In general, religious leaders have not engaged in the HIV discourse and some have denied that it is affecting their community, mainly due to the means of HIV transmission, particularly those that touch on activities that are deemed 'deviant' or forbidden [3, 7, 21]. Most leaders are reluctant to approach the topic of HIV and especially prevention; condom use, needle exchange programmes, due to the fear of being perceived as condoning immoral behaviour [3, 10, 26].

The increase in HIV prevalence within the Muslim community has compelled some religious leaders to provide considerable Islamic engagement both in terms of increasing awareness and reducing stigma [3, 7, 15, 16, 21].

## 3 Discussion

HIV has indiscriminately affected communities globally and the Muslim community has not been an exception. Merely being Muslim is no longer a sufficient preventative method and therefore Muslim-majority countries and communities must develop effective HIV awareness and prevention campaigns.

This scoping review identifies the different perspectives on HIV from an Islamic perspective and found that views ranged from HIV being a Western import to God's wrath for immoral behaviour. It also presents the different experiences and beliefs of Muslim people living with HIV, who face stigma and discrimination from their community and themselves, with some viewing it as a punishment, a test, or a result of their own actions, and how they cope with it through their faith.

This highlights the challenges and implications of stigma, denial, and discrimination in most Muslim communities, suggesting that there is a need for more awareness and education on HIV, as well as a more compassionate and inclusive approach to people living with HIV [24].

The Islamic faith is not a monolithic religion regardless of how mainstream academia and media present it. It has diverse and varied interpretations, with Muslims practicing their faith differently depending on their ideology, sect, ethnicity and gender [31]. However, regardless of the different Islamic practices, there are core beliefs and key aspects of the religion that the majority of Muslim accept and therefore in order for any campaign to be successful it needs to be rooted in the Qur'anic teachings and supported by religious leaders [3, 6, 19, 23].

Religious leaders' involvement in HIV awareness and prevention can be significant as they can play a critical role in reducing stigma against people living with HIV, promoting HIV testing and treatment. In addition, they can promote the Islamic behaviours that can reduce risk of HIV transmission [7, 15].

In the short term, prevention strategies must be able to operate within the current social and cultural dynamic, implementing educational campaigns that are supported by religious leaders, who refer to Islamic teachings encouraging compassion and tolerance. With that said, the idea that simply adhering to Islamic rules as the only form of prevention ignores the fact that Muslims do engage in risky behaviours and therefore increases the risk of transmission [32].

It should be acknowledged that by reducing the HIV epidemic to simply the consequence of illicit behaviour or a test from God and preaching that the solution is to adhere to Islamic way of life, and of tolerance, ignores the role of structural violence, inequality, and the lack of resource that fuel the HIV epidemic.



## 4 Conclusion

This review of literature on the Islamic perspective of HIV found that more diverse research is needed to explore the social and cultural factors that influence the perception of HIV in Muslim countries and communities. Such research can help inform evidence-based policies and practices that are sensitive, inclusive, and effective for addressing the HIV epidemic in Muslim countries.

Moreover, Muslim-majority countries and communities must involve the collaboration and support of Islamic scholars and leaders. Islamic scholars and leaders can use their religious resources and influence to reduce the HIV epidemic and create a more caring and supportive atmosphere for people living with or affected by HIV.

### Strengths and Limitations.

The strength of this review is that it organised and summarised information from published studies that are exclusively on the Islamic perspective of HIV, without any date restrictions. Nevertheless, there were some limitations; firstly, only published literature that's available online and in English was included and it is possible that there are other studies which are not accessible online and in a different language. Secondly, it should be acknowledged that scoping reviews typically do not assess the quality of included studies and that there is a possibility of publication bias.

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**Data availability** These are available as they are published papers.

## Declarations

**Ethics approval and consent to participate** Wasn't required for this review. Not required as these are already published papers.

**Consent for publication** Not required as these are already published papers.

**Competing interests** The authors have no competing interests to declare that are relevant to the content of this article.

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