Young people’s views on religious fundamentalism, ethno-nationalism and SRHR: an SRHM South Asia virtual roundtable discussion

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Abstract: In South Asia, social identity and location have always been important determinants of the opportunities available or denied to people and of their relationship to the State. They are also closely linked to the social norms that govern young people’s lives. In recent times, religious and identity-centric fundamentalism and ethno-nationalism has gained extraordinary importance in the South Asian sub-continent, and this has implications for young people’s SRHR. This roundtable article is based on a virtual discussion organised by SRHM to explore, from the perspectives of young people from five countries in South Asia, how a young person’s identity and social location affect their SRHR. The discussion threw light on the ways in which conservative religious norms, nationalist discourse, and discriminatory legislation have constrained young people’s choices, their access to health care services and their overall sexual and reproductive wellbeing. It also discussed, with critical reflection, the efforts that are being made by young people’s collectives to bring about positive change. With respect to implications for practice in the SRHR domain, the discussion highlights the significance of understanding and acting on the interlinkages between political, social and cultural contexts with sexual and reproductive health while addressing the concerns of young people. DOI: 10.1080/26410397.2022.2073955

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Introduction

The relationship between religion, fundamentalism and sexual and reproductive rights is deep and long-standing. Institutionalised religions across the board have sought to control the sexuality of all genders and, when imbued with political power, exercised a great deal of influence on the lives of individuals through the use of legal and social control. The sexual and reproductive health of young people has been especially deeply contested. It is well established that young people’s sexual and reproductive health is influenced by social norms that define how people should behave based on their gender. These norms are not universal but are influenced by context, and they are dynamic in that they change across time and place. As Pulweritz et al posit, social norms exist within and are shaped by a social system at different socio-ecological levels – individual, community, resources and institutions. Broader social and political contexts, through social norms, exert power over the decisions that young people are able to make and the freedoms available to them.
In South Asia, social identity and location have always been important determinants of the opportunities available or denied to people and of their relationship to the State. They are also closely linked to the social norms that govern young people’s lives within identity-centric communities. In recent times, the resurgent ascendance of religious and identity-centric fundamentalism and ethno-nationalism has gained importance in the South Asian sub-continent, and this has implications for young people’s sexual and reproductive health and rights (SRHR). Young people especially are oftentimes targets of restrictive norms and rules that come with the regressive changes in political contexts but are also powerful agents of change in transforming them. In order to address their sexual and reproductive rights, therefore, it is important to understand the processes by which young people’s lives, especially their sexual and reproductive lives, are influenced by this context of religious fundamentalism and ethno-nationalism.

This roundtable sought to unpack some of these processes and understand, from the perspectives of young people from five countries in South Asia, how a young person’s identity and social location affect their SRHR, how these dictate the choices available to them, their access to health care services and their overall sexual and reproductive wellbeing. The goal was to bring forth the voices and activities of young practitioners from the region on the topic of fundamentalism, which is shared across South Asia but also varies by context.

The roundtable was conducted by SRHM in collaboration with the YP Foundation, an India-based youth development organisation, and moderated by Sana Contractor. Participants were youth advocates between the ages of 25 and 35 years from Pakistan, India, Sri Lanka, Nepal and Bangladesh. They were a part of the YP Foundation’s network and were purposively chosen based on their gender, country of origin and nature of work that they are engaged in, and willingness to participate. The participants have experience working in SRHR in their respective countries, conducting research, community-based action, campaigns and filmmaking.

The roundtable was conducted via Zoom in December 2020, and the participants responded to three rounds of questions:

1. How do fundamentalism and ethno-nationalism based on identity impact young peoples’ struggles for SRHR, in your experience?
2. How are young people’s access to health services impacted as a result of this?
3. What are the strategies that you are engaged in and that could be used to counter this going forward?

The discussion was about 90 minutes long and organised based on the above questions. It was recorded and transcribed, after which it was coded deductively as per the themes and written up thematically by the lead author and validated by all authors. In the following sections, we present the findings that emerged from the discussion.

**How does the macro context of religious fundamentalism and ethno-nationalism impact the sexual and reproductive rights of young people?**

The following themes emerged in participants’ sharing of experiences of how they see ethno-nationalism and religious fundamentalism impacting the sexual and reproductive rights of young people. Participants discussed these implications for a range of SRHR concerns for young people, including policing of relationships, gender-based violence, menstruation, control over fertility, abortion rights and sexual health.

**Women as carriers of social stigma and honour**

The confluence of religion with politics makes it a powerful force that is able not just to influence state policy but also to hold the state hostage at times through emboldening third party actors. Many such examples were recounted by participants. “ Honour killings” such as that of Qandeel Baloch in Pakistan, who was a young social media icon and killed by her brother for “bringing shame to her family” (and in whose murder a cleric was implicated), \(^3\) or that of Pranay, a Dalit man who was hacked to death by a person hired by his father-in-law in front of his pregnant wife, \(^4\) exemplify the social sanction that fundamentalist ideologies provide to such violence. The state, through the use of law in countries such as Pakistan, targets any conversation on women’s rights (as well as dissent and demands for accountability more generally). The most recent example of this was when the Pakistan police registered a case under the blasphemy law against organisers of a large feminist women’s protest in Pakistan – the Aurat
March. Even when the state attempts to take progressive measures, violence and intimidation by non-state actors can stymie efforts, as was seen in the case of the Sabrimala, a temple in Kerala where women between the ages of 10–50 are not permitted because they have “impure” bodies that menstruate. The Supreme Court of India ruled in favour of allowing women of all age groups to enter the temple. However, the attempted entry by women into the temple was vehemently resisted by right-wing Hindu activists who unleashed violence on ordinary people, as well as police, journalists and others. This opposition was not restricted to violent political opponents alone. A new movement in Kerala and South India emerged called “Ready to wait,” which was spearheaded by women devotees seeking to preserve the regressive tradition, and indeed adopting anti-colonial rhetoric by likening the move by women’s rights activists to petition the Supreme Court to the “white man’s burden to civilize unwashed pagans.”7 The entry of women of the menstruating age into the temple was considered so egregious that subsequently, the floods that wrecked the state of Kerala were blamed on the court’s and government’s decision to allow it.8

Homogenising influence of the dominant religion

Political and religious fundamentalism seeks to forge a unified identity of the majority, which can be used to establish and maintain the power of the dominant group over minorities. This is possible only through homogenising the community and blotting out diversity, which is achieved through assimilation. Assimilation is the process by which a minority or marginalised social group adopts the practices of the larger dominant social group due to the latter’s growing influence, resulting in the erasure of its own customs and culture. In the process, regressive dominant gender-biased social norms, which might be absent in certain communities, now creep into them as well. In Nepal (a Hindu majority country), which became a secular democratic state only in 2007, the effort to form a unified identity has led to such homogenising in various domains (for example, the “one nation, one language” movement) and also in shaping socio-cultural norms that affect SRHR. In Hinduism, and in many other religions, menstruation is seen as unclean and impure, and there is a prevalent belief that if a menstruating person stays inside the home, it would anger the gods and have negative repercussions on the household. Thus, “Chhaupadi,” a harmful traditional practice in which the menstruating person is kept outside of the house and sometimes in a shed with cattle, is practised in the far west region of Nepal.9 In urban areas, menstrual seclusion is not so severe but rather takes the form of restricting menstruating women from entry into the kitchen, temples, and socio-religious ceremonies and events. This practice of seclusion during menstruation is more prevalent in Hindu Brahmin and Kshatriya communities, but due to assimilation, it is now practised by others as well. Indigenous communities and other ethnic groups did not practise these restrictions, but they have adopted them due to the influence of Hindu Brahminism over time. As the participant from Nepal remarked,

“Because of the assimilation, the non-Brahmin population, indigenous communities, the ethnic groups, have also adopted practices of restrictions during menstruations. […] People may say that they adopt these restrictive norms out of ‘choice,’ but these choices don’t exist in a vacuum. It is because of this social structure which has been influenced by Hinduism that people have started to adopt these restrictive norms which are regressive in terms of SRH rights.”

Marking out the “other”

One of the ways in which religious ethno-nationalism maintains control is through “othering” certain citizens. This has implications for both the policing of intermixing of populations, as well as the relationship of “othered” communities with the state, which impacts how they view the policies and services offered by the State. In India, with the election of a right-wing Hindu nationalist government in 2014, several actions of the government have served to alienate young people from minority, especially Muslim, communities. In some states of India, a law has been passed declaring a marriage null and void if the “sole intention” of the same is to “change a girl’s religion.” This law is being used to target inter-faith couples and especially men from the Muslim community, thus constraining the rights of young people to choose their partners, as well as the right to personal liberty, and freedom from violence.10

Further, certain steps taken by the elected government have created a feeling of fear, suspicion
and mistrust among Muslim minorities.* In such a constrained atmosphere, young Muslims, especially women, are reluctant to approach the state for relief from gender-based violence or even for health services, as a young Muslim participant from India noted. She further elaborated

“The right to choose my partner or whether I choose to change my religion is part of my right to self-determination. But it is being infringed upon by the state. These kinds of moves are creating fear among Muslim youth and making it difficult to approach the state.”

The othering of Muslim communities in India was seen most starkly during the COVID 19 pandemic when Muslims were stigmatised and heavily policed in the containment zones defined in Muslim majority areas like Tajbagh in Nagpur. The designation of containment areas, according to civil society reports, was disproportionate and Muslim localities were often more restricted than others. During this time, women were unable to access services for both childbirth and abortion, and some were obliged to give birth at home as a consequence.¹¹

Religion, ethno-nationalism and fertility

Participants discussed how religious fundamentalism and ethno-nationalism weaponise women’s bodies, especially their fertility, to serve their ends. Fear among majority communities that their population will be “overtaken” by the minority community abounds, and this results in either efforts to restrict reproduction by women of marginalised communities or promote reproduction by women of dominant communities. Both acts control women’s fertility and bodily autonomy. A participant from Sri Lanka described how recent populist governments had promoted pronatalist policies, for instance, that have resulted in an increase in overall fertility rates.¹² Due to the influence of the Buddhist clerical community, sexual health and family planning association clinics have been closed in many areas. This was because the clinics were rumoured to be giving information about contraceptives to Sinhala women, due to which Sinhala women were having fewer children than other ethnic groups. The result of this rumour was that information to women about contraception had been curtailed overall, as had their access to services. Sri Lanka also has a very stringent abortion law, which allows termination of a pregnancy only in case there is a danger to the women’s life – a decision to be taken by the doctor, not the woman herself. The public health community advocated for the inclusion of rape, incest and congenital anomalies as other reasons for allowing abortion, arguing that abortion-related complications accounted for the third-highest cause of maternal mortality in the country.¹³ When this proposal was presented, members of the Catholic hierarchy and a Catholic doctors’ group opposed the proposal. Due to this vocal dissent, political leaders consulted a group of clerics representing the major religions in Sri Lanka for their opinions on the proposal, none of whom voiced support. Citing a lack of “religious consensus,” the political leaders dropped the proposal.¹⁴ The participant pointed out how “this is an unusual example of how a minority community can leverage insecurities of the broader community in order to crack down further on women.” Indeed, the insecurities related to the share of the population of each of these ethnic groups, coupled with conservative theological perspectives, resulted in an unusual alliance between majority and minority clerical establishments to crack down on women’s rights.

Impact of religious beliefs on social acceptance despite progressive legislation

Regressive legislation relating to same-sex relationships in the Indian sub-continent has its roots in colonial times, and social attitudes towards sex, in general, are also influenced by Victorian morality. Over the past decade, several efforts have been made in countries like India by striking down these laws to decriminalise same-sex relationships and recognise the identity of trans persons. Despite this, social attitudes and beliefs vis-à-vis sexual minorities, as well as entrenched prejudice in the implementation of the policies, influence these minorities’ ability to access services and entitlements. In Bangladesh, for example, in 2013, the government acknowledged the existence of “hijras” as a separate gender and introduced the category on official documents. However, the process of registration required a medical check-up which was known

*For instance, the Citizenship Amendment Act (2019), in conjunction with the National Register of Citizens, has been perceived to pose a threat of detention and even statelessness for those Muslims who may be unable to prove citizenship through documentation.
to be humiliating and fraught with discrimination. Nevertheless, the recognition of the Hijra category has opened doors for trans persons to change their gender identity on passports and national identity documents, as well as apply for government jobs. Despite this, as a participant from Bangladesh remarked, “the social attitude around being trans remains regressive and is heavily dictated by religious and cultural beliefs that consider it unlawful.” There is a lack of social acceptance of intersex persons, due to which they sometimes have to go through unnecessary procedures. They are coerced by their parents or doctors, who motivate them into having such surgeries and, as a consequence, some develop complications. Further, due to non-recognition of needs such as sex reassignment procedures, persons who choose to transition are forced to resort to traditional methods or over the counter, unsupervised medications like contraceptive pills.

**Critical reflections on strategies for SRHR movement-building to address religious fundamentalism**

Participants in the roundtable spoke of a variety of strategies that they had been engaged in to address the issues discussed above. During the course of the discussion, there was also a critical reflection on these strategies, which we have attempted to capture below.

**Strategic use of public health arguments**

Given that SRHR issues are deeply contested in the context of religious fundamentalism, using evidence that demonstrates the public health reasons for introducing progressive policies can be an effective strategy. In places where menstrual taboos are entrenched, for instance, and any engagement around the issue is immediately polarised, it might be worthwhile to use menstrual health and hygiene as a starting point to begin talking about more contentious issues. Similarly, in Sri Lanka, the burden of maternal mortality due to a restrictive abortion law became an important reason to consider changing the legislation. Participants discussed that this is a double-edged sword, however, since such “scientific” arguments were also used to oppose the changes. Catholic doctors claimed “evidence” that only 0.001% of women who are raped are likely to become pregnant, to oppose the introduction of rape as a reason for permitting termination of pregnancy. Moreover, participants argued that utilitarian arguments should be employed with caution since a rights-based approach argues that the protection of human rights is a sufficient end in itself.

**Organising young people from within religious communities**

While the religious clergy is most often opposed to the progressive advancement of sexual and reproductive rights, ordinary individuals may hold different opinions or may take a less rigid view of a particular theological issue. In Sri Lanka, for instance, while the Catholic clergy led the opposition to amendments in the abortion law, ordinary Catholics, although not supportive of abortion, did not necessarily stand by the position of the Catholic clergy. While people had different personal positions on the issue of abortion per se, ordinary Catholics agreed that these are personal decisions and that it is not up to anyone to enforce their beliefs on others. Garnering such support for a public position on abortion was not easy, and there were real threats of ostracism by a particular parish or church, especially in a country where the community is a minority. Its effects are not just social but also material because people depend on religious communities for economic needs and services such as schools as well. Hence even though individual young people might disagree with a hard-line position, it was not easy to convince them to voice their dissent. Yet, a substantial number of people came together and formed a network that challenged the Catholic religious hierarchy’s position. Comprising a relatively privileged minority (Catholics), the network further was also able to organise and show support and solidarity for other minority communities facing violence.

**Fostering public debates on religion**

While institutionalised religion invariably seeks to control sexual and reproductive autonomy through the imposition of strict rules of behaviour, often detrimental to women’s health, it is undeniable that in South Asia, religious beliefs guide people’s public life and behaviour, including that of young men and women. Even as a human rights-based approach gives primacy to universal freedoms and places the onus of respecting, protecting and fulfilling the sexual and reproductive rights of all individuals on the State, it must be acknowledged that ordinary people are deeply influenced by religion. In this context,
some participants believed that theological debates that centre on progressive interpretations of religion could sometimes impact public opinion in a positive way. Popular writing on theology and progressive interpretations of sexual and reproductive rights within religion is one of the strategies that may work alongside other efforts. For instance, the Shia practice of Mut’ah marriages – a temporary pre-marriage contract between a man and a woman without the commitments and finality of a full-fledged marriage – can be interpreted as a progressive practice that allowed young people to get to know and gauge compatibility with each other before marriage. In a patriarchal society, however, the practice has come to be seen as equivalent to prostitution and has indeed been used as such (it is, in fact, seen as a permissible kind of prostitution). Other participants pointed out that this is not a problem-free approach since scriptures can be interpreted to suit the convenience of any stakeholder and can sometimes inadvertently contribute to the privileging of some over others. For instance, Hindu scripture was relied upon in a judgment on the rights of transgender persons by the Indian Supreme Court to emphasise that trans identities are not a western import but are rooted in Hinduism. At the same time, the Mughal and Islamic contexts that gave trans persons prominent roles and allowed them to flourish were ignored. 

Trans rights activists have called this the “saffro-nizing of the Hijra,” which is a part of the larger ongoing right-wing shift in India. Historically, experience shows that public policy privileges certain interpretations of religion and these are typically driven by conservative clergy, with the result that they have most often been regressive. As long as religious scripture is able to lend itself to the convenient position of SRHR advocates, it may help to move forward progressive agendas. But when it does not, it can be even more damaging.

**Building communities with marginalised communities through films and media**

Taking positions directly at odds with the religious or majoritarian establishment can oftentimes prove to be dangerous for youth advocates, sometimes endangering even their lives. The fear of backlash means that advocates have had to find new ways to address contentious issues of sexuality and reproductive health without directly confronting religious views. Films, too, are under scrutiny and are sometimes boycotted when they offend religious sentiments. Hence when a filmmaker wants to tackle contentious issues around sexuality and reproduction, they must not directly confront religion. One of the effective ways in which filmmaking was used by one of the participants from Pakistan, for instance, was through the use of storytelling that allows characters to tell their story rather than focus on the topic. By staying away from religion directly, the character is able to evoke more empathy, and the audience can relate to their struggles and circumstances. An example is the film Ghunghroo (https://www.youtube.com/watch?v=Wgq1o6jX6M), about a male dancer who practises a feminine dance form (Kathak) in Pakistan. Male dancers who practise this are often labelled as gay, and their art is stigmatised. The participant who had made the film explained how his approach

“allows the character to tell his story, how his neighbourhood has influenced him, how his family reacted to his passion for dance and so on. There is very little additional rhetoric or commentary other than the story of the character in the film. This allows the audience to relate to the character and has the potential to destigmatize issues without offending people’s religious views.”

**The way forward – intersectional movement-building across issues**

This roundtable emphasised the significance of understanding and acting on the interlinkages between political, social and cultural contexts with sexual and reproductive health while addressing the concerns of young people. Irrespective of the dominant religion, political structure, or constitutional/legal provisions and safeguards in each country in the region, we find that religious and nationalist discourses have a deep impact on social norms that govern young people’s lives. In order to substantively address sexual and reproductive rights, therefore, it is important to move beyond looking at immediate individual and community factors that affect young people’s choices and act on multiple levers that advance equity, especially in the political and social domains. The participants in this roundtable have engaged in these domains, have attempted to address political and social discourse in their effort to advance SRHR, and have reflected critically on some of their strategies. It is clear from their experience that SRHR issues manifesting against
the backdrop of religious fundamentalism and ethno-nationalism require broad-based alliance building and long-term, iterative and critical strategic thinking in order to address them. The basis of marginalisation of women and those seen as “others” within such a context is rooted in various structural factors, including economic and social rights and civil liberties. If sexual and reproductive freedoms of young people are to be addressed, the material factors (such as socio-economic conditions, educational levels, employment) underlying their lack of empowerment will need to be changed as well, and these are intricately intertwined with identity. This calls for a change in macro-political contexts that allow the growth of populist, fundamentalist ideologies and regimes. Recognising the interlinkages between economic justice, social justice and reproductive justice, young SRHR advocates must engage with broader struggles against ideologies that threaten the freedoms of all people.

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