

How a Mujahid group in Kerala is treating the terminally ill with Islamic dawa and activism

The book 'Religion and Secularities Reconfiguring Islam In Contemporary India' explores the relationship between Islam, civil society & the state.

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Sitting in his modest house near Areekode, a small town in Malappuram district of Kerala, Muhammad Ali, popularly known as Ali Master tells me, 'It is the religious obligation of every Muslim to help people like palliative care patients and our organisation is just taking the lead. In fact, we argue that these patients, irrespective of their religious affiliation, are rightful recipients of zakat, and I can prove it based on quranic verses.' He was explaining the theological as well as philosophical foundations that prompted the Kerala Nadwatul Mujahideen—an influential Muslim reformist organisation in Kerala, popularly known as the Mujahid movement of which he is a member—in taking the lead in a highly successful palliative care initiative in the Muslim-majority Malappuram district of the state.

The Mujahid movement has been at the forefront of this initiative in Malappuram, mobilising volunteers as well as resources from the community for the effective dissemination of palliative care for terminally ill patients in the district. Ali Master's explanations on the theological basis of the Mujahid activism in palliative care and the deliberately adopted secular ethos in its implementation in a multi-religious society like Kerala opens up interesting ways of exploring the nature of Islamic activism and prompts us to revisit the secular–religious binary that is ubiquitous in the discussion on Islam and modernity.

What is striking in the activism of the Mujahid organisation in the field of palliative care in Kerala is a curious mix of the religious and the secular that defines the contours of such activism. While the Mujahid members of the palliative care movement vouch by their religious inspiration and present their activism as Islamic dawa,² they are highly conscious about the secular ethos and modalities of their execution in the public domain. This careful negotiation of the boundaries between religion and the secular has made these voluntary groups highly effective in terms of mobilisation of human as well as other resources. The model is appreciated by different religious communities whose patronage it receives as benefactors as well as the beneficiaries of such activism.

In this essay, my interest is to explore the ways through which the Islamic dawa is carried out as palliative care voluntarism by Mujahid volunteers and the ideologies and ethos that shape this form of activism. I suggest that this particular case provides us with an opportunity to revisit the debate on Islam and secularism and explore the processes through which Muslim communities in different socio-political contexts negotiate with secularism and secularisation. I contend that the term *mathetharatvam*—the Malayalam equivalent of secularism—used quite often by Mujahid leaders while explaining their palliative care activism and the numerous modalities through which they try to adhere to this principle is a process of civic activism. This process, I suggest, is typical of Muslim reformist organisations like the Mujahid, as the very emergence of Islamic reformism in the Indian subcontinent also heralded the inescapable process of secularisation in the form of rationalisation during its momentous encounter with modernity. I present this case also to further a methodological argument that calls for context-specific ethnographic research that looks into the practices and everyday experiences of Muslim communities to understand their negotiations with modernity and its concomitant institutions.

The palliative care movement in Kerala is significant both for its reach and for the overwhelming community support it enjoys. It is estimated that out of the total 310 palliative clinics in the country, 250 are in Kerala. Almost 50 per cent of the terminally ill people in the state are covered under the palliative care scheme, while the corresponding national figure is only 2 per cent (Paleri and Numpeli 2005). Kerala also designed the NNPC programme where volunteers from the neighbourhood are identified and trained in providing palliative care (Kumar and Mathew 2005).

The overwhelming success of the palliative care movement in these two districts and in the northern Malabar region of the state has been largely attributed to Islamic activism and charity. Prominent in these developments have been Muslim organisations, particularly the Mujahids led by Dr Hussain Madavoor. The Mujahids have mobilised their organisational networks to support palliative care work, including the establishment of clinics in most parts of these districts. Jamaat-e-Islami has also ventured into palliative care but on a more modest scale, with a single clinic in Malappuram district. Though traditionalist Sunni organisations have not established their own clinics, they also encourage their members to support the initiatives of the palliative care movement.

The decision of Mujahids to venture into the field of palliative care underscores a sense of deeper reflection and engagement with the questions of 'true piety' and devotion. Dr Abdul Rahman, one of the leaders of the Mujahid student wing and a central figure in the popularisation of the palliative care movement, points out that the organisation used to have lively debates during the early 1990s regarding the nature of Islamic dawa. Many youngsters like him argued that Islamic activism could not be limited to preaching Islamic tenets, and that it needed to extend to other areas of human concerns and take up issues of public interest. He points out, 'We used to have heated debates on whether tree planting can be considered as Islamic activism, and finally we could convince other members that yes, it can be, and gradually we moved to more concrete actions like providing medical aid to patients in the Calicut Medical College.' Later, the Mujahid decided to utilise its organisational resources to spread palliative care clinics across the districts of Malappuram and Kozhikode and directed its members to actively participate in its functioning by volunteering and mobilising resources.

One of the often-heard refrain of the palliative care volunteers is that money is never a constraint for the activities of the clinic and the community is more than willing to donate as they are aware of the noble work of the clinics. These clinics function on the

basis of micro-funding, and money is mobilised from the community on a continuous basis. Several innovative methods are employed to collect money from the community. Small collection boxes with an appeal to donate to palliative clinics are ubiquitous on the cash tables of most shops in the Malabar region, and they constitute one of the steady sources of regular income to the clinics.

The religious life of a Mujahid is an explication of his reformist convictions as he strives to maintain a distinctive religiosity from the traditional Sunnis. Reflecting the wider tendencies of Islamic reformism, Mujahids are against the practice of shirk (attribution of partners to God), bida (innovation in worship) and taqlid (blind following) with a stress on ijihad (reasoned interpretation). In the specific socio-cultural context of Kerala, these reformist ideas get translated into the cultivation of specific religious practices and dispositions that include abstinence and opposition to shrine worship and dargah visits, the celebration of the Prophet's birthday and singing Arabic-Malayalam songs eulogising Prophet Muhammad as part of traditional rituals; insistence on delivering the Friday qutba (public sermon) in Malayalam; and above all, insistence on the exclusive dependence on the Quran and Hadith in opposition to traditional Sunnis, who extensively use the 400-year-old Shafi text *Fatul-mueen* by Sheikh Zainudhin Makhdum II (Osella and Osella 2008). Mujahids have been at the forefront of Islamic theological and organisational contestations in Kerala for the past several decades, thereby creating a vibrant Islamic public sphere resonating with debates over 'true Islam' (Santhosh 2013). Every Mujahid volunteer I came across in the palliative care units in the Malappuram and Kozhikode districts depicts himself as a deeply religious person with a larger interest in the transformation of society into a better world. The volunteers eloquently elaborate on the role played by the Mujahid movement in the reformation of the community in particular and the Kerala society in general. The typical reformist discourse of fighting 'ignorance' and 'blind beliefs' within the community marks these narratives.

Ali Master tells me that one of the contentious issues regarding the mobilisation of funds for palliative care among different Muslim organisations is the question of whether zakat can be channelised to palliative clinics. He points out that the Mujahid movement vehemently argues that palliative patients are the rightful recipients of zakat and it can be given to any patient irrespective of their religious affiliation. While the Jamaat-e-Islami concurs with this view, the traditional Sunnis oppose it. The theological reasoning of reformists in this case is particularly interesting. Ali Master shows me the quranic verse on zakat (9.60) that spells out the eligible groups for zakat donation and points at the fifth category, usually described as those in 'bondage' or in 'captivity'. While the conventional explanation for this term is to refer to Muslims captured by enemies who needed to be ransomed and also men from other tribes enslaved by Meccans and Medinans, Ali Master gives a completely different interpretation for this term. He argues

that though these terms might have meant people in bondage or slavery during the time of the Prophet, as a true believer, he has the right to interpret this category as the people who are permanently bedridden, who are in bondage of illness and who are captives of terminal illness. He emphasises that these interpretations, though unconventional, reflect the spirit of Islam, as it requires the believers to make sense of the Holy Quran in different socio-political contexts.

Ali Master also acknowledges the lingering legacy and influence of the Communist Party in the Malappuram district, which provided a pro-poor thrust to political and social activism. He points out that no religious or social organisation in Kerala can claim to be unaffected by the emancipatory campaigns of the Communist Party and nor can the Mujahid organisation. He says, 'Definitely the Communist Party and its ideology have influenced us. They could gain acceptance among the masses only because they directly got involved in the everyday struggles of the ordinary people and were a committed lot to the core.' While appreciating the emancipatory project of communism and the dedication of its activists, Ali Master points out that Islam is equally revolutionary, and it is up to the believers to make use of its emancipatory message for the well-being of society. Ali Master points out that he had absolutely no issues in working along with atheists like Dr Mathews, who played a pivotal role in initiating palliative care clinics in the Kozhikode district, and he is quite appreciative of the latter's commitment and dedication to the cause of palliative care patients. For, it is not their religious belief that

matters but rather their conviction and dedication in the service of the people who are in need of palliative services.

As mentioned earlier, the word 'mathetharatvam' appears quite frequently in the narratives of the Mujahid activists while explaining the motif and functioning of the palliative clinics. This term is used to indicate two inter-related ideas: one that they have no preferential treatment towards any religion and remain equidistant from all, and second, the emphasis on the constricted role of religion in the daily affairs of running these clinics. Expectedly, the equidistance tenet is put into practice not by refusing to engage with religions but, as is typical of Indian secularism, by maintaining a uniform acceptance of all as illustrated by their practice of distributing festival kits at the time of festivals such as Onam, Vishu and Bakrid.

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