

Agency in Community: Understanding Gender-Based Violence from within a Muslim Community in Lenasia, Johannesburg

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Abstract

This qualitative study examines how a group of Muslims in a conservative community in Lenasia, Johannesburg, engaged with Islam and gender-based violence (GBV). Drawing on the framework of lived religion and Saba Mahmood's conceptualization of agency and embodiment, the article highlights how the 13 interviewees actively negotiated their perceptions of and approach to GBV within their religious and cultural environment. First, the participants actively chose their religious authorities and illustrated how these authorities portrayed an Islam that is gender-just. Second, while largely opting to rather ignore than criticize probable patriarchal tones in their religion, participants freely expressed their critical views on patriarchy and GBV in relation to their culture. Through highlighting the agency and logic in the participants' engagement with GBV, the article underscores the importance of involving conservative religious communities in combating GBV in their own terms.

Keywords: Agency, gender-based violence, Islam, Lenasia, lived religion

Introduction

Globally gender-based violence (GBV) is a significant issue and South Africa is no exception (Enaifoghe, Dlelana, Durokifa, & Dlamini 2021). Research suggests that women in South Africa live in one of the most violent – yet religious – societies in the world (Petersen 2016:50). While religious activities

are practiced by almost 90% of the South African population (Petersen 2016:50), GBV remains a persistent issue of concern in the country.

Given religion's significant role in South Africa, it is critical to examine the relation between religion and GBV. The existing literature on this topic presents two primary perspectives: One that views religion as a negative factor perpetuating GBV (Nason-Clark 2020; Le Roux, Kramm, Scott, Sandilands, Loots, Olivier, Arango, & O'Sullivan 2016:23; Petersen 2016:53; Ellison & Anderson 2001:270), and another that regards it as a potential positive force in mitigating GBV (Bent-Goodley & Fowler 2006:282; Gillum, Sullivan, & Bybee 2006:243).

The view that religion can justify and perpetuate GBV is often grounded in the idea that certain religious practices and interpretations uphold patriarchal norms (Nason-Clark 2020:245). Patriarchy within religious contexts is then viewed negatively, particularly when religious interpretation positions the husband as the primary decision-maker and relegates the wife to a caretaker role (Ellison & Anderson 2001:270). Petersen (2016:50), in reflecting on the groundwork conducted by the South African Faith Family Institute, proposes that religious communities in South Africa, particularly those from the Abrahamic faiths, review attitudes toward women.

Studies by Alexander and Welzel (2011), as well as Cheema (2014) indicate that Muslim communities might be more inclined towards patriarchal ideals than non-Muslim ones. Research further shows that GBV is a concern within South African Muslim communities and that problems related to GBV in the Muslim community align with national concerns (Enaifoghe *et al.* 2021:123; Suleman 2019; Rasool & Suleman 2016; Rasool 2012b; Nordien, Alpaslan, & Pretorius 2003). Yet, most of the existing research on religion and GBV in South Africa stems from the context of Christianity (Nason-Clark 2020; Le Roux *et al.* 2016:23; Petersen 2016:53). An investigation into the perspectives and actions of Muslims regarding patriarchy in the context of GBV is thus imperative.

In addition to a religious justification of patriarchal norms, religious leaders' interpretations of sacred texts may also be used to justify GBV against women, reinforcing societal attitudes that support GBV (Le Roux *et al.* 2016:23). Understanding the role of the Qur'ān in the context of GBV is crucial, since it is the seminal text of Islam which holds an unquestioned status among Muslims, serving as a comprehensive source of guidance (Dunn & Kellison 2010:14; Akhtar 2007:186). Hence, the Qur'ān is scrutinized for its

perceived advocacy of GBV (Ghafournia 2017; Bakhtiar 2011; Ibrahim & Abdalla 2010; Maguire & Shaikh 2007; Silvers 2006). While substantial research in this regard exists globally, empirical studies on GBV within the South African Muslim context are limited (Suleman 2019; Rasool & Suleman 2016; Rasool 2012b; Maguire & Shaikh 2007).

Conversely, and as already noted above, some scholars suggest that religious beliefs and institutions can be harnessed to resist GBV and to develop solutions to reduce or eliminate it (Bent-Goodley & Fowler 2006:282; Gillum *et al.* 2006:243). They argue that religious beliefs can serve as a coping mechanism for victims of GBV, providing solace and spiritual support (Bent-Goodley & Fowler 2006:282; Gillum *et al.* 2006:243). In short, while the faith sector can perpetuate attitudes and practices that encourage GBV, it also has the potential to address and transform religious discourse to positively contribute to combating the phenomenon (Petersen 2016:53).

Numerous studies have been conducted on gender-related issues and Islam in South Africa. These existing studies on gender and Islam primarily focus on marriage (Rasool & Suleman 2016; Shaikh, Hoel, & Kagee 2011), divorce (Rasool & Suleman 2016; Gabru 2004), and sexuality (Hoel & Shaikh 2013; Shaikh *et al.* 2011) and are often centered on the experiences of women in the Muslim community.

Within this broader debate, the current article¹ examines through an empirical qualitative lens how a group of Muslims from a conservative Muslim community in Lenasia, Johannesburg, engaged with GBV through Islam. It is argued that the research participants actively negotiate their perceptions and approach to GBV, drawing on both conservative religious discourses and their own lived religious and cultural experiences. While hardly challenging dominant religious perspectives and at times aligning with views that could be labelled patriarchal, the article indicates – using Mahmood’s notion of agency and embodiment as a theoretical tool – that the participants are active agents making sense of GBV in the intricate context of their religion and community. Importantly, in the interview data, one hears a voice that calls for justice for women in a way that aligns with what Islam means in and to this community, even if this justice may look different from a secular feminist ideal of such. In

¹ This article adapts parts of Lombard’s MA dissertation (cf. Lombard 2023). Hankela served as Lombard’s MA supervisor. The two authors jointly adapted and further developed the research from the dissertation for this article.

line with existing research on faith-based organizations, this argument calls attention to how conservative religious communities can be involved in the broader work to combat GBV. Interventions within unique cultural and religious contexts can only be effective if they are committed to understanding the world from within that space.

Theoretical and Methodological Choices

This qualitative research project focused on the experiences and perspectives of a small group of research participants in Lenasia, Johannesburg. Data were collected in 2021 and 2022 through semi-structured interviews aimed at perceiving the research problem through the participants' eyes (Bryman 2016:469). This methodological approach was informed by the chosen theoretical framework of lived religion that emphasizes individuals' lived religious experiences as opposed to what religion is within organized religious institutions (Yauch & Steudel 2003:472).

The framework of lived religion provided a lens through which to explore the relation between Islam and GBV, shedding light on how Muslims in the selected community experienced their faith amidst everyday life. This theoretical lens does not frame such experiences as the final truth of Islam. Instead, it foregrounds individuals' understanding of faith and how it shapes religious discourse on GBV. As such, the framework also acknowledges that these faith-related experiences are embodied and shaped by social and individual contexts. Mahmood (2001:224), in discussing embodiment, notes how Muslims in a community that she studied, were 'engaged in embodied relationships to the world and themselves[, and explains how that was] once understood as an enactment of structures of inequality, often serve[d] as the theatre in which already known projects, affects, and commitments are played out' (Mahmood 2001:224). This insight emphasizes the relation between individual agency and the socio-religious contexts in shaping faith practices, underscoring the idea that religious practices are embodied and experienced in various ways.

Lived religion as a concept is first introduced by David Hall (2020:5) who explains that, in the context of studying religion, it permits a comprehensive understanding of the meaning of religion and allows for examining religious practices and beliefs from various perspectives. At the

heart of the work of key scholars in the field of lived religion, such as Hall (2020), Nancy Ammerman (2007), Robert Orsi (1997), and Meredith McGuire (2008), is the idea that religion is not confined to religious spaces or predefined notions of what constitutes religion. Instead, religion is uniquely lived and experienced in everyday settings. For this study, the conceptual choice to employ the lived religion lens facilitated an exploration of GBV and Islam through the religious experiences of Muslim research participants outside the institutional religious spaces, but also individual religious leaders, as motivated below.

In appreciation for the findings that stemmed from the data analysis, the notion of agency was included in the theoretical toolkit of the study. Mahmood's work on female submissiveness and docility in the context of conservative Muslim communities in Egypt provided a definition of agency that resonated with this study. Mahmood suggests that 'the notion of agency must be understood not only in the idiom of progressive politics, as the liberal tradition has tended to do, but also in the multiple registers of cultural and religious meanings' (Mahmood 2006:44). She regards traditional secular feminism as limiting 'the conceptualisation of agency to acts that further the moral autonomy of the individual in the face of power' (Mahmood 2006:32). Therefore she defines agency as 'a capacity for action that historically specific relations of subordinations enable and create' (Mahmood 2001:203). Desire is a social construct. Therefore people in different contexts desire different things, and this leads to women's capacity for action materializing in ways that are not necessarily aligned with secular feminist principles, which are also socially constructed. Even women who show docility and submission, and thus possibly reinforce male dominance, cannot be disregarded as lacking agency (Mahmood 2001:225). The lived religion framework supports the incorporation of Mahmood's 'agency' in making sense of the data, as both aim to give serious thought to the voices of community members while at the same time not universalizing these voices to speak for Islam or Muslims everywhere.

As a case study focusing on Lenasia, this study aimed to answer the research question through a specific place and space. The suburb was chosen as the research site because of its sizeable Indian Muslim community, as well as the first author's (Lombard) familiarity with Lenasia due to her residing in the area. Lombard also practices as a female religious scholar in Lenasia, which makes it easier to connect with locals. This also required her to continuously remain self-reflexive about her positionality and research ethical matters, such

as voluntary consent. Moreover, since Lenasia is regarded as a religiously-committed community, it was considered as a viable space to make sense of the research question, not only with regard to Lenasia, but also to think theoretically about Islam and GBV in the everyday experience and perspectives of people who adhere to Islam.

After receiving ethical clearance from the Research Ethics Committee in the Faculty of Humanities at the University of Johannesburg, Lombard conducted a total of 17 interviews with 13 participants. The interviews ranged from 30 to 120 minutes, with an average duration of 68 minutes per interview. Not all interviews led to follow-up engagements. However, when such engagements occurred, they were geared towards clarification and expanding the information obtained during the initial interviews (Rowley 2012:265). The interview guide covered three main areas of questioning: 1) General personal information, 2) personal views or experiences related to GBV, and 3) views or experiences regarding Islam and GBV.

Of the 13 participants in the study, six were men and seven were women. Some participants lived temporarily in Lenasia or had recently moved out of the suburb, while others had grown up in and continued to live in the area. Participants were between 22 and 48 years of age, and all came from a similar middle-class socioeconomic background, thereby limiting the findings to a particular socioeconomic context. Furthermore, the sample included born Muslims as well as converted Muslims. Among the eight lay participants were people from various educational and career backgrounds, such as lawyers, NGO workers, and traditional healers. Besides the laity, four religious leaders and one counselor participated in the study. It should also be noted that all participants were born South Africans of Indian ethnicity, which can be regarded as both a strength and a limitation. As Baderoon (2014:16) explains, on the one hand, segregating Muslims by race in existing studies in South Africa could be an enforcement of apartheid's racial categories but, on the other, the role race plays in the unique experiences of Muslims in South Africa should not be ignored.

Moreover, through observing the dress codes of the participants, it was clear that they adhered to relatively conservative Islam. As for their sectarian background, all participants seemed to engage in Deobandi thinking, even if this was not discussed with them, further limiting the expressions of Islam ascribed in this article to a particular group of adherents. This being a small qualitative sample further highlights the point made above that the study did

not aim at uncovering the truth about Islam and GBV but rather aimed to make sense of the research question in the particular context of this specific community.

The analysis stage drew on selective tools linked to grounded theory, namely open coding and axial coding. Through open coding, several initial codes were generated. During axial coding, broader categories were identified through comparison and drawing connections between codes. These categories served as the basis of analysis. For example, a particular set of codes, namely 'culture and identity', 'culture and religion', 'cultural expectations', and 'culture of silence', were combined under the category 'culture'. Merging the codes into the different categories enabled the analysis of relations between culture, identity, religion, and GBV, which are central to this article.

Islam, GBV, and Agency in Lenasia

The next five sections present and discuss the findings of the study to support the argument presented above. Overall, the five sections put forward distinct themes from the data to demonstrate how the participants used their 'capacity for action that historically specific relations of subordinations enable and create' (Mahmood 2001:203) and made sense of a world where they respect the humanity of women within the parameters set by their religion – or at times through ignoring a particular religious text or idea while not explicitly denouncing it.

The first section provides context to the analysis in outlining the participants' perception of GBV as revealed by their own definitions of the term. The participants focused almost exclusively on GBV against women within heterosexual marital relationships.

The second and third sections focus on the participants' take on religious authority and the religious voices they listen to when making sense of GBV. The Prophet was centered as the key religious source to guide the laity in considering GBV. Religious leaders were a second important religious influence on the lay participants. Yet, people were openly critical of leaders on matters they did not agree with. Contrastingly, the Prophet² was not critiqued

² The Prophet Muhammed, peace be upon him, is a key figure to the Muslim populace, believed by Muslims to be the final messenger of God. Part of traditional Islamic practices dictates a sending of salutations upon the prophet with every

at all. It is therefore evident that the participants managed to make sense of a world where women are respected in a manner that respect was understood in this community. Additionally, while the lay participants were clear that they would not dissect the Qur'ān on the matter of GBV – even if the researcher prompted them to – the male religious leaders chose to interpret the Qur'ānic verse 4:34³ in terms of a social context, and forbid any violence towards women that it might allow. Whereas the laity chose the freedom from having to deal with the sacred text in an intellectual manner, the leaders explained the text in a way that escaped a literal interpretation. While in relation to the Qur'ān, the agency of the two groups looked very different, defined by their religious contexts, they ultimately agreed that the beating of wives is unacceptable, regardless of verse 4:34.

In the fourth and fifth sections, the discussion moves to examining the relation between culture and religion. These sections reveal how a focus on culture allowed the participants to freely criticize things that they perceived as enabling GBV. With respect to religion, the convictions and beliefs related to Islam were considered positive forces, even in cases where they seemingly reinforced patriarchy. Yet, the religious leaders could be and were also criticized. In a way then, the participants were able to forge their own opinions about gender relations and GBV, while remaining loyal to their religious community.

mention or recital of his name, while the omission of this salutation is considered disrespectful or even sinful. Salutations are mentioned here as a homage of respect to the historical figure as well as to the community studied for this article and are to be kept in mind for every mention thereafter. The addition of the salutation here also portrays the exact way the studied community referred to the prophet.

³ 'Men are the protectors and maintainers of women because Allah has given them more (strength) than the other and because they support them from their means. Therefore, the righteous women are devoutly obedient and guarded in (the husband's) absence what Allah would have them guard. As to those women on whose part ye fear disloyalty and ill-conduct, admonish them (first), (next), refuse to share their beds, (and last) beat them (lightly); but if they return to obedience, seek not against them means (of annoyance): For Allah is Most High, great (above you all)' (The Qur'ānic Arabic Corpus Translation 2022).

A Definition of GBV as Informed by the Participants' Religious Lenses

This section illustrates how locally accepted religious discourses informed the participants' perceptions of what constituted GBV and frames the discussion in the following sections. The interviews offered research participants an optimal opportunity for freely exploring topics relevant to the study. In line with this, a conscious choice was made not to impose any definition of GBV on the participants, but to instead allow them to determine the meaning of GBV. Even though GBV as a term includes all those who experience violence based on their gender (Graaff 2021:6), participants viewed women and children as primary victims, with little acknowledgement of men as GBV victims. Moreover, GBV was discussed within heterosexual marital relationships, neglecting other non-marital relationships. Lastly, while the participants spoke of various forms of GBV, emotional abuse received the most attention in discussions.

First, GBV was predominantly understood by the participants to be acts of violence committed by men against women or children. Ridwaan's⁴ comment sums up the view of the participants at large: 'GBV is being physical and exercising strength of a male over a female'. While some participants admitted that men might be victims too, the idea was mainly dismissed, with one participant even reasoning that it was absurd that a man could be a victim of GBV. The views shared by the research participants are consistent with research and statistics that show women and children as the most common victims of GBV in South Africa, where violence against women and children is a significant concern (Enaifoghe *et al.* 2021:123; Graaff & Heinecken 2017:622; Baldasare 2012:1 of 12). As the experiences of abused men may go unreported and unresearched, the interviews in this study highlight the need for research on attitudes towards GBV as experienced by men (Graaff & Heinecken 2017:622).

Second, all 13 participants spoke about GBV within a marital relationship, with only one respondent referring to GBV within the context of a dating relationship. The influence of Islam in their engagement with the question of GBV became most apparent in the fact that none of the participants considered or referred to same-sex relationships or members of the LGBTQ community, despite this being a concern in South Africa at large (Botha 2021:1). The exclusion of LGBTQ and non-marital relationships in the

⁴ All participant names are anonymized to protect their identity.

interview conversations indicates a devotion to traditional Islamic values. Yet, it is also possible that participants decided not to discuss non-marital relationships or the LGBTQ community in a show of religious expression while navigating these issues in the community in a different manner in practice.

The way participants discussed GBV, holding on to the conservative views mentioned above, also allowed for questioning how Lombard's positionality as a traditional female scholar (including a conservative dress code) possibly shaped this research. Participants could have defined GBV exclusively in a conservative tone because they were uncomfortable expressing supposedly liberal positions to religious scholars. Yet, it still appears justifiable to argue that Islam, as understood and embodied by participants, clearly influenced how they discussed marital relationships as the context in which GBV occurs.

Third, GBV was explained to be physical, sexual, and/or emotional violence. Seven of the participants discussed emotional violence, making it the most extensively addressed form of GBV in the study. Emotional violence was described as including criticism, insults, slandering, and behaviors that destabilize the victims' sense of reality. Participants expressed concerns about the long-term harm caused by emotional abuse and the challenges in recognizing and addressing it. Yasin, for example, emphasized its potential for lasting damage, while Naseema and Ahmed highlighted the societal tendency to trivialize emotional and mental abuse. These findings align with research by Mohamed-Kaloo and Laher (2014), which reveals a significant stigma around mental health in the Indian Muslim community in Lenasia. Their study has found that mental health issues are often hidden from families and the public, a trend mirrored in the lack of recognition of emotional abuse as a severe issue reflected above.

The Choice of the Prophet as the Religious Authority on GBV

Participants displayed agency – or ‘a capacity for action that historically specific relations of subordinations enable and create’ (Mahmood 2001:203) – in choosing what religious discourses within Islam they regarded as important and authoritative when considering GBV. The Prophet was central to people's understanding of Islam and GBV, while the Qur'ān was not. Participants unanimously asserted that, based on the example of the Prophet, Islam could not condone GBV. Most people's responses largely ignored the possible

implications of violence in the Qur'ān as they unpacked Islam's position on GBV, even if the authenticity of the Qur'ān is beyond reasonable doubt or debate within Islam in general (Dunn & Kellison 2010:14; Akhtar 2007:186). Indeed, as McGuire (2008:12) argues, people's practices of religion frequently diverge from the religious doctrines sustained by religious institutions. Hence, focusing research on individuals enables an understanding of the differences between their religious experience and the prescribed religion of institutionally defined ideas and practices.

From the findings, it was clear that the Prophet played a central role in the lived experiences of the research participants. All participants portrayed the Prophet as a living example and primary authority figure, using the terms 'Islam' and 'the Prophet' interchangeably. Moreover, all the participants consistently referenced the Prophet when discussing their experiences and perspectives on GBV and Islam, highlighting the Prophet's pivotal position in influencing their religious beliefs and daily lives. The constant reflection on what the Prophet did when discussing GBV displayed the participants' orientation towards his lifestyle and teachings as the guiding principle for their own behavior and decision-making. Notably, the participants did not initially make frequent references to Allah or the Qur'ān when discussing Islam and GBV, further emphasizing the dominant position of the Prophet in their religious engagement with this social question. Unanimously, all participants expressed that Islam does not condone acts of GBV and drew on the Prophet's life as a model of how to treat women with kindness and respect, displaying a particular interpretation of the Prophet's life and, hence, agency to see the world in this way. Zaheera, for example, explained, 'I mean, it [Islam] teaches people to be kind to their spouse...and our Prophet was kind to his spouses...He was a role model to every man and woman out there on how to behave'.

On the contrary, participants refused to dissect the text of the Qur'ān to derive an understanding of GBV. None of the laity in the study referred to the Qur'ān when discussing GBV. When prompted to talk about the Qur'ān and examine verse 4:34, the laity reacted in various ways. Participants either became upset and did not want to talk about the verse or expressed a perspective that the word of God was final. Ridwaan, for instance, remarked, 'This is a tough one. Now, everything changes because we are dealing with the book of Allah. So now, everything has changed...The reason is that it is the word of Allah. I trust that the law in his [referring to Allah] infinite wisdom must have been given to us for some reason; there is some reasoning behind

it'. Ridwaan also chose not to comment further on the text, stating, 'I am afraid to comment on it. I do not have enough knowledge about it... This is a tough one for me because I am caught between the word of Allah and my personal beliefs'. While there was an acceptance of the Qur'ān as the word of God, participants like Ridwaan displayed an alienation in that they were reluctant to engage with it. Evidently then, the Qur'ān did not feature as an authority when responding to concrete issues such as GBV.

While freely admitting the difficulty of engaging with the Qur'ān in terms of understanding its injunctions, participants still asserted the centrality of the Qur'ān in their lives as they actively chose an oral and spiritual experience when engaging with it. Sumayya testified, 'My Qur'ān for me is my best friend. If I am having a bad day and I am in a bad mood, I just must read it, and I feel calm'. For her part, Naseema stated, 'I would love to say that the Qur'ān is my source of guidance, but unfortunately, I don't understand what I'm reading'. She continued, 'I read portions of it every day for blessings'. Diyana added, 'When I have insomnia, I can't sleep at all. I wouldn't turn to my Netflix or my social media, whatever. What I would do is listen to the Qur'ān, and it makes me feel so much better'. The way participants engaged with the text on a spiritual level and then disengaged on another by refusing to engage the text in relation to GBV – even when being asked about this in interviews – speak of agency over their own religious experience and over their take on GBV.

While unrelated to our argument, it is worth mentioning that, based on these findings, the academic discourse on Islam and GBV appears rather divorced from the everyday experiences of the research participants. Orsi (2005:183-192; 2011:3-6) argues that academia frequently elevates some religious rituals, beliefs, and experiences while demeaning other religious activities. In the context of GBV and Islam, the scholarly discussion is focused on the Qur'ān, with most studies on GBV and Muslims centering on verse 4:34 (Barlas 2019; Ghafournia 2017; Bakhtiar 2011; Ibrahim & Abdalla 2010; Maguire & Shaikh 2007; Silvers 2006). The Prophet, on the other hand, is less prominent in studies on GBV and Islam. The disconnect is therefore evident between what is regarded as important in the academic debate and what Muslims in Lenasia value in daily interactions with their religion, particularly in the context of GBV.

Ambiguity in Determining the Role of Religious Leaders in the Context of GBV

Alongside the Prophet, religious leaders emerged as another authoritative religious influence in thinking about GBV and Islam. In interviews with the laity, it became evident that religious leaders played an integral part in the community in various ways relevant to GBV. Being viewed as intermediaries to religious texts, they held the power to interpret and generate ideas related to religion. Moreover, acting as community counselors addressing family-related issues, they often were first responders to cases of GBV in the community. Of the 13 research participants, nine referred to religious leaders influencing the perceptions of gender and GBV. Yet, participants shared both positive and negative experiences when explaining how religious leaders engaged the community in incidents related to GBV.

Aalima Tayyaba emphasized the positive impact that religious leaders had on the lives of people. As illustration, she recounted the story of a woman who had experienced GBV and ended up having to leave her marital home. Reportedly, the woman explained that attending counseling with her Apa (female religious scholar) saved her life. She gained the courage to leave her abusive relationship. Similarly, Ridwaan shared the story of someone who was experiencing physical abuse. When she wanted to stay in the marriage to ensure her safety, a Mawlana made an agreement with her husband that if he ever hit her again, a divorce would follow. These shared stories indicated religious leaders' positive engagement in addressing GBV in the community. The story shared by Ridwaan also allows for reflection on how religious leaders negotiate between Islamic textual laws and their social contexts, to some extent transforming religious practices.

Although religious leaders clearly enjoy a position of authority in the community, participants did feel free to criticize them without criticizing either the Qur'ān or the Prophet. Two lay individuals and one female spiritual leader were critical of male religious leaders, specifically with regard to how they approached and dealt with GBV in Lenasia. Zaid raised the concern that *Ulema* (male religious leaders) were not adequately trained as counselors. It was also mentioned that there was often no follow-through or checking when providing counsel to victims. Additionally, counselor Zaheera stated that she had encountered two clients experiencing marital discord who had been advised to

be patient. She narrated that ‘the *Mawlana*⁵ took the husband’s part’. Evidently, in these instances religious leaders and their interpretations of religion were highlighted as problematic. The dual role religious leaders can play in mitigating as well as instituting GBV is consistent with literature that presents the faith sector and their involvement in GBV as a ‘double-edged sword’ (Petersen 2016:53). On the one hand, religious leaders have the power and the capacity to address GBV. On the other hand, such power and potential may be used to perpetuate and condone attitudes and practices that encourage GBV (Petersen 2016:53).

Literature positions male religious leaders as instigators of GBV by privileging patriarchal interpretations of religious texts (Hoel 2012; Rasool 2012b; Abrahams-Fayker 2011; Rasool & Suleman 2016; Maguire & Shaikh 2007). However, in this study, participants who were religious leaders themselves rather interpreted verse 4:34 similarly to feminist scholars to support fair treatment of women (Seedat 2016:140; Shaikh 2007; Barlas 2004:1; Wadud 1995). With reference to the implication of beating in verse 4:34, three out of the four religious leaders agreed that violence to one’s spouse was under no circumstances allowed. As Mawlānā Salim explained, ‘Even if a man himself comes and says that this verse exists, no Mawlānā will tell him it’s okay to practice on it and hit his wife’. Mawlānā Ahmed explained that in the Qur’ān, Allah commands you with goodness to your parents, ‘those who are close to you, orphans, the poor, travelers, even someone sitting next to you, to the extent of even be good to your workers’. He explained that ‘Allah said, “Do not harm these people”, so why then will you be able to harm your wife?’ He further asserted that if ‘people say the Qur’ān is giving consent ordering you to perpetrate GBV, it is something that I cannot accept, I cannot accept it based on the explanation I gave you’.

While it would be naïve to think that this small, limited sample represents all Indian male religious leaders, it allows for further contemplation on how the current research could be expanded to provide further insight into Muslim religious leaders’ engagement with GBV in their communities. Indeed, highlighting the respect towards women which emerged from the data is by no means meant to paint this community as one where gender justice prevails. Rather, it is used to illuminate that the world is constructed in a different way from within this space. It also demonstrates how this way is logical and should

⁵ This term is used among the community to refer to male Muslim religious leaders.

be engaged if we as a collective wish to have a positive impact on the lives of women.

Calling out Patriarchy in Indian Culture while Embracing it in Islam

The participants considered patriarchy, shown to play a role in perpetuating GBV (Centre for Sexualities, AIDS and Gender 2017; Sultana 2012), in two distinctively different ways: Whereas they were very critical of patriarchy within the Indian culture, they were clearly accepting patriarchal values within Islam. In other words, the participants aired their criticism towards patriarchy through discussing culture, but at the same time chose to see patriarchal religious beliefs as a positive force. Most participants discussed patriarchy as a negative concept responsible for gender bias against women, with only one participant referring to the Indian culture imposing toxic masculinity on men.

The interviews positioned patriarchy as a by-product of Indian culture. As such, the phenomenon tended to reinforce harmful gender roles, such as the expectation that women are responsible for household chores and childcare. Ridwaan explained, ‘Males are generally given dominance or... authority in the home. For example, something simple: If we were to sit down to eat, men would eat first. Women would always serve the men. After the men are done, then only women can eat’. Mawlānā Ahmed explained that in the Indian culture, a woman’s only job is to sit at home, have children, and make tea the entire day. The participants further indicated that the Indian culture frequently undervalues the contributions of women and portrays them as non-valued members of society, which might result in the mistreatment of women.

Patriarchal issues were also brought up in the interviews by the participants in the context of Islam. More specifically, participants highlighted differences in Islamic dress codes between men and women as well as the Islamic rulings that restricted women’s movements. However, the participants did not criticize these gender differences in Islam. Similar to existing research, they regarded all these differences between men and women as part of a functional gender model that caters to unique biological differences (Mir-Hosseini 2009:37; Kia 2019:251). Islam was regarded as liberating to women by all the participants. While four research participants acknowledged that certain Islamic injunctions could be considered as patriarchal, they felt that religious injunctions, even if patriarchal, added value to their lives.

In discussing women and traveling, four interviewees noted that women not being allowed to leave their homes unnecessarily could be

perceived as limiting. Ridwaan acknowledged that, in certain aspects, Islam affords men more rights. When probed to elaborate on the rights men enjoy over women in Islam, he provided the following example: ‘One of the first things that come to my mind is that a woman should not leave her home without the permission of a husband’. However, these interviewees contextualized the limitations on women’s movements as protection for them, arguing that the world is a scary place for women. Layla and Hamza made sense of travel limitations by referring to the physical differences between men and women, emphasizing that women are in general physically weaker than men. In all instances, the participants opined that there was wisdom and reasoning for injunctions that seemingly privileged men in Islam. While the participants criticized culture, they actively privileged religious belief when it came to patriarchy. For them, religious practices related to the patriarchal differences within Islam made sense.

To recap, participants were keen to make a clear divide between religion and culture, and as such dealt with the two separately as they discussed patriarchy. Negotiating an understanding of patriarchy differently in culture and religion highlights the agency to engage with and negotiate Islamic practices in a way that made sense to participants but also to criticize ways of being that enable GBV. This finding seems to challenge research on South African Indian Muslims that explains how Indian Muslim communities in South Africa have historically shifted between prioritizing Indian culture and religious identity, with globalization influencing a move towards religious identity over cultural identity (Vahed 2020; 2021; Dangor 2004:253). Dangor (2004:253) notes that Indian identity has largely been set aside, except in food preferences where cultural influence persists. Contrary to this, the data collected for this study reveal that inasmuch as participants centralized religion, Indian cultural expectations continue to significantly shape the experiences of GBV among participants. Importantly, participants prioritized religious conviction, even if it promotes the submission of women, as a positive choice – much in line with what Mahmood (2001) has argued in her work among conservative Muslim women in Egypt. Yet, they were vocal in calling for women to be better respected when speaking of their cultural heritage, calling out patriarchal ways of being.

Silence and Stigma Caused by Culture and Ignored by Religion

Participants spoke negatively about the prevalence of silence and the lack of discussion on GBV within their Indian community. In their view, this silence also reached the religious spaces like the masjid and the madrasa. As in relation to religious leaders, but unlike the relation to the Qur'ān or religious injunctions, here too participants were openly critical about religious practices in their community.

Silence in relation to GBV was discussed by eight of the research participants. Linking silence to the Indian culture, they made references to 'Lens people' or 'us Indians' when discussing the societal and cultural attitude of silence about GBV in the community. In other words, much like in relation to patriarchy, participants saw the Indian culture and the community's norms as factors contributing to the silence about GBV. Notably, they spoke about this freely. For example, in explaining the lack of conversations on GBV, Aalima Naseema argued, 'It all goes back to our culture. It is something you do not speak about'. In the same vein, Ridwaan expressed that amongst Indians 'you keep your personal stories quiet'. Mawlānā Ahmed related how he counseled an Indian student for GBV but could not even approach the victim's family because she was too afraid to talk to them about it. All in all, the responses indicated that in Lenasia, GBV was not a topic easily discussed among Indian community members.

In response to the question of why GBV is not openly spoken about, participants proposed that stigmatization and a lack of support in the community were instrumental in silencing people. Counselor Zaheera explained that 'people are afraid of what others will say, so they do not talk about it', and connecting GBV to shame, Aalima Naseema asserted, 'it [GBV] is very prevalent, but many people do not know about it. And I think it's very hidden because it is regarded as a shameful thing'. Additionally, Zaid identified a lack of support to victims in this Indian community as a reason why people keep quiet and do not discuss GBV. He explained, 'So, I feel as though as Indians, maybe we do not give that support type of structure for the woman to come out and speak about it'.

The silence of victims was identified as a mitigating factor for the state of unawareness of GBV in the community. Counselor Zaheerah linked silence and stigma here to being a Muslim. Unlike the other participants who only discussed this in relation to the Indian culture, she suggested that 'in the Muslim community, many women would not openly come out to say that they

are in this situation'. She emphasized the damaging effect of keeping quiet when experiencing GBV and reasoned that 'they should come out from being silent. Because if they can come out, it will give other young women the courage to come out – because it's happening, I know it is happening'. In sum, her response suggested that, to break the cycles of GBV, it was necessary to break the silence. The study findings, which revealed a reluctance to speak about GBV in the community, confirm the findings by Rasool (2012a) who illuminates how, in the South African context, abuse is ignored and treated as a private matter by society. When abuse is not viewed as a public responsibility, it eventually contributes to a situation where women who experience violence cover up their experiences due to the stigma related to GBV (Rasool 2012a).

Importantly, participants furthermore explicitly offered insight into how Muslims in the community respond – or rather do not respond – to communal silence. The general perception of participants was that GBV was not addressed in religious spaces, such as masjids or madrasas. So, as much as the religious leaders were perceived as important people in guiding the community in issues related to GBV, direct conversations on GBV were absent. Mawlānā Ahmed and Hamza stated that they had never heard a *Jum'ah* talk (main sermon on a Friday) about GBV. In reference to traditional seminaries for women, Aalima Naseema averred, 'Come to think about it, you are never taught what to do if your husband hits you'. Aalima Tahera, in a similar fashion, explained that GBV is 'not something you touch on' in the seminary. Evidently, GBV was not a discussion topic in religious spaces. Two participants, in attempting to clarify why this was the case, indicated that one does not expect Muslims to be involved in GBV. However, religious leaders not addressing GBV in the community could further enforce the culture of silence, amplifying the negative effects thereof. A lack of awareness of GBV or a lack of willingness to accept that GBV exists in religious communities could be detrimental to addressing and combatting this evil within the community. Religious leaders might unintentionally ignore the stigma that participants spoke about in the broader community and enforce silence as a response to GBV.

To recap, the participants were critical about the silence and stigma around GBV in their community. While they pointed fingers at their culture in creating this situation (apart from one participant who also mentioned religion in this context), they freely criticized religious spaces as well, and by extension,

religious leaders, for not doing anything about this or raising an awareness of these issues. Seminary classes or *Jumuah* talks were portrayed as an unutilized platform to make a difference. While all participants held religious convictions close to heart and hardly challenged them, religion for these participants was not a factor that would limit the ability of the community to counter GBV. Although a capacity for action here is strongly informed by the ‘historically specific relations of subordinations’ (Mahmood 2001:203), it definitely exists.

Conclusion

This study set out to examine how Islam influences the discourse on GBV among Muslims in Lenasia, Johannesburg. The individuals in the study actively engaged with their faith to assess the causes of GBV and explore potential solutions to GBV. While the community rarely challenged the dominant religious perspectives and sometimes aligned with seemingly patriarchal positions, their critical engagement demonstrated an active interaction with their religious and social settings, positioning them as active agents as they discussed GBV and Islam in the community.

When participants were invited to present their own definitions of GBV, the data revealed a reliance on traditional Islamic values. They framed GBV as predominantly violence by men against women and children within heterosexual marital relationships. This allowed for arguing that Islam was significantly shaping the studied community’s responses to GBV, highlighting the impact of Islam on societal framings of GBV.

Participants prioritized the Prophet’s example over textual interpretations. This choice of the Prophet as the central religious authority on GBV over the Qur’ān indicates an organic lived religious experience, shaped by an active engagement and a conscientious choice by the faith community. To add, the role of religious leaders emerged as both influential and detrimental, with leaders sometimes mitigating and sometimes perpetuating GBV through their interpretations and counseling practices. Participants also displayed a dual approach to patriarchy, criticizing it in their Indian culture while embracing it within the Islamic practice and highlighting the pervasive silence and stigma around GBV, enforced by both culture and religion.

It is important to remember that the findings are context-specific, grounded in a particular space and time, embodied by the selected participants.

As such, this study did not aim to present a homogeneous view of Islam and GBV. This focus may limit the representation of broader experiences and perspectives on GBV, as the insights are derived from data unique to this particular context.

Yet, and in conclusion, the research findings suggest that effective GBV interventions must consider communities' religious and cultural contexts, engaging with religious discourses and leaders to foster change. The empirical evidence presented allowed for the investigation of how the lived realities of faith communities diverge from institutional doctrines, emphasizing the importance of studying religious practices and beliefs as they are experienced and embodied by individuals. Importantly, the interview data reveal a call for justice for women that aligns with what Islam means to this community, even if this justice differs from a secular feminist ideal. This argument highlights how conservative religious communities, such as the one engaged in this study, can be engaged in a broader effort to combat GBV. For interventions to be effective within unique cultural and religious contexts, we need to be dedicated to comprehending the world from the multiple perspectives of those spaces.

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