

Pleasure and danger: Muslim views on sex and gender in Zanzibar

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Abstract

This paper highlights extensive variation in Muslim interpretations of sexual life by discussing views on and the management of sexual life in one specific locality (Zanzibar) where sexuality is perceived to be an ambivalent force, dangerous and creative at the same time. Efforts to channel sexuality in Zanzibar are directed at enhancing the positive side of sexuality and at controlling its negative force through sex education, gender segregation, the control of the body fluids and secrecy in the management of non-marital affairs. The paper discusses the positive and negative outcomes of sex and links them to the perceived ambivalent qualities of the body fluids involved, illustrating some of the strategies used to control sexual desire. The increasing spread of HIV and the influence of more essentialist trends in Zanzibari Islam draw attention to the capacity for dynamic adaptation of perceptions and practices. Keywords: Islam; sex; menstruation; Tanzania; HIV/AIDS

Introduction

This paper aims to dispel some of the overly simplified and essentialist tropes about Muslim sexuality that have emerged in Western public discourse in recent years and points to the fact that lived religion is far from monolithic and open to a huge array of interpretation (Boellstorf 2007). Following Inhorn and Sargent (2006) in their introduction to medical anthropology in the Muslim world, the paper emphasises the importance of studying locally grounded interpretations of Islam that people deliberate in their attempts to define what constitutes a 'good Muslim'. Analysing the ways in which sexual relations are interpreted and negotiated in one specific locality, Zanzibar, this paper provides a corrective to the simplistic portrayal of oppressive and male-centred sexual practices in Muslim communities. While gender relations are far from equal in Zanzibar, marital sexual pleasure is emphasised for both men and women and extensive education on techniques to enhance the sexual experience for both partners is carried out for women in particular.

The paper also reveals that these interpretations are neither static nor homogenously accepted - on the contrary, local moral worlds are constantly debated and redefined in everyday practice. The growing threat of HIV and AIDS in Zanzibar, and the increasing influence of essentialist strands of Islam, show this ability to adapt and reassess very clearly. Convergences and divergences are explored between Muslim ideology, put forward by mosque leaders and reiterated in everyday discourses about sexual norms and values in Zanzibar, and actual practice by Zanzibaris, whose concerns centre on ways to contain the powerful, ambivalent force of sexuality - on how to enhance its positive side and control its negative facets.

Starting with an analysis of views on marital and non-marital sexuality and its management in Zanzibar, the paper discusses the positive and negative outcomes of sex and links them to the ambivalent qualities of the body fluids involved. It illustrates strategies used to control sexual desire and to negotiate sex by HIV-positive people and concludes with a brief discussion on the influence of more essentialist trends in Zanzibari Islam.

Findings derive from 15 months of ethnographic fieldwork in Zanzibar in 2004-2005 and several follow-up visits in 2007 and 2008. Living with a local family and working closely with a group of HIV-positive people, I participated in a range of sexual education sessions, from HIV and AIDS-related information to premarital sex education by groups of women and individual sessions within my host family and with some of my closest informants. Using participant observation as a main method, I took part in numerous weddings, observed marital and non-marital interactions between men and women and discussed matters of sexual practice, marriageability, sexual attraction and desire, and ways to manage these, with young men and women (both married and unmarried, abstinent and sexually active), countless women and men of the parental and grandparental generation, traditional midwives and religious leaders.

Gender relations and the ambivalent force of sexuality

Zanzibar is a small island archipelago in the Indian Ocean, just offshore the Tanzanian mainland. Formerly an important trading port, it has been one of the entry points for the spread of Islam in East Africa, which today serves as the dominant principle structuring life in Zanzibar. The majority of Zanzibaris follow the Shafi'i school of Sunni Islam, but the islands are characterised by a high degree of social and religious diversity, with Ibadhi and Sufi influences and, more recently, reformist and fundamentalist approaches to Islam also playing a part in the Muslim community's composition (Parkin 1995, 200 ff; Purpura 2000, 118).

Within this context, discourses about sex here are closely bound up with ideas of what it means to be a morally 'good' person and a good Muslim. Several local terms describe immorality and most of them have some sexual connotations: *uasherati* literally means promiscuity, extramarital sex and indecency, *uhuni* is translated as vagrancy and decadence and *zinaa* (non-marital sex) and *umalaya* (prostitution) explicitly refer to sexual immorality. Notions of moral behaviour focus on premarital and extramarital abstinence, piety and decency in dress and behaviour, but encompass much more: being a good person is connected to a range of behaviours, including friendliness and helpfulness, modesty, humbleness and self-restraint in every sense - sexually, but also emotionally, by not submitting to anger, jealousy or even overly excited expressions of joy.

Always being balanced, calm and in control of one's emotions and actions are thus ideal character traits for men and women, young and old. It is acknowledged that these need constant work and become easier with growing age and piety. While boasting and womanising is often condoned among young men (though frowned upon by elders), girls and young women are closely monitored and scolded for being gregarious. Shyness, respect and passivity are regarded as ideal female features and make for *tabia nzuri*, 'good character', which is highly desired in terms of marriageability. Men should also be modest and respectful, but are expected to assume a more active role; since women's basic character is regarded as less emotionally stable and controlled, men

assume the role of a 'guardian'. Unmarried women in particular should have as little contact with men outside their family as possible and the traditional image of women not leaving the house unaccompanied is valued by husbands, especially during the first years of marriage. With time and the birth of children, however, women usually gain more autonomy and older women's authority is widely respected.

Sexuality is perceived as a powerful and highly ambivalent force, as both creative and enjoyable, but at the same time dangerous and corrupting. In his monograph on sexuality in Islam, Bouhdiba (1985) argues that sexuality is central to Islam as a religion and that, unlike Christianity, Islam is inherently positive about sex, as long as it takes place within proscribed boundaries. Sexuality and erotic pleasure are not only desirable, but a sign of divine power and are thus integrated into the legitimate domain of the religious: sex entails the power of creation, 'a mimicry of the act of God' (Bouhdiba 1985, 8). In practice, however, he maintains that the sexual ethics of Muslims have deteriorated from an ideal model embodied by the Prophet Mohammed - this view, quite typical of Muslim apologetics, is shared by many Zanzibaris.

The result is a stark contrast drawn up in Zanzibar between an idealised notion of marital sex as enjoyable and creative and the condemnation of extramarital sex as dangerous and destructive. Sex within marriage is described as a drawn-out process, pleasurable for both husband and wife. Unsanctioned sex, on the other hand, is portrayed as a quick, unfulfilling and dangerous encounter that brings *aibu* (shame) to the whole family, corrupts people's minds and endangers their health. The presence of HIV and AIDS in the islands has added even more urgency to the need to channel the destructive force of sexuality; illicit sex has always been dangerous, but now it is fatal. '*UKIMWI ni adhabu ya Mungu* (AIDS is God's punishment)' is the dominant explanation for the new disease in Zanzibar and a sense of moral decline is evoked whenever the topic is discussed. Young people in general, and women in particular, are often blamed for this decline, and gender and generational struggles are evoked: 'the young don't listen to the elders anymore', Abdallah, a man of about 50 years of age explained, 'girls don't want to stay in the house, they talk to men in the streets! There is no *haya* [shame] and *heshima* [respect] these days'.

An emphasis on gender segregation and the restricted movement of women in the public sphere aims at limiting the opportunities for men and women to meet, but is often unsustainable in an economic climate that requires women increasingly to engage in paid work outside the house. Moreover, the 'lures of modernity' have arrived in Zanzibar too, in the form of new goods, fashions and lifestyles that emphasise *starehe* (enjoyment) and *uhuru* (freedom). Nevertheless, long-standing notions of modesty in behaviour and dress, obedience of the young to the elders and of women to men, virginity at first marriage and the selection of suitable marriage partners by parents are highly valued and young people today have to negotiate a terrain that is characterised by a heightened sense of uncertainty about how gender relations, and especially sexual relationships, should be handled.

'At least keep it secret': outcomes of illicit desire

Any sexual relation outside of marriage is considered *zinaa* or sin and is socially and legally condemned¹ and considered destructive and polluting, bringing misfortune, disease and death. Opportunities for extramarital sex without being found out are rather limited in Zanzibar's close-knit community. Reflecting on the rules of non-marital dating practices, 24-year-old Sele said: 'you do the talking in the streets, so if you go inside you get to the action straight away'. A slow progression over weeks or months from courting to kissing and fondling and finally penetration does not appear to be common. Non-marital sex is therefore often portrayed as unenjoyable: 'with your husband you take time,' Assia, aged 49 years, explained, 'but with a boyfriend you do it quickly, you may be disturbed any time - how can you fully enjoy?'

While still perceived as sinful and socially and physically detrimental, non-marital sex for married women is easier to conceal, since they enjoy more freedom of movement; for men it is morally condemned, but generally assumed.

Premarital sexuality, however, can have grave social consequences, especially for the woman involved. *Ameshaharibikwa* (she's been ruined), is a common comment made about a girl who lost her virginity, her *heshima* (respect) is destroyed and both men's and women's *tabia* (character) suffers, because this kind of sex is viewed as corrupting: once tried out, sex is said to dominate a person's thoughts with ever-increasing desire and to make it difficult to refrain from behaviour that is classified as immoral, including disrespect of the elders or drug and alcohol abuse. Hence, illicit sex spoils men's reputation - and thus chances of finding a suitable marriage partner - too, though to a far lesser extent than for the woman. Although most people get married eventually, premarital sex or even rumours about a woman being of 'loose character' severely affect her position in the marriage and lower the amount of respect she can claim from her future husband. Young women in particular, must therefore always guard their reputation and best pretend not to be interested in sexual matters at all.

In order to be able to navigate illicit relationships in a socially more acceptable way they need to be managed as secret encounters. Such behaviour is still regarded immoral, but socially more acceptable, especially if the relationship eventually results in marriage, as the case of Sharifa, the 20-year-old daughter of a well-respected, Arab family, demonstrates. Sharifa had known her future husband before the wedding and insisted on spending their wedding night in a hotel room. She neither wanted a *somo* (instructress) to teach her about sex nor the family waiting for the result of the virginity test. This was criticised by wedding guests and her parents. But the rumours were forgotten quickly, as they had legitimated their relationship and had never publicly announced whether the bride had been a virgin. This, it was conceded, after all was a matter between husband and wife.

The dominant principle in the management of non-marital relationships is *siri* (secrecy), the pervasive concern with concealment of private matters. It is generally accepted that thoughts, feelings and conduct which violate the practice of social conformity should not be disclosed, but should remain concealed at all times due to the fear of *aibu* (shame) (Larsen 2008, 50-52). In this situation, lying - or using 'tricks', as it is called locally - is permitted in order to protect other's feelings: a weighing of different degrees of sin takes place, taking into consideration all members of one's social network who might be affected by the disclosure of an affair.

If a premarital relationship results in pregnancy the consequences are particularly severe. While the man might be praised for his masculinity and boast about it among his peers, nevertheless his reputation suffers profoundly and secrecy is often preferred. The woman, on the other hand, invariably brings great shame to her whole family and girls sometimes attempt to commit suicide or have an abortion. An alternative is to find the father of the unborn child and force him to marry the girl to contain the shame - if necessary by inducing a police investigation, since non-marital sex is illegal in Zanzibar.

How a breach of sexual norms unfolds its consequences to a whole network of people is exemplified by the case of Usara, a 15-year-old housemaid and shop vendor working in Stone Town, who came from a poor family in rural Unguja.

On New Year's Eve 2004, Usara did not come home from the shop in the evening. Her employer's family searched for her all over town, informing the police and worrying a great deal. On the next day she was found in another part of town, carrying a mobile phone and some money. 'I was with a man, celebrating the New Year,' she said. She was taken to the police station to confess the name of the man so that he could be forced to marry her and thus save her *heshima*, but she refused to say anything. Usara and her older sister were sent back to their village on the same day. 'The sister would only be hassled for Usara's behaviour, and anyway, I don't want anyone of that family in my house again,' the employer argued. She brought *aibu* (shame), not only to herself and her own family, but also to her employer's family, which could not tolerate such a display of immorality inside their house. While they acceded that the man should have restrained himself more, almost the full amount of blame was put on Usara.

At night, after Usara had gone back to her village, her lover called and her employer arranged a meeting. He turned out to be more than twice Usara's age and did not feel guilty at all. 'We're humans, aren't we,' he said, 'and she approached me and gave me her number'. To teach him a lesson, Usara's employer claimed that the girl has AIDS. This story caused great amusement when recounted again and again afterwards. Nobody cared about Usara's feelings or that her reputation might suffer even more when she was falsely accused of being HIV-positive; she seemed to have lost all claims to mercy and respect. 'She had sex outside wedlock, so it's most likely that she actually has AIDS,' her employer explained, 'and now probably both have it.' Wondering about what will happen to her now I am told that she will probably still be able to get a husband, though not a respectable one: *mhuni anampata mhuni* (a promiscuous person gets a promiscuous person).²

Usara's story exemplifies how strongly girls' sexuality is regulated and how the moral discourse that has incorporated AIDS as a powerful means to underline local Muslim norms concerning the management of sexuality serves to direct people's actions into socially acceptable forms of behaviour. It also shows the social risks involved in engaging in unsanctioned sex, ranging from loss of respect for the whole social network, to decreased marriageability and loss of status within marriage, to the loss of job or abandonment by the marriage partner. Similar to Hirsch et al.'s (2007) findings from rural Mexico, secrecy and concealment serves to minimise such social risks, rather than viral risks (e.g. of HIV infection): the concern for secrecy leads to profound uncertainty about other's hidden actions and often mistrust between partners.

'Men are like lions,' Zainab, a 23-year-old woman said, emphasising the dangerous nature of male sexuality, 'you can never trust them.' 'There are no virgins these days, it's very hard to find someone

you can trust,' lamented a young man in search of a bride. This evaluation contrasts with an ideology of marital faithfulness and trust, which makes it nearly impossible for both men and women to act upon the viral risks that sex entails in times of HIV/AIDS. The use of condoms, for example, is problematic, since the acquisition of condoms in itself may indicate illegitimate sex: being seen to buy condoms is feared to lead to rumours and for young unmarried people it is particularly difficult to access them. 'The shop owner would say: "what do you need condoms for? You don't even have a husband!"', 25-year-old Ulfat responded when I ask if she could buy condoms. Moreover, within the relationship, and especially within marriage, insisting on using condoms engenders mistrust, as it insinuates one of the partner's unfaithfulness, and women often face physical violence for even bringing up the topic. The effectiveness of condoms is also frequently questioned in Zanzibar: where HIV and AIDS are seen as direct punishments from God, it is the immorality and sinfulness of the act, rather than the mixing of body fluids, which is held to cause the infection. In this logic, social and viral risks merge and become one.

Learning to be a good lover

In stark contrast to the dangers of illicit sex, marital sexuality, to the opposite, ideally should be characterised by complementarity and give pleasure to both men and women. The view that women, too, should enjoy sexual intercourse is strongly emphasised in Zanzibar and ways to enhance pleasure are part and parcel of any premarital education session. Sexuality is said to create a stronger bond between husband and wife, bring joy and relaxation and spiritual exaltation: 'when a woman has sex with her husband she changes,' married women of all ages kept pointing out to soon-to-be brides, 'her face has *nuru* (radiance), it shines.' While complementarity and harmony are emphasised as features of a 'good' marriage, the relationship between husband and wife is envisaged as hierarchical: the husband's role should be that of a benevolent patriarch, guarding and caring for his family, while the wife should follow her husband's instructions and make sure that he is content, by running the household, raising the children and looking after his needs.

Sex education constitutes an important part of preparations for first weddings in Zanzibar. These sessions are largely directed at women, aiming to turn the bride from an innocent virgin into a good lover and reflect the gendered interpretations of sex in Zanzibar: while girls' sexual purity is expected at first marriage, it is generally assumed for men to have some sexual experience by the time they marry. Premarital education for men is thus usually short, consisting of an older male relative telling the groom to treat his wife well, avoid conflict and live together in harmony.³ The increasing awareness of AIDS in the islands, however, underlines the importance of avoiding illegitimate sex. Obligatory premarital HIV tests have thus been incorporated into wedding preparations and arguably for the first time men's virginity at first marriage is also subject to some scrutiny (cf. Beckmann 2009).

Sexual education for the bride takes place in the weeks before her first wedding by her *somo*, a married woman close to her (usually a grandmother, aunt or neighbour) who acts as her confidant throughout her life and had instructed the girl at the time of menarche, explaining the changing processes her body goes through and the new roles and behaviours these changes require. On the day of the wedding the *somo* is joined by other women from the family and neighbourhood. The

following is an abbreviated account of such a session for Salma, an 18-year-old bride, just before she was fetched by her husband's family.

A group of older women gather in the backroom, around the bride. Another young woman is called in too - the women are concerned about her marriage and determined to teach her to be a 'better' wife. They instruct her to respect the in-laws and live peacefully with her new family. Then they explain how a wife should prepare herself for her husband, taking turns in throwing in topics, competing for the best advice, making sexually alluding jokes and demonstrating sexual dances and positions: 'have a shower and brush your teeth - chew some cloves to make your breath smell sweet'. 'Perfume yourself and your clothes with *udi*, wear make-up, jewellery, negligée and *shanga* [belly chains used as sex toys]!' 'When your husband comes home, have his meal ready and massage his neck so that his muscles become soft. Don't argue with him, make him feel good first and then talk about problems calmly. Never talk to others about marital problems; this only concerns the couple.' Examples are also provided of negative outcomes of wives' chitchat about family affairs. Another woman takes over: 'when you go to bed dance for your husband like this [ties *kanga* around her hips and dances in the local style, *kukata kiuno* (literally 'cut off the hips' - moving only the bottom with the rest of the body staying still)]. Give him everything a prostitute would give, so he has no reason to search elsewhere!' Another woman shouts: 'But don't accept if he just says: "Come, I want you" - my husband used to do that and I said: "you're like a child, you know nothing!" He must make you want to have sex.' They acknowledge that sometimes a woman may just not feel like having sex: 'if you are *baridi* (cold) you can relieve him with your hands, your mouth or your breasts. You rub him in oil, kiss behind his ears and suck on his earlobes - he'll come in a minute!' The other women scream with laughter as the scene is acted out by two of the bride's aunts. 'After the first time, only wipe off the fluids - if you shower you'll take away all the *utamu* (sweetness) and cool down again. Only when you're finished for the night you must wash your hair and clean your vagina with hot salt-water until it's as dry and tight as a virgin, otherwise you'll get diseases.' Constantly food metaphors are used to explain sex, and heat and moistness is associated with sexual desire. The importance of regular sex and orgasms for both partners is emphasised: 'you'll be joyful and relaxed, your body feels light and you forget all worries.' Salma is quiet during all this time; only sometimes the women's banter makes her smile, but mostly she looks scared and embarrassed.

While these collective sessions are usually very humorous, the women bursting into laughter as they compete to provide the best impressions of sexual acts, the bride often experiences them as awkward and embarrassing. Nevertheless, the *somo*'s instructions, especially those given in private, are valued and taken seriously. With virginity being highly valued and marriages often arranged, the bride is expected not to know anything about sex and to be frightened of her wedding night. Many of my informants had never talked to their future husband and most were terrified of the first night. 'I'm scared of my husband,' Hafsa, a 19-year-old girl said when we talked about her impending wedding:

I'll be so embarrassed, I've never been naked in front of anybody, and I've never seen a man's penis, is it really this big? I can't even insert a finger, I'm so tight!

'They say it hurts,' 18-year-old Aisha exclaimed, 'look at newlywed brides, they can't even sit!' The consummation of the marriage here serves to activate a woman's legitimate sexuality, through a process involving pain and intensive practice. Pain is an integral part of the wedding, as it

demonstrates the bride's moral purity, piety and obedience to the elders: lack of pain during first intercourse is held to suggest prior sexual relations. The consummation of the wedding thus acquires the quality of a moral test, affirming (or denying) the girl's moral character and religious observance. It is therefore regarded natural and befitting for a bride to display fright during her wedding. 'My *somo* said, "don't be afraid, I'm just outside the door," but I was so scared I cried with fear,' 28-year-old Zubeida recounted her experiences of her wedding day. The older women laugh when they see the bride's fear; though empathetic, they know that 'this is a woman's life'. One bride who smiled all through her wedding, was frowned upon by the guests, evoking suspicion and gossip about her sexual purity.

During the first night, the women stay at the house, waiting for the stained bedsheet to be displayed.⁴ The first intercourse is supposed to 'open up' the bride - its purpose is not one of sexual satisfaction. Indeed, the husband is advised not to ejaculate during the intercourse:

Slowly slowly you penetrate her,' explained a *somo*. 'When the hymen breaks, pull it out! Wipe the blood with a white piece of cloth. You rest, then you do it again, to get used to it - every time you do it she gets wider, until she doesn't hurt again.

After the first night, sexual intercourse is supposed to proceed along a steep learning curve: 'you practice it again and again, until you run towards your husband by yourself,' an older woman who has been *somo* for several girls described the process. The *somo* stays with the couple for seven days and provides advice, washes the bride, calms her down and teaches her. Complete openness is encouraged, the partners being allowed to ask anything they want to know, the same *somo* emphasised:

Tell your partner what you like. You have to study each other's desires, and love will grow over the years, when you get to know each other - don't be lazy and stop trying to please your partner.

Sexual initiative in men and women is desired and, except for anal intercourse, virtually all known positions are allowed; the goal is to experience pleasure. Older women in particular emphasise female agency, encouraging the younger women to be their husbands' teachers: to show where and how they enjoy being touched.

In addition to education sessions, bride and groom are also presented with a booklet on 'Muslim marriage' that provides details about the benefits of marital sex, the erogenous zones of the body, different positions and techniques to arouse the partner and the signs to know when the partner is ready for penetration. The latter is deemed particularly important, since all benefits from sexual intercourse, the book warns, turn into detriments and finally will result in divorce if the husband does not wait until the wife is ready. He is therefore reminded to prolong orgasm until the woman also reaches her climax. Experimenting and ongoing learning about sex, including through porn movies, is encouraged. The underlying motivation is to enjoy the full array of sexual relations at home, so that neither of the partners feels the urge to have extramarital affairs.

The extent to which this idealised image of marital sexuality translates into reality is difficult to establish. The education sessions emphasise that the success of the marriage is largely the wife's responsibility, by ensuring that the husband is satisfied. This, together with the strong cultural prescription to take pleasure in sex and to initiate sexual intercourse regularly puts a lot of pressure

on the woman. While many of my female informants seemed to genuinely enjoy having sex, others described sex as 'work', a wife's duty, which they performed but did not enjoy much, emphasising that the husband would feel betrayed if 'he had married you and then you refuse him his rights'.

Food, blood and the body: containing the force of sexuality

While non-marital sexual desire is heavily regulated as dangerous and uncontrollable and channelled through marriage, the substances involved represent another means to control desire. The amount and quality of blood in a person at a given time plays a vital role in physical and mental wellbeing and in the regulation of sexuality.

As in other societies across Eastern Africa, heat is associated with sexual desire. Having too much blood - perceived as common in young people - is said to create heat in the body and thus heighten libido and, consequently, make the person rebellious or aggressive. Being 'cool' (*baridi*), on the other hand, is associated with a desirable calm, controlled disposition (*kutulia*, to calm down) and contrasts the 'heat' that sexual desire entails. People strive for a healthy balance, mainly achieved through a diet that balances blood-increasing food against blood-reducing conditions and actions. Much of this knowledge about the impact of food on the body is passed on through generations, but is also heavily intertwined with what is understood as Muslim practice: many religious advice booklets are dedicated to the art of treating diseases and ensuring wellbeing through the use of food, emphasising Muslims' obligation to look after their body and keep it healthy.

Thus, the loss of blood through consuming illnesses, accidents, childbirth and menstruation is countered through the intake of blood-increasing foods.⁵ The amount of blood in the body can also be reduced through physical exercise, sexual intercourse, the renunciation of blood-increasing foods⁶ and masturbation. Views on the permissiveness of masturbation differ; most consider it sinful and classify it as *zinaa* (non-marital sex). This might be connected to the fact that during masturbation substance - semen - is spilled outside its designated place. 'Semen should be planted into the woman's womb,' a young man explains, 'that's its natural place.' Masturbation is therefore *haramu* (proscribed), though usually weighed as a lower-level sin (*dhambi*) than 'real' adultery: in line with the principle of *ijtihad* (interpretation), choosing the lesser of two evils (Maulana et al. 2009, 564), if a man cannot contain himself it is better to masturbate than to seduce a woman, which would give him a much higher amount of *dhambi*.

Blood, in general, is *najis* (ritually unclean), but not inherently harmful. There are different qualities of human blood and the blood that circulates in the body is perceived as different from that which leaves the body. Circulating blood appearing, for example, from a cut, is described as bright red and fluid and contact with it only requires *wudhu* (simple ablution). The blood of virginity, too, is not experienced as polluting or dangerous for the man, because it does not originate in the uterus and its quality is light red and fluid. Blood coming from the uterus, however, is perceived to be polluting and dangerous and cause *janaba* (major impurity).

While vaginal bleeding transfers the woman into a state of pollution, prohibiting her from sexual intercourse, praying, entering a mosque, fasting or touching the Qur'an until she performs the ritual ablutions, menstruation and lochia also offer the opportunity to clean the body of the dirt that

accumulates there. Every human body, both men and women argue, contains dirt and menstruation and postpartum bleeding gives women the unique opportunity to rid their bodies of this dirt regularly - which is widely held to help women survive longer with HIV and AIDS. Directly after the end of menstruation women are said to be in their purest state and thus most fertile.

The status of menstrual blood itself is ambiguous; it is inherently dirty, but also carries special positive qualities, holding the possibility to generate life. The menstrual cloth is a symbol of women's potential fertility and childbirth and not getting the bleeding means to be ill (Allen 1981, 55). The uterus thus constitutes a seat of dirt and danger, radiating pollution and disease but, at the same time, represents creation, and women who do not have a functioning uterus are regarded with pity. 'If you don't have sex a child won't develop,' Zahra a 31-year-old woman recounted, 'therefore this special blood [of menstruation] does not stay, it has to leave the woman's body, otherwise it creates an infection.' In this moment, devoid of its sacred purpose, menstrual blood turns into dirt. The same argumentation also holds in the case of postpartum blood, semen and vaginal fluid. I suggest, following Mary Douglas's (1966) classification of dirt as 'matter out of place' (36), that these fluids are inextricably linked with the reproduction of life and only when their goal is fulfilled - or missed - do they become dangerous and polluting: according to God's plan, vaginal fluid and male semen should meet inside the woman to form a child and for this to occur the man has to place his semen in exactly the right place. Whether or not conception takes place, the rest of the sperm is of no use any more and flows out of the body. This fluid must be washed off quickly, because it is perceived dirty and causing disease.⁷

This is especially the case in extramarital affairs: sexually transmitted diseases, for example, are thought to originate in the woman's vagina, by the mixing of men's semen. Children's disability, prolonged labour, miscarriages and stillbirths are often attributed to extramarital affairs or to sex during menstruation. Apart from social condemnation, unsanctioned sexuality is thus associated with disease and suffering resulting from a state of ritual and physical impurity, since Muslim virtue is closely bound up with notions of purity in mind and body. Parkin (2007) asserts that 'the underlying idiom for notions of Muslim virtue and holiness among Swahili-speakers is that of the person being cleansed of evil thoughts and emotions, and as bodily and ceremonially cleansed in the presence and site of God ... and that this idiom of cleansing underlies not only holiness, but also physical and mental well-being: the semantic pattern being premised on the notion that to cleanse is also to cure' (201).⁸ Muslim norms here combine with pollution beliefs found all over East Africa: the breach of norms leads to ritual pollution, which in turn leads to disease and suffering.

Sex in the time of AIDS

HIV infection in Zanzibar is believed to result from immoral behaviour, but manifests itself as *damu chafu* ('dirty', contaminated blood) and HIV-positive people acknowledge the dangers of mixing it with others' blood through sexual intercourse. The difficulties posed by sex in the time of AIDS are reflected in frequent demands for education on 'life skills', including sex education and ways to negotiate sex with partners. Interestingly, within such sessions the norms on secrecy and privacy are suspended: in the name of *elimu* (education) even the detailed discussion of specific sexual practices is possible in mixed sex sessions: men and women get up in front of the large crowd, asking how often one could have sex without exhausting one's body, at which CD4 level sex was inadvisable,

how the antiretroviral medications would influence their ability to have sex, whether it was safe to have oral sex without a condom or if masturbation was allowed. The questions meet widespread approval and are discussed openly in a serious manner. Emphasis is placed on responsible behaviour in these sessions, the teacher never getting tired of pointing out that 'the brain is the most important organ involved in sex'. Responsible sexual behaviour does not necessarily translate into 'safe sex' in the Western sense (i.e. condom use) but, rather, implies sex that complies with socially prescribed norms. This is enforced within the Zanzibari HIV support group, ZAPHA+, through internal control mechanisms and sanctions designed to curb 'immoral behaviour' among the group members. Two members, for example, were banished from ZAPHA+ for three months because of cheating on their partners.

The question of sex is often discussed informally among ZAPHA+ members, too. Scientific knowledge about the transmission of HIV and its effects on the human body is combined with local concepts and personal experiences of the way substances work in the body. All of my informants agreed that they could feel the virus travel inside the body. Depending on one's current health status one could feel it rise and sink (*vinapanda na vinashuka*). 'If you don't have sex,' Fatuma, a long-term female member of ZAPHA+ in her mid-fifties explained, 'the virus goes to sleep, it calms down (*virusi vinalala, vimetulia*)'. Sex, it is understood, makes the blood *nyepesi* ('light') and circulate, thus 'waking up' the virus and spreading it throughout the body (*virusi vinatembea* - 'the virus travels'), which will lead to an early outbreak of AIDS.

Sex is also believed to increase the viral load and - translating the concept of re-infection into local language - when both partners are HIV-positive, their viruses are believed to mix and develop into a more aggressive form (*inaongeza ukali ya virusi*, 'it increases the aggressiveness of the virus'), thus accelerating disease progression. One potential solution, therefore, is to live in abstinence for a long period - several years at least - to weaken the virus.

Those who engage in sexual relations despite being HIV-positive often try to do so in a responsible manner. When the social risks of disclosing one's health status to the partner are deemed insurmountable, other strategies to minimise the number of sexual encounters or to negotiate condom use may be found: several women told their partners that the doctor had instructed them to use condoms because of some other disease or tried to put off their partner by claiming they were menstruating, an excuse often used by HIV-negative women, too. Others found rather creative solutions: 29-year-old Mwanakhamis, whose boyfriend is HIV-negative, recounted:

Before having sex my boyfriend rubs his hands with lemon juice to feel whether he has any small wounds before he touches me. We do the same with our mouths, and if one has any wounds we wait until they heal.

They had embraced the biomedical approach to HIV transmission through bodily fluids and bodily orifices and invented a strategy to minimise the viral risks involved in their sexual encounters, in a context where persistent condom use is deemed almost impossible to negotiate.

Conclusions: Islamic essentialism and changing views on sex

This paper highlights the value of studying locally grounded interpretations of Islam, which dispel simplistic tropes about 'Muslim sexuality', revealing extensive variation within Muslim interpretations and practices of sex and gender relations. It demonstrates that although gender relations are not based on equality in Zanzibar, ideals of complementarity and female sexual pleasure coexist with a hierarchical concept of gender relations that places responsibility for the success of a relationship largely on the woman's ability to please her partner. The interplay between these notions opens up spaces for negotiation around sexuality and gender. Moral ideologies can be reconciled with lived realities and new interpretations and practices can arise, as local coping strategies for the HIV and AIDS crisis (e.g. premarital HIV tests, adjustment of sexual practice by HIV-positive people) reveal. I will end with an observation on current transformations that go beyond merely adjusting sexual practices and may, in the long run, change deeper values attached to the body and sexual pleasure.

Discourses about AIDS in Zanzibar are predominantly framed in terms of a broader rhetoric of moral decline, in which the sphere of sexual mores takes centre stage: scantily clad tourists and mainland migrant workers come with money and far more liberal attitudes to non-marital sex, sexually provocative music clips are screened on TV, pornographic material is freely available on the Internet, numbers of bars and guesthouses are increasing and HIV prevention campaigns put the discussion of sexuality in the open, so that even children can 'know about sex by themselves now' without having their sexuality activated in the appropriate setting. The fact that girls do not enter the premarital education sessions innocently, already 'knowing it all' threatens to break down the distinction between 'good' marital sex and bad, 'ignorant' sex outside of wedlock. All this is believed to make young people, especially, drift away from accepted Muslim practice, and the increasing rates of HIV infection and the (perceived or real) rise in premarital affairs are taken as evidence for this trend towards immorality.

This sense of decline in sexual morality has been employed by Muslim essentialists in a political discourse lamenting Muslims' marginalisation in contemporary Tanzania and promoting a turn towards a more restrictive Muslim lifestyle as laid out by the scriptures (Beckmann 2009, 137-40). Mostly called the *watu wa bida'a* ('innovation people') locally, proponents of various Muslim groups and organisations in Zanzibar demand the renunciation of what they call innovations to religious practice, including ritual performances (e.g. *maulidi*, *zikiri*)⁹, which involve bodily techniques.

While such essentialist discourses are becoming increasingly popular, most Zanzibaris are more realistic in their approach, recognising the need to adapt to changing life worlds. What I have noticed, however, is a more uncomfortable approach to sexuality and the body among those who are drawn towards the essentialists' views. Stricter prohibitions on bodily practices, on the one hand, have increased the sense of shame associated with nakedness and bodily processes and, on the other hand, considerably limit traditional practices for sexual education: the essentialists consider everything involving bodily movements, dance, drumming and music as un-Islamic inventions. This includes the collective initiation rituals (*unyago*) that used to be performed for girls at the onset of menarche, which are shunned as 'backward' and 'un-Islamic', particularly in urban areas.

Reminiscent of the individual and private instructions provided for women of the Arab elite in the nineteenth century (Fair 1996, 153), teachings at the onset of menstruation today are largely

delivered in private and mainly concern matters of hygiene and the importance of sexual purity and restraint. Only immediately before the wedding is the girl initiated into the knowledge on sexuality and physical male-female relations. These instructions still focus on sexual pleasure, but are increasingly private affairs, held in a backroom by only a small circle of women, in contrast to the large, very explicit kitchen parties and send-offs that still take place in coastal Tanzania, where the bride is prepared for married life by a public display of sexual positions and techniques through dance and song. These still do sometimes happen in Zanzibar, but are frowned upon as un-Islamic and excessive.

As a result, there is a trend towards the privatisation and individualisation of sexuality, to the extent that some members of the older generations complain that their sons and daughters are ashamed even to talk about sex and do not know how to please their partners anymore - and many men agree that older women are the better lovers, because they were educated appropriately. While reformist demands for more restrictiveness certainly appeal to many mainstream Muslims who deplore the perceived increase in illicit sexual activities, the more body-phobic approach to sexuality employed by essentialist Muslims in Zanzibar, which plays down the role of pleasure in sex, is thus in itself perceived to have detrimental effects on what they view as inherently Muslim practice, because it potentially causes dissatisfaction with married life and thus ultimately divorce.

References

1. Allen, J. W. T. (ed) (1981) *The customs of the Swahili people: The Desturi za Waswahili of Mtoro bin Mwinyi Bakari and other persons* University of California Press , Berkeley
2. Beckmann, N. Becker, F. and Geissler, P. W. (eds) (2009) *AIDS and the power of God: Narratives of decline and coping strategies in Zanzibar. AIDS and religious practice in Africa* pp. 119-154. Brill Publishers , Leiden, The Netherlands
3. Boellstorff, T. (2007) *A coincidence of desires: Anthropology, queer studies, Indonesia* Duke University Press , Durham
4. Bouhdiba, A. (1985) *Sexuality in Islam* Routledge & Kegan Paul , London
5. Douglas, M. (1966) *Purity and danger: An analysis of concepts of pollution and taboo* Routledge & Kegan Paul , London
6. Fair, L. (1996) *Identity, difference, and dance: Female initiation in Zanzibar, 1890 to 1930.* *Frontiers* 17:3 , pp. 146-172.
7. Haleem, M. A. (2004) *The Qur'an* Oxford University Press , Oxford
8. Hirsch, J., Meneses, S., Thompson, B., Negroni, M., Pelcastre, B. and del Rio, C. (2007) *The inevitability of infidelity: Sexual reputation, social geographies and marital HIV risk in rural Mexico.* *American Journal of Public Health* 97:6 , pp. 986-996.
9. Inhorn, M. C. and Sargent, C. F. (2006) *Introduction to medical anthropology in the Muslim world.* *Medical Anthropology Quarterly* 20:1 , pp. 1-11.

10. Larsen, K. (2008) *Where humans and spirits meet: The politics of rituals and identified spirits in Zanzibar* Berghahn , Oxford
11. Maulana, A. O., Krumeich, A. and Van den Borne, B. (2009) Emerging discourse: Islamic teaching in HIV prevention in Kenya. *Culture, Health and Sexuality* 11:5 , pp. 559-560.
12. Parkin, D. Cohen, A. P. and Rapport, N. (eds) (1995) *Blank banners and Islamic consciousness in Zanzibar. Questions of consciousness* pp. 198-216. Routledge , London
13. Parkin, D. Littlewood, R. (ed) (2007) *In touch without touching: Islam and healing. On knowing and not knowing in the anthropology of medicine* pp. 194-219. Left Coast Press , Walnut Creek, CA
14. Purpura, A. Parkin, D. and Headley, S. C. (eds) (2000) *Portrait of Seyyid Silima from Zanzibar: Piety and subversion in Islamic prayer. Islamic prayer across the Indian Ocean: Inside and outside the mosque* pp. 117-136. Curzon Press , Richmond, Surrey

Notes

1. Certain other forms of sexuality, including anal intercourse and sex during menstruation, *arobaini* (the postpartum period) and *eda* (the mourning period) are officially *haramu* (proscribed). The use of physical force is reproached, but at the same time women are expected to obey their husbands and to be sexually available unless they have convincing reasons.
2. This proverb reflects the message of the third verse of the Qur'anic sura 'Light': 'The adulterer is only [fit] to marry an adulteress or an idolatress...' (Haleem 2004, 220).
3. The practice of *msingo*, a cleansing body scrub usually accompanied by teachings on sexual practices, is an integral part for brides, but is becoming rarer for grooms; many men now refuse this practice, performed by older women who strip the groom naked, ridicule him with sexually alluding insults and try to arouse him to 'measure his masculinity'.
4. While desired, this practice is not a necessity.
5. Menstruation and childbirth are believed to be main reasons for the widespread anaemia among women in Zanzibar; blood-increasing foods are therefore served after giving birth.
6. These are regarded as aphrodisiac and are usually served as wedding foods, to increase the partners' desire. Special care is therefore taken to limit unmarried people's consumption of these foods.
7. The same is true for vaginal fluid, especially that which is discharged without engaging in sexual activities. This substance is not the fluid that creates a foetus, it is *manii muongo* ('fake semen'), *uchafu* (dirt) and thus particularly dangerous. It plays the principal role in a female form of witchcraft called *kuramba* ('to lick'), where a jealous or malevolent woman is thought to be able to kill a child by rubbing some of her vaginal fluid into its mouth. The impurity of vaginal fluid is also the reason why women remove their underwear before performing the daily prayers.

8. The great importance placed on cleansing also prevails in non-Muslim societies. Throughout Africa physical cleansing is part of the preparation for prayer.

9. Maulidi denotes the ritual recitation of poems praising the life of Prophet Mohammed. Zikiri is the ritual recitation of the names of God.