Women's Health-Seeking Behaviour in the Context of Sexual Violence, Sexual Health Rights, and the Muslim Community. A Case Study of Hope Careline Counselling*

By

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This is to certify that the abovementioned thesis has been language edited by M. Zakaria Asmal, Researcher at the University of Cape Town's Network for Religion Education, and PHD candidate at the Department of Religious Studies, University of Cape Town

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Abstract

Through interdisciplinary research in gender, religion and health, located within a feminist paradigm approach, this research project aimed to critically explore how women's religious beliefs influenced their health-seeking behaviour through the use of a counselling careline in the context of sexual violence, sexual health rights and the Muslim community. Using a qualitative research design, 3 women were interviewed as part of the data production process. This study focused on the health-seeking behaviour of women who experienced Gender Based Sexual Violence (GBSV) and who accessed a counselling careline. In-depth interviews were conducted comprising of a balance of open-ended and close-ended questions. The data was analysed using a multi-pronged approach called thematic network analysis. The findings indicated that religion influenced the health-seeking behaviour of the women participants who were influenced at two points, the reaching out stage as well as their prior health-seeking attempts. The following factors were found to have influenced their health-seeking behaviour: Defining sexual violence in their context, perceptions about the women's connection to God, being silent about sexual matters, and the perceptions of sexual matters in Islam. Many misconceptions regarding the Muslim community and the GBSV exist and is nuanced and subtle. This research further aimed to contribute to a multi-level understanding of Gender Based Sexual Violence (GBSV) and sexual health rights within the context of the Muslim community. It is recommended that themes in this study be investigated further and that knowledge production and awareness be aspects that are focused on in Muslim communities thus leading to prevention rather than cure.

Declaration

I, Maryam Bodhanya, declare that

1. The research reported in this thesis, except where otherwise indicated, and is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
4. This thesis does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
    a. Their words have been re-written but the general information attributed to them has been referenced
    b. Where their exact words have been used, then their writing has been placed in italics and inside quotation marks, and referenced.

5. This thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the thesis and in the References sections.

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Signed

Acknowledgements

~Ash-Shakur ~

(The Thankful One)

"Live your life with what you have learnt"

Shaykha Muzeyyen Ansari

I would like to give thanks:

To my Spiritual mentors who have constantly provided the Light through which the path has been illuminated.

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Contents Page

List of Appendices

1. Participation Request and Letter of Informed consent – Appendix 1
2. Letter of Ethical Clearance – University of KwaZulu Natal – Appendix 2

List of Tables and Figures

Participant 3			

List of Acronyms

AS	ALAYHI SALAAM
eNCA	eNEWS CHANNEL AFRICA
GBSV	GENDER BASED SEXUAL VIOLENCE
GBV	GENDER BASED VIOLENCE
HIV	HUMAN IMMUNODEFICIENCY VIRUS
ISIS	ISLAMIC STATE OF IRAQ AND SYRIA
KZN	KWAZULU-NATAL
PBUH	PEACE BE UPON HIM
SAPS	SOUTH AFRICAN POLICE SERVICES
UKZN	UNIVERSITY OF KWAZULU-NATAL
WHO	WORLD HEALTH ORGANIZATION

System of Concepts

Feminism

> "The critical perspective on social and political life that draws our attention to the ways in which social, political, and economic norms, practices, and structures create injustices that are experienced differently or uniquely by certain groups of women" (Ackerly & True, 2010: 1).

Gender Based Sexual Violence

> "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a woman's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (Adapted from World Health Organization, 2011: 149)

Health-Seeking Behaviour

> "A problem focused, planned behaviour, involving interpersonal interaction with someone who can improve one's health and well-being" (Adapted from Cornally & McCarthy, 2011: 4).

Mysticism

> "A constellation of distinctive practices, discourses, texts, institutions, traditions, and experiences aimed at human transformation, variously defined in different traditions." (Gellman, 2014: 1).

Sufism

> "The modern Western term for *tasawwuf*, the system of spiritual cleansing practiced by Sufis as a guidance to mysticism"." (Adapted from Ansari, 2000; 2008)

Chapter One

~Al-Awwal~
(The Before)

Introduction, Background, Rationale

A pertinent global issue that has devastating consequences in all spheres of human lives is Gender Based Violence (GBV). This global issue of GBV is the subject of my thesis, with sexual violence and health-seeking behaviour of the women participants being the focus of the research project. The case study took place at a counselling careline that women accessed after experiencing sexual violence. Sexual violence is an aspect of violence which is controversial, sensitive and complex because of its nature which occurs both in the open and under hidden circumstances. Statistically, there is a high number of sexual offences reported by the South African Police Services (SAPS) with 66 387 being the number reported in 2013 in South Africa. It is common knowledge that sexual violence is experienced in all faith communities. My research project investigated the extent to which religion influenced the health-seeking behaviour of the women accessing the counselling careline in the context of the Muslim community.

In order to understand the context of the Muslim community in this study, I have used the work of Ellethy (2014) to expand this notion. He highlights the fluidity and dynamism of the notion of context, which continuously expands and evolves with developing and changing social human experience. Tayob & Weisse (1999) reiterate this with idea of the meaning and place of religion–which differs from region to region with regard to personal and public life–specifically locating the context of religion and investigating it within a political realm. Therefore, these authors have highlighted that in order for a religious context to have meaning it should be defined in terms of how it will be used. In this regard, I have chosen to define the context of this study as “Muslim community” as opposed to “Islam”.

The reason I have chosen to use "Muslim community" is to avoid the implications of "Muslimness" as an identity. One does not have to be a Muslim to be part of a Muslim community. However, if we use Islam as a context, then, it may imply that the person is Muslim. In my view, this would be imposing an identity construct on the women participants in the study that they might not otherwise relate to. Therefore, the focus is on women who directly or indirectly fall within the sphere of a Muslim community. In the context of a Muslim community, a participant could be a woman who is living in a home that practices Islam as a religion, or a woman married to a Muslim man but not necessarily being a Muslim herself, or perhaps a person who used to practice Islam but changed their religion. These various links to the Muslim community do not impose an identity on the participants: it is up to them to construct an identity while living in this context. An example that highlights the problematic nature of "Muslimness" is an experience related by Akeel Bilgrami. In his article, entitled "*What is a Muslim*?", he states**:**

> "It seemed hardly to matter that I found Islamic theological doctrine wholly non credible, that I had grown up in a home dominated by the views of an irreligious father, and that I had then for some years adopted the customary aggressive secular stance of those with communist leanings. It still seemed the only self-respecting thing to say in that context. It was clear to me that I was, without strain or artificiality, a Muslim for about five minutes" (Bilgrami, 1992: 822)

He relates this incident in the context of once being asked if he was a Muslim because of being associated within the context of Islam. This incident highlights the identity that one may get due to being associated with a certain context. This study, being situated in the context of a Muslim community as opposed to Islam, attempted to prevent such religious imposition on the women participants who experienced sexual violence. I did not wish to impose an identity on the women in this study like the identity that was imposed on Akeel Bilgrami.

Literature has traditionally investigated the phenomenon of sexual violence within the context of the Muslim community in terms of sex occurring within marriage only (Hajjar, 2004; Razack, 2004; Faramarzi et al. 2005). Evidence has shown that sexual violence also occurs outside of marriage and thus should be investigated both within and outside of marriage (Donat & d'Emilio, 1997; Watts & Zimmerman, 2002; Krantz & Garcia-Moreno, 2005). My study aims to contribute to a greater understanding of sexual violence in the Muslim community, since it investigated facets such as GBSV that also occurred outside of marriage and this has not been documented in the South African context previously.

Sexual violence may affect all spheres of human lives. However, I have chosen to investigate this phenomenon at the intersection of gender, religion, and health. The motivation behind such a research project is that although sexual violence has been investigated in many fields such as medicine, psychology, sociology, theology, and even economics, there is paucity in the literature on the intersections of gender, religion, and health. Therefore, this research project aimed to make an important contribution to the intersectional knowledge production in the field of gender, religion, and health; specifically the multi-level understanding of Gender Based Sexual Violence (GBSV) in the context of a Muslim community as defined earlier.

Aim of the study

The key research question that this study aimed to answer was:

"How do religious beliefs of women, who have experienced sexual violence, influence their health-seeking behaviour through accessing a counselling careline in the context of sexual health rights and the Muslim community?"

Objectives

In order to realize the main aim, the following objectives had been outlined:

- To trace the extent to which religious beliefs of women, who experienced sexual violence, influenced their health-seeking behaviour of accessing a counselling careline in the context of sexual health rights and the Muslim community.
- To critically explore why the religious beliefs of women, who experienced sexual violence, influenced their health-seeking behaviour of accessing a counselling careline in the context of sexual health rights and the Muslim community in the way that they did.

Location

The study was located at Hope Careline Counselling*[1] in KwaZulu- Natal (KZN). Hope Careline Counselling* is a service that is part of a larger organization that has an Islamic ethos seeking to help humanity regardless of their faith, gender, race or ethnic group. According to Public Eye Maritzburg (2015), a local news publication, the careline aims to cater for diversity in the sense that it is open to people of all races, gender, religions and other groups. Some of the services offered by them are telephonic and face-to-face counselling. The careline had humble beginnings as it was initiated by a woman who started counseling services from her home. People used to visit and talk to her about their problems. She realized that there was a great need in her community with regard to social and psychological aspects of their lives, especially regarding issues of GBSV, and that it was her moral obligation to start a service that catered for these needs (ethekwinilivinglegends, 2010). The service grew as she started recruiting members from the community to volunteer as counsellors. Skills training was subsequently initiated which equipped all counsellors with the necessary skills to provide counselling to members of the community that included both men and women.

[1] * Pseudonym. In order to protect the identity of the participants, asterix has been used throughout the study to denote the pseudonym given to the careline and the pseudonyms given to the participants.

In this chapter, I have outlined the background and rationale for the study. I have also briefly provided the aims, objectives and location of the study. I now present the structure of the remaining chapters of the dissertation.

Outline of chapters

In Chapter two I give a brief literature review that highlights the scholarship surrounding themes related to this topic of GBSV in the Muslim community.

In Chapter three, I outline the theoretical framework that has been used as a lens through which the study was undertaken. This includes critical feminist theory and theorists who have done academic work in Islam and feminism such Kecia Ali and Sa'diyya Shaikh.

In Chapter four, I highlight the research methodology and methods utilized in this study such as a qualitative methodology and my data production and data analysis methods.

In Chapter five, I delve into the background of participants which includes their biography, genealogy religion tree and patterns of violence.

In Chapter six, I present the analysis related to research question 1 which includes all the themes related to the question, dealing with the extent to which religion influences the health-seeking behaviour of the women participants.

In Chapter seven, I present the analysis related to research question 2 which includes all the themes related to the question dealing with why religion influences the health-seeking behaviour of the women participants in the way that it did.

In Chapter eight, I provide a conclusion consisting of findings and recommendations.

Chapter Two

Literature Review

~Malik al-Mulk~

(The Owner of All)

(Source: Callimachi, 2015. Image by Lima)

(Source: Ngqola, 2015. Image by eNews Channel Africa (eNCA))

(Source: Wallace, 2015)

The topic of GBSV is one that is controversial and current, as highlighted by the headlines above in world news. Such headlines should shock us but, as Rakoczy (2011) points out, violence against women has become so pervasive that it is no longer shocking. It is a real life problem that affects women in all spheres, from the political such as the Islamic State of Iraq and Syria (ISIS) to education (as indicated by the study conducted by the Association of American colleges in 2015). The real life problem is the pervasive violence against women, therefore the research aimed to investigate the extent to which religious beliefs influenced the health-seeking behaviour of women who have experienced violence. In this chapter, I have provided conceptual explanations for themes that are related to the subject of GBSV. The overall framework of the review is organised in the broad areas of gender, religion and sexual and reproductive health rights in relation to GBSV. The themes are as follows:

Sexual violence

GBSV falls within the larger category of GBV. In order to understand a phenomenon such as GBV, it is important to understand how it is defined. Things like words, for example, have power and the effects can often be subtle, as suggested by Muehlenhard & Kimes (1999). Historically, GBV has been called by many names *viz.* battery, women abuse and violence against women. The terms have evolved and at the same time the understandings of the terms have evolved also. Ravelo-Hoerson (2006) observes that defining violence can be problematic, and violence against women can lead to both a narrow and broad definition. An example of this is how the terms battery and women abuse are premised on the assumption that women are the victims. An example of this is reflected in an article by Sokoloff & Dupont (2005) who use the term "battered women". In my view, terms such as these are restrictive and leave no room for other interpretations. I agree with the view of Dunkle & Decker (2013) who concur that GBV is a term which is inclusive of the ideals of both masculinity and femininity, and that it is not only inherently heterosexual.

For the purposes of this study GBSV as a form of GBV will be defined in the context of women. However, it is acknowledged that GBV is not only inherently heterosexual. GBSV in this context is defined as:

> "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a woman's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (Adapted from World Health Organization (WHO), 2011: 149)

Power and GBSV

The issue of power is not a new concept and is inherently linked to GBSV. As illustrated by Kamau (2011), there is an imbalance of power between men and women in most societies. Some women attribute violence to "loss of control" (Boonzaier & De La Rey, 2003). The work of Connell (1987) is commonly used in the social sciences to explore

the theories of gender and power. He aimed to provide a systematic social theory of gender in the rather controversial field of gender. He deals with theories such as whether gender is a biological or social construct, with Freudian and Marxist theoretical influences. His theory draws upon different theories with the aim of developing forms of analysis that can be considered credible as a social theory. Whilst, it is an old text, Connell (1987) does provide an integrative framework for understanding the dynamics between gender and power, and how this relates to GBSV. In order to understand this theory in the context of more recent literature, I have reviewed the work of two authors as follows.

Wingood & DiClemente (2000) support the work of Connell and use his theory in relation to the Human Immunodeficiency Virus (HIV) exposure of women. It is my view that the merit of Connell's theory is that it provides an integrated theory consisting of three components, namely sexual division of labour, sexual division of power and cathexis. These three components have been linked to research on abuse. The first component that is explored is sexual division of labour. It deals with how women are allocated different and unequal roles or occupations when compared to men. The second component is sexual division of power and examines the inequalities in power between the sexes. The third component is termed the structure of cathexis, which is described as affective characteristics and is related to sexual and emotional attachments that a woman has to a man. The three components discussed links to the whole concept of women being seen as the "other". The "other" indicates that a woman is not defined until she is compared in relation to something else. Her identity is based in contrast to something or someone. These three components lead to the imbalance of power that often influences GBSV.

Whilst Wingood & DiClemente (2000) agree with the work of Connell, Demetriou (2001) critiques his work, specifically regarding the concept of hegemonic masculinity. Connell's theory is based on men having power over women. However Demetriou (2001) argues that it is a purely heterosexual configuration and does not extend to different concepts of masculinity and femininity. Demetriou (2001) attempts to deconstruct Connell's theory into a hybrid theory that also recognizes the shift in patriarchy. It is

important to note here that in certain literature (specifically post-structural critiques of power); the concept of power is not seen as unidirectional or fixed (Boonzaier & De la Rey, 2003). The balance of power can shift according to the relationship changes, social conditions, and subjectivity.

As previously mentioned, for the purposes of this research GBSV has been defined in terms of a heterosexual configuration, yet I acknowledge Demetriou's argument of recognizing the different concepts of masculinity and femininity. Therefore, I agree with Demetriou (2001) on his critique, yet I have also found merit in the work of Wingood and DiClemente (2000). My reasoning for this merit will be elaborated further in the discussion of religion in relation to GBSV. Masculinities in relation to GBSV will also be discussed. All these constitute social constructions of GBSV and it is to this discussion that I now turn.

Social constructions of GBSV

Social constructions of violence are linked to issues of power as it reflects power relations (Muehlenhard & Kimes, 1999). In a study conducted by Wood (2001), it was observed that women's constructions of violence were determined by specific contexts and these contexts determined their views of violence. It gave meaning to the degree of acceptability with regard to their experiences. Boonzaier and De La Rey (2003) provided evidence for the social construction of violence in the context that is pertinent to this research topic *viz.* South Africa. The latter authors found that there are social constructs that are endemic to this context and that there are unique interactions of race, gender and other forms of power. The way a woman experiences violence is linked to her way of viewing the world and of the socially constructed beliefs of gender identities, roles, marriage and family life, and this defines her position on hegemonic norms (Boonzaier & De La Rey, 2003). An example that illustrates this positionality on hegemonic norms is one of a woman who accepts that violence is God's decree because the patriarchal interpretation of a sacred text created this social construct.

Another pertinent study in the South African context was a qualitative study conducted by Gordon (2009) at the University of KwaZulu-Natal (UKZN). She asserted that female students saw GBV as something that was normal, and that men eroticized it. The social

construct was that GBV was prevalent in a dangerous context and that the fear of it happening to female students became part of their campus experience, and if it did happen it was seen as something inevitable. Another notion that the study showed was the view that love equals sex. Many young people believe that sexual access was the means of love (Gordon, 2009). Therefore, sexual violence as a result of not gaining this "love" was a social construct experienced by many female students.

The social construction of how one experiences love may also be influenced by their religious beliefs. Religion and religious beliefs may influence how people deal with their relationships and GBSV. This relationship between religion and GBSV is discussed next.

Religion and GBSV

The relationship between religion and GBSV needs to first be understood in terms of the nature of religion. It is important to look at religion because it is central to how people deal with sexuality and gender relations (Kamau, 2011). Most literature propose that there are similarities between the different religious norms on how they view human sexuality (Gerami, 1996; Inglehart et., al, 1998; Schenker, 2000; Adamczyk & Hayes, 2012). African traditional faiths, Christianity and Islam have been interpreted as having the same expectations of men (Chitando & Chirongoma, 2008). Various scholars writing on different faiths support this argument when it comes to the role of women in religion (Warne, 2001; King & Beattie, 2005).

Some original sacred texts of major religions contain passages that support equality between men and women (Lummis, 2006). These religious passages may support equality, however, these passages get muted in favour of passages that ostensibly portray women as subservient to men (Lummis, 2006). This partially contributes to the perpetuation of patriarchy in society. In addition, the major religions such as Christianity, Judaism and Islam promote peace. However, the manifestation of subjective interpretations and the way that adherents of religion display violence is where we see the discrepancy (Rakoczy, 2004). Religion has been influential throughout history and, as Phiri and Nadar (2006) propose, it can influence women's thoughts, emotions, social relationships and personalities. Therefore, religion becomes a social construct of GBSV. One way in which it becomes a construct is when violence becomes reinforced or

sanctioned due to institutional practices. It is interesting to note how female subservience and male authority are sometimes inscribed into religious constructs such as in Christianity and Islam. (Boonzaier & De La Rey, 2003).

The concept of patriarchy is something that is often brought to the surface when exploring the relationship between religion and issues of gender. As mentioned in Rakoczy (2004), Christianity is embedded with patriarchy. There is an overwhelming sense of "maleness" in how God is viewed and this is used to support subordination of women. The concept of the "image of God" will be explored to understand this concept of patriarchy in Christianity. In Islam, God is called "Allah" because there is no gender implied in this Arabic appellation (Ansari, 2000). The term "Allah" portrays God as not being gender specific, because having a gender would be a limiting factor and God can have no limits. However, this concept of God not having a gender has been changed by society over time as people refer to God as "He". In Christianity and other religions, women have not been seen as the complete image of God but rather as the image only through their husbands. Therefore, the whole relationship of a wife to a husband is that of subjection. She is not seen as an independent human being and historically a woman was viewed solely as a commodity, with reproductive capacity (Rakoczy, 2004). Interestingly, the Christians who promote patriarchy use Jesus (AS) as a way of making women see their husbands as Lords of the house, just as Jesus (AS) is Lord of the Church. Using interpretations for one's own use is not something new as it is seen in Christianity as well as other religions such as Islam.

Many scholars have interpreted texts in a one dimensional or literal way that does not take into account the context which promotes patriarchal thinking (Wadud, 1999). Role models such as the Prophet Muhammad (Peace Be Upon Him (PBUH)) and Jesus (AS) (AS) have been exemplified as having values such as love, mercy and kindness. Surely, if a man is seen as the head of a household then it should be his responsibility to protect the women rather than be violent towards her. Van Klinken (2011) expands on this concept quite well. He uses the work of scholars such as Musa Dube, Ezra Chitando, and Cheryl Dibeela to highlight the importance of a role model in religion to address issues of sexuality and marriage and to provide this transformation of masculinities.

In the same way that power is not unidirectional, one can apply this to the progression of patriarchy because being patriarchal does not only apply to a man. It could also be a woman who has these same views, or in the context of same sex relationships, either partner of the same gender could be viewed as being patriarchal. For the purposes of this study, women who have experienced GBSV by men will be investigated. However, it is still important to acknowledge the shift away from traditional views of patriarchy, and avoid such assumptions. I agree with the view that revisioning traditional scripts as passive victims of patriarchy allows for agency of women (Boonzaier & De La Rey, 2003). Through their experiences women can move away from this traditional scripts of passive victims. My study will create a space for women to share their experiences in the context of sexual violence that may enable this transformation through scripts.

Masculinities, which relates to the issue of power, is another area that can be explored in the context of religion. Religion is seen as a major force in the construction of masculinities (Chitando & Chirongoma, 2008). Certain ideals of masculinity push men to not want to limit their masculinity and men are viewed as the dominant one in sexual matters. These ideals of masculinity may also lead to sexual violence. Consequently, women negotiating with the issue of sex have been viewed as not being "good" women and are seen as shameful. Therefore, women's exercise of agency over their sexual decisions results in them being seen as promiscuous. The matter of women's agency regarding her sexual reproductive health rights and GBSV is one of the main concerns of my study and it is to this discussion of gender relations within the context of Islam that I now turn to.

Gender relations in Islam

As mentioned earlier, the focus of this study includes women's experiences in the context of the Muslim community. Therefore, it is important to gain an understanding of this topic in the context of Islam. In an article by Al- Hibri (2003), domestic violence in Islam was explored and there were many parallels to what has been found in Christianity, such as the perception of men's authority over women and patriarchy. Many traditional Islamic views on violence are rooted in the Islamic view of gender relations and are usually rooted in the text of the *Qur'an* (holy scripture). From a macro or wider

perspective, it is significant to note that Islam is not an oppressive hierarchy (in its pristine form). It is the way that Islam at a domestic or community level has been interpreted that leads to this discrepancy. This sentiment is echoed in other literature related to issues of violence (Ravelo-Hoerson, 2006; Hoel, 2010; Shaikh, Hoel, & Kagee, 2011).

Ravelo-Hoerson (2006) also explored the concept of Islam and domestic violence. The themes in her article concur with that of Al-Hibri (2003) in that violence experienced by women centres around gender ideology in Islam which is usually interpreted as being patriarchal in nature. There were also parallels in Islam and Christianity and a pertinent question that was asked is, "why would a merciful God allow this?" The centrality of sacred texts in Islam is once again seen as core to perceptions of gender relations. The classic theological frameworks emphasize exertion of male authority. Yet, there are even some Islamic modernists who have the same views as traditional scholars. It is interesting to note how Ravelo-Hoerson (2006) asserts that Islamic laws on the control of women's lives are maintained more than any other laws and this may contribute to the violence experienced. Ravelo-Hoerson (2006) illustrates the three common attitudes to violence experienced by women, specifically physical violence. She categorises it according to acceptance, apologetics and rejection. It is my view that these three attitudes that could contribute to the way Muslim women have experienced physical violence could also be extended to that of GBSV.

A relevant study for my research is the one conducted by Shaikh et al., (2011) which was also conducted in South Africa. They focused on the experiences and attitudes of Muslim women in relation to marriage, sexuality and reproduction. A feminist perspective of lived experiences was used in understanding physical and emotional abuse, and reproductive and sexual health rights. Their results about the experiences and attitudes of Muslim women in relation to marriage, sexuality and reproduction is different from my study which is exploring the view of women experiencing GBSV and their health-seeking behaviour. In the context of their study, women's understandings of norms were predominantly from the position of being in a non-abusive marriage. The study looked at issues related to marriage, which also indicates a gap in the literature that does not

account for Muslim women who have experienced GBSV outside the framework of marriage. Many studies focusing on Muslim women have only looked at violence within the context of marriage. This is due to the view in Islam that sex can only be allowed within the confines of marriage. However, sexual violence can also occur outside of the framework of marriage. Sexual violence can occur to any woman whether she is married or not. Islam speaks about sexual relations occurring within an institution of marriage. However, sexual violence is an act that does not take into account laws or frameworks. It occurs outside boundaries of human rights and of religious rights. I now turn to a discussion on Sexual and Reproductive Health Rights and Islam.

Sexual and reproductive health rights and Islam

There are many topics that are considered taboo, if spoken of, within a religious context and sexuality is one such topic. As Athar (2015) aptly points out, Muslims are reluctant to talk about sex, yet in the time of Prophet Muhammad (PBUH), emphasis was placed on knowledge with regard to all matters, including sexual matters. This way of viewing human sexuality as being shameful and negative can lead to limited information being available on sexuality. There is also the issue of stigma where women asking for education on sexuality are often stigmatised as opposed to men who do not experience this.

Religious leaders who play a crucial role in the guidance of communities can expound the different stances on religion. They can either facilitate or hinder the process. There is more than one way of viewing scripture and as mentioned by Mswela (2009), theologians can either view the Bible as literal or within history and context. This can be applied to other religions in which scripture is viewed in these two ways. These differing views may result in the different stances to issues such as GBSV and how it relates to religion.

With regard to Islam, sexual desire is acknowledged as a natural and important aspect of human nature and the *Qur'an*, *Hadith (*prophetic tradition) and law emphasize that it should be satisfied lawfully (Ali & Leaman, 2008). These scholars show the general consensus of Muslim scholars in their book entitled "*Islam-The Key Concepts*". They emphasize that sexual pleasure is valued for its own sake (if done lawfully) and not just as a means of reproduction. Hoel & Shaikh (2013) concur that Islam is generally

affirming of human sexuality and that there are even some scholars who view sex as *Ibadah* (a form of worship) or a means of getting closer to God. The authors elaborate on the different ways that Islamic scholars may view sexuality in light of *Hadith* and *Qur'an viz.* sexuality as being part of a balanced spirituality that also includes eating, sleeping, and praying; sexuality as being charity in terms of generosity between intimate partners; and a deeper spiritual understanding of sexuality as being a means of union with God.

However, whilst there are these positive views of sexuality in Islam, there are the interpretations that are androcentric and that only pertain to sexual desires of men. As Hoel & Shaikh (2013) assert, the same positive discourses are embedded with hierarchy that prioritize men's sexual desires over women's sexual desires and that it is coercive in nature. An example of this is the marriage contract which has been traditionally viewed as a legal procedure through which a wife is to be sexually available to her husband in exchange for maintenance and dower. My research study aimed to determine the extent to which the above themes also emerged with regard to GBSV and how the women participants in this study viewed sexuality in the context of Islam.

One cannot review literature on sexuality in Islam without perusal of literature on contraception in Islam (e.g. Musallam, 1986; Bennett, 2005) as there are few scholars who make mention of sexual health rights without including reproductive health rights. There are two general views on contraception in Islam. The first is that it is almost universally permitted by Muslim scholars and the second view is that contraception is reprehensible if used as motive to prevent procreation (Ali, 2006). Therefore, much debate has centred on the use of contraception in Islam. Ali (2006) expands these general views of sexual and reproductive health rights in Islam in a classic versus contemporary framework. She explains that classical authors acknowledge female fulfilment but focus on sexual availability of women and on the dangers or harmful effects of female dissatisfaction. However, contemporary authors focus on sexual rights and disassociation from reproduction. They highlight the importance of female gratification and sexual availability being a mutual agreement. My research study further aimed to understand such views in the context of sexual violence. Sexual violence is harmful to the well-being

of a person. I will now discuss the multi-faceted dimension of health that is required for a holistic and complete balance or well-being of a person.

Multi-faceted dimensions of health

Religion can enhance or deny women's health (Phiri and Nadar, 2006). This brings me to the topic of health and how it has to be looked at holistically. The World Health Organization (WHO, 2001) defines health as being in a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This includes religion or spirituality. Health care cannot be viewed as holistic in the absence of faith. This faith guides everyday life in order to achieve a state of balance or wellbeing. Faith may include religious guidance when it comes to gender issues or issues of sexual and reproductive health rights. If one wants to work for gender justice one needs to also work on religious transformation. (King & Beattie, 2005)

One might think that health is one-dimensional; that there is a disease and a cure. However, that is where one has to look at the holistic framework of health that encompasses being in a state of balance. There are many factors that would affect the wellbeing of a person. This highlights the importance of an approach that includes all relevant professionals in an interdisciplinary way towards the health care and well-being of the person.

In conclusion, an interdisciplinary approach to GBSV with gender, religion, and health may be a challenge. However, review of the literature has shown consistent, conflicting, and impartial views on themes surrounding such a topic. Both international and national trends have highlighted the need for an interdisciplinary study such as this. Literature has provided this rationale for a new integrative approach in understanding GBSV. My research study aims to contribute to this new integrative approach in understanding GBSV, specifically at the intersection of gender, religion, and health.

This chapter aimed to review conceptual explanations for themes that are related to the subject of GBSV in the areas of gender, religion and sexual and reproductive health rights. In the next chapter, the theoretical framework that guided the study will be presented.

Chapter three

~Al-Muqsit~

(The Equitable One)

Theoretical Framework

This study was undertaken within the framework of feminist theory. A supporting theory that was also used was Sufism. In this chapter, I outline the theoretical underpinnings of the study and elucidate how these two theories (Sufism and feminism) are compatible.

According to Creswell (2013) as well as Livholts (2011), feminist theories are influenced by, and embrace tenets of postmodernism, post-colonialism and post-structuralism with regard to injustice. It is dynamic in the sense that it draws on different theoretical and pragmatic orientations. This makes it very compatible with Sufism which is also dynamic, in the sense that it has theorized many detailed methods for community based achievements by drawing on different tenets (Shaikh, 2009). It was important that I find a theory of religion as it came to the fore when investigating the health-seeking behaviour of women who experienced sexual violence in the Muslim community and therefore religion could not be ignored as part of the theoretical framework.

In order to understand Sufism as part of the theoretical framework, it needs to be defined. I have used the combined definitions of Ansari (2000) and Ansari (2008) to explain Sufism as "the modern Western term for *tasawwuf*, the system of spiritual cleansing practiced by Sufis as a guidance to mysticism". We can see from this definition that mysticism is something that is vital when one explores Sufism. Hill (2011) forays into the Durkheimian nature of religion and proposes that there is space for mysticism as part of the sacred aspect of religion that was predicted by Emile Durkheim in 1912 as well as other scholars on religion such as Ernst Troetlsch. Therefore, Sufism as a part of mysticism will be explored further as one of the theories.

Mysticism has been at the heart of many theological debates, with some scholars rejecting it out right, to other scholars finding it valuable to incorporate it as part of an understanding of the divine (Schimmel, 1975). Gellman (2014) explains that the root word for mysticism comes from the greek word "muo" meaning "to conceal" and he

defines it as "a constellation of distinctive practices, discourses, texts, institutions, traditions, and experiences aimed at human transformation, variously defined in different traditions." Pg. 1. Gellman (2014). There have been mystics in Hinduism, Judaism, Christianity, and Islam (Ansari, 1999). It may be referred to as different terms such as Kabbalah or Gnosticism and therefore in Islam it is referred to as Sufism. For the purposes of this study, we will explore mysticism in Islam. Therefore, we use the term 'Sufism'.

As mentioned before, feminist theory is the main theory of the framework and Feminist theory is transformative when it comes to methodologies, theories, and themes (Livholts, 2011). The definition by Gellman (2014) also speaks of transformation that is found in mysticism. Sadi'yya Shaikh often uses Sufism as a tool for transformation or praxis. Thus, we can see Sufism as an example of how mysticism relates can be used for transformation. She often uses the work of the Sufi master Muhyi al-Din Ibn al-Arabi to reconceptualise equality in relevant ways related to spirituality in contemporary society (Shaikh, 2009).

In feminism, there is the centrality of gender-shaping consciousness (Creswell, 2013). When investigating a phenomenon such as GBSV it was important that the theoretical framework encompassed aspects that dealt with gender, power, and justice. Sufism also has a place in the field of gender and there has been tension in terms of the patriarchal versus gender-egalitarian inclinations (Shaikh, 2009). Gender identity in Sufism focuses more on the inner state than the outer state which may resonate with the work of Judith Butler who views gender in terms of fluidity (Butler, 1988). We again see the compatibility of Sufism with feminist theory.

Another reason for choosing feminist theory is that it is an interdisciplinary field that still allows for openness that can be transversal or dialogical when it comes to other fields (Lykke, 2010). This is important when it comes to the nature of this study which deals with the interdisciplinary issues of gender, religion, and health as well as the openness of the theory that allowed me to use Sufism as an analytical theory during the analysis of the data. Shaikh (2009) proposes that Sufism allows for a more holistic vision that includes intrinsic gender equality.

Feminist theory consists of many sub-theories or strands and I will briefly provide some insight into these different strands that were relevant to my study. Before we delve into the different strands of feminism, I would like to define what feminism is by drawing on the work of Brooke Ackerly and Jacqui True who define feminism as "the critical perspective on social and political life that focuses our attention to the ways in which social, political, and economic norms, practices, and structures create injustices that are experienced differently or uniquely by certain groups of women" (Ackerly & True, 2010: 1). I found this definition to be the best fit for this study as it encompasses the injustice of GBSV experienced by the women in this study. This definition also draws our attention to the specific type of feminist theory which I have chosen to use in this study, which is critical feminist theory, which focuses on women's experiences (Nast, 1994). As a result, one of the aims of this paradigm is that it helps to correct invisibility and distortion of female experiences (Creswell, 2013). As my topic is *Women's Health-Seeking Behaviour in the Context of Sexual Violence, Sexual Health Rights, and the Muslim community*, the experiences of women is central to investigating this phenomenon. It was also important to find a theory of religion that focuses on experience so that it would be compatible with the very central tenet of women experiences in feminist theory. According to Katz (1978), experiences are very central to the epistemology of mysticism and in fact has been categorized. In Sufism, women's experiences in early times have survived through oral and written histories such as Sufi saint Rab'ia al Adawiyya whose spiritual journey highlighted her dedication to her beliefs and her experiences of being a Sufi mystic (Silvers, 2015). Her stories reflect some of the qualities that feminist scholars write about e.g. the negotiations she has to make in a male driven society.

If we look at feminist theory, we see that it is transformative in the sense that it uses critical inquiry and reflection on issues such as social injustice (Ackerly & True, 2010), in this case, the issue of GBSV. Critical feminist theory also reflects on past practices whilst still suggesting practices that can be used for future work, thereby opening new directions into a particular field (Parker & Meese, 1992). Here the study is located in the field of gender, religion, and health. Critical feminist theory typically focuses on populations that are sometimes excluded (Nast, 1994). Methodology and research

questions are inevitably theoretically informed (Silverman, 2013) and critical feminist theory provides the lenses through which my study was viewed.

As mentioned, there are various strands or types of feminism; however, I have only focused on the most influential strands of feminism in this chapter. The first strand of feminism is liberal feminism which emerged in the United States around the 1820s at a tumultuous time when women were denied the right to vote (Marilley, 1996) and their struggle was for equal rights and joining in the movement against patriarchy, slavery and church authorities. Liberal feminism focuses on political processes such as legislation that can be used for equal rights for women (Pilcher & Whelehan, 2004). One of the well-known advocates for liberal feminism was Betty Friedan. Hooks (1984) critiques this form of feminism, and says that while Betty Friedan's movement provided discussion on sexist discrimination, it was one dimensional in the sense that it did not cater for women of colour or for women from different classes.

Another influential strand of feminism is socialist/Marxist feminism which emphasizes both class and gender (Messerschmidt, 2009) and rejects the idea that biology predetermines gender. Social feminists challenge patriarchy and believed that for social change, an overthrow of industrial capitalism was needed (Pilcher & Whelehan, 2004). Alison Jaggar, an advocate for the socialist feminism movement described the movement as "distinct from radical feminism and traditional Marxism" (Jaggar, 1983: 12). Radical feminism will be the next strand of feminism to be discussed.

Mary Daly is a well-known name in feminism as part of the radical movement that began as a means to politically challenge male domination and patriarchy in economic and social spheres of life (Willis, 1984). Radical feminists were looking for a means to fight oppression in a space that was not male-orientated in terms of knowledge and politics (Pilcher & Whelehan, 2004) and believed that because men are part of the problem they should be part of the solution.

Black feminism emerged from the 1980s onwards and was a movement that catered for women of colour as they were on the "margins" (hooks, 1984) because other waves of feminism generally only catered for white women of a specific class. Black feminist thought has been influenced by authors such as Patricia Hills Collin and Kimberle

Crenshaw who make the experiences of black women central and view issues from the perspective of women of colour, in terms of the intersections that occur in society e.g. race, class and gender (Appelrouth & Edles, 2010; Crenshaw, 1991).

Just as Black feminism catered for the needs of women of colour, African feminism emerged as a means to focus on the experiences of African women. Western feminism tended to universalize the experiences of women and subordination (Oyewumi, 2002), however, women's experiences are not always universal. An example of this is how gender in family is conceptualized in different ways in African traditions as opposed to Western traditions. African feminists in theology challenge traditional male viewpoints and do not ignore the important role that religion or culture plays in patriarchy (Nyawo, 2014). Some scholars in the field of African feminism include Isabel Phiri, Sarojini Nadar, and Mercy Oduyoye. These academic stalwarts have all done research on women's issues which includes violence against women, therefore their scholarship is pertinent in relation to this study. For example, Isabel Phiri's works includes case studies documenting women's experiences of domestic violence in a Christian home (Reisenberger, 2002). My study was located in a Muslim community, and as such I now address the issues of feminism and Islam.

Feminism and Islam

As mentioned above, Western feminism conceptualized women's experience as universal and did not cater for women from other parts of the world or other social-cultural spheres (Oyewumi, 2002). In a similar fashion, both Muslim and non-Muslim feminists have also categorized Muslim women. Bullock (2002) has also found that issues that are raised by Western feminists are seen as being universally applicable. Hoel (2010) has noted that whilst certain atrocities happen to women who may be of the Islamic faith, these experiences cannot be universally applicable to all Muslim women. Bullock (2002) observes that there are generally two schools of feminist thought with regard to issues pertaining to Muslim women for e.g. the veil. The first school generally supports the mainstream view of people from the West who believe that Muslim women are oppressed and that Islam is a patriarchal religion that ultimately subordinates women. Abu-Lughod (2002) reiterates this as she explores the notion of Muslim women needing to be saved.

The second school as outlined by Bullock (2002) aimed to distance themselves from agreeing with Western ideas of the "other". They aimed to find out what a social practice means from within, by actually understanding the practice from the inside. This is what Bullock (2002) intended to do as a feminist in her work regarding the veil.

Feminism and Islam is not a new concept and I have used the work of Hidayatullah (2014) and Wadud (1999) to summarize it below. It was during the postmodern era in Islam, beginning in the late 1970's and early 1980's, that more women became advocates for the personhood and moral agency of Muslim women. There was a wave of feminist scholars in this first generation that was produced out of the "Islamic revival" in some parts of the Muslim world namely, Amina Wadud.

There was an increased involvement of women in Non-Government Organizations (NGOs) as well as human rights initiatives. The second generation occurred in the 1990s and early 2000s during a time when women pursued academic studies in Islam such as the scholar Sa'diyya Shaikh. Here scholars faced male domination, sexism, racism, and orientalism in academic spaces, which was sometimes even inflicted by other feminist scholars. Islam and feminism have not always gone hand in hand, with some scholars choosing to distance themselves from the label of "feminist". Seedat (2013) has written on Islam and feminism and the various debates that surround these two theoretical traditions that began when women started inquiring into gender and sex equality in a manner that was historically similar to feminist thought. She asserted that there were generally three ways that feminism and Islam have been articulated. The first way is resistance towards a feminist label or the resistance towards a convergence of feminism and Islam, the second way has embraced the convergence between feminism and Islam, and the third way has been to take Islam for granted whilst doing feminism (Seedat, 2013). The dynamics between Islam and feminism is quite nuanced and Seedat (2013) concluded that the space that is provided by this has productive potential and I feel that this is critical when viewing feminism and Islam.

As my overall theoretical framework is critical feminist theory, there was a need to have it situated in the context of Islam, specifically with regard to the sexual health rights of women in Islam. Thus this study was viewed through the religious lenses of scholars

within the Islamic feminist framework. The work of two scholars' *viz.* Sa'diyaa Shaikh and Kecia Ali formed the lens through which the study was viewed. Sa'diyya Shaikh employs the tool of liberating hermeneutics when reading the *Qur'an*, especially in relation to Sufism (Hidayatullah, 2014). She uses the work of *Tafsir* (*Qur'anic* exegesis) to examine the constructs of gender that portray women and men as unequal beings (Mernissi, 1997). She employs such analysis of the constructions of gender in her work within her local context *viz.* South Africa. Her academic scholarship in these local contexts centre around issues such as domestic violence, marital rape, and women's reproductive choices ((Hidayatullah, 2014).

The work of Sa'diyya Shaikh is quite pertinent as a lens though which this study is viewed. The first reason is that Islam is the religious context in which she conducts analysis. My study explored GBSV in the context of a Muslim community. Therefore I needed a lens through which this religious context could be analysed. I found that since Shaikh also employs tools of analysis in relation to Sufism, that this was compatible with my study as I employed a form of Sufi analysis to the data I produced. Another reason is that her scholarship deals with issues in South Africa which is the context in which my study is located. Since I used a case study research design, the findings could not be generalized to other parts of South Africa. However, Sa'diyya Shaikh's work provided a very valuable lens in understanding the South African context. A further reason is that she is a scholar in the field that centres around issues of sexual and reproduction choices in Islam. This directly links to the phenomenon of GBSV as well as the context of sexual health rights in this study. A final reason is that Sa'diyya Shaikh also advocates for praxis or transformation which is in keeping with Critical feminist theory.

Kecia Ali focuses on the field of jurisprudence, specifically on Islamic laws regarding marriage, sexual access and reproduction. She examines constructions based on gender in relation to *Qur'anic* verses and the spiritual equality of men and women with regard to sexual ethics (Hidayatullah, 2014). Kecia Ali's work is very prominent in this field and therefore is an important lens though which this study was viewed.

As mentioned, the focus of the research was the experiences of GBSV of women in a Muslim context. The academic prowess of Kecia Ali, whose work utilizes jurisprudence,

is also located in a Muslim context. It is valuable to my study because jurisprudence is significant in analysing issues such as sexual access, ethics and equality. Her work, whilst not based on the local context of South Africa, provides a valuable global context as jurisprudence is a global field. Finally, her work deals with gender equality and feminist analysis that corresponds with my theoretical framework of critical feminist theory.

In this Chapter, I have provided the theoretical framework that informed this research which include feminist theory and Sufism and how the two theories are compatible in this study. In the next chapter, I will present the research methodology and research methods used in this study.

Chapter 4

~Al-Hasib~

(The One Who Keeps Accounts and Measures of All Things)

Research Methodology and Research Methods

In this chapter, the research process is discussed outlining the critical research questions, the methodological approach taken, research design including the sampling technique, data production strategies, analysis of the data as well as the ethical considerations of the research.

Main critical research question

In the chapter on the literature review, insight into the various themes surrounding GBSV was provided. As already discussed, sexual violence may affect all spheres of human lives; however, I chose to investigate this phenomenon at the intersections of gender, religion, and health. The research problem in this study aligns itself with the objectives of the Gender, Religion and Health programme that this Masters degree is registered in. The motivation behind such a research project was that although sexual violence has been investigated in many fields such as medicine, psychology, sociology, theology, and even economics; there is paucity in the literature when it comes to the intersections of gender, religion, and health. This conceptual gap in the field led to many questions surrounding GBSV relating to gender, religion, and health. For the purposes of this study, the main critical research question that this research study aimed to answer is:

> "How do religious beliefs of women who have experienced sexual violence influence their health-seeking behaviour through accessing a counselling careline in the context of sexual health rights and the Muslim community?"

Critical sub-questions

In order to answer the main question, the following sub-questions were identified:

1. To what extent do religious beliefs of women who have experienced sexual violence, influence their health-seeking behaviour of accessing a counselling careline in the context of sexual health rights and the Muslim community?
2. Why do religious beliefs of women who have experienced sexual violence influence their health-seeking behaviour of accessing a counselling careline in the context of sexual health rights and the Muslim community in the way that it does?

Research approach

In order to answer my key research question and sub-questions, I worked within a qualitative research paradigm. Bryman (2008) defines qualitative research as a strategy that usually emphasizes words rather than quantification in the process of collecting and analysing data. Creswell (2013) views qualitative research more broadly and explains the process as beginning with assumptions and the use of theoretical frameworks that are used as lenses through which the research problems are viewed. It enables the addressing of meaning that individuals or groups ascribe to a social or human problem. Both definitions of qualitative research have been valuable in this study. There has definitely been an emphasis on words during this research process with the experiences of the women participants (as told by themselves) providing the production of data, analysis process, theoretical explanations and conclusions drawn. Women's experiences in this context could not have really been quantified, specifically with regard to it being a sensitive issue of GBSV.

In accordance with Creswell (2013), my research process did begin with certain assumptions surrounding GBSV and my theoretical framework of feminist theory through which I viewed the research problem. The theoretical framework provides another rationale for choosing a qualitative research methodology for my study as it has a far greater affinity with a feminist standpoint than quantitative research can exhibit (Bryman, 2008). Therefore, I chose qualitative research due to its compatibility with my research focus and objectives. This included expanding the intersectional knowledge base about the phenomenon of health-seeking behaviour as a result of GBSV through the experiences of women. It also allowed for more depth and rich data to be produced.

Research design

A case study research design was used to conduct the study and allowed me to explore real-life contemporary bounded systems over time through detailed in-depth data production strategies (Creswell, 2013). There are many research designs to consider within a qualitative methodology. Yin (2003) provides a concise set of criteria to reflect upon when considering case study as a research design. The focus is to answer questions such as "how" and why", and my critical questions similarly sought to answer "how" and why" questions about religion and health-seeking behaviour as a result of GBSV. Another criterion outlined by Yin (2003) is that the behaviour of those in a study cannot be manipulated or influenced. When I interviewed women about their experiences of health-seeking behaviour as a result of GBSV, it was not a study that set out to manipulate the health-seeking behaviour of women. Rather it was to understand such behaviour.

There are three general types of case studies viz. instrumental, collective, and intrinsic (Creswell, 2013). For the purpose of this study I used a case study design that is collective in nature. This involved multiple case studies (the 3 women) within a single site (Hope Careline Counselling*) to illustrate a single issue or concern (health-seeking behaviour as a result of GBSV). The reason for choosing a collective case study design is that it allowed me to identify differences and similarities between and within cases (Yin, 2003), which was important in gaining an understanding of health-seeking behaviour as a consequence of GBSV. Empirical data was produced through in-depth interviews and analysed in order to answer my research question.

Sampling

Sampling strategy

The sampling strategy that was utilized was purposive sampling, which is a non-probability form of sampling. The goal of this method of sampling was strategic as the sample cases or participants were relevant to the research questions being posed (Bryman, 2008). As I used a case study research design (which did not allow for generalization), purposive sampling was compatible to this research design as it also did

not allow for generalization to a population. Moreover, according to my preliminary study of Hope Careline Counselling*, purposive sampling allowed me to obtain rich data. This type of sampling, as opposed to snowball or other types of sampling, allowed me to gather the most relevant information for the nature of this study. I have outlined how I recruited participants in accordance with the protocol of Hope Careline Counselling* in the section on data production. Participants were women above the age of 18 who had experienced GBSV and accessed and completed counselling between the years 2010-2015. They either had a direct or indirect link to the context of a Muslim community. By this I mean that the women themselves did not have to be Muslim but had a link to the Muslim community by virtue of being married to or being an intimate partner of a Muslim or live in a home in which Islam was being practiced. Participants were selected from information case files stored at the careline. The counsellors had identified these based on the sampling criteria that I presented to them.

Sample size

The sample size comprised of 3 women who had accessed and completed counselling services at Hope Careline Counselling between the years 2010-2015. Research based on qualitative interviews can be based on quite small samples (Bryman, 2008). Becker (2007) concurs that a small sample of at least 3 is adequate for qualitative research as it may only take a few interviews to determine if something is possible in a given scenario. Therefore, this supported my sample size that comprised of 3 women. As it was a one-year Master's programme, interviewing 3 women allowed me to focus on the depth of information rather than the spread. This allowed for adequate identification of themes and cross-case theme analysis, as well as the depth of information that was a result of deep, meaningful conversations with the 3 women.

Participant selection criteria

Purposive sampling allowed me to identify participants according to the following criteria:

- Participants who had accessed and completed counselling services between the years 2010-2015

- Participants were women (based on the focus and objectives of the study, they were the only gender included)
- Participants who were above the age of 18 at the time of sampling
- Marital status: For the purposes of this study, the participant was either single, married, or divorced as GBSV does not only happen within a marriage or living with a partner for a period of time
- Participants had a direct or indirect link to the context of a Muslim community. Some examples included:
    - Had a relationship with a Muslim (family, marital, intimate partner)
    - Converted to Islam or was Muslim before converting to another religion
    - Lived in a home in which Islam was practiced

Data production

I have organized the data production process in accordance with some principles highlighted by Creswell (2013) as it provided a valuable guide in the process of producing data.

Access and rapport

Permission to include the research site in my study was obtained by sending a letter of permission to the director of Hope Careline Counselling*. Once approval was received from the gatekeeper, I accessed participants in keeping with the protocol of Hope Careline Counselling*. The protocol included the following process:

- The first contact a client had with a counsellor was through a phone call to the helpline.
- Thereafter, depending on the case, the next step was typically a face-to-face session with the counsellor.
- After a period of sessions, the counsellor terminated counselling if the client was at a stage where this was deemed fit. Each client had a file with pertinent details pertaining to the client and her case.

The process that I used in recruiting participants was to take into account the protocol followed at Hope Careline Counselling*. Organizers at the careline identified the files according to the selection criteria I had outlined (please refer to the section on participant selection criteria on pages 37-38). Once these 6 files had been identified the counsellors contacted the participants to ascertain whether the latter would be willing to take part in the research study or not. Only 3 women responded positively to being interviewed. Once approval from the 3 had been received, I contacted the participants personally and arranged an appointment to conduct the interviews at the careline offices or an alternate safe environment. It was at this point that information sheets and consent letters were given to participants. The consent form included the right to voluntarily withdraw from the study at any time, the central purpose of the study, the procedures, protection of confidentiality, any known risks, expected benefits of the study, and the signature of both participant and researcher.

Data production approaches

Client files: According to their protocol, Hope Careline Counselling* are required to keep a record of all interactions with clients in their client files. Upon obtaining permission from the participants, I reviewed these client files and obtained a background to their experiences before conducting the interviews. This allowed me to be familiar with their cases as well as to allow for triangulation of data as it provided another source of secondary data.

Interviews: Semi-structured interviews were conducted, audiotaped, and reviewed after participants had given permission to participate in the study. A professional third party conducted transcription after signing a non-disclosure document. The transcription was then reviewed in a secondary process by myself to ensure that it was accurate. A framework, outlined by Ivey et al. (2013), emphasizes the importance of fostering an empathetic relationship with the participant as a means to create a safe space in which the interviewer can draw the stories or experiences of the participants. The participants were women who had undergone trauma; therefore I used some of the steps outlined so as to minimize the impact of stress when recounting such experiences. Another critical aspect

was to build a rapport and trust during an interview session. Relevant steps to this study were as follows:

Step 1: The session was initiated by greetings and introductions that personalized the session. Providing a safe space for the participant to share her experience is also important and the offices of Hope Careline Counselling* or an alternative venue that was comfortable for the participant, served as this safe environment. Counsellors were also on hand if the need arose. I was more aware of my use of both verbal and non-verbal cues that ensured a non-threatening presence in this safe space.

Step 2: I outlined the structure of the session by informing the participant of ethical issues and providing information of exactly what was required during the interview session. Permission and reasons as to why the session was recorded were also discussed

Step 3: It is after Step 1 and 2 that I began drawing out stories and gathered information using tools such as attending and active listening. It is at this stage that the questions in the interview schedule were asked. A balance of open-ended and close-ended questions was used and interviews did not last longer than 60 minutes.

Data analysis

Thematic network analysis is the strategy of analysis that I chose for this research study. An approach that I used is called the thematic network analysis which is based on the work by Atrride-Stirling (2001). There are three classes of themes that make up thematic network analysis namely the basic, organizing, and global themes (Harmon, 2015).

After reviewing the transcripts that had been transcribed by the professional, I followed the steps as outlined by Atrride-Stirling (2001):

- Step One: Coding

  Using a set of criteria I developed a coding framework and thereafter using this framework I dissected the text and attached codes to the texts such as quotations given by the women or single words that were meaningful
- Step two: Themes

Once the text had been coded, I was able to extract the common and significant themes. After these themes had been identified, I refined the themes into a manageable set of themes.

- Step three: Building a thematic network

  Since I decided to use a network analysis I needed to sort the themes into networks by arranging the themes, identifying the basic themes, sorting basic themes into organizing themes, deducing global themes, illustrating these themes into a network, and finally refining the network.

- Step four: Describe and explore the network

  In the next step of analysis, I described and explored these networks by going back to the network and interpreting it

- Step five: Summarize thematic network

  Once I had interpreted the networks, I summarized it in a succinct manner

- Step six: Interpret patterns

  Since I had more than one network, it was in this step that I brought together all the summaries.

Ethical and legal considerations

Ethical clearance (Refer to Appendix 2) to perform this study was sought from the Research and Ethics Committee, University of KwaZulu-Natal. All participant records were fairly and purposively selected, depending on selection criteria. Responses were treated in a confidential manner. No names or personal identifying information was used in order to protect the anonymity of participants. Pseudonyms for both the careline and the participants were used to prevent social stigmatization and/or secondary victimization of participants.

Participant selection criteria required that the participant be deemed fit to discontinue counselling services as this took into consideration the trauma experienced. Interviews were conducted in the same environment that the participants received counselling *viz.* the offices of Hope Careline Counselling* or an equally safe environment within the centre, as this allowed for a level of comfort. The option of halting the interviews immediately in the event that the participant experienced trauma, was given to them.

However, all participants finished the interviews without having to stop the interview at any time.

Counsellors were on hand and the option of referrals was made known to the participants in the event of the need arising. However, all participants finished the interviews without any referrals being exercised. The participants were informed that their willingness to participate in the research study was voluntary and that they were free to withdraw from the study at any point should they have wished to do so. All consent forms and collated data were captured and backed up electronically and were kept safely in a password locked computer. Data on which any research publication is based will be retained in the School for at least five years after publication. Should the Supervisor leave the employ of the University, the University will retain the data**.**

Validity, reliability and rigour

Bryman (2008) has outlined four ways that trustworthiness can be achieved

- Credibility- This was achieved through sending copies of transcripts to participants once transcribed. Triangulation also occurred through the use of both interviews and client files. This allowed for testing of the data obtained.
- Transferability- data from 3 women allowed for rich accounts of detail or thick description. This provided a database for possible judgements of transferability.
- Dependability- Transcription of data occurred soon after interviews so as to enhance the dependability of results. Secondary transcription occurred as a reviewing process to ensure that the transcription was accurate.
- Confirmability- An amount of reflexivity occurred as I focused on not allowing my personal values or theoretical inclinations to sway the way the research was conducted or findings derived. I did this by continuously reflecting and examining myself as a researcher, and reflecting on the research relationship.

Epistemology and ontology

What does a Feminist epistemology look like?

There are many definitions of epistemology, however Stanley (2012: 23) argues that when it comes to a feminist epistemology there needs to be "sites" in which tenets of the theory can actually be utilized. She has highlighted these "sites" as being:

1. In the relationship between the participant and the researcher.

2. In the research process involving emotion as an experience.

3. In managing the realities or understandings that surface from the participant and researcher that may differ.

4. In the issue of power in research that is complex in nature.

These epistemological concerns were a reality when it came to this study and I addressed it continuously in the research process e.g. under the section of ethics or the section about reflexivity (see pages 37-38).

Epistemology, what about ontology?

In the research process, one cannot really talk about epistemology and not mention the ontological aspect. I agree with the tenets of feminist theory, as it is a sound theoretical framework as an epistemology. However, it resonated less with me when it came to my ontological lens. It is important to constantly reflect during the research process in an honest way and at various points I re-evaluated my ontological position and what emerged is that I am more comfortable in my analytical framework of using Sufism as a tool. This may be reflected in the way that I write and the reader may find that at some points I am more comfortable in one space as opposed to the other. However, this made me work all the more harder to understand feminist theory and to apply it as a lens through which I conducted the research for this study.

Anticipated problems/limitations/scope of study

Since my study was case study research, the conclusions cannot be generalized. This can be viewed as a limitation. However, it can be used to further the scope of this study and

other future studies may emerge from the findings of this study. Another limitation was that the programme had to be completed in one year. This limited the number of participants that I was able to interview. Also, focus had to be placed only on selected themes of GBSV. However, themes that were not used in this study can be explored in further studies.

This chapter presented the research methodology and design that was used in the research process. In the next chapter I will discuss the themes that emerged from the analysis of the data in relation to the first research question, that is, to what extent do religious beliefs of women who have experienced sexual violence influence their health-seeking behaviour of accessing a counselling careline in the context of sexual health rights and the Muslim community?

Chapter 5

~Al-Musawwir~

(The Detailer)

Background to Participants

In this chapter, I provide an informative background to the 3 participants who volunteered to take part in this study. This background is significant as it will provide further insight into the analysis chapters (chapter 6 and 7).

The background on each participant includes her biography, religion genealogy tree, and patterns of violence. Studies indicate that women who have been exposed to violence before, either directly experiencing it themselves or witnessing it, have a greater chance of experiencing violence again (Gage, 2005).

Participant 1: Latifa*

Biography

Name: Latifa*

Age: 26

Religion: Born Muslim, converted to Hinduism

Race: Indian

First Language: English

Current Marital Status: Married

Type of marriage: Traditional religious: Hindu.
Not registered via magistrate.

Highest level of education: University Bachelors Degree

Household size: 4

Children: 2

Employment: Currently employed

Gross monthly income: R12, 000 and above

Figure 1

In order to ensure anonymity, each participant was asked to give a photograph that they felt best represented them. They were asked to give an explanation of why this picture best represented them.

Latifa* expressed "Sometimes all a person needs is some TLC

Religion genealogy tree

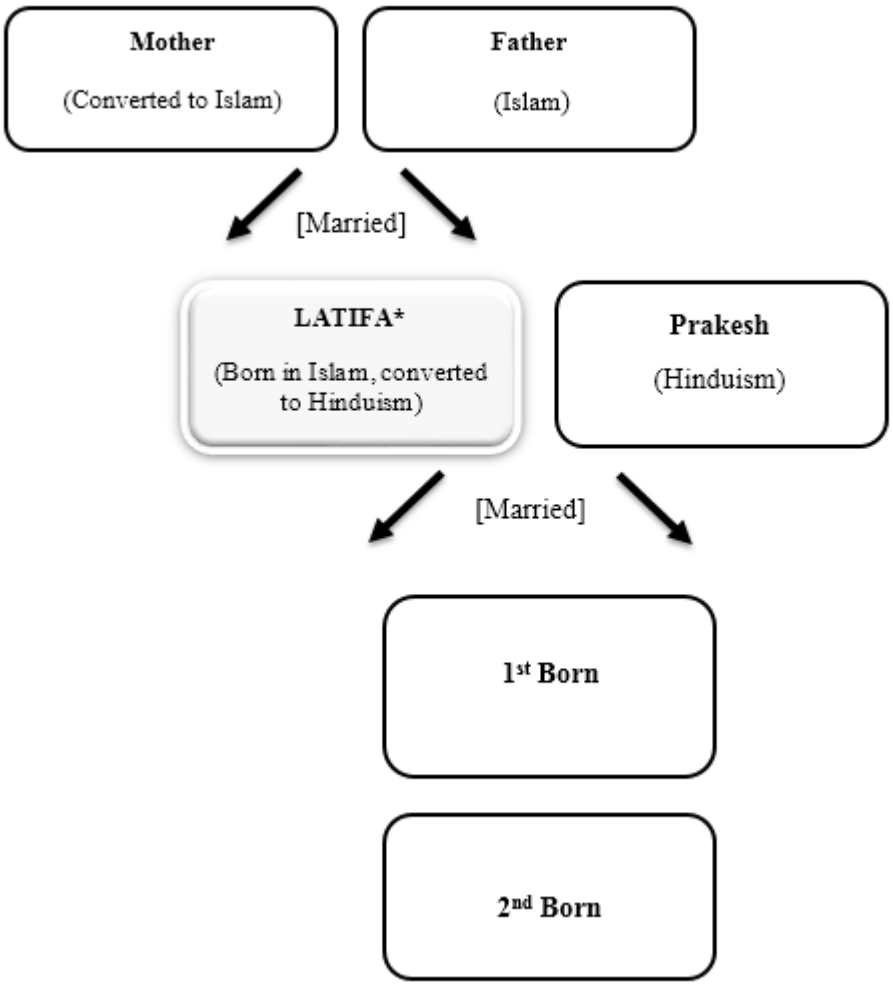

Figure 2

Figure 2 portrays Latifa's religion genealogy tree. It shows the religion of her parents (Islam), the religion she was born into (Islam), the religion of her husband (Hinduism), and the religion that she is currently following (Hinduism). This religion genealogy tree gives insight into themes that will be discussed in the subsequent analysis chapters.

Pattern of violence

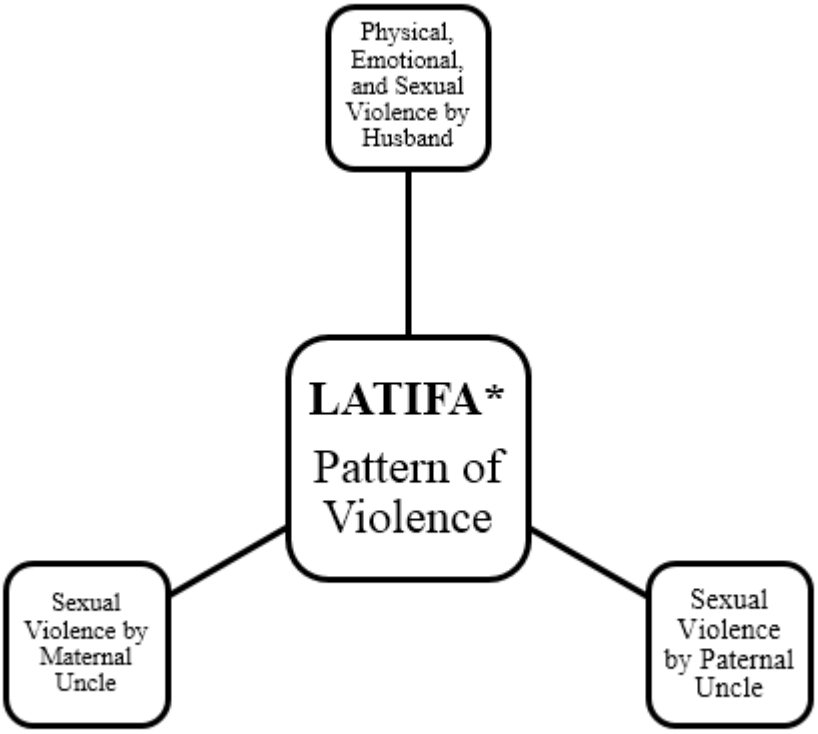

Figure 3

Figure 3 indicates that Latifa experienced violence prior to the violence by her intimate partner (who is currently her husband). Her previous patterns of violence included sexual violence by both her maternal uncle and paternal uncle. She experienced these patterns of violence when she was a child.

Participant 2: Malika*

Biography

Name: Malika*

Age: 34

Religion: Born Muslim

Race: Indian

First Language: English

Current Marital Status: Married

Type of marriage: Legal (in community of property)

Not by traditional religious

Highest level of education: Matric

Household size: 4

Children: 2 (1 deceased)

Employment: Currently employed

Gross monthly income: R6, 000 – R11, 999

Figure 4

In order to ensure anonymity, the participants' real photographs have not been used. However, each participant was asked to find a picture that they felt best represented them. They were also asked to give an explanation as to why this picture best represented them.

Malika explained: "This sums me up"

Religion genealogy tree

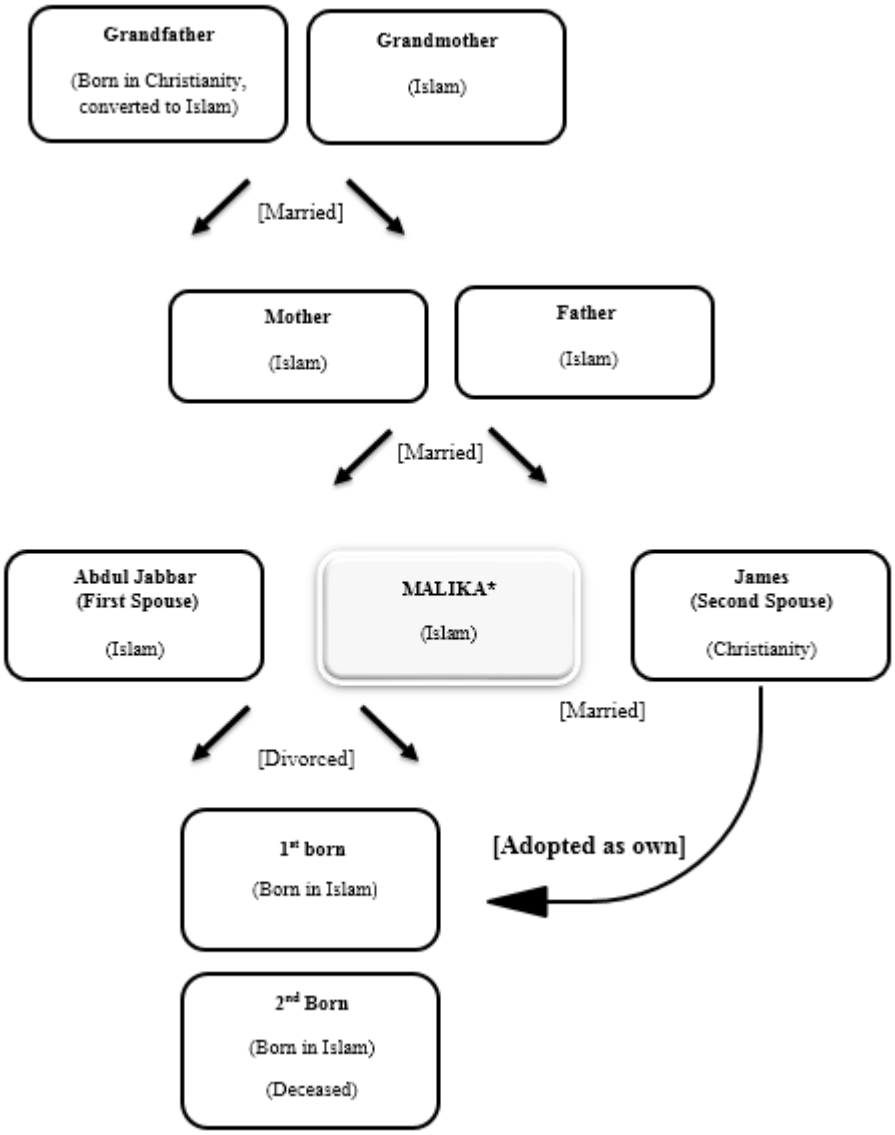

Figure 5

Figure 5 portrays Malika's religion genealogy tree. It shows the religion of her grandparents and parents (Christianity and Islam, the religion she was born into (Islam), the religion of her first husband (Islam), and the religion of her second husband (Christianity). This religion genealogy tree gives insight into themes that will be discussed in the analysis chapters later on.

Pattern of violence

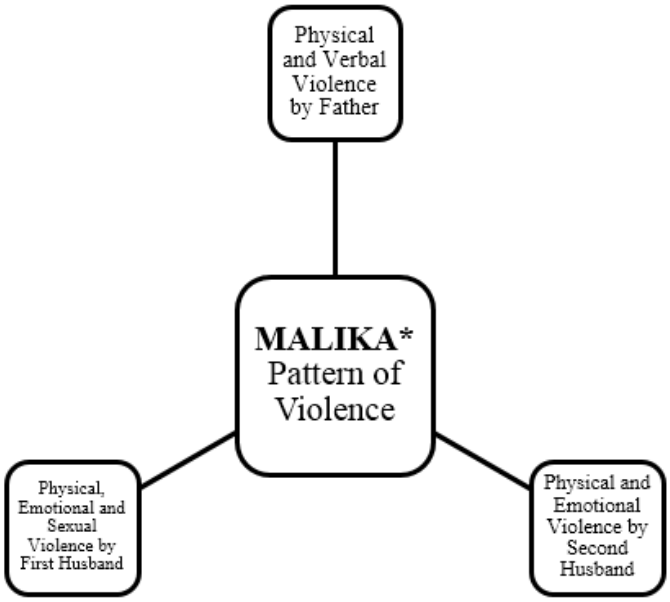

Figure 6

Figure 6 indicates that Malika experienced violence prior to the violence by her first husband and second husband. Her previous pattern of violence included physical and verbal violence by her father.

Participant 3: Shahida*

Biography

Name: Shahida*

Age: 24

Religion: Born Muslim

Race: Indian

First Language: English

Current Marital Status: Married

Type of marriage: Legal (in community of property)

Traditional religious: Muslim

Highest level of education: Matric

Household size: 4

Children: 0

Employment: Currently employed

Gross monthly income: R2, 000 – R3, 999

Figure 7

In order to ensure anonymity, the participants' real photographs have not been used. However, each participant was asked to find a picture that they felt best represented them. They were also asked to give an explanation as to why this picture best represented them.

Shahida expressed: "Just shows that we have to take each day as it comes. Like in the picture we don't know what's in store for us. After every bend life is the same. We have to take it as it comes."

Religion genealogy tree

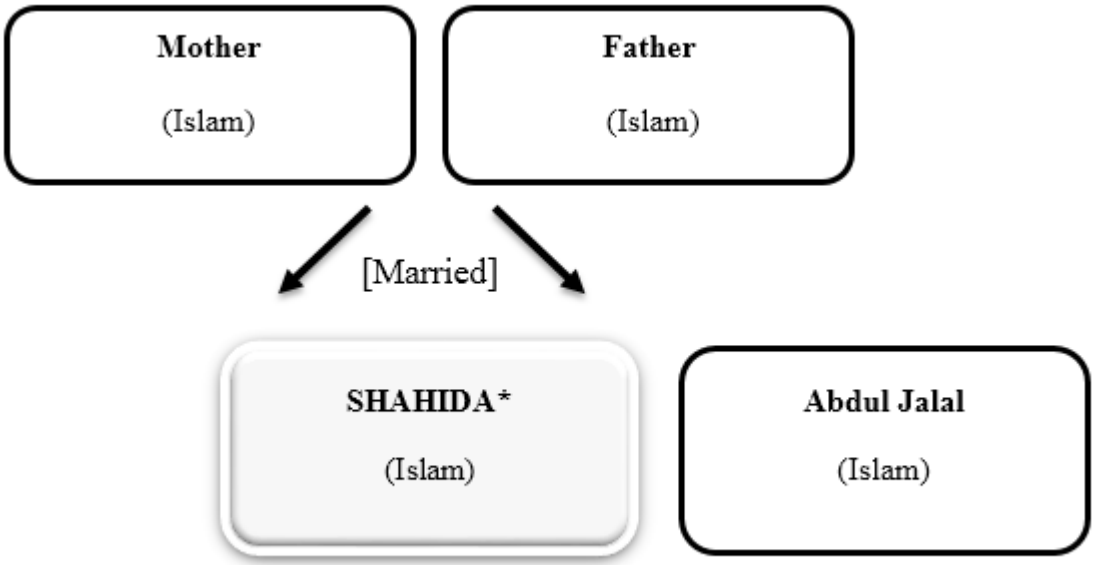

Figure 8

Figure 8 portrays Shahida's religion genealogy tree. It shows the religion of her parents (Islam), the religion she was born into (Islam), and the religion of her husband (Islam). This religion genealogy tree gives insight into themes that will be discussed in the analysis chapters later on.

Pattern of violence

Figure 9

Figure 9 indicates that Shahida was exposed to violence prior to the violence she experienced at the hands of her husband. Her previous pattern of violence included exposure to (but not experience of) physical violence by her father.

In this chapter, I have given the background to participants which includes their biography, religion genealogy tree and patterns of violence. In the next chapter, I will provide an analysis related to the first objective of the study: to trace the extent to which religious beliefs of women who experienced sexual violence influenced their health-seeking behaviour of accessing a counselling careline in the context of sexual health rights and the Muslim community.

Chapter Six

~Al-Basir~

(The Seer)

Religious Beliefs Influencing Health-Seeking Behaviour

In this chapter of analysis I traced the extent to which the religious beliefs of women who experienced sexual violence influenced their health-seeking behaviour. In the section on system of concepts I defined health-seeking behaviour, and I will define it again in this chapter, as it is pertinent to understanding this analysis. In the context of this study, it has been defined as "a problem focused, planned behavio[u]r, involving interpersonal interaction with someone who can improve one's health and well-being" (Adapted from Cornally & McCarthy, 2011: 4). For the purposes of this study, the health aspect has been expanded to include counselling services at Hope Careline Counselling*. This is because it is related to issues of sexual and reproductive health rights and in this case, a health care professional was the counsellor. It has also been expanded to include health-seeking behaviour in terms of spirituality because WHO (2001) includes this as an important part of health and well-being. Therefore, this definition has been adapted to allow for the factors relating to gender, religion and health.

In order to understand the extent to which religious beliefs influenced the health-seeking behaviour of the women, I had to first gain an understanding of the experience of each woman that surrounded this event of contacting the careline.

Reaching out

Latifa had endured violence for many years. However, contacting the careline was triggered by two reasons. The first reason for contacting the careline was that it was affecting her children and she did not want her children to be in this cycle of violence:

> "There was a recent incident of him performing with some guy [when he got into a fight while being drunk]…my big daughter woke up…she knows [*sic*] what was happening"

In a study by Rasool (2012), one of the deterrents of help-seeking behaviour was related to children under the category of social–cultural factors. Her results indicated that women who were in abusive situations would put their child's interests above their own and would continue to stay in an abusive home rather than possibly losing their child. However, Rasool (2012) also found that some respondents would reach a "breaking point" and would seek help so as to provide safety for their children. It was interesting to note that in the study by Rasool (2012), most of the women who sought help did so by making a decision to leave their home. This is different from the case of Latifa who sought help with the counselling careline but chose not to leave home. Rather she attempted to salvage the relationship with her husband. She felt that by seeking help, it would better the situation for both her husband and herself and that her children would then be safe:

> "You can't just get married and just decide to end it, you gotta [*sic*] try and make it work and if all else fails and there's no possible way then only"

Shahida, also chose to seek help by not ultimately leaving her home. This was not due to a reason pertaining to children, but rather choosing to make her marriage work through counselling. Malika was the only woman from the 3 participants who chose to leave her first marriage due to the violence. In her second marriage however, she chose to stay in the hope that counselling would make a difference, and found that it did actually improve the situation.

Malika had a more intimate link with the careline prior to going for counselling. Her mother used to be a counsellor at Hope Careline Counselling* and she was aware of the

services that they offered. However, it was only after the death of her son that she proceeded to contact the careline:

> "That was the lowest point in my life because it broke me and if it wasn't for Hope Careline Counselling*, I would have had a nervous breakdown"

In Malika's case, it was also this social-cultural reason (previously discussed in the chapter as a deterrent factor outlined by Rasool, 2012) related to her child that was the factor that led her to seek help from the counselling careline. However, it was not during her experiences of violence that she sought help. It was only after the death of her child that she realized that she had lived a life of trauma and that if she didn't seek help then she would no longer be able to deal with life. She also needed to seek help for the sake of her second child whom she needed to be there for as a mother. It is interesting to note that for each woman, it was an indirect factor that precipitated her health-seeking behaviour of contacting the counselling careline. It was something that they might not have otherwise done, had an event not occurred that drove them to this point. For Latifa and Malika, the event that drove them to seek help was precipitated by the love for their children. Latifa had the concomitant urge to protect her children and therefore she sought help. Malika's need for help came from loss or grief of the death of her first child and yearning to protect her second child.

Their health-seeking behaviour did not come from a direct act of violence on them. A possible reason for this is that the women themselves did not feel as though sexual violence was occurring to them. In fact two of the participants only realized that they were in fact being exposed to sexual violence after being asked to participate in the study after being identified by the counsellors at the careline as candidates for the study. This will be elaborated on further in the chapter. It was noted that the help that they received for the violence was a by-product of their initial reasons for contacting the careline. Burgess-Proctor (2011) traced the pathways of victimization and found that one of her theories was that help-seeking behaviour was usually precipitated by an event and that women will only seek formalized help after an event triggered this behaviour. This theory

is pertinent to my study as the "formalized" help that Burgess-Proctor (2011) refers to is the very act of the women in my study contacting the counselling careline.

Shahida had a different experience of contacting the careline. It was not actually her personally that made first contact. Her cousin noticed at family events that she was depressed and urged her to go for counselling. Her cousin thereafter contacted the careline and started the process for Shahida, and it was at this point that she then proceeded with the counselling:

> "If he never phoned and gave [*sic*] the appointment, I never would have gone"

In the case of Shahida, her health-seeking behaviour was even less direct as it was done through the means of her cousin. It was only after her cousin made contact with the careline that she actively pursued her health-seeking behaviour. Shahida may have continued to be in this cycle of violence had her cousin not intervened. However, Shahida had valid reasons for not wanting to reach out. This will be discussed further on in the chapter where we will understand how prior failed attempts at health-seeking led to her feelings of not being able to reach out.

As mentioned, Latifa had two reasons for contacting the careline. The second reason was the sacrifice that she felt she made by giving up her religion for the man she loved:

> "I think I just about had enough, because I mean I tried…I took such a big step and I sacrificed so much for him. I even changed my religion and he didn't understand and things hadn't changed"

Latifa's second reason had a direct link to religion. By word of mouth Latifa found out about the careline from her sister-in-law. Thereafter she contacted the careline. Religion was a very important factor as to why she sought help; in fact it was a precipitating factor. In Chapter 5, figure 2, we see that Latifa was a Muslim and for the sake of her marriage and children she converted to Hinduism, the religion of her husband. She had

hoped that by sacrificing something that she held dear, that her husband would no longer be violent towards her. She was in a sense engaging in negotiation and as a result expected that she would live a life that no longer contained violence. Once, she realized that the violence continued and in fact got worse, she saw it as punishment from God. She felt that because she turned away from her religion, that God was punishing her for her sins:

> "Because of the type of person that I was…it was such a big thing… and in the back of my mind I knew that I was going to get punished…. either now or in the afterlife…I thought yes I'm being punished for changing my religion"

We can see here that Latifa may have decided not to seek help sooner because the perceived punishment was something that she felt she deserved and that this was the price she had to pay for changing her religion. This is very pertinent in understanding her beliefs and later on we will see that she changes this perspective as she reengages with her beliefs about God and her connection to God.

Prior health-seeking behaviour

Whilst, the health-seeking behaviour of the women accessing the counselling careline is what the focus is on, it is important to also analyse their prior health-seeking behaviour. It was noted that the manner in which the women displayed prior health-seeking behaviour has a direct connection to the moment when they then accessed the counselling careline.

Latifa's story

Latifa was molested as a child and she did seek help when she was in high school by seeing a private counsellor. Apart from this health-seeking behaviour, Latifa did seek advice from a confidant (her sister-in-law) whom she found to be quite helpful. She decided to contact the careline after her sister-in-law mentioned that there was a place that she could get help from. Latifa, after converting to Hinduism, felt ashamed and she never really felt she could go to a Muslim religious leader for help:

> "I never had the courage to go [seek advice from a Muslim leader]…I felt more embarrassed to talk to anybody, knowing that I was changing"

As we have seen, Latifa had changed her religion to Hinduism and she no longer felt a part of the Muslim community. She could no longer face the community and as a result, she could not go to a Muslim religious leader for advice. She felt that she would be shunned or judged for changing her religion. She also felt that she could no longer identify with that part of her life and she no longer felt part of the Muslim community. However, it seemed that the one place that she turned to for help (her sister-in-law), was a person she could identify with as the latter had also changed her religion. Her sister-in-law was a Hindu who converted to Islam so that she could marry a Muslim. Latifa found comfort in this, being able to speak to someone who understood the challenges that came with changing one's religion whilst still being able to talk about Islam. Latifa expressed that because her sister-in-law was a convert to Islam, Latifa felt like in this space she was actually an authority on Islam and could maintain a link to the Muslim community in this way:

> "…she didn't know much and I used to teach them… [I] felt part of it again".

It was also her sister-in-law who advised her to contact the careline. The counselling careline had an Islamic ethos; yet it still catered for people of all religions. It is here that we see that Latifa found a place where she could still feel part of the Muslim community and not be judged for no longer being a Muslim:

> "[S]he really helped…she didn't judge me and she gave advice that I understood from being Muslim and it didn't matter that I changed".

Therefore, we can see that religion played an important role in influencing her health-seeking behaviour of contacting the counselling careline. It influenced her health-seeking behaviour in the following ways:

First, her failed attempts at speaking to a Muslim religious leader left her feeling that she would not be able to seek help in a Muslim community. This could be seen as religion playing a deterring factor in seeking help. Second, Latifa found solace in someone whom she related to (her sister-in-law). In this way, religion became a promoting factor for her in seeking help. Finally, by contacting the careline, religion once more became a promoting factor for Latifa to seek help. The last two points may be viewed as religion being a positive factor in her health-seeking behaviour of contacting the careline. It was because of the ethos of the careline which was aligned with her beliefs that she was able to seek help:

> "The careline has a [*sic*] good vibes…I can relate to and things [*sic*] that I can work on that I believe in".

Shahida's story

Shahida had also previously consulted with a professional (a social worker) to discuss her marital problems, however, she did not find it particularly helpful as reflected in the quote below:

> "She is more for empowering women… she said to me I mustn't wear scarf…but I also have to look at the Islamic side of things"

We can see here that Shahida was looking for help that would align with her religious beliefs. She was not comfortable having a version of empowerment if it meant giving up her beliefs. For her, being asked not to wear a scarf made her feel as though she was being asked to give up something sacred in her religion. Wearing the scarf was part of her religious identity and empowerment didn't mean having to give up her religious beliefs. As Durkheim & Swain (2008) indicates, religious beliefs express the sacred nature of things. Shahida felt that these very beliefs were not being acknowledged. Apart from this health-seeking behaviour, Shahida also looked for help from family members, in particular her father. However, he was unable to help her because he felt that his advice would be biased:

> "My father said to me he can't give me advice… he wouldn't be able to because I was his child and his advice would be to me just as that"

Her father then advised her to see a *Moulana* (Muslim religious leader) who could provide counselling:

> "…he suggested I go to a *Moulana*." After consulting this religious leader, Shahida refers to the advice she received from the *Moulana*'s as "helpful, but sometimes not logical".

Shahida again finds herself in a position of seeking help where she has to give up something for the other. In the previous scenario she was not comfortable giving up her religious beliefs for empowerment. In this situation with the Muslim religious leader, however, she was not comfortable giving up logic for her religious beliefs. In her view, Islam is a religion of logic and sense and the help she was receiving did not fit in with this picture of Islam. We can see that from these two situations she was requiring a balance between her beliefs and reasoning or logic. She was looking for help that would cater for this balance. Balance is an important part of Islam as perceived by Sufi scholars and in particular the heart is very important for balance or equilibrium, as summarised by the Sufi master Shaykh Abdul Qadir Geylani (quoted in Bayrak, 2013: 73): "The heart is the centre, the point of balance, the median."

Shahida's journey continued and after seeking help on numerous occasions she nonetheless fell into a spiral of depression. Her cousin then set up an appointment with Hope Careline Counselling*. It was only here that she found that the balance that she was looking for was achieved by seeking help at a careline that catered for her needs.

From this we can see that religion did influence her health-seeking to an extent in the following ways:

Firstly, her initial attempt at health-seeking led to feelings that her faith was being ignored and that, whilst she was open to advice, it needed to be aligned with her religious beliefs. Secondly, her health-seeking consultation with a *Moulana*, whom she asked for guidance hoping that he would provide some insight from a religious background, lacked logic. It can be seen here that her failed attempts at health-seeking led to her no longer wanting to display health-seeking behaviour. This continued until her cousin reached out to her and provided a way for her to display this health-seeking behaviour again:

> "It's not like I didn't want the help. I don't know, maybe I just never had the courage to go for it"

The above statement reflects that Shahida was scared that after her failed attempts at health-seeking that she would not find what she was looking for. Finally, the intervention by her cousin showed her that she could actually seek help at a place that catered for her needs. From the above we can determine the extent to which her religious beliefs influenced her health-seeking behaviour.

Malika's story

Malika's health-seeking, as mentioned earlier, was precipitated by the death of her child. She explained that she was always exposed to trauma and when her ex-husband was violent towards her she never told anyone; not even her mother (who was at that time a counsellor for Hope Careline Counselling*). She explained that it was difficult for two reasons and it was not linked to her mother being a counsellor. Rather it was because:

> "She was my mom and I didn't want to hurt her and also because we grew up like that we weren't allowed to talk about sex"

These two reasons expressed by Malika shows the barriers to her health-seeking. I would like to focus on the second reason in particular as the first is more due to her relationship with her mother in which she wants to protect her mother. I would like to focus on the second reason as it alludes to religion and her upbringing in a Muslim household. It was

something frowned upon to talk about sex and therefore she was unable to open up about the sexual violence that she was experiencing. This inability to talk about sexual matters shows a direct influence of religion on health-seeking behaviour as it shows how certain perceptions about religion can hinder the health-seeking process. Malika, just like Shahida and Latifa, did at some point try to seek help from a Muslim religious leader. However, she found that it was not helpful and she realized that her relationship with God did not need to be through a Muslim religious leader:

> "I didn't need a *Moulana* explaining my bond with the Almighty"

These two pertinent points will be explored in the next chapter. A salient point in this analysis is that none of the women sought help at the counselling careline for GBSV. They did however seek help either for domestic problems or grief at the loss of a loved one. A reason as to why they did not seek help for GBSV, was that they did not consider that what they experienced was in fact violence of a sexual nature. As Shahida questioned:

> "He's my husband, don't I have to always say yes to him?"

They acknowledged that they experienced physical or verbal violence, but did not acknowledge GBSV until they heard about this study. It was the counsellors who identified that they had experienced sexual violence and it was at this point that the women realized GBSV is what they had experienced. Malika was the only participant who realized that she had experienced GBSV prior to this study being conducted and in the discussion above we have already covered her reasoning as to why. However, Shahida and Latifa experienced GBSV in the subtle nature that we mentioned in the introduction and it directly links to the way sex is perceived in the Muslim community. This will be covered in the next chapter.

In this chapter, the focus has been on health-seeking behaviour in the sense of the women participants contacting the counselling careline. However, as we saw in the definition: "a

problem focused, planned behavio[u]r, involving interpersonal interaction with someone who can improve one's health and well-being (adapted from Cornally & McCarthy, 2011: 4)', health-seeking refers to the interaction with someone who can improve one's health and well-being. This study looked at religious factors and therefore I would like to view health-seeking behaviour in the light of religious beliefs.

For some, religion can mean spirituality (Durkheim & Swain, 2008). When viewing the religious factors through a Sufi lens, we can see the spiritual aspect that influenced health-seeking behaviour. I would like to propose that pursuing a connection with God or a higher being is in fact health-seeking behaviour since it involves an interaction to improve one's health and well-being. Something that all three women expressed was their connection to God playing a vital role in the way that they dealt with their experiences. According to Ansari (2000), there are two concepts in Sufism called *Zahir* (Outer) and *Batin* (Inner) which can be used to explain health-seeking behaviour in terms of religion. All three women sought help through outer means such as a family member or a friend, a religious leader, and finally the careline. This can be seen as outward manifestations of health-seeking behaviour, and as one participant said: "Allah works through people". She saw God working through others as a means to her finally attaining the help that she required at the counselling careline. If the *Zahir* was the women seeking help from outer means, then *Batin* was the direct connection that each woman made with God. This will be discussed in the next chapter as it relates to concepts of the God-human relationship.

In this chapter I have provided an analysis related to the research question that investigates the extent to which religious factors influence the health-seeking behaviour of women who experienced GBSV. In the next chapter, I provide an analysis into why religious factors influence health-seeking behaviour in the way that it d

Chapter Seven

~Al-Khabir~
(The Aware)

Exploring why religious beliefs influence health-seeking behaviour in the way that it does

In the previous chapter, I explored the extent to which the religious beliefs of women who have experienced sexual violence influenced their health-seeking behaviour of accessing a counselling careline in the context of sexual health rights and the Muslim community. In this chapter I provide an analysis of why the religious beliefs of the women participants who have experienced sexual violence influenced their health-seeking behaviour of accessing a counselling careline in the context of sexual health rights and the Muslim community in the way that it did.

This research study aimed to answer the critical questions in the context of a Muslim community. Therefore I need to reiterate what is meant by a Muslim community. At the outset of the research project I outlined what I meant by Muslim community by virtue of a woman having a link to the Muslim community, yet not necessarily being a Muslim herself. In the section on participant biography I have mapped a religious genealogy tree (see Chapter 5, figures 2, 5, and 8) which outlines the links to the Muslim community that each women had. Two out of three participants had a relationship to other religions through intimate partnership or through marriage. This factor had to be taken into account when I conducted the analysis as it influenced the health-seeking behaviour of the participants. In the sections below, I have outlined the various reasons as to why religious beliefs influenced the health-seeking behaviour of the women in the way that it did.

Sexual violence: All in a name

In the previous chapter I presented a brief insight into how 2 out of the 3 participants did not realize that they were exposed to GBSV until counsellors identified them as potential participants in the study. In the system of concepts, GBSV was defined as "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a woman's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (adapted from World Health Organization, 2011: 149). From this definition it is clear that GBSV can include many acts or attempted acts that one may not perceive as real "sexual violence". What makes this phenomenon so pervasive and hidden is its nature and that it may not even be perceived as something harmful due to a person's relationship or the setting. In this study, I have seen how initially GBSV was not perceived as a violation by some participants, as will be shown below.

Latifa when asked about any forms of violence experienced, acknowledged that her husband was physically violent and emotionally violent towards her, yet in response to a question asking if her husband was ever sexually violent towards her, she expressed:

> "Umm [*sic*] not from him, not from him, he's never sexually abused me"

It was at this point that she reiterated that she was molested as a child and that her husband was not the one who was sexually violent towards her. She very quickly made this distinction known that what happened to her as a child was sexual violence but what her husband did in relation to sex was not. This was quite interesting as it shows the connection between her experiences. In the scenario as a child being molested, she clearly perceived it as sexual violence, however, in the scenario with her husband, the fact that they were married meant that what may have occurred to her was not initially viewed as sexual violence. However, later on in the interview, Latifa expressed that when her husband was drunk, sometimes he would get into a "state". She explained:

> "He does get to a state where he is… he's a man with needs so when he gets drunk he wants to do something and if I push him away he'll come back and he'll try and whatever…"

Latifa used this notion of him being "a man with needs" when describing her husband's sexual advances towards her. This notion of being "a man with needs" is a common theme in violence against women. This ties in with masculinities studies that explore this very concept of being a "man". Many theories in masculinities are developed to explain male domination (e.g. hegemonic masculinities (Gardiner, 2004)) which has a role to play in perpetuating patriarchy and ultimately violence. Later on in this chapter I provide an understanding of why Latifa initially considered what her husband did as not constituting sexual violence and which linked to her perceptions of sex in Islam.

Shahida initially also expressed that her husband was physically and emotionally violent. However at the beginning she was not sure what constituted sexual violence as she explains below:

> "… It's like when he wants it then he has it. It's not like I would say no to him because my father…that's one advice my father always gave me, Islamically. He said, if your husband calls you, you leave what you're doing for him. You don't say otherwise. In this world, you don't refuse him or anything. So in that sense I--. It's not like I refused him, but it's like even if I didn't want to do whatever he wanted to do, I just went with him for the--. For the fact of heart [*sic*], of pleasing him. I wouldn't know whether it's regarded as part of that, or not, I don't know"

From the above it is evident that Shahida has many perceptions about what Islam says about sex and marriage, and these religious beliefs impacted on how she perceived sexual violence and ultimately on her health-seeking behaviour. Once the definition was explained she acknowledged that she agreed to take part in the study because she felt that she was experiencing GBSV but she was not really sure. She indicated, that after knowing what it involved, that she did indeed feel as though she was experiencing

GBSV. Just like Latifa, her perceptions about sex in Islam was directly linked to what she considered GBSV to be and this will be further elaborated on in this chapter below.

Malika was the only one of the 3 participants whom from the outset regarded her experience with her ex-husband as constituting an act of sexual violence:

> "Well with my ex-husband, yes well he is the type of person that wanted to take control of me because I wasn't allowed to work and when I did get a job, my salary had to go into his account [and] I couldn't have access to anything. Uhhhm [*sic*]…sexually abused, yes because it sort of follows, because if a man is emotionally and verbally abusing you and then he is physically abusing you, the pattern is that no normal person would want to have anything sexually to do with that person so, when it came to that he was like you always just do whatever you want to do with me and just discard me like you're nothing…your purpose is solely to cook, clean and have sex with me"

Malika has brought many issues to the surface with regard to GBSV. She also speaks about the way that the pattern of violence may progress; beginning with verbal, then physical, and then proceeds to sexual. Latifa and Shahida also experienced these patterns of violence and we can see this in Chapter 5, figures 3, 6, and 9. For Malika, Latifa, and Shahida, at times they felt like they were nothing. It was at this moment that they would draw their strength from (as they described it) their connection to God. As one participant expressed:

> "The Almighty is in my heart, and I connect to the Almighty and gain my strength in times of need from this connection"

In the next section, I present what a connection to God meant for each of the women participants.

Connection to God

The relationship between God and humanity is a concept that scholars have often interrogated. Shaikh (2011) explains this concept as being central to Islam with roots in different areas of learning in Islam, for example mysticism. There are other feminist scholars of Islam who have looked at the principle of *Tawhid* (Oneness), as this concept is a key interpretative method (Hidayatullah, 2014). Azizah al-Hibri is a scholar who draws on the *Tawhidic* paradigm to oppose attitudes of male superiority and she often uses the concept of "satanic logic" to explain what happens when one has an attitude that is arrogant and leads to issues such as inequality (Hidayullah, 2014). "Satanic logic" has been deemed as any action that goes against the actions of God, and Al-Hibri has viewed violence as one of these actions. In the case of this study, we can apply it to the inequality that resulted from the violence against Latifa, Shahida, and Malika as it led to an imbalance of power. When viewed through this lens, then we see that the violence that was perpetuated against them was a result of this "satanic logic".

Amina Wadud is another scholar who has used the *Tawhidic* paradigm and she has interrogated the patriarchal model of the God-believer relationship (Wadud, 1999) and has reconstructed this relationship in the *Tawhidic* model reflected in the diagram below (the black dots represent male and female).

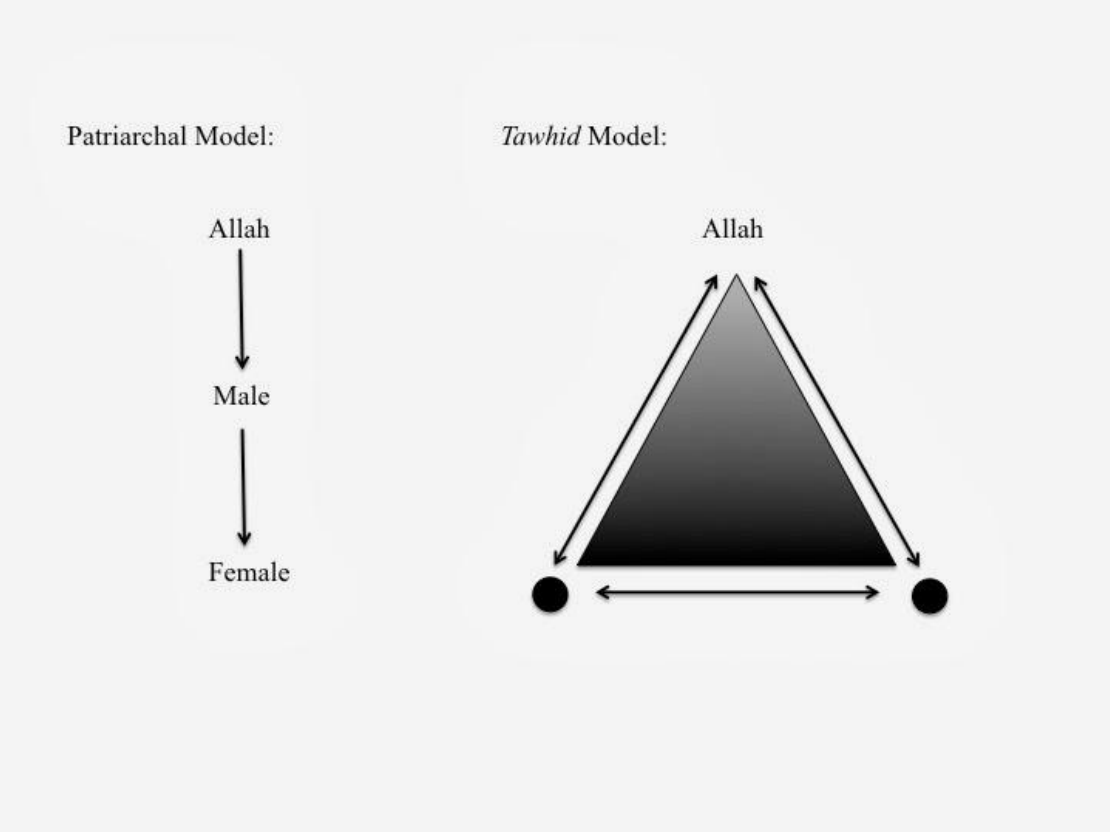

Figure 1: Patriarchal model and Tawhid Model (Shah, 2013)

The patriarchal model above clearly shows hegemonic masculinities with a hierarchy of men higher than women. Whilst, the *Tawhid* model by Amina Wadud reconstructs this whole relationship between God and the believer, there is still this distinction made between men and women and it highlights that there is supposed to be a reciprocal relationship between men and women apart from the relationship with God. However, this leaves room for unequal power between the genders when reciprocity does not happen. This can take the form of many masculinities e.g. patriarchal, hegemonic, etc. What happens then if the categories of "men" and "women" are collapsed into one category? What happens if we get a diagram that represents this concept? I would like to bring Wadud (1999) into conversation with Ansari (2000) who proposes a Sufi analysis of the God- believer relationship as reflected below.

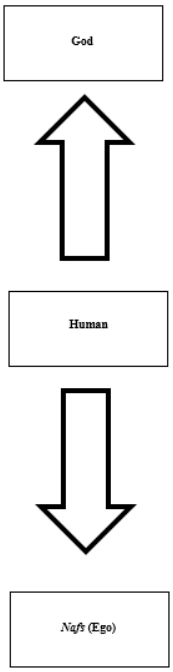

Figure 2: Ascension (Adapted from Ansari, 2000)

The human can either move towards the *Nafs* (ego) or towards God. The closer the human is to the ego, the further away the human is from God. The closer the human is to God, the further away the human is to the ego. How can a masculinities framework be applied to such a model in Islam? This may be a challenge. When we take out the issue of gender from a gender issue such as reproduction, how would one apply a masculinities framework on this aspect of Islam? Krondorfer & Hunt (2012) also uses a triad in their theory and this shows aspects of power, hierarchy, and privilege.

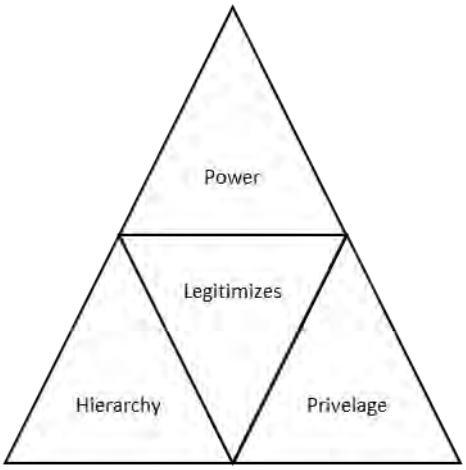

Figure 3: Masculinities Framework
(Krondorfer & Hunt, 2012)

This can be applied quite nicely to both the patriarchal model and to the model by Amina Wadud. In the patriarchal model it is shown that men have been given the power in the hierarchal arrangement and this gives them the privilege that legitimizes the inequality as a result of this patriarchy. The model by Amina Wadud also still shows that there is some power, it may not be hierarchal in the sense that men and women seem to be equal but it can be hierarchal when we see that men and women would come from different positions of power and that the triangle showing men and women as equal like this:

men ⇔women

will actually end up as the same patriarchal hierarchy of:

men

↓

women

Therefore, if we use figure 2 that has been brought into the conversation, where it becomes about the human and not about men and women, then how can this triad (figure 3) be used in terms of hierarchy, power, and privilege? A straight line seems not to show hierarchy or power between men and women. It focuses rather on the relationship with God as humans, not as separate entities. This deals with the metaphysical and the soul

rather than the form. Humans are not seen as male and female but rather as souls that have a relationship with God that cannot be distinguished as male and female. It then becomes a matter of personal responsibility of a human regarding sexual and reproductive choices rather than placing emphasis on male and female. This resonates with the work of Judith Butler (1988) who views sex and gender as constructed. She explains: "…the appearance of substance is precisely that, a constructed identity, a performative accomplishment which the mundane social audience, including the actors themselves, come to believe and to perform in the mode of belief" (Butler, 1988: 520).

So the framework by Krondorfer & Hunt (2012) may not only be problematic in analysing Islam but also in work by authors such as Judith Butler. This is just a notion and I have not investigated it in this thesis. Shaikh (2011) has used this notion of the God-Human relationship in interrogating reproductive choices of women. Later on in the chapter, I will expand on how it can also be applied to this study.

From the data it emerged that each of the women participants felt that they were able to find strength in the various ways that they chose to connect with God. Malika felt that she did not need anyone to connect to God, an example that she gave is that she felt her relationship to God was her own, and that she didn't need a religious leader to tell he what she already knew. This has been quoted previously in this chapter (see p.59). This shows us that she didn't need to go through someone else to have that connection to God. She felt like she had a direct link. Latifa and Shahida also had failed attempts speaking to Muslim religious leaders. This may be attributed to their own personal perceptions regarding a religious leader, which did not fit in with their perceptions of what Islam is about, rather than their direct link to God. The concept referred as the *Tawhidic* paradigm by Amina Wadud, has been discussed previously. This concept is what Sufis aim to achieve; a union with the Beloved that can be experienced through every day experiences and a connection that is unique to each and every person (Lewisohn, 2015). This Sufi concept seems to apply here as Malika experiences her connection with God through her experiences of life. She expressed:

> "…a connection all the time. As I said it's my faith and belief that got me through my hardest times. Even though you have family, support, friends etc. It's only the Almighty and my belief that gave me comfort. Yes I'm a modern woman and all that but spiritual at heart. I would talk to Almighty [God] and vent and cry and get angry at Almighty at times and then realise he will only take you to a place he knows you can get through. My *Qur'an* reading, even without actually sitting down, but just recitation in the day also helped me"

Malika maintained that she felt that she had a connection to God all the time, and that it provided her with strength and comfort. Her connection was through talking to God and also through recitation of the *Qur'an*. She also expressed that her connection to God was more than her outer physical appearance and she applied principles of her religion to all aspects of her life.

> "Yes, oh yes. I may not look from my appearance to be like religiously motivated, if that's the right word, but I firmly believe that Almighty [God] is in your heart He's not in your attire. I can put on a scarf and a cloak and sit down and look like I'm so holy but that's just…if I do that I am being a coward and being a hypocrite and those are the two things that I hate the most. I am very straight forward or I would say things like it is. I don't care whether it hurts your feelings or not but it's the truth that needs to be said, you know and I'll be fine with you afterwards…that's me. So I apply the same thing in terms of religion because I don't, my second husband is Christian."

Shahida called this connection "turning to *Allah*" and she explained:

> "I often turned to *Allah* when I was down and out, I often prayed certain *Namaaz's* (prayers) that was for help and guidance like *Salaatul Hajaat* (prayers for guidance). I also, read books and *Tasbeehs* (prayer beads) a lot to sort of ease and calm my mind down. Also, my situation did in fact make me feel like I

> needed to change, like I needed to gain closeness to *Allah* and become a better Muslim so that with all my difficulty there would be ease"

Shahida explains that her connection to God deepened often when she turned to God for help, especially in difficult times. At these moments she found that it helped in making her feel at ease and comforted. Therefore, her connection to God came from *Salat* (prayer), *Zikr* (remembrance), gaining knowledge from books, and the process of changing herself. I would like to focus on the last part with regard to changing herself as she expresses that she wanted to become a better Muslim. She perceived that with her closeness to Allah that it would help because there would be ease in her difficult times.

As mentioned, a connection to God is one that is unique and personal to everyone and Latifa clearly demonstrated this as in the outer manifestation she converted to Hinduism, but in the inner, she felt as though she still identified with being Muslim and having a connection to God, and this was reflected in her everyday life: "It just happens naturally. Like it's natural if I finish eating its *Shukar* (saying thanks)…"

Shhhh about sex

As mentioned earlier on in this chapter, the ways that the 3 women perceived sex in Islam was valuable in understanding the influence that this had on their health-seeking behaviour. All 3 women indicated that growing up, talking about sex was not something that was really done in their households. Malika expressed this view below:

> "…We grew up like that, we weren't allowed to talk about sex and you know, we didn't know what sex was until much later in life and uhhmm [*sic*]…so no I couldn't speak to her and she knew that I wouldn't open up to her totally but like now I am really comfortable and can speak to her about anything"

Malika expressed that sex was something generally not spoken about growing up in a Muslim home. Shahida and Latifa have similar experiences about talking about sex in their homes.

Shahida explained:

> "it was not a topic that was really spoken about with my parents."

Latifa had very similar expressions about it:

> "…it was like… it was not a topic we spoke about."

Since, it was not a topic really spoken about at home, most of their information came from talking to friends, school, *Madressa* (Islamic place of learning) or reading about sex in Islam in books.

Perceptions about sex in Islam

When the women were asked about their perceptions about what Islam says about certain issues surrounding sex, the answers varied, and for some it was only during the interview that they themselves started questioning certain preconceptions about what Islam says about sex. This is evident below:

Latifa initially perceived that women do have a say in sexual matters, however she indicated:

> "…I think men have a say, women are more restricted…well women are not allowed, it's like a forbidden thing for women you're only allowed to do it when you married. So whatever you do is what your husband wants you to do"

Latifa seemed to wrestle with her perceptions about what Islam said about sex because later on she indicated:

> "…I think women do have a say then in sexual matters, well in my case I do have a say"

Latifa clarifies that whilst some women may not have a say, she does actually have agency but she distances herself from what she believes Islam says:

> "Well in Islam it's more about the…it's more about the men…in Islam it is less control for women"

Since Latifa was in an intimate partner relationship with her partner before she got married, she distances herself from the topic on sex in marriage and she clarifies:

> "…I did whatever I did so I wasn't taught that part of it but from my knowledge in reading the *Qur'an*, I know you have to please your husband so whenever he wants it you have to be available for him…I haven't really heard about a woman's rights with regards to sexuality or sex in the bedroom…they would be considered fast if they had to initiate"

Malika had differing viewpoints when it came to what her perceptions were about what Islam says about sex. She felt that there were misconceptions about Islam in relation to women and their status as reflected below:

> "…People are of the opinion that men are more liberated in Islam because they are men. They should really go back and read our *Hadith* and our scriptures and get the true meaning and read between the lines because women are elevated the most…It always speaks about respecting us in Islam…so I think Islam is the only religion in the world that empowers women"

She also explains that in Islam women have many rights:

> "…The sad thing is that a lot of women don't realise that we have so much of rights, you know, and in Islam men and women are equal…it's not that a woman steps back two steps behind a man. Men and woman are equal. That is what Almighty [God] ordained because when he created Adam and then he made a women from his rib, there was a reason why he did that. We are there as a support, as to balance things out without us a man will never get anywhere. So I don't think no, no not at all"

Malika explains what she views sex in Islam as:

> "…Sex is there purely as a procreation for man to, for human beings to evolve, and creation to grow and so on, but it's also something that Almighty [God] created because it bonds two people"

Here we can see that Malika believes that sex is for both procreation as well as a means for creating an intimate bond between two people. She also has strong views on what Islam says about women negotiating sexual matters:

> "Women have the right to say no, because as much, I firmly believe that yes you are husband, and wife, you're a mother, you're a daughter, and you're a sister; you are whatever but before you are all of that, you are an individual. You're a human being and you are your own person so yes you have a right to say no and you should say no. You shouldn't say oh no I can't because it's my duty to sleep with my husband…yes it is your duty to provide for your husband's needs provided that…husbands provide your needs and [I] don't only mean your needs sexually, but provided that he is there as the person, the provider, the protector, the person that has to take care of you. So if he is abusing you and hurting you in any way then he loses that right. So if he is going to abuse you and hurt you why should you be there to provide for his sexual needs…so no, you have a right to say no. That's what I firmly believe"

In this section, I examined the participants' perceptions about Islam and what they think Islam says about sex. This was something that the women really wrestled with, as there was an ongoing negotiation within themselves about what Islam may say and what their actual experiences of it were, and the dissonance that existed between these two notions. In the study conducted by Hoel & Shaikh (2013), there were also these kinds of perceptions that were unique to each woman. However, what was interesting in my study was the similarity to their study in that 2 out of the 3 women in this study didn't really see Islam as a sex positive religion; rather it was seen as a duty, a theme that also emerged in the study by Hoel & Shaikh (2013). Although my study is a case study, and cannot be generalized to other populations, it is still interesting to note the similarities that exist between different studies conducted.

I have already mentioned the perceptions of both Latifa and Malika and it was found that Shahida had similar views to Latifa as reflected below:

> "…I've just been reading about it. Islamically, they say that if you refuse your husband…Unless you're on your phase, then seventy angels…I read something about that, you know? They curse you till the next morning. So in that sense, we don't have like rights to say no. In that sense it's like you know, our bodies are just violated. You can't say no. Or you just have to do whatever it is that he feels like, needs to be done. Out of Islam, then, I think people have rights to say no"

Shahida explained that there was a book given to her when she got married that had information about what Islam says about marital issues: "It was a book my mother gave me when I got married. A gift to a bride. And in there, that's where I read how to treat your husband and if you deny your man whatever, then the angels curse you."

I was able to get the book that Shahida spoke about with regard to this *Hadith*. The title of this book is called *Gift to Bride (Tohfa-e-Dulhan*), a translation of the work compiled by M.H.A Majeed (2006). The author's experience included working in a religious institution of Jamiatul Uloomil-Islamiah Allama Binnori (Majeed, 2006). Shahida

explained that this book is quite a famous book given to new brides and she has many friends and family members who receive this gift and it is often through this book that the women gain their first glimpse into married life in Islam as interpreted by the author. I will briefly go through some of the aspects covered by Majeed (2006) in relation to the *Hadith* about the angel's curse. The *Hadith* in the book is as follows:

> *Hazrat Abu Hurayra (R.A) narrated that Rasulullah (S.A.W) said "When a man calls his wife to bed (for conjugal relations) and she refuses to respond (or does something by which his desire is left unfulfilled and he becomes angry with her), the angels continue to curse her until the next morning" (Bukhari Vol. 2 Pg. 782)*

Majeed (2006) interprets the *Hadith* by analysing what an "angel's curse" means. He refers to the Arabic context that equates the angel's curse to a person being distanced from Allah's mercy. He also explains that because a man does so much for a woman, the least she could do is fulfil his sexual needs. He puts a lot of responsibility on a woman as he calls on her to save her man from sin, to fulfil the objective of *Nikah* (marriage agreement) and protect the chastity of her man because failure would lead to disastrous consequences for both of them e.g. her husband marrying other wives. Majeed (2006) brings in a commentary of another *Moulana* who says that this *Hadith* is enough for an intelligent person and requires no further explanation and it is a simple *Hadith* to understand. Majeed (2006) further goes on to use the Prophet (PBUH) as a means to promote this *Hadith* and that anyone going against the *Hadith* will experience bad conditions as it will mean going against the Prophet (PBUH), and he further calls it a sin.

The *Hadith* about the angel's curse is an issue that has been dealt with by other scholars. Hoel & Shaikh (2013) interrogate women's perceptions regarding this *Hadith* and they have looked at the themes such as a women's duty, God's punishment and religious constructs that are seen as dualistic in nature. They also question androcentric traditions and the power imbalance between men and women. Shannahan (2009) explains that this *Hadith* is simply one interpretation of what Islam is about and lends into the idea that often Islam gets misinterpreted due to interpretations that are androcentric, but thereafter

become lived realities for women who experience violence. As the *Ahadith* (plural of *Hadith*) are the prophetic traditions or legacy of the Prophet Muhammad (PBUH), there has always been some challenges in what scholars have tried to interrogate with regard to *Ahadith.* Brown (2014), in his book called *Misquoting Muhammad* analyses these challenges, and this can be applied to this *Hadith* about the angel's curse. Shahida, even whilst telling me about what she read in the book that contained this *Hadith*, seemed caught between her beliefs and what the book said. Prophet Muhammad (PBUH) was always perceived as someone who treated women with the utmost of respect and value, his example as perceived by the women in this study were attributes of kindness, mercy, and love. Therefore, as Abou El Fadl (2001) explains, the *Ahadith* was specific to a context as an example for the people of that time, and that ultimately the Prophet Muhammad (PBUH) provided the example, and that traditions that have been interpreted in a patriarchal way, contradict the undivided supremacy of God.

Apart from *Ahadith*, the women in this study kept trying to understand the dissonance that came with their perceptions of Islam regarding sex. Shahida explained that when it comes to rights, she felt that there was a mismatch:

> "It's very different. Our normal human rights and Islamic rights are very different. So if I were to stick to Islamic rights then, I'd say, we can't say no to it. So, in my human rights, yeah I have the right as a woman, to say no. But Islamic rights, you can't say no to sex"

This seemed similar to the participant experiences in the study by Rasool (2012). In her study, the women felt like even though human rights were there, their experiences of accessing them were very different from these rights. In the case of my study, however, we are looking at religion and the perceived dissonance between human rights and Islamic rights. Islamic Jurisprudence is another area in which feminist scholars have challenges in interpreting this dissonance due to authority and androcentrism. I will briefly mention what scholars have indicated with regard to Islam and the rights women have according to Islamic law. Shaikh (2009) views Islamic law through the lens of

Sufism and she indicates that the central tenets of Sufism can be used to reflect on jurisprudence and to then interrogate preconceived notions of what the law states and what the reality is.

Ali (2006) looks at both classic and contemporary texts and has indicated that ultimately sex is a divine responsibility given to both a male and female. However, unless the doctrines that informed discourses on Islam remain imbued with inequality, the true essence of Islam and sex will simply remain idealistic and the true mutuality that is actually a requirement gets ignored; which can in my opinion lead to this mismatch between human rights and Islamic rights. It comes down to the moral obligation that each person has to use reasoning and logic when it comes to issues such as these. Shaikh (2011) explains that this *Fitrah* (discernment) is something that is an inborn capacity of each individual and ties in with the God-human relationship. Each individual has moral agency or *Khilafah* which one should use to contribute to gender justice. This moral agency is intrinsic to the God-believer relationship. The concept of free will is something very important to understand here. We have seen why religious factors have influenced the participant's health-seeking behaviour but ultimately it came down to the individual choices that the women made of actually making contact with the careline. They are active participants in their lives and in my view they enacted this moral agency that was given to them and displayed appropriate health-seeking behaviour.

In this Chapter, I presented an analysis of the data to determine why the religious beliefs of the women participants influenced their health-seeking behaviour in the way that it did. In the next Chapter I present the conclusions drawn on from the study.

Chapter Eight

~Al-Akhir~
(The After)

Conclusion

In this chapter, I summarize my findings, outline some limitations, and provide recommendations based on the theoretical explanations presented in the previous two chapters.

This research aimed to contribute to the field of gender, religion, and health by investigating the influence that religion has on health-seeking behaviour of women who have experienced GBSV in the context of a Muslim community. The research findings highlighted the highly complex nature of health-seeking behaviour and the extent to which religion did in fact influence it in this case study.

The findings revealed that religion influenced health-seeking at two points, during the reaching out stage and also during previous health-seeking attempts. Religion was either a promoting factor or deterring factor. It was interesting to note that each of the women contacted the careline for other reasons besides the sexual violence and that the help that they experienced for the sexual violence was a by-product of their initial reasons. This was an unexpected finding as the outset, there were assumptions that sexual violence would be the main reason for contacting the careline. Therefore, the results provided a more nuanced understanding of GBSV than was initially expected. The findings were consistent with other scholarship such as Rasool (2012) and Burgess-Proctor (2011) with regard to health-seeking theories. It was also important to note the importance of the women's religious beliefs as it contributed to the way that they sought help. If the help they sought was not aligned to their beliefs, they would not pursue this health-seeking, however, when it did align to their beliefs it allowed for their needs to be met in term of health-seeking. Therefore, we can see the direct influence that religion has on health-seeking and the extent of this influence. It was also during this process of understanding

the influence that we came across the concept of *Zahir* (Inner) and *Batin* (Outer) and who we can relate this to health-seeking behaviour functioning at two levels.

The themes surrounding the reasons as to why religion influenced health-seeking in the way that it did may be attributed to how sexual violence has been defined and perceived. We could ascertain that the way that the women understood sexual violence in terms of religion determined their health-seeking behavior. The women's' perceptions of their connection to God and finding their strength in God also explained the influence that religion had on their health-seeking behaviour and it was here that we explored the *Tawhidic* paradigm and other models relating to the God-human relationship. Another salient factor in why religion influenced the women's health-seeking behaviour was related to how the women were silent about sex due to various personal and religious reasons. A final factor that was explored was the women's perceptions about sex in Islam. It was noted that there was a direct influence of religion on health-seeking behavior due to the way that the women perceived sex in Islam and for each women it was different and sometimes the praxis did not match their perceptions and there was a struggle for the women to find balance between their praxis and their perceptions. It was interesting to note how compatible Sufism and feminist theory were in this research study and how the results reflected this compatibility as both theories drew on similar tenets.

The findings in this study were similar to other academic work, but also brought new ways of viewing health-seeking behaviour and GBSV, particularly with regard to scholarship in the Muslim community.

Limitations

1. Only 3 women were participants of this study, therefore this was a small sample
2. I used a case study design, therefore, the results cannot be generalized
3. This was a one year Master's degree, therefore I could only use certain themes for a short dissertation

Recommendations

After reviewing the findings of this study, it is recommended that workshops be held for young women regarding what Islam says about sexual matters so that there is awareness. Prevention is better than cure, and the way that there can be a decrease in undetected GBSV is if women are empowered with this knowledge. This study can be used as a further stepping stone for further research in the field of gender, religion, and health. As this was a case study, I recommend that further larger studies be conducted that can be used to generalize findings; for example studies using a mixed method approach where surveys as well as interviews can be conducted across larger population sizes.

This study has been unique in the sense that it was at the intersection of gender, religion, and health and has contributed to the knowledge production in these areas and will hopefully lead to more academic scholarship in the future. The women in this study are women who have been through much trauma yet were still willing to share their experiences. I hope that I have done this topic justice and that it will lead to their empowerment and transformation with regards to their understanding of religious beliefs, GBSV and health-seeking behaviour.

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APPENDIX 1

LATIFA*

INFORMED CONSENT

INTERVIEW

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Faculty of Humanities
School of Religion, Philosophy and Classics.
Pietermaritzburg.

8 May 2015

Dear Mrs. Doe

Participant's Informed Consent: Interview
Research Project: Gender, Religion and Health Master's Programme

This letter, respectfully, seeks your participation in a Research Project being undertaken at the Masters Programme of Gender, Religion and Health. You have been identified as a participant in this Research Project by virtue of accessing the counselling careline at Gift of the Givers. As a participant in this research project you will be requested to participate in interviews that will be conducted at your convenience. The study is expected to enrol 5-10 participants. You may also consider participation in a focus group. The duration of your participation if you choose to enrol and remain in the study will only be for the time periods specified for the interviews (1 hour on 1 day). Once you have had a chance to examine the nature, objectives and benefits of the Research Project as detailed below, we kindly request your consideration in signing the ***Consent to Participation*** at the end of this letter, on the attached copy and returning same to me as soon as you possibly can. I wish to draw your attention to the Clause below relating to your right not to participate in this Research Programme and will respectfully accept your decision in this regard, if it is such. The following Information Sheet offers a brief background to the Research Project.

Research Project Title Women's Health-Seeking Behavior in the Context of Sexual Violence, Sexual Health Rights, and the Muslim Community. A Case Study at Hope Careline Counselling*
*Pseudonym: In order to protect the identity of participants, a pseudonym has been used for the counselling careline

Central Research Question "How do religious beliefs of women who have experienced sexual violence influence their health-seeking behavior through accessing a counseling careline in the context of sexual health rights and the Muslim community?"

Research Aims and Benefits

1. To critically explore why the religious beliefs of women who have experienced sexual violence influence their health-seeking behavior of accessing a counseling careline in the context of sexual health rights and the Muslim community in the way that it does.

2. To understand the extent to which religious beliefs influence the health-seeking behavior of women accessing a counselling careline in the context of sexual violence, sexual health rights and the Muslim community

Research Supervisor

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Project Location

Gift of the Givers- Pietermaritzburg

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In the event of any problems or questions you may also contact the UKZN Humanities and Social Sciences Research Ethics Committee

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
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Participation is Voluntary

Participation in this Research Project, through the planned interviews, is entirely voluntary; with the right being reserved to the participant to withdraw participation without experiencing any disadvantage. If the participant wishes to withdraw from the study, she should contact the researcher and indicate either verbally or through written correspondence. The researcher will terminate the participant from the study under the circumstances of voluntary withdrawal.

Risk and Benefits

The possible risk may be that participants are exposed to questions which may be experienced as stressful or upsetting. However, interviews will be stopped immediately in the event that the participant experiences trauma and she will be referred to the counsellor. Counsellors that have handled her case will be present for support and referrals to them will be made in the event of the need arising. We hope that the study will provide the benefit of knowledge production that would help other women who have experienced sexual violence. No costs other than transport will be incurred by participant and there is no reimbursement for participation in the study.

Confidentiality & Anonymity

Participants are offered the opportunity to elect that their involvement in this Research Project remains confidential and anonymous. Responses will be treated in a confidential manner. No names or

	personal identifying information will be used in order to protect the anonymity of participants.Pseudonyms for both the careline and the participants will be used to prevent social stigmatization and/or secondary victimization of participants
Research Instruments	Single Interview lasting 1-Hour will be conducted at the Gift of the Givers offices in Pietermaritzburg. A copy of the Interview Schedule is attached. Audio and Video Recording devices will be used to record the Interviews.
Disposal of Data	The primary data will be stored electronically in a password protected computer. Data on which any research publication is based will be retained in the School for at least five years after publication. Should the Supervisor leave the employ of the University, the data will be retained by the University.

We look forward to receiving your responses to this request.

Thank you.

M.Bodhanya
Dr S. Reddy

CONSENT TO PARTICIPATION IN RESEARCH PROJECT

I,..... (full names of participant) hereby confirm have been informed about the study and that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the Project at any time, should I so desire
I understand the purpose and procedures of the study
I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.
I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to
I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.
If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at given details
If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact the appropriate contact person or organization at given details

ADDITIONAL CONSENT.
I hereby provide consent to:

Audio-record my interview	(YES)	NO
Video-record my interview	(YES)	NO

NAME OF PARTICIPANT [redacted]

SIGNATURE [redacted] DATE 30/10/2015

SHAHIDA*

INFORMED CONSENT

INTERVIEW

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Faculty of Humanities
School of Religion, Philosophy and Classics.
Pietermaritzburg.

8 May 2015

Dear Mrs. Doe

Participant's Informed Consent: Interview
Research Project: Gender, Religion and Health Master's Programme

This letter, respectfully, seeks your participation in a Research Project being undertaken at the Masters Programme of Gender, Religion and Health. You have been identified as a participant in this Research Project by virtue of accessing the counselling careline at Gift of the Givers. As a participant in this research project you will be requested to participate in interviews that will be conducted at your convenience. The study is expected to enrol 5-10 participants. You may also consider participation in a focus group. The duration of your participation if you choose to enrol and remain in the study will only be for the time periods specified for the interviews (1 hour on 1 day). Once you have had a chance to examine the nature, objectives and benefits of the Research Project as detailed below, we kindly request your consideration in signing the ***Consent to Participation*** at the end of this letter, on the attached copy and returning same to me as soon as you possibly can. I wish to draw your attention to the Clause below relating to your right not to participate in this Research Programme and will respectfully accept your decision in this regard, if it is such. The following Information Sheet offers a brief background to the Research Project.

Research Project Title Women's Health-Seeking Behavior in the Context of Sexual Violence, Sexual Health Rights, and the Muslim Community. A Case Study at Hope Careline Counselling*
*Pseudonym: In order to protect the identity of participants, a pseudonym has been used for the counselling careline

Central Research Question "How do religious beliefs of women who have experienced sexual violence influence their health-seeking behavior through accessing a counseling careline in the context of sexual health rights and the Muslim community?"

Research Aims and Benefits

1. To critically explore why the religious beliefs of women who have experienced sexual violence influence their health-seeking behavior of accessing a counseling careline in the context of sexual health rights and the Muslim community in the way that it does.

2. To understand the extent to which religious beliefs influence the health-seeking behavior of women accessing a counselling careline in the context of sexual violence, sexual health rights and the Muslim community

Research Supervisor

Dr Sarasvathie Reddy [Faculty of Humanities]
Telephone: 0828268808 / 031 2602325
Email: reddys15@ukzn.ac.za

Master's Student

Maryam Bodhanya
Telephone: 0730120837
Email: m.bodhanya@yahoo.com

Project Location

Gift of the Givers- Pietermaritzburg

Alternate Contact Person

Dr. Fathima Seedat
Telephone: 0791938618
Email: seedatf@ukzn.ac.za

In the event of any problems or questions you may also contact the UKZN Humanities and Social Sciences Research Ethics Committee

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Participation is Voluntary

Participation in this Research Project, through the planned interviews, is entirely voluntary; with the right being reserved to the participant to withdraw participation without experiencing any disadvantage. If the participant wishes to withdraw from the study, she should contact the researcher and indicate either verbally or through written correspondence. The researcher will terminate the participant from the study under the circumstances of voluntary withdrawal.

Risk and Benefits

The possible risk may be that participants are exposed to questions which may be experienced as stressful or upsetting. However, interviews will be stopped immediately in the event that the participant experiences trauma and she will be referred to the counsellor. Counsellors that have handled her case will be present for support and referrals to them will be made in the event of the need arising. We hope that the study will provide the benefit of knowledge production that would help other women who have experienced sexual violence. No costs other than transport will be incurred by participant and there is no reimbursement for participation in the study.

Confidentiality & Anonymity

Participants are offered the opportunity to elect that their involvement in this Research Project remains confidential and anonymous. Responses will be treated in a confidential manner. No names or

	personal identifying information will be used in order to protect the anonymity of participants.Pseudonyms for both the careline and the participants will be used to prevent social stigmatization and/or secondary victimization of participants
Research Instruments	Single Interview lasting 1-Hour will be conducted at the Gift of the Givers offices in Pietermaritzburg. A copy of the Interview Schedule is attached. Audio and Video Recording devices will be used to record the Interviews.
Disposal of Data	The primary data will be stored electronically in a password protected computer. Data on which any research publication is based will be retained in the School for at least five years after publication. Should the Supervisor leave the employ of the University, the data will be retained by the University.

We look forward to receiving your responses to this request.

Thank you.

M.Bodhanya
Dr S. Reddy

CONSENT TO PARTICIPATION IN RESEARCH PROJECT

I..... (full names of participant) hereby confirm have been informed about the study and that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the Project at any time, should I so desire
I understand the purpose and procedures of the study
I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.
I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to
I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.
If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at given details
If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact the appropriate contact person or organization at given details

ADDITIONAL CONSENT.
I hereby provide consent to:

Audio-record my interview	~~YES~~	NO
Video-record my interview	YES	NO

NAME OF PARTICIPANT [redacted]

SIGNATURE [signature] DATE 06/11/15

MALIKA*

INFORMED CONSENT

INTERVIEW

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Faculty of Humanities
School of Religion, Philosophy and Classics.
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8 May 2015

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Research Supervisor

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If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact the appropriate contact person or organization at given details

ADDITIONAL CONSENT.

I hereby provide consent to:

Audio-record my interview	✓YES	NO
Video-record my interview	✓YES	NO

NAME OF PARTICIPANT [redacted]

SIGNATURE Rivisha DATE 16/11/2015

APPENDIX 2

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

17 November 2015

Ms Maryam Bodhanya (209502065)
School of Religion, Philosophy & Classics
Pietermaritzburg Campus

Dear Ms Bodhanya,

Protocol reference number: HSS/1258/015M
Project title: Women's Health-Seeking behavior in the context of Sexual Violence, Sexual Health Rights, and Islam. A case study of Hope Careline Counselling*

Full Approval – Full Committee Reviewed Protocol

With regards to your response received on 09 October 2015 to our letter of 01 October 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

/ms

Supervisor: Dr Sarasvathie Reddy
Academic Leader Research: Professor P Denis
School Administrator: Ms Catherine Murugan