



COVID-19 AND MISOGYNIST PANDEMIC DISCOURSE: HEGEMONIC FEMININITY IN PAKISTAN

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Keywords

Covid, Feminist, Pandemic, Pakistan

Abstract

This article is about misogynistic pandemic discourse and the way different discourses – political, religious, moralistic, domestic etc. – represented by hegemonic femininity of Pakistan interconnect and construct vulnerability of women (mostly resource limited) to the pandemic and mental and physical abuse during lockdowns. The main argument is that to understand misogynistic pandemic discourse in Pakistan, we need to examine hegemonic femininity that creates and perpetuates women's vulnerabilities at local and national level through certain discursive practices. The article uses discussions of a WhatsApp's group (all women participants) and interprets the texts from a Feminist Critical Discourse Analytical (FCDA) perspective. The article concludes by suggesting practical ways that can make hegemonic femininity less attractive and alternative femininities more attractive so that the sexist understanding of the pandemic can be addressed.



1. Introduction

This article aims to highlight hegemonic misogynistic beliefs about the global pandemic Covid-19 and how they are represented and reinforced by the hegemonic femininity of Pakistani society. Understanding the role of

explicit and implicit misogyny in public health discourse is a key to improving women's prospects of fighting a pandemic in a given sociocultural set-up. At present, the global pandemic of Covid-19 has become an unprecedented challenge to public's health.

Surprisingly only a few studies have focused on discourse and “gender dimensions of infectious diseases” (Marindo 2017: 200). There is no denying that discourse “an aspect that is often considered abstract and seemingly less relevant to practical issues” (Kwitonda 2017: 23), might be key to sexist understanding (of the causes) of a pandemic. The World Health Organization’s report (2007) entitled *Addressing sex and gender in epidemic prone infectious diseases* is mainly focused on the practical dimensions of infectious diseases. However, it also discusses traditional cultural behavior related to epidemics. It is this traditional and cultural dimension of the pandemic what makes the crux of this paper. To achieve its ends, this article uses WhatsApp group discussions as a key methodological tool and applies Feminist Critical Discourse Analysis (FCDA) (Lazar 2007) to highlight the role of hegemonic femininity as a misogynistic tool and how it influences vulnerability of women to epidemic prone infections and mental and physical abuse during lockdowns.

The article begins with a brief theoretical grounding looking at misogyny, hegemonic femininity and pandemic. The methodology section is then presented with Feminist Critical Discourse Analytical (Lazar 2007) framework for looking at discursive construction of the pandemic. The comments posted on the WhatsApp group in focus are then presented and analyzed. Finally, a conclusion and a way

forward advocating transformation of the discursive space of the country are provided.

2. Theoretical grounding

The article is grounded in South Asian Feminisms (Loomba and Lukose 2012). The article’s perspective on South Asian feminisms is strongly influenced by religion and culture, based on both historical and literary accounts of women’s exploitation in the name of religion and cultural practices. The insights are gained from feminist analysis of sociocultural and religious accounts surrounding the construction of women in Islamic regimes like Iran [(Mernissi 1987, Nafisi 2003); the works of Sharif (2017) and Al-Sudairy (2017)] for women’s rights in Saudi Arabia and from the works of women’s rights in Pakistan (e.g. Weiss 2015; Mumtaz & Shaheed 1987). This study is also grounded in intersectionality Crenshaw 1993; Collins and Chepp 2013, Collins and Bilge 2016, Collins 2016) because of multi affectedness of the issues (class, status, age, ability, ethnicity, religion, education and history). The concept of gender and social construction of illness is adapted and strongly aligned with the work of Lorber and Moore (2002) which it is argued is further aligned with hegemonic femininities. Hamilton *et al.* (2019: 315) view hegemonic femininity as “a powerful position in the matrix from which some women draw individual benefits (i.e., a femininity premium) while shoring up the collective benefits as well as the advantages of

other dimensions”. So, it is argued that to understand misogynistic pandemic discourse one must evaluate the role that hegemonic femininity plays in social construction of understanding of the disease and its causes.

3. Method and data

This study takes Lazar’s (2005, 2007) Feminist Critical Discourse Analysis (FCDA) as a framework for analyzing the data. Lazar (2007) argues that Feminist Critical Discourse Analysis presents a nexus of critical discourse analysis and feminist studies. It aims at “advancing rich and nuanced analyses of the complex workings of power and ideology in discourse sustaining hierarchically gendered social orders” (Lazar 2007: 141). This is especially pertinent in the context of this study which recognizes that the operations of misogynist ideologies and hegemonic femininity are intricately intertwined and construct gender power asymmetries, hierarchies and discrimination across various cultures. The main sources of data are comments posted on an all women WhatsApp group (99 participants). The comments under consideration can be referred to as ‘popular pandemic narrative of Pakistan’. The group in focus comprises the female teachers belonging to middle class and upper middle class strata of Pakistani society. According to Kerbo (2009), “the middle class can be defined as the group of individuals and families who own little property, but in terms of occupation hold non-manual labor position from middle to high rank of authority. The group is

further sub-divided into upper (lesser corporate managers, doctors, lawyers) and lower middle class (office workers, clerks, salespeople). Most are high school or college graduates” (Cited in Aghai 2012: 123). According to economists, however, there are no specific criteria for defining the middle class, although the income level is the most common way of breaking it down (Mason and Sullivan 2010).” This study adheres to Kerbo’s (2009) definition of middle class stated above. Given this context, the following framework was used as the comments were reviewed:

- (1) *Identifying relevant texts* by examining a range of discussions on the Whatsapp group post Covid-19 lockdown
- (2) *Text selection* according to explicit inclusion and exclusion criteria and;
- (3) *Discursively analyzing the data for themes.*

The inclusion and exclusion criteria were:

- Those written in English;
- Posts that represent misogynistic discourses in relation to the pandemic and;
- Those related to diverse representation of women (from traditional, religious, social, cultural representation to the secular one)

Thus, following these criteria comments on the WhatsApp group were studied and analyzed. The following section presents analysis of the data.

4. Analysis

It is easy to deduce from the data that Pakistani women are a direct victim of an all-pervasive patriarchal system. The deep-rooted patriarchy forces women to obey tradition even if the tradition kills them (Lalitha 2011; HeyatNfa 2014). It is argued that it is actually internalization of hegemonic femininity which does not let women see through maneuvering of the patriarchy. As a backlash against feminism, an over-representation of hegemonic femininity in media and public discourse can be observed in Pakistan. In this context, the analysis of misogynist pandemic discourse revealed following major issues of concern:

- a. Domestic abuse during extended lockdown: sociocultural discourse
- b. Women's immodesty, a cause of the pandemic: religious discourse
- c. Health governance and patriarchal political leadership: political discourse

4.1 *Domestic abuse during covid-19 lockdown: sociocultural discourse*

According to Kamaal (2020: para 8), "with no accurate data, the most-cited estimate ranges between 70 to 90 percent of Pakistani women experiencing some form of physical, emotional or psychological abuse— mostly from an intimate partner". Kamaal (2020) further reports, social distancing during Covid-19 lockdown has isolated many women at home with their abusive partners. Many women used to take refuge on daily basis at their workplace, maternal home or

at a restaurant with friend. All these options are no more available now". Similar trend has been reported by Soharwardi (2020: para 1) who writes, "mental health professionals providing online therapy sessions say they have seen a rise in the cases of domestic abuse in the wake of the COVID-19 lockdown in Pakistan". Hegemonic femininity represented by traditional socio-cultural discourse tries to hush up these voices. So, first and foremost hegemonic femininity always preaches submissiveness and obedience to the men (Ex. 1). Charlebois (2011: 41) has rightly put: "the relationship between hegemonic masculinity and femininity is not built upon principles of mutual compatibility and equality, but rather on the dominance of masculinity and submission of femininity". So, when someone in the said WhatsApp group shared Kamaal's (2020) and Soharwardi's (2020) blogs about domestic abuse during covid-19 lockdown, the respondents gave responses like this:

C.1 My free advice to the victims: Submissiveness and obedience can get you through these difficult times.

Thus, hegemonic femininity seems least concerned about mental health of women in the difficult times like covid-19 lockdown. The question arises: why is it so difficult for hegemonic femininity to get and disseminate recuperating discourse on anxiety and depression management that is easy to integrate into the lives of women? The answer is that global and local discursive practices are structured in such a way

that the hegemonic masculinity decides what should be disseminated, what relevant narrative is and how it should be shared. Thus, the preferred strategy is to deny abuse narratives and target women's agency (see C.2. C.3 & C.4):

C.2 the sisters who have some escape places definitely know how to handle their abusive husbands. The women in rural areas face more abuse. But again rural women are not observing lockdown restrictions. So, please don't share such stories. They are nothing but pack of lies.

C.3 No Offense, but the victims of domestic abuse must be named. Currently, these accounts look like some cock and bull stories by some random names without any authenticity.

C.4 Believe me, corona virus is much more dangerous than any abusive husband.

Thus, denial of abuse narratives, advice to be submissive, insensitivity about mental health of women and scorn for women's liberty are few of the discursive strategies of hegemonic femininity of Pakistan, which of course, are not going to help women in their battle against the pandemic.

4.2 Women's immodesty as a cause of the pandemic: religious discourse

Superstition is widespread in Pakistan. Natural calamities like earthquake, floods and hurricanes etc. are attributed to the God's wrath. Since this pandemic situation is new to the world and there is not much research available about the cause and spread of the virus, Pakistani people are trying to find religious causes of the disease. Thus, one of Pakistan's most popular cleric Tariq

Jamil blamed "immodest" women for the outbreak of Covid-19 in Pakistan. He made this proclamation on the national television in the presence of Pakistan's Prime Minister Imran Khan and many prominent journalists. In the words of Hussain (2020):

A revered Pakistani televangelist has sparked a fierce backlash from rights activists for saying that the coronavirus pandemic is God's wrath upon people because of immodest women. Maulana Tariq Jamil, a senior member of TablighiJamaat (annual religious gathering), made the controversial remarks in the presence of Prime Minister Imran Khan during a live telethon on April 24 to raise funds for people affected by the ongoing lockdown...

According to Inayat (2020):

Ironically, over 27 per cent of the coronavirus cases in Pakistan are from the Tablighi Jamaat's Ijtema (religious gathering) in Raiwind city, where 250,000 people gathered in March to avoid government order, yet cleric blames women for spreading the virus.

The cleric's remarks sparked a fierce backlash from rights activists. But the hegemonic femininity of Pakistan once again defended the cleric. Thus, they came up with these remarks (see C.5):

C.5 I, as a woman, fully agree to what Maulana said. Woman's evil is on rise. I am not an illiterate woman. Our faith is first and foremost. So, hegemonic femininity's internalized patriarchy is very much obvious here. The

hegemonized women themselves put the blame on immodest women for the outbreak of the pandemic. They refer to religious discourse to support their arguments because to them, their “faith is first and foremost.” And nobody dares challenge religious ideologies in Pakistan. Then, there is another discursive strategy of hegemonized women, i.e. claiming that the cleric’s remarks were misinterpreted (C.6):

C.6. This all controversy is a result of the misinterpretation of Maulana Tariq Jamil’s words. The debate on Maulana’s ‘blaming’ women for the pandemic is quite wide-spread because of a campaign against Maulana by so-called liberals and feminists.

There are some other participants who are not so blatant in putting the blame on women. They do it subtly (C.7 and C.8):

C.7. Even a layperson understands how both men and women are to be blamed for the nudity and shamelessness. Because these are men who make women dance in public and wear objectionable cloths. And what did you expect? He is a religious scholar, not your go-to buddy.

C.8. As far I remember, he did not say that this pandemic has come to our country because our women dance and wear objectionable clothes. He just questioned who makes our women dance and wear short clothes.

So, women still need to be modest, though some men are their accomplice in their sins (who make them dance and wear short dresses). Going by Kierkegaard’s doctrines (Evans 2009) it is argued

that, hegemonic femininity prioritizes faith to the point that it becomes irrational. The problem is that most scientific knowledge and disease prevention strategies are ignored in preference for religious methods, i.e. prayers, recitation of verses, admission of one’s sins and repentance, asking God for forgiveness etc. And who is the sinner: woman.

3. Poor health governance and patriarchal political leadership: political discourse

Adapting Fidler’s (2010: 3) definition of global health governance it can be argued that, health governance refers to the use of formal and informal institutions, rules, and processes by a state, governmental organizations, and non-state actors to deal with challenges to health that require action to address health challenges effectively. The World Health Organization (WHO) defines health as “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 2020: para 1). As these definitions suggest, health governance is a complex phenomena. Pakistan is experiencing serious health governance issues. During recent covid-19 health crisis, a lack of coordination between the federal government and the provinces was observed. As this extraordinary situation divulged poor health governance of the country for yet another time, it also revealed inherent misogyny of the patriarchal political leadership.

The government of Pakistan announced that it is introducing *Ehsaas* Cash Program, (i.e. financial assistance program) for the poor people affected by the lockdown. Only women were invited to receive cash from the government officials. Hundreds of women gathered to get the financial assistance when a woman, NaziranBibi, suddenly fell on the ground and died. It caused stampede, leaving 20 others injured. Obviously, these large gathering made women vulnerable to the disease because no physical distance was maintained at most of the settings and stampede also made the matter worse. Later, it turned out the women who received the money were already listed under another financial assistance program Benazir Income Support Program (BISP). They got financial support from the government every month under BISP. Now, this government gave them their three month stipend from the same BISP in advance under a new label *Ehsaas*. No special monetary benefit was given to these women. Now, the question arises, if this program is meant to assist the poor then why only women were invited to receive money?? Arguably, the patriarchal political leadership aims to get political gains by helping poor, helpless, underprivileged women and this too at the cost of their health. Now, let us see the response of the WhatsApp group participants to this incident. It was observed that even in this scenario the hegemonic femininity does not criticize poor governance and sympathize with the poor women. There are some who attribute the death

of elderly NaziranBibi to Darwin's law of natural selection. The old woman could not survive because she was not the 'fittest' (C.9) and also she was destined to die this way (C.10).

C.9 its survival of the fittest unfortunately.

C.11 she died of heart attack not because of stampede. She was destined to die this way...

Then, again there are some other participants who doubt the reporting of this whole incident and do not criticize government's poor management and lack of capacity to deal with crisis situation.

C.10 what to believe and what not?

And also, there are some other participants who like to see positivity in everything and do not want to spread negativity, again, at the cost of health and life of poor women.

C.12 Please stop bringing all the bad news. This was indeed a very positive step by the government.

Thus, hegemonic femininity with internalized misogyny works to reinforce and perpetuate patriarchy. Hegemonized women do not dare challenge patriarchy even in a crisis situation like global pandemic which may have an adverse impact on women's health.

4. Conclusion

As it is not easy to change the discursive space and confront the forces of status-quo, a sizeable population of Pakistani women may keep suffering for years to come. An overwhelming majority of Pakistani women, represented by hegemonic femininity, consider patriarchal norms a solution to all their sufferings. The dimensions

of hegemonic femininity can be changed by ensuring that local family and cultural values align with the global values. And current misogynist discursive set-up will never let it happen. At present, a slight transformation can be achieved by urging government to define health governance anew and preferring the most equitable healthcare instead of spreading religiosity and misogyny. The health policies should be made by forging equally balanced partnerships between politicians and different feminist groups. An effort should be made to popularize alternative femininities and disseminating the scientific knowledge about disease and its prevention instead of misogynist religious, sociocultural and political beliefs.

References

- Aghai, Vahab. (2012). *Obama's Impetus Promises and Nasheed Hopes*. USA: Xlibris Corporation.
- Al-Sudairy, Hind. (2017). *Modern Woman in the Kingdom of Saudi Arabia: Rights, Challenges and Achievements*. UK. Cambridge Scholar Publishing.
- Charlebois, Justin (2011). *Gender and the Construction of Hegemonic and Oppositional Femininities*. Plymouth: Lexington Books.
- Collins, Patricia Hill, Chepp, Valerie. (2013). "Intersectionality." Pp. 57–87 .*Oxford Handbook of Gender and Politics*, edited by Waylen, G., Celis, K., Kantola, J., Weldon, S. L .. New York: Oxford University Press.
- Collins, Patricia Hill. (2015). "Intersectionality's Definitional Dilemmas." *Annual Review of Sociology* 41 (1): 1–20.
- Collins, Patricia Hill, Bilge, Sirma. (2016). *Intersectionality*. Cambridge, UK: Polity Press.
- Crenshaw, Kimberlé W. (2017) *On Intersectionality: Essential Writings*. New York: The New Press.
- Evans, Stephen. (2009). *Kierkegaard: An Introduction*. Cambridge: Cambridge University Press.
- Fidler, David P. (2010). *The Challenges of Global Health Governance*. Retrieved from https://www.researchgate.net/publication/n/265273284_The_Challenges_of_Global_Health_Governance.
- Hamilton Laura T., Armstrong Elizabeth A., Seeley, J. Lotus. (2019). "Hegemonic Femininities and Intersectional Domination". *Sociological Theory*. Volume: 37 issue: 4, page (s): 315-341. <https://doi.org/10.1177/0735275119888248>
- HeyatNfa, Faridah Dr. (2014). *Azeri Women in Transition: Women in Soviet and Post-Soviet Azerbaijan*. New York: Routledge.

- Hussain, Zahid. (2020). "Outrage as Pakistan preacher blames 'immodest' women for Covid-19". *UC News.com*. Retrieved from <https://www.ucanews.com/news/outrage-as-pakistan-preacher-blames-immodest-women-for-covid-19/87832>
- Inayat, Nayla. (2020). "Imran Khan can't Keep Pakistanis from Shut Mosques, It is Corona vs. Mosques". *The Print*. <https://theprint.in/opinion/letter-from-pakistan/imran-khan-cant-keep-pakistanis-away-even-from-shut-mosques-its-coronavirus-vs-faith/388431/>
- Kamaal, Daanika. (2020). "Home is not a safe space for victims of domestic violence". <https://www.google.com/search?q=translate+google&oq=translate+google&aqs=chrome..69i57j35i39j0l6.11104j0j7&sourceid=chrome&ie=UTF-8>
- Kerbo, Herold R. (2009). *Social Stratification and Inequality: Class Conflict in Historical and Comparative Perspective*. New York: McGraw Hill.
- Kwitonda, Jean Claude. (2017). "Development aid and disease discourse on display: the mutating techniques of neoliberalism". *Critical Discourse Studies*, 2017 Vol. 14, No. 1, 23–38 <http://dx.doi.org/10.1080/17405904.2016.1174139>.
- Lalitha, Vakulabharanam. (2011). *Women, Religion, and Tradition: The Cult of Jogins, Matangis and Basvis*. India: IndiraGandhiRashtriyaManavSangrahalaya.
- Lazar, Michelle M. (Ed.) (2007). *Feminist Critical Discourse Analysis: Gender, Power and Ideology in Discourse*. New York: Palgrave MacMillan.
- Lazar, Michelle M. (2007). "Feminist Critical Discourse Analysis: Articulating a Feminist Discourse Praxis", *Critical Discourse Studies*, Vol. 4, No. 2, 141 – 164 DOI: 10.1080 / 17405900701464816. <http://dx.doi.org/10.1080/17405900701464816>.
- Loomba, Ania&Lukose, Ritty A. (Ed.) (2012). *South Asian Feminisms*. Durham. Duke University Press.
- Lorber, Judith & Moore Lisa Jean. (2002). *Gender and the Social Construction of Illness*. Plymouth: AltaMira Press.
- Marindo, Ravayi . (2017). "Gendered Epidemics and Systems of Power in Africa: A Feminist Perspective on Public Health Governance". *Africa Development*. Volume 42, No. 1, 199-219.
- Mernissi, Fatima. (1987). *Beyond the Veil*. Indiana University Press.
- Mumtaz, Khawar&Shaheed Farida. (1987). *Women of Pakistan: Two steps forward, one step back?*. Zed Books.

- Nafisi, Azar. (2003). *Reading Lolita in Tehran: A Memoir in Books*. Random House Trade Paperbacks; Reissue edition (November 25, 2008).
- Sharif, Manal. (2017). *Daring to Drive: A Saudi Woman's Awakening*. New York: Simon & Shuster.
- Soharwardi, Najam. (2020). "Mental health professionals report rise in domestic abuse cases". *International The News*. Retrieved from <https://www.thenews.com.pk/print/637936-mental-health-professionals-report-rise-in-domestic-abuse-cases>.
- Sullivan A. & Mason J. (2010). *Fact Box: What is Middle Class in the United States*. Retrieved from <https://www.reuters.com/article/us-usa-taxes-middleclass/factbox-what-is-middle-class-in-the-united-states-idUSTRE68D3QD20100914>.
- Weiss, Anita M. (2015). *Interpreting Islam, Modernity, and Women's Rights in Pakistan*. USA. Plgrave-Macmillan.
- World Health Organization. (2007). *Addressing Sex and Gender in epidemic-prone infectious diseases*. <https://www.who.int/csr/resources/publications/SexGenderInfectDis.pdf>
- World Health Organization. (2020). *Constitution*. Retrieved from <https://www.who.int/about/who-we-are/constitution>.