



LUMS

Saida Waheed  
Gender Initiative

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# GENDER BI-ANNUAL



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# THE FIFTH ISSUE



**W**e are very excited to bring you the fifth issue of our Gender Bi-Annual. As before, we feature a diverse set of voices from across multiple areas of work. This issue also brings you student pieces from the grantees of the Saida Waheed Gender Initiative Student Research Grants 2022-2023. In this issue, our focus is pulled towards a myriad of issues that inform gendered life in Pakistan. From mental health to legal infrastructures or even surgical contraception, we look at how harm can be generated and compounded by a dearth of gender informed policy. We also see how different programs by a microfinance institution and an NGO can play a service delivery role at the community level in the absence of governance. Some pieces push us to peer into our historical trajectories of gender marginalization, while others push us to question gendered existences in relation to ourselves and others. In all, the pieces and their authors challenge us to think deeper and do better for all marginalized voices in Pakistan.

In Practitioner Voices, we begin with a piece where a psychologist reflects on the challenges faced when accessing mental health services in Pakistan. The second piece of this section looks at the work of an NGO in providing health insurance to marginalized women. In Academic Work, our contributor critically assesses a paralegal community program and its capacity to address disputes and issues of women within communities in Sindh. The Gender and Design section features a reflection on doing feminist research and the ethics that inform it. Student Features, our last section carries five pieces with the first detailing the historical marginalization of Khwajasiras, the second analyzes how the law and legal infrastructure are inherently anti-poor, the third piece uses women grief memoirs to unpack the intricacies of the mother-daughter relationship, the fourth contributor unpacks the possibilities of a queer utopia, and finally the fifth contributor critically investigates surgical contraception in Pakistan and how discounting cultural barriers contributes to policy gaps.

# LET SANITY PREVAIL



Image: [freepik.com](https://www.freepik.com)

SARAH DAWOOD

**H**aving volunteered at an addiction rehab center in Karachi, I bore witness to some complex struggles faced by women in urban Pakistan. Being a middle-aged Pakistani woman myself, some of their personal experiences deeply resonated with me. Apart from one woman who belonged to a lower socio-economic family, all the women belonged to the middle and upper-middle

class strata. They had full access to education and better standards of living, but unfortunately this was no guarantee that they can or are “safe”, that they would not experience violence, trauma, and abuse from family members, often their own parents, uncles, brothers,

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*By default, along with a spectrum of abuse and trauma most women are at a high risk for depression, post-traumatic stress disorder, substance abuse and (in extreme cases) even suicide.*  
”

or husbands. This constant distress and lack of physical and psychological safety resulted in dysfunctional or maladjusted behaviours, including addictions, as well as mood and personality disorders, which (in some cases) had become more pronounced after an

abusive marriage or the stress of childbirth.

I am mindful that every Pakistani woman’s situation would not be so bleak, but it is true that no matter how much privilege a woman has she will most likely be considered (and treated) inferior to male counterparts and peers in Pakistan. Hence by default, along with a spectrum of abuse and trauma most women are at a high risk for depression, post-traumatic stress disorder, substance abuse and (in extreme cases) even suicide. Women live their lives with less social and individual freedom, with regards to their bodies, how they want to pursue dreams and aspirations, essentially how they want to live. Women have been conditioned to live with shame and guilt, conditioned to be martyrs and to accept sacrifice as a virtue. This is an unnatural and damaging way for a human being to exist, even if it is upheld in culture. These challenges are further exacerbated as therapy remains tabooed and people are less likely to

consider therapy as a viable site of help.

A young woman I met last year, suffered severe and progressed mood and personality disorders, as assessed by a psychiatrist. She would actively self-harm as well as abuse herself with easily available medicines. Though she had been abused and traumatized since she was three years old, her parents and adult siblings remained in denial, insisting that it was a result of “bad company”. This lack of understanding and support quickly further exacerbated her condition, leaving her physically and mentally incapable of functioning like a person her age. Her therapy and psychiatric treatment were discontinued by her parents, and soon after her sessions ceased, she actively began using more medication in larger quantities as well as engaged in intense self-harm. This capable young woman with so much potential wasn’t even given a chance to heal.

Another case is a sixty-year-old woman with neurosis and obsessive-compulsive disorder since teenage. With old age her dysfunction is more

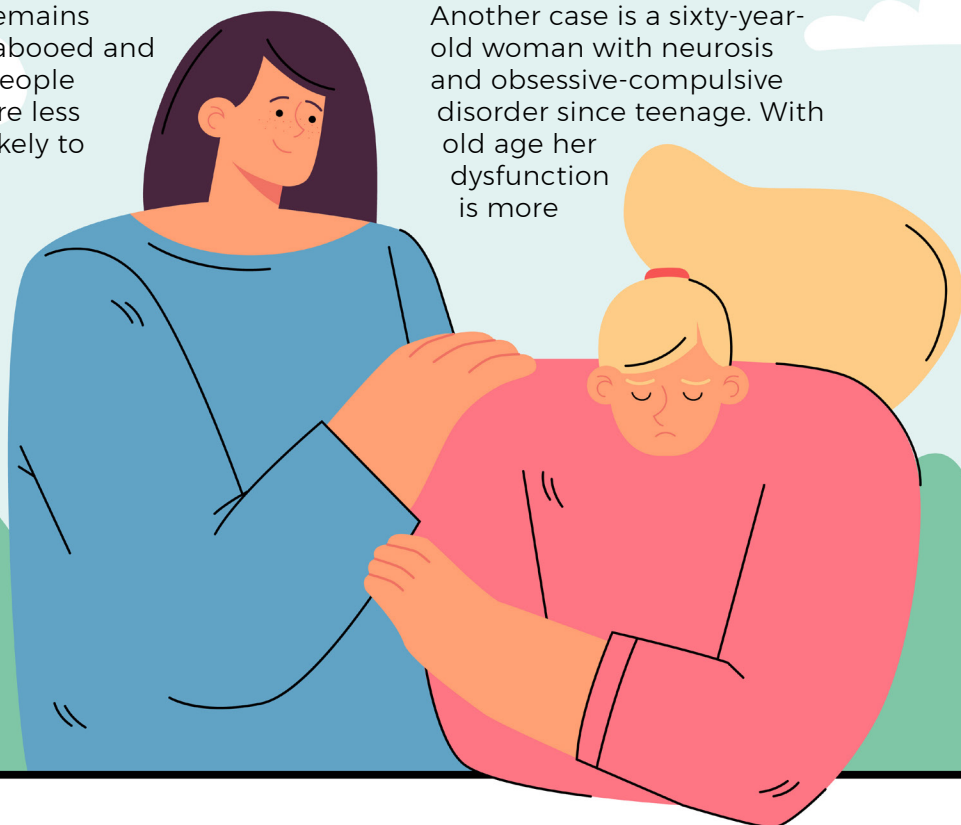


Image: freepik.com

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*These experiences not only bring forth the terrain of stigma a client navigates in Pakistan to access therapy but also shines light on the paucity of knowledge and mechanisms to access verified mental health professionals.*

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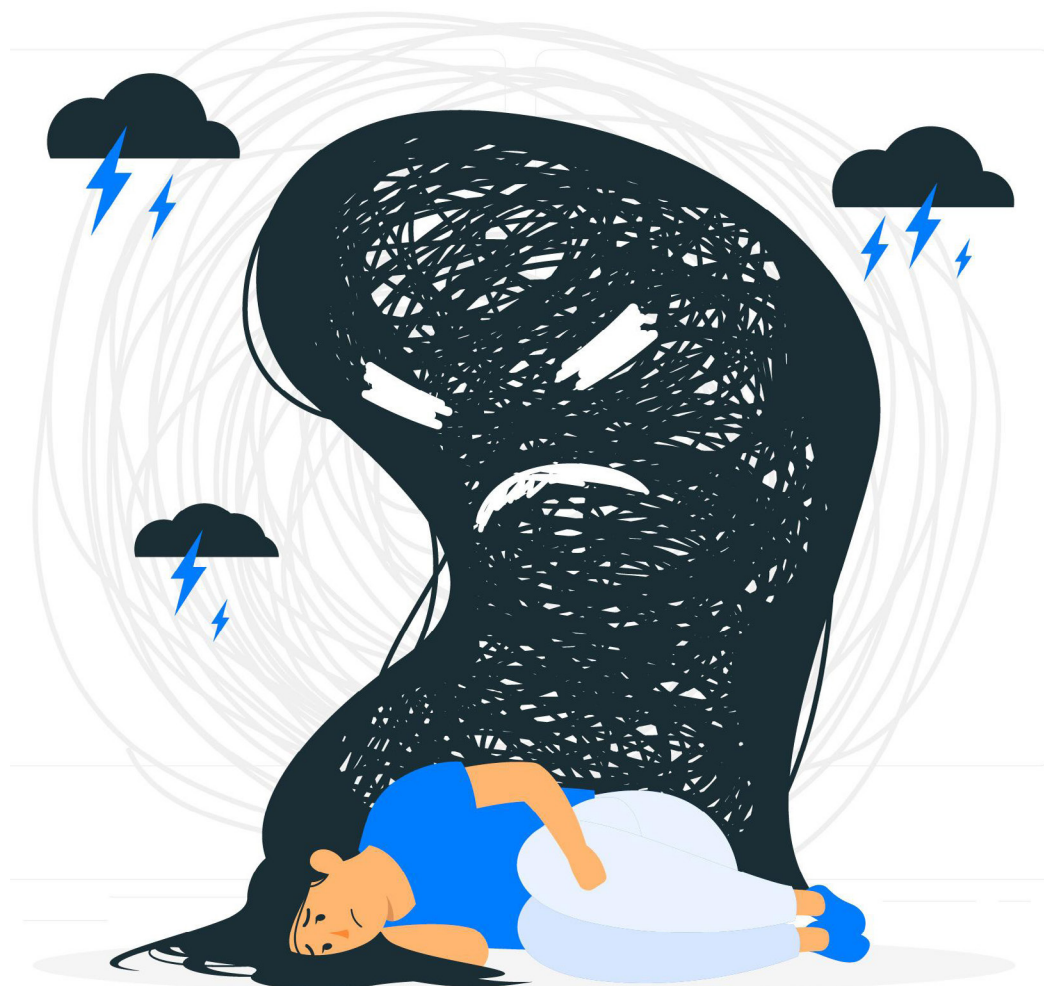
pronounced, she continues to struggle with all types of relationships, is unable to set boundaries or trust others, and as a result has spent the last decade in isolation. Her condition is worsening with time, but she refuses to try therapy, “How can I go and talk about personal things with a complete stranger? That is so shameful.”

As per my limited research for this piece I can see a growing desire in people to go to therapy leading them to navigate the stigma associated with seeking therapy. I spoke to a few women aged late 20s to early 30s who had secretly tried therapy. They understood they needed support and the importance of therapy,

and they benefited from it. However, their family members never knew about it. In their social circles and families, going for therapy means “*pagal ho gaye hain*” (one has gone ‘mad’). When I asked this group what kind of background check they did before they started sessions with a therapist, not a single person had. Because they were doing this covertly, they did not want to ask around about a therapist. When I asked a few males in the same peer group whether they had tried personal therapy, they had not. How did they feel about their wife, sister, or daughter going for therapy? They were fine with it, provided it was kept quiet, the taboo and shame associated

with mental illness bothered them. Unfortunately, due to the taboo and stigma, many end up with frauds claiming to be therapists.

These experiences not only bring forth the terrain of stigma a client navigates in Pakistan to access therapy but also shines light on the paucity of knowledge and mechanisms to access verified mental health professionals. Few and limited studies have been done on the lack of psychiatrists and psychologists and mental health clinics in Pakistan, and there has been no research on psychotherapy and counselling. Counselling and Psychotherapy – often considered a first step in the mental health wellbeing and





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*Sometimes your mind needs support that is not medicine, it needs mental support and holding with a trained professional, so your mind can heal and become stronger.*

”

“healing” process - remain unrecognized in Pakistan.

Many people (especially in Pakistan) remain confused about the distinction between a Psychiatrist and Psychologist. Psychiatrists are medical doctors who can diagnose illness, manage and provide a range of treatments for complex and serious mental illnesses, they can also

prescribe medication. While psychologists are not medical doctors and cannot prescribe medication. They can do some basic assessments and talk therapy. Counsellor and Therapist are also confused: A Therapist works with a client to address mental health and wellbeing issues; in this way their work is similar to a Counsellor. However, a therapist works with clients on a deeper level by supporting them to gain awareness about patterns and coping mechanisms, subsequently facilitating better mental health and wellbeing. Therapists are not doctors nor have doctoral level education (necessarily) but a practitioner will have verified training and work with a trained supervisor. Therapists also use different techniques and may specialize in a particular psychodynamic model.

All this information isn't readily available to anyone trying to step into their healing journey through mental health services. Mental health and wellbeing as well as the treatment of mental issues remains a huge stigma in Pakistan. This deters people from seeking help, especially women who may already feel stigmatized and be dealing with gender biases. There is little to no education on mental health and low awareness - this is what truly needs to change,

to drive empowerment and change. I like to give the example of “physiotherapy” - sometimes your body needs support that is not medicine, it needs physical support with a trained professional, so your body can heal and become stronger. Psychotherapy works the same way - sometimes your mind needs support that is not medicine, it needs mental support and holding with a trained professional, so your mind can heal and become stronger. To support the mental health of women it is necessary that accessing such support is destigmatized and mechanisms to ensure the protection and safety of the client are put in place. Coupled with this it is necessary that mental health professionals are properly verified as per their credentials and experience.

***Sarah Dawood is a senior specialist for Strategy & Communications in the corporate sector. In a personal capacity, she actively works and volunteers to drive awareness about the importance of mental health & wellbeing.***

<https://globalhealth.washington.edu/news/2017/02/08/express-tribute-mental-health-disorders-pakistani-women-suffer-more-men>

<https://www.tandfonline.com/doi/abs/10.1080/10502556.2022.2048345?journalCode=wjdr20>

<https://www.simplypsychology.org/carl-jung.html>

# GETTING HEALTH INSURANCE RIGHT FOR LOW-INCOME WOMEN IN PAKISTAN

ROSHANEH ZAFAR AND ZAINAB SAEED

KASHF FOUNDATION<sup>1</sup>  
MARCH 2023



After giving birth to 9 children, 48 year old Seema Mazhar, from Matli in Badin district thought she could finally focus on creating a better life for herself and her children by running her own small cloth trade business. However, she had been feeling unwell for a few weeks and felt an extra ordinary amount of pressure in her pelvic area. Traditionally taught to ignore such pains and aches due to the scarcity of resources to deal with these issues, Seema powered by her health insurance broke the norm and sought advice from a doctor. She was diagnosed with a stage 3 uterovaginal prolapse and required a hysterectomy to relieve her of the pain and discomfort. Seema was able to afford this surgery, costing her a hefty PKR 35,000, through the Kashf Comprehensive Health

Image: Studio Miko & Luke Brpoks

Insurance which was bundled with her business-loan from Kashf Foundation. Seema would never have been able to get treatment, without the health insurance coverage. Seema is part of the over 130,000 low-income persons that have been able to use the Kashf Comprehensive Health Insurance to pay for their in-patient health procedures since the insurance was rolled out.

Across the world, low-income households have inferior health outcomes as they tend not be able to purchase items needed for good health such as enough nutritious food, vaccinations, and nutritional supplements. This is further exacerbated by other factors related to poverty, such as lower levels of hygiene and less information on practices that can promote health. According to the Population Reference Bureau, women (especially those in

developing countries) suffer a health disadvantage due to the 'biological differences' between the sexes and gender inequality (socio-cultural

values ascribing different roles to men and women). Gender inequality can be understood in three ways - resource inequality (related to income, economic opportunities, equal wage, access to education, access to skills development etc), vital inequality (access to health services, access to reproductive health services, sex ratio in the population, life expectancy by gender, control and choice in terms of number of children etc) and existential inequality (related to domination of patriarchal norms and control, power, and agency).

Patriarchy poses one of the biggest challenges for women in countries like Pakistan when it comes to access to health care - it is further combined with resource inequality as limited budgets and incomes are usually prioritised by men in terms of major expenditures and/or investments. Research

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*Patriarchy poses one of the biggest challenges for women in countries like Pakistan when it comes to access to health care – it is further combined with resource inequality as limited budgets and incomes are usually prioritised by men.*  
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Image: <https://borgenproject.org>

shows that women have little economic agency when it comes to determining the use of household resources and thus women are least likely to prioritize their own health care expenditures. And with weak social security networks, it implies delayed treatments and exacerbation of health care issues for women. It is for this reason that Pakistan is ranked 135/146 countries on the health gap when it comes to gender.

To cater to the healthcare needs of low-income households, especially women, well-designed health insurance schemes - which address issues of gendered inequities, ensure quality, provide access, are convenient to use, and have add on components for improved well-being through health camps and awareness sessions, provide the most suitable solution. *Kashf Foundation through an innovative gender intentional micro-health insurance program has been able to successfully provide health insurance services to 2.1 million low-income individuals at February 2023 closing (active members).*

In 2002, Kashf was the first microfinance institution to offer a credit for life insurance cover to its clients. The rationale for introducing the product was simple enough, but Kashf had to undertake significant canvassing with insurance companies before a mutual agreement on product features and price could be reached. This product not only had positive spillovers for clients but also had a large-scale demonstration effect across the microfinance sector and today the credit-for-life product has become

an industry practice. Kashf realized the need for health related products/services for its client as multiple client feedback solicitation channels from the field consistently reported that clients were unable to access healthcareservices. Research findings also showed that clients often utilized earnings from their micro-businesses towards meeting healthcare expenses which translated into a financial burden on the clients in terms of straining their repayment capacity but also stunted the growth of their micro-businesses and/or low productivity.



[Image: facebook.com/KashfFoundation Official](https://www.facebook.com/KashfFoundationOfficial)

Using a gender intentional approach, Kashf designed the health insurance program keeping the client's needs, access, and challenges emanating from societal norms at the center, this particularly focused on including reproductive health care at the center of product design. The insurance is underwritten by a leading

insurance company, whilst the product was designed by Kashf after in-depth research with clients. Research findings showed that Kashf's clients prioritized the health-care needs of their children over their own, therefore the insurance provides in-patient coverage for each member of the client's family.<sup>2</sup>

Research also showed clients made frequent visits to the hospital for emergency care after motor accidents, therefore emergency treatment was also added to the coverage. Clients preferred a 'pay as you go model' for premium payment versus upfront deductions, therefore the premium payments are divided in equal monthly tranches for client ease and affordability. Since clients are cash-strapped, Kashf also convinced the insurance company to provide a cash-less treatment at panel hospitals - while this is a standard feature for insurance policies, a majority of panel hospitals which tend to cater to higher income segments were not accessible to Kashf clients. To address this, Kashf worked with local private hospitals in the client's vicinities to get empaneled on the insurance company's roster. When Kashf started the health insurance only 85 panel hospitals mapped onto communities where Kashf clients were present, however, due to a concerted effort by Kashf, currently 361 panel hospitals are available for Kashf clients. This enables more clients to use the cash-less option. Another key product design feature is that there are no exclusions for pre-existing conditions, thereby making the coverage easier to understand.

The insurance product thus has multiple design features that make the product more gender centric, namely coverage for all family members to address issues of household level deprioritization of spending on girls and women's health. No exclusions for pre-existing conditions address awareness gaps by making the product easy to understand and provides maternity coverage to already pregnant women. Separate per family member insurance limits instead of a total family coverage creates gender equity for access. Moreover, panel hospitals and cashless claims enhance ease of access by enabling women with worse off levels of literacy to avoid the process of filing claims.

In addition to client centricity in product design, Kashf also undertakes quick and seamless claim payments for clients through a specialized facilitation cell for the health insurance at the Head Office. Moreover, Kashf address gaps in knowledge and awareness for clients, through regular trainings and multiple interactions including the financial education trainings and social theatre performances. Free health camps for outpatient care are also carried out in the branches on a periodic basis to create awareness about preventative health and also the insurance products.

At February 2023 closing, cumulatively 130,791 health claims (out of which 40% have

been cashless) amounting to over PKR 2.5 billion (out of which 36% are cashless) have been paid out. An analysis of the health insurance claims

*In addition to client centricity in product design, Kashf also undertakes quick and seamless claim payments for clients through a specialized facilitation cell for the health insurance at the Head Office.*

processed has shown that while gender wise enrollment into the program is 50%, more than 76% of the number of claims and 77% of the total claims value have been used by women, which reflects the gender intentionality of the product. The average claim amount for females was PKR 19,667 while that for males was PKR 18,724. These are

promising trends and further research has shown that for most women this was the first time they had accessed formal healthcare, which highlights the fact that often women under value their own health, and it was only after the health insurance cover that they addressed their health care issues.

While high quality public health infrastructure and sustained government spending on health are the more permanent solutions to addressing the health-care provision issues in Pakistan, low-cost health insurance provides a good bridge for low-income households to improve their access to health services. That said, with a potential estimated market of 47 million for micro-health insurance, currently only 4.6 million (57%) of the 8.2 million micro-insurance policies in the market are for health insurance. This signifies a large gap in the potential and outreach of health insurance which needs to be addressed by both private and public entities.

**Roshaneh Zafar is the Founder and Managing Director of Kashf Foundation.**

**Zainab Saeed is the Chief Strategy Officer at Kashf Foundation.**

1. Kashf Foundation is Pakistan's premier women centric microfinance institution with the highest number of female micro-credit borrowers.
2. All unmarried daughters and sons up to the age of 20

# WOMEN EMPOWERING WOMEN

## COMMUNITY PARALEGALS IN SINDH

ANGBEEN A. MIRZA

In Larkana, Ayesha<sup>1</sup> and her husband decide that he will transfer half of their family property that was previously in his name to Ayesha in recognition of her reproductive labor that had contributed to the family income. In Karachi, Saima asks her fiancé for a negotiation of the terms of their nikahnama. When he prevaricates, she realizes that perhaps this marriage is not meant to be and calls off the engagement. Saima's decision sparks a conversation about marital rights in her community. These two instances are part of a larger change that appears to be coming about in 3 districts in Sindh, Pakistan.<sup>2</sup> Women, and members of local communities in these districts are making the journey from being passive objects, operated upon by the law, to more active navigators of the law that governs their lives.

Ayesha and Saima are community paralegals – women who have received training in basic law and legal process. Armed with this knowledge, they are part of a larger cohort



of paralegals across the province of Sindh. This article suggests that the training of community paralegals is an effective step towards legal empowerment, one that should be explored more deeply in other parts of the country.

History in the postcolonial world is replete with examples of well-intentioned interventions meant to improve citizen access to justice. Interventions have focused on making formal systems work better, improving the speed and ease

with which state institutions may be spurred into motion, or facilitating the provision of legal aid to help the marginalized gain access to the system. These approaches, while useful to some extent, almost entirely exclude the citizen from their purview, proceeding on the assumption that some form of expert help must be offered for people to manage their lives and if that expertise is provided well enough, it makes for a level playing field. Such an idealized notion of law as neutral and efficient is freed from certain

fetters, ignores the reality that the law works very differently for different groups of people. In fact, I would argue that such well-meaning interventions perpetuate disempowerment for marginalized groups.<sup>3</sup> Extant studies, and the obvious failure to achieve an ideal state of equality of access to the law, in fact demonstrate that recourse to formal structures of legality varies depending on the nature and structure of marginalization that individuals and communities experience.<sup>4</sup> Citizens often look to resolve conflicts, dispossession and other harms in more informal spaces, for reasons which range from convenience to the reality and perception of disempowerment when dealing with formal state structures.<sup>5</sup>

Through a recognition of and as a response to such a reality, the idea of legal empowerment was proposed in the early 2000s.<sup>6</sup> Legal empowerment focusses instead on bolstering the agency of citizens, increasing their capacity to exercise their rights both within and outside the formal state structure.<sup>7</sup> This kind of intervention also avoids the red tape and inertia of institutional reform.<sup>8</sup> In Pakistan, the Legal Aid Society in Sindh (LAS) is one of the organizations that has piloted a community paralegal program as part of its development work. Building on its expertise and the success of other programs in community awareness,<sup>9</sup> LAS developed a community paralegal program to work in tandem with the legal aid services it was already providing. One of the projects focused exclusively on women's right to property.<sup>10</sup>

For the Women's Right to Legal Property (WRLP) program, LAS recruited women between



the ages of 25 and 40 who could read and write and were generally well reputed in the community. These women were given short, interactive trainings by a lawyer, and provided with support in the form of a field office and a legal officer. Together, these teams began conducting legal awareness sessions in the community. An important aspect of a paralegal program is its low reliance on continued active support. Paralegals are rooted in the community they serve and are able to act as intermediaries between the people and formal state structures.

Although the paralegals belong to the community, they represent a new ideology, one that provides a multitude of options and does not recommend formal legal mechanisms as the only forum for resolution of disputes or attainment of a legal right.<sup>11</sup> The approach they represent involves greater trust in informal mechanisms. However, it takes longer to build trust and reliance, both of which do not follow any coherent process or timelines. In Sindh, while there has been pushback by some segments, it has also resulted in a (sometimes grudging) reliance on the paralegals for guidance and help when matters come to a head. For women of

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*Paralegals are rooted in the community they serve and are able to act as intermediaries between the people and formal state structures.*  
”

minority communities, it has allowed them to become the voice of the community in a generalized, political way. A Hindu paralegal who faced staunch opposition to joining the training from her extended family was greeted like a celebrity upon her return. She is now contesting local government elections for a minority seat. In another example, a paralegal stood up against her family to ensure her brother's widow was not deprived of her inheritance.

In the assessment of those who have maintained an eye on the project in Sindh, success has been evident. Young women paralegals, who were till now generally powerless and subject to the caprice of the older folk are seen with a mixture of awe and respect historically reserved for elderly community leaders. Since the focus is not on the outcome, but on the agent, the paralegal program has equipped women with legal literacy and awareness. The paralegals most powerful tool is their knowledge; and their ability to connect with other women in the community. As mentioned by the Senior Program Coordinator at LAS, having a lawyer on speed dial also doesn't hurt.<sup>12</sup>

In these small communities of Sindh, there is a visible, cascading effect of legal empowerment, beginning with the paralegals, and flowing out to all women as they draw on each other's knowledge and resilience, and do not always have to rely on men, or formal state structures to address



their concerns. They have begun to rely on their personal connection to this woman from their community, who also happens to be a paralegal, for advice and guidance in legal and other matters. The result is incremental change in attitudes, a more reflective approach to resolution of disputes and the overall development of informed citizenship.

**Angbeen A. Mirza is an Assistant Professor at the Shaikh Ahmad Hassan School of Law. She has worked with the Legal Aid Society as a paralegal trainer for various programmes.**

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*Young women paralegals, who were till now generally powerless and subject to the caprice of the older folk are seen with a mixture of awe and respect historically reserved for elderly community leaders.*  
”

- Names are altered to protect the identity of the individual.
- Karachi, Larkana and District Shaheed Benazirabad.
- Helen Dancer, *Power and Rights in the Community: Paralegals as leaders in Women's Legal Empowerment in Tanzania*, 26, *FEMINIST LEGAL STUD.* 47, 51 - 52 (2018). See generally, *WORLD JUSTICE REPORT, GLOBAL INSIGHTS ON ACCESS TO JUSTICE*, Sarah Chamness Long and Alejandro Ponce, ed., (2019).
- Hassane Cisse, *Legal Empowerment of the Poor: Past, Present, Future*, 4 *WORLD BANK LEGAL REV.* 31, 38 (2013). See also *World Justice Project supra* note 3 at 7.
- 37 - 38, Cisse, H *supra* note 4. Commission on Legal Empowerment of the Poor, *Making the Law Work for Everyone*, Vol I, 21, 25, 31 - 32 (2009). Helen Dancer, *Power and Rights in the Community: Paralegals as Leaders in Women's Legal Empowerment in Tanzania*, *FEMINIST LEGAL STUDIES.* 47, 52 (2018).
- "The Commission understands Legal Empowerment to be the process of systemic change through which the poor and excluded become able to use the law, the legal system and legal services, to protect and advance their rights and interests as citizens and economic actors."* *COMM'N ON LEGAL EMPOWERMENT OF THE POOR, MAKING THE LAW WORK FOR EVERYONE 7* (2008).
- COMM'N ON LEGAL EMPOWERMENT OF THE POOR, supra* note 6 at 26.
- Vivek Maru, *Between Law and Society: Paralegals and the Provision of Justice Services in Sierra Leone and Worldwide*, 31 *YALE J. INT'L L.* 427, 428 (2006).
- Rural Support Program Networks
- <https://www.las.org.pk/thematic-streams/gender-child-security/legal-property-rights-for-women/>.
- AYESHA KABEER, *RURAL SUPPORT PROGRAMMES' COMMUNITY BASED PARALEGAL MODEL AT A GLANCE* 14 - 17 Fizza Khan ed., (2018).
- Interview with Javeria Kamran, Senior Program Coordinator, Legal Aid Society (28 March 2023).



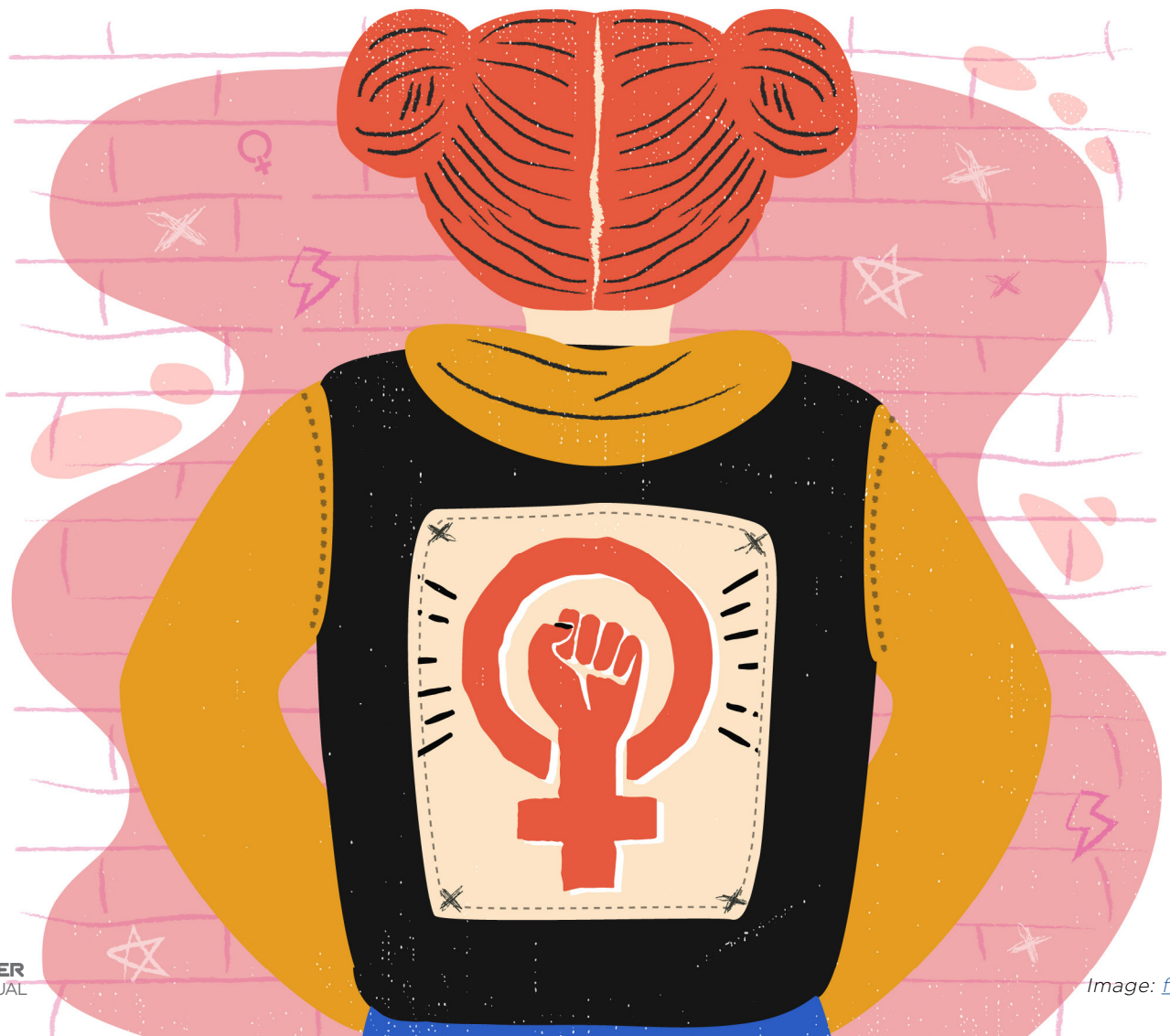
# DOING FEMINIST RESEARCH IN A PATRIARCHAL SOCIETY

MARIA NAZAR AND TAQDEES AZIZ

**R**esearch is shaped primarily by participants, their experiences, and responses. Their demographics, interactions with researchers and sometimes also their body

language are all important aspects that make up 'insights' gained from research projects. While the information that builds the foundation of any mindful and nuanced research comes from participants, analysis goes beyond just the responses of

participants. They are shaped by interactions between participants and interviewers, facilitators (individuals who help set up interviews with relevant participant) and the research team, observations in the field, on the commute, as well as



through the researchers' own perceptions. Each conversation inside and outside the interview room with parties directly involved in the process of conducting research helps create a multidimensional lens for interpretation.

Over the last two years, our work at the Gender and Tech Research Cluster at LUMS has conducted research with women across Pakistan in both urban and rural areas. The questions we are broadly interested in exploring in our project and as a cluster, are questions of autonomy and empowerment specifically through the access to and use of digital technology, among others. This means asking personal and complex questions around decision-making in the household, financial independence over personal earnings, as well as more general questions about mobile phone ownership and perceptions. It is important to note that the women we have interviewed to this effect have largely been from low-income, low-literate populations; populations that are always the first to be instantaneously and directly hit by changes in the economy.

To be conscious of our position in the interview room as privileged women, it was vital for us to dedicate special focus to work away from our biases starting from how we developed our questionnaire to data collection, as well as analysis and research review for ethical concerns. It included multiple discussions with the company the participants were affiliated with. Every step in the research had multiple reviews from the well-known researchers in the field and also from the key informants. The research was also started after an approval from the research ethics and accountability board.



Image: [freepik.com](https://www.freepik.com)

*Over the last two years, our work at the Gender and Tech Research Cluster at LUMS has conducted research with women across Pakistan in both urban and rural areas.*

While feminist research literature is correct in stating that women studying women “allows the development of a less exploitative and more egalitarian relationship

between a researcher and her participants,”<sup>1</sup> (McDowell) how do class differences fit into this narrative? Class differences play a very important role in the way participants respond and interact with us during interviews. Asking women who struggle to survive every day with earnings that barely meet the minimum wage such questions can seem impervious. For example, when domestic workers are asked why they don't have access to smartphones, participants are generally defensive in their responses. A common answer given by participants is how everyone desires a smartphone but not everyone like them can afford to even think about buying it. Considering that even the cheapest android technology costs more than the salary these women make, it's not surprising that the only factor playing a role in deciding whether to own one or not simply comes down to not having the finances for it.

Additionally, coming from a



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*When women agree to have ownership of assets such as a TV or a motorcycle in their household, they are quick to assert that the assets were a result of their dowry, not personal spending.*  
 ”

privileged background shows in the way we talk, dress, and carry ourselves; participants are quick to apologize for their opinions, defend their decision-making and sometimes even reiterate that they “are not lying” when responding to questions about income and assets. What prompts women to respond like this? Women from low-income backgrounds often have to be on guard about their opinions and way of life lest someone judge them for

their choices (which are rarely in their hands) and assume them to be more well-off than they let on. This is illustrated by the fact that when women agree to have ownership of assets such as a TV or a motorcycle in their household, they are quick to assert that the assets were a result of their dowry, not personal spending. While being conscious of this class dynamic in the data collection and analysis is important, simply acknowledging the discomfort is not enough. An attempt needs to be made to try to balance out the power imbalance, even by something as small as the way the interview room is setup.

Our approach as interviewers throughout the feminist research we conducted was to take the time to establish a comfortable and respectful environment for participants where we were seated equally. Furthermore, we would actively listen to their experiences, grievances, concerns, and perspectives, and validate their contributions assuring them that the experiences and opinions

that they give are in no way wrong or insignificant. Rather, they are the backbone of our work and our understanding of how they understand society and what they prioritize in their daily lives. Ultimately, this helps us to be empathetic and create a safe space for participants to share their thoughts openly, something that they rarely get the opportunity to do within the household.

A further important aspect in feminist research is how perceptions about certain ideas vary across class and education levels. One of the ideas that feminist research has been interested in since the beginning is the concept of independence and empowerment. In a world where patriarchy and misogyny are the norm, how does a woman carve out a space for herself where she can make her own decisions? Consequently, how do women from various classes, races and geographical locations define things such as independence? When talking about abstract concepts such as empowerment, it is very important to accept and respect the fact that notions such as these are fostered differently for different women. How upper-middle class, educated working women, think about independence or autonomy or any feminist concept is going to be very different from how low-income, low-literate women who work in completely different sectors think.

While doing our research, we came across diverse perceptions of empowerment mainly driven by women’s experiences in their locality. We got to hear a lot about honor and its particular relation to women in society. Women were of the view that females should only care about their honor before taking any step-in life. The marriage institution was the primary driver of women’s motivation

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*Our research was conducted in rural and urban centers of the city, and what we find is that attitudes of men towards working women on the street or on commute are grossly disturbing.*  
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to stay at home. They consider empowerment to lower the likelihood of getting good marriage proposals rather than gaining financial independence or decision-making power. Every response made by every participant is valid given the context of their upbringing and life, and reconciling their responses with our own understanding of empowerment takes a great deal of personal control and effort to refrain from commenting or judging such opinions. In one instance, after concluding an interview, a participant asked us whether her answers were correct or not. This led us to a point of self-reflection: are these ideas defined exactly as we think

them to be? Are they not abstract concepts that change with individuals depending on their own experiences and circumstances?

Moreover, the actual act of conducting feminist research through fieldwork and data collection is also something that informs the conclusions made at the end of a project. In the context of Pakistan, a patriarchal society, while traveling to fieldwork sites we often found ourselves in male-dominated spaces which led us to experience situations that working class women in rural and urban areas face on a daily basis such as stalking, verbal and physical harassment. Our research was conducted in rural and urban centers of the city, and what we find is that attitudes of men towards working women on the street or on commute are grossly disturbing.

Our field sites mainly required us to walk through the abandoned narrow alleys, or on the sidewalks of highways and main roads which were filled with street vendors and peddlers with the presence of only a handful of women wholly covered in a veil or wearing shalwar kameez. Where in one instance we faced inappropriate touching and catcalls on the street, in other instances men would simply lurk around us and stare. Reactions such as these are no surprise if you consider how unlikely it is for young women in these areas to come out of the house, let alone interact with strange, and unrelated men. Such incidents of harassment create

a different challenge in feminist research whose impact on project findings is rarely talked about when it comes to giving a nuanced account of applying feminist methodologies.

Conducting feminist research has revealed to us the significance of participants' experiences and responses, influenced by factors such as class differences, diverse perceptions, and societal dynamics. Efforts to mitigate biases, create a safe space, and respect individual perspectives are crucial in fostering egalitarian relationships and obtaining comprehensive insights from the field. Combining these limited yet important aspects of conducting feminist research as feminists in a largely patriarchal society, it's critical to keep in mind not only the ways in which participants shape research but also how conducting a study and asking personal, vulnerable questions can impact the position of a female researcher in society, on the street and in the interview room.

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## UNDERSTANDING TRANS HISTORIES

# ELIMINATION OF KHWAJASIRAS FROM THE COURT OF AWADH

MAHEEN AZMAT AND MUSFIRA KHURSHID

*“Sometimes being vocal can create a mess.”<sup>1</sup>*

Jahan, a member of *Khwajasira* Society (KSS) in Lahore, in speaking about the marginalization of the trans community mentioned how invisibility has protected the community. One might ask; how did this happen? Was the community always on the peripheries? Did it always need protection? If not, what was the status of *Khwajasiras* in pre-colonial times, in the Indian society? In attempting to answer some of these questions, we will be exploring *The Lahore Chronicle* newspaper archives (most particularly, their reports on the State of Awadh), along with interview notes from our field visits to KSS. Started in 1849 by Syed Muhammad Azim, *The Lahore Chronicle* was the one of the first newspapers published in British India. Given that these papers platformed the voices of senior British Residents (officers), we aimed to understand how the social, and moral politics of Indian society was being reconfigured during this time, with a specific focus on the implication this had for the *Khwajasira* community.

The term *Khwajasira* literally translates into lord-superintendent



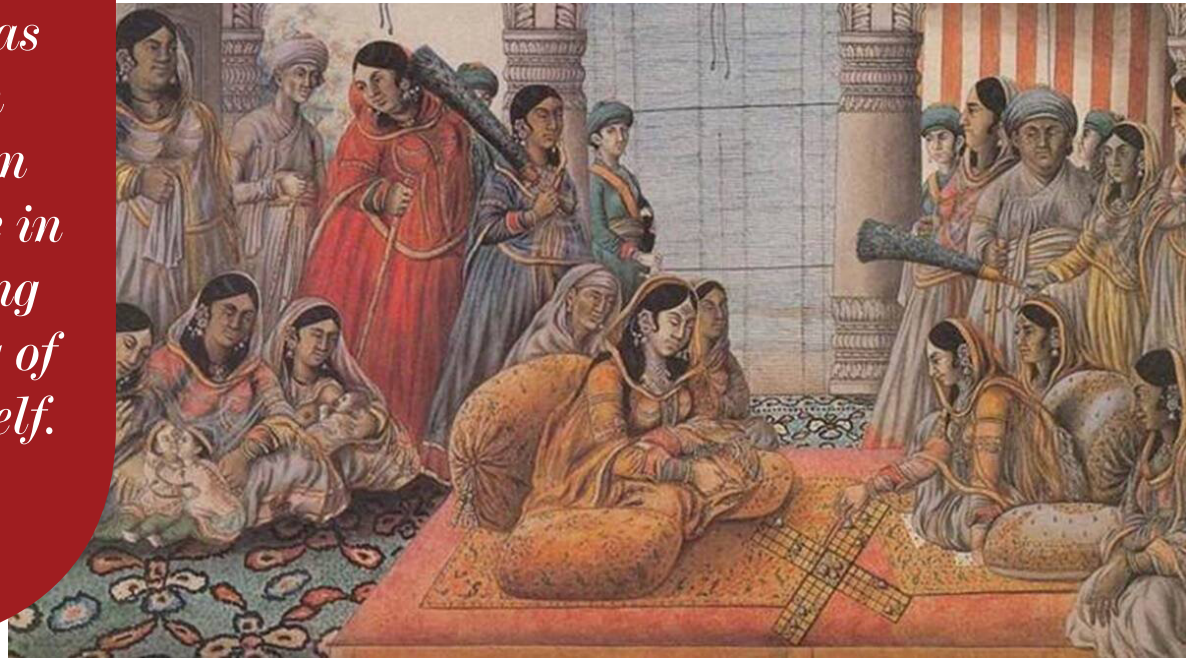
Illustration: by Satwik Gade

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During this  
time the  
*Khwajasiras*  
in Awadh  
assumed an  
integral role in  
commanding  
the military of  
the state itself.  
”

segment” is more or less lost now.<sup>2</sup>

To contextualize, part of the Mughal Empire until 1720s, Awadh became one of the main Princely States of this region. In 1764, the Company

included, according to the newspapers, “contractors for the clothing”, and right to nominate or recommend officers as their deputies. Interestingly, Awadh had a separate force for women, King’s women troopers, called



of the house. While their status was that of slaves, they were socially and politically very significant, serving as courtiers, military commanders, landholders, guards, intelligencers, government officials, spiritual guides, and blessing givers, in the Awadhi context. One of our interviewees, Shenaiya, for example, while shedding light on the role of *Khawajasiras* in the past mentioned that the community served as a symbol of “blessing”, where it gave *dua* (prayer) in return for *anaaj* (wheat). She elaborated that the practice of *wadai* or *lori* (blessing) was also common whereby whenever a child was born, the *Khwajasiras* living in nearby regions visited that house to give their blessings. However, much like the Awadhi *Khwajasira*’s political undertaking, this “spiritual

defeated Awadh in the Battle of Buksar and it came under indirect British rule, with the influence of local Nawab Shuja-ud-Daula being reduced. Moreover, the Company also required for them to pay a substantial amount of money for defense. There was a remarkable difference between Awadhi, and nineteenth century British values<sup>3</sup>, and this marks the start of our exploration.

During this time the *Khwajasiras* in Awadh assumed an integral role in commanding the military of the state itself. During the reign of Wajid Ali Shah, Padshah or ruler of Awadh, for example, a regular cavalry, consisting of hundred soldiers each, was placed under “the nominal commands of the eunuchs”.<sup>4</sup> Their responsibilities

“*Beebee Rissaldars*” that included female foot soldiers, and *mahal* guards. These too were commanded by a *Khwajasira*.<sup>5</sup>

The *Nawwabs* of Awadh also personally enjoyed a close relation with *Khwajasiras*. Sought for as guidance, blessings, and entertainment, they were particularly respected by the nobility. *Khwajasira* Basheer “made a present of a pair of camel leopards to the king”<sup>6</sup>, and also received pigeons from the *Khwajasira* Dianut. Further, in the late 1840s, the newspaper mentions that a regiment of five hundred cavalry was placed under the *Khwajasira* Hadjee Shereef.<sup>7</sup> The Company considered Hadjee Shereef’s demand of Rs. 100 from each soldier to be a “corrupt” method of securing

a post. After dismissing the Company's objections, Wajid Ali Shah named Hadjee Shereef joint commander of a new regiment.<sup>8</sup> In this manner, it is important to understand how *Khwajasiras* were understood as trusted, and loyal companions to the ruler. This suggests that *Khwajasiras* had a valuable social standing in society, and some were also well off. However, care must be taken to not over emphasize their role, as *nawwabs* and male literati also undermined high ranking *Khwajasiras* at courts.<sup>9</sup>

This source consistently downplayed their role, building on half-truths. One newspaper article mentions that while *Khwajasiras* have played an "important" role, it was an "underhand and secret one". The officers detested them, as the newspaper mentioned that they exercised "influence...over the King's mind" so much so that the English Minister "naturally detests them from the bottom of his heart for standing in a measure between him and his sovereign".<sup>10</sup> Here, it is crucial to note the root of this anxiety. The Resident foresaw "evils that would arise from their active interference in state affairs", and was, hence, "hostile" to them.<sup>11</sup> Such images of 'unnatural-ness' and 'immorality' were evoked to mischaracterize them as inherently menacing figures capable of destabilizing the 'pure' gender binary if they continue to punctuate society with their presence.

Rebranding of the social standing of *Khwajasiras* from sacred beings in Hindu mythology, and as significant participants in Indian society to likening them to "filth,

disease, contagion, and contamination" was at the heart of this project.<sup>12</sup> By extension, the Awadhi princes and rulers were considered "unmanly" and "sexually immoral".<sup>13</sup> Good governance was premised on codes of masculinity and this failure in masculinity symbolized failure in governance.<sup>14</sup>

"Eunuchs" were represented as "politically 'corrupt'", and this was used as a justification for Awadh's "maladministration".<sup>15</sup> Many of these claims are also mentioned in "Oude Blue Book". King of Awadh, Wajid Ali Shah, for example, was deemed as a "weak-minded man" because he of his choice to employ "one of his favored eunuchs", Busheer-ood-Dowlah, as Chuckladar of Roosalabad. Many, including the Resident, interfered and "the nomination of the Eunuchs to the Chuckladarship was put a stop to". However, Basheer's servant was the new applicant, and "all that is wanted is the prevention of the responsible and active interference of the eunuchs in the Government".<sup>16</sup> While this echoes Shah's resistance to conform to the British, the Company pressurized him to submit to Victorian values of gender and politics.<sup>17</sup> The Company began to blame *Khwajasiras* for the incompetence of the Awadh administration.<sup>18</sup>

On June 20, 1848, the British Resident and Wajid Ali Shah signed a written agreement to prevent *Khwajasiras* from partaking in governance and official matters, such as any branch of the army, office of Payment, Intelligence, Charge of Corn, Cloth, and other related matters. If they disobeyed, they would

be "banished from Oudh (Awadh)".<sup>19</sup> The only exception was they could still be a part of "His Majesty's personal Guard".<sup>20</sup> This transformed the meanings of the role of *Khwajasara* as their status declined from "slave-nobles" to "Muslim poor of colonial Lucknow".<sup>21</sup>

(Tidbit: The Blue Book of Oudh, or the "Papers Relating to Oude", are a collection of parliamentary papers that documented Wajid Ali Shah as an "incapable" and "inefficient" ruler. Shah did not remain passive; instead, he penned a refutation in English. This refutation has been translated into Urdu, titled "*Javab-i an ghazal: tamacah barukhsari falan, ya'ni, Bartanvi Avadh Bliu buk ka jawab,*" meaning "The reply to that ghazal: a slap in the face of someone, or, Reply to the British Awadh Blue Book", by his great grandson Kaukab Qadr and is kept in The Library of Congress under the Asian Division's Naqvi Collection).

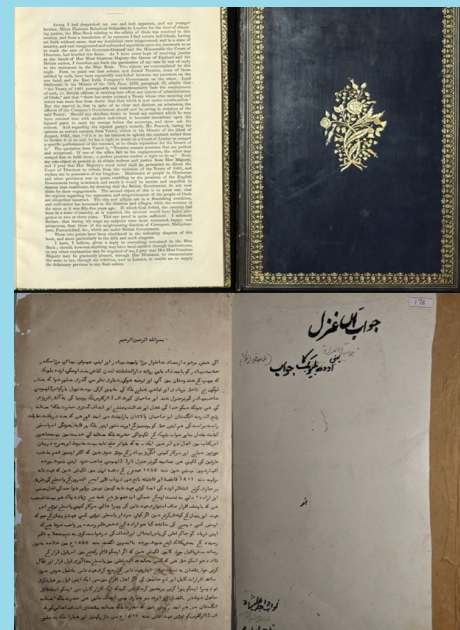


Figure 1: Blue Book of Oudh<sup>22</sup>

The framing of events in these

sources is also reflective of the logic of maintaining these values intact. In February 1856, Lord Dalhousie annexed Awadh. This newspaper retold events of this annexation, framing 'facts' in a colonial discourse. An article published in a July 1856 paper recalls that "Oudh could not long have borne the tyranny of eunuchs, fiddlers, and nautch-girls, abusing the authority of a prince as degraded in spirit as they were in position".<sup>23</sup> It was, instead, the "high-minded" nobleman like Lord Dalhousie who opposed this structure of rule. This reflects a form of superiority of colonial rationality over north Indian structures of governance that replaced it with "high-caste Hindus".<sup>24</sup> Major General Outram, quoted former Residents as saying, the king's "soul, body and estate" are "wholly in the hands of the menials hired to serve his pleasures". These include *Khwajasiras* singers and "other improper persons".<sup>25</sup> As a result, King's "nature" was portrayed as "frivolous amusements" and "personal gratification".<sup>26</sup> Here, notions of sexuality, masculinity, domesticity and kinship were at the center of imperial expansion. This

refashioning of gender, slavery, and governance is still echoed in the marginalized status of trans community.

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Jahan shared  
that one of the  
main myths is  
“*Khwajasira  
ka bacha utha  
k lay jana*”  
(*Khwajasira  
kidnap  
children*).

Similarly, reflecting on how our system is enmeshed in many "myths", Jahan shared that one of the main myths is "*Khwajasira ka bacha utha k lay jana*"

(*Khwajasira* kidnap children).<sup>27</sup> She stated here that this "miscommunication" ought to be repaired. Debates around the Transgender Persons Act 2018, she said, gave rise to the "*shaadi* myth".<sup>28</sup> That is, that *Khwajasiras* and trans people only want to get married and that is why we create all this "drama", but the reality is something else entirely. These newspaper archives, then, allow us to trace the historical trajectory of the way in which the *Khwajasira* community, has been imagined, and 'dealt' with. Most importantly, it provides us insight into the social, and moral politics governing the regulation of gender and sexuality, and the way in which this violent emphasis on 'disciplining' the community, according to Victorian values, paved the way for imperial expansion, as evidenced by the justification given to annex Awadh.

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# NOT A CRIME TO BE POOR

—◆—  
MUSA SAEED

**O**n 11th September 2018, Pari\* and four companions travelling by rickshaw were abruptly stopped by police searching for a transgender who had reportedly stolen money and a phone. The group stepped out, cooperated, and went to the police-station on the promise of swift release once the culprit was found. However, instead they were subjected to an evening of abuse; unlawfully locked-up in jail and ordered to dance for their survival. Pari's 'crime'? Existing.

Pari was charged under the archaic vagrancy ordinances: colonial-era, draconian laws which criminalise poverty, and assert control over 'undesirable' marginalised groups. Under section 7 police, without warrant or magistrate authorisation, can stop-and-search any person who

'appears to him' as a vagrant. Defining 'vagrants' as those who solicit or receive alms: beggars. Under section 9, they risk facing 3 years of imprisonment, unless they are 'first-offenders', who the magistrate pardons.

But Pari, or her companions, weren't begging. *So why were they picked up?*

Historically, vagrancy laws have been unjustly used to control free populations, emerging at notorious points in history. Following the Black Death in 1348, which wiped out much of Europe's workforce, these laws made it unlawful to reject work, ask for higher wages or give money to those able-bodied or deemed fit for work. These ultimately morphed from controlling specific behaviours, to controlling



Illustration: by Celia Jacobs

specific classes. Even the infamous Jim Crow Laws, regarding American racial-segregation, criminalised vagrancy.<sup>1</sup> Action, or in-action, no longer mattered, only one's class. Such policing can be traced to colonial times.

The Europeans exported their ideologies of differentiation and control to the sub-continent. In Europe they policed the poor, in the colonies they policed identity. The British's comprehensive *1824 Vagrancy Act* served as a blueprint for colonial vagrancy laws which controlled non-white populations, such as the *Criminal Tribes Act 1871*, which criminalised and restricted movement of certain tribes. Vague definitions and the exportation of this ideology, resulted in transgenders, religious-wanderers and beggars all being imprisoned in 'native-only' asylums.<sup>2</sup> This ambiguity persists in the *Punjab Vagrancy Ordinance, 1958*, allowing police to arrest anyone they deem a vagrant.

But the question remains: Pari wasn't a vagrant; she wasn't begging or loitering, so why was she arrested?

Civilising missions used the ambit of the 'vagabond' to

marginalise non-conforming identities, including sexualised-identities.<sup>3</sup> Paris' arrest highlights the overlap between vagrancy laws and the marginalisation of identities, specifically those which deviate from traditional gender norms.

This overlap manifests in the current legal framework as well. Section 17 of the *Transgender Persons (Protection of Rights) Act, 2018*, punishes anyone who 'employs, compels, or uses' a trans-individual for begging. Viewing this provision in tandem with the vagrancy ordinance, we identified three key interactions in the state pipeline: interactions with the police, the Magistrate, and the welfare home.

#### Police

While 'compel' in the *Transgender Persons Act* seeks to protect trans-individuals from being forced, through interviews and focus groups we learnt that it could interfere with their modes of kinship. In a focus group of 5 participants, 4 mentioned that this law was eroding the *guru-chaila* (teacher-student) relationship, as the *guru* teaches the *chaila* to collect alms. Pakeezah\* mentioned

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*The Europeans exported their ideologies of differentiation and control to the sub-continent. In Europe they policed the poor, in the colonies they policed identity.*

”

that the police referred to the *gurus* as ‘mafia’ who were profiting off her effort and persistently asked her to take them to her *guru*. For the community, *gurus* hold a sacred place; Haseena\* said that the police’s disingenuous characterisation of *gurus* further alienated her from society.

The words ‘employ’ and ‘use’ cause problems as well, as they target voluntary begging. In a focus group of 10 participants, all of them said that they were regularly confronted by the police for begging, who would ask them to move from the area. Some participants reported that the police would follow them until they moved, while some said that they would leave after asking them to go.

Police attitudes were harsh towards trans-beggars. SHO Sarwar Road, SHO Old Anarkali, and ASI Old Anarkali all contested that trans-beggars were ‘fake’ and constantly putting on an act. SHO Sarwar Road proudly mentioned that when he encountered them, he would make them take off their clothes, so that he could check their genitals and see ‘what they really were’. When asked why they would resort to such means, the officers gave different responses.

For SHO Sarwar Road, this was necessary. He believed that most trans-beggars fake their identity due to the popular belief that the prayers of *khwajasiras* hold greater weightage. Under the guise of prayer, they would trick the public and gather heaps of money. According to him, no ‘respectable’ person would ever beg. SHO Old Anarkali said that there was a logistical reason for doing this. The

Punjab Police is plagued with the issue of low female staff. According to him, transgender women (identified as male at birth) were involved in begging more than transgender men.<sup>4</sup> He told us that officers are allowed to arrest individuals of the same gender. By using their genitalia as the basis of identity, they were able to book them swiftly.

SHO Old Anarkali’s claims were false, however, as Police Rules, 1934, Rule 26.18-A does not specify the gender of an officer when committing an arrest. Gender is only specified for searches, as mentioned in Rule 26.3(1), which mentions that only female officers can search females under arrest, and that too with ‘due dignity’. Hence, they have no need to humiliate trans-beggars like this and can take them in for arrest without such measures.

#### Magistrate

What was most alarming was the Magistrate’s attitude. The Magistrate is perhaps the only place a trans-beggar can receive justice, as they have the power to either send them to jail, grant them bail, or send them to the welfare home. However, when we told Magistrate Kamran Zafar, specially appointed for the crime of vagrancy, that police would strip trans-beggars of their dignity with such practices, he chuckled and said that he does this himself. He believed that most of the non-binary beggars were not ‘real’ *khwajasiras*. They use the tag as leverage to earn sympathy. Therefore, for him, non-binary beggars are no different than other beggars. He told us of an incident where he made a *khwajasira* take off their clothes in the courtroom.

#### Welfare Home

“*SHO Sarwar Road proudly mentioned that when he encountered them, he would make them take off their clothes, so that he could check their genitals and see what they really were.*”

According to Section 3 of the Vagrancy Ordinance, the government is bound to establish welfare homes for the custody, detention, and rehabilitation of vagrants. When we visited these homes, we found that they had no place to keep transgenders. Asif Doggar, the head of the welfare home, told us that they couple transgenders with males or females, depending on the sex they were assigned at birth. A focus group participant, Bindiya\*, who had spent time in the home, told us that she was uncomfortable sharing the space with men for 3 days.

While Asif Doggar understood that this was problematic as transgenders cannot feel comfortable in a place where they are misgendered, his hands were tied. The Punjab Social Welfare Department did

not provide them with enough funds to create a separate space for transgenders, nor did the Magistrate send beggars to the welfare home for more than 3 days. Asif Saab contested that 3 days were not enough to rehabilitate beggars and teach them skills. Bindhya\* said that after being released from the welfare home, she had to arrange for transport herself from Raiwind all the way to the other side of the city where her home was, costing her an arm and a leg.

Under the law, trans-beggars have limited routes. First, they are picked up by the police, and taken to the Magistrate, who can decide to either let them go, send them to jail, or send them to the welfare home. Interviews and data collection showed that no route trans-beggars were subjected to under the law was fruitful and no positive outcome emerged from these laws. Beggars would be picked up, detained by the police for 24 hours, granted bail, and taken back to where they were found, only to begin begging again.

When talking to the Superintendent of Jails in Lahore, we learnt the other route, where vagrants are sent to jail, is rarely taken. The last route was the welfare home, where they were misgendered and forced to spend 3 days in the home near Raiwind Road, after which they would have to find their own way of getting

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*Even worse is the cycle of poverty perpetuated by these laws and the state. Those that went to the beggar home said that their money would be taken by the police, and they would have to beg to find the means to get back to their homes.*  
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back to their homes.

Even worse is the cycle of poverty perpetuated by these laws and the state. Our research participants mentioned that they often have to collect alms in order to bail out members of the community. Those that went to the beggar home said that their money would be taken by the police, and they would have to beg to find the means to get back to their homes.

Due to a long history of oppression, and a lack of social

infrastructure, transgenders are heavily disadvantaged within society. The state fails them by not allowing them to have the same opportunities as everyone else. However, it goes a step further and blames them for the state of poverty and marginalisation they are forced to live in. These anti-poor laws ensure that marginalised identities are caught in this vicious pattern where they are not only criminalised for their existence, but for their means of living. Carrying colonial mindsets, the state apparatus deems trans-beggars a threat and places them under constant supervision and scrutiny, even in their kinship practices.

With the intersection between vagrancy laws and gender, the state sends a clear message to trans-beggars: it would rather they be removed from society than be able to feed themselves.

*\*Names have been changed for safety purposes*

**The writer is a fifth year BA-LLB student at LUMS with a special interest in poverty and environmental law.**

1. See *Papachristou v. City of Jacksonville*, where two white women were charged under the Jacksonville Vagrancy Ordinance for being out with two black men
2. 'Native-only' asylums were restricted to local vagabonds. European vagabonds in India were sent back to Europe as a way for the British to protect themselves from embarrassment in front of the Indians
3. Seen in the 1899 Sudanese Penal Code which labelled men who cross-dressed as 'habitual-vagabonds', and the 1897 Criminal Tribes Act of India, which criminalised 'eunuchs'.
4. We went to the Criminal Records Office to verify this but found that there was no data specifying the gender of those booked for vagrancy

## FEMALE EXPERIENCES OF GRIEF IN THE MEMOIR

# AN EXPLORATION OF THE MOTHER-DAUGHTER DYNAMIC

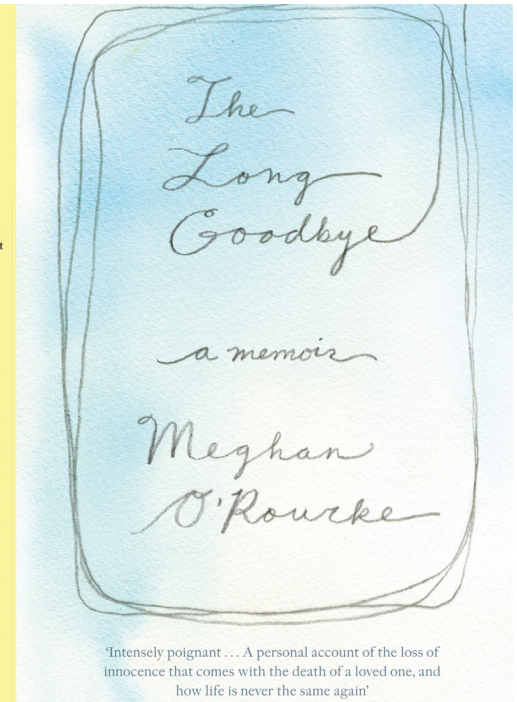
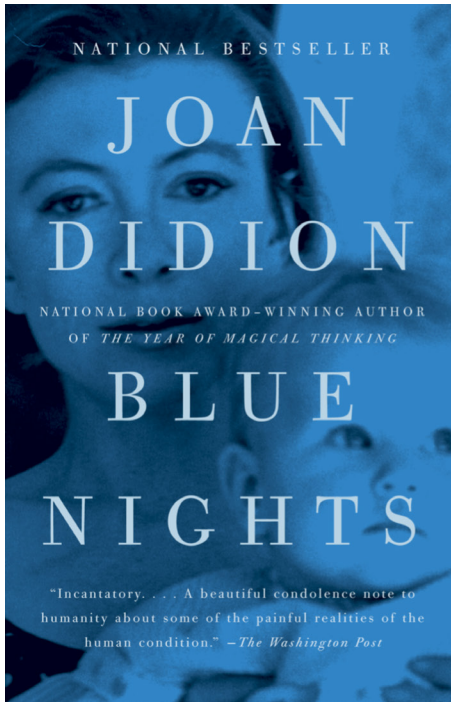
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RIDA ARIF

**T**he relationship between a mother and a daughter may be described as one of the most complex dynamics in the modern world. Even when a mother and daughter have a somewhat “good” relationship, it is layered with a myriad of intricacies, meanings,

and understandings (or lack thereof). This complexity deeply piqued my interest as it is, but coming across grief memoirs written by women, upon either losing a mother or a daughter, prompted me to delve further into how grief complicates a tricky dynamic. When faced with loss, grief, and death, this desire to tell or hear stories becomes

even stronger. Kathleen Fowler<sup>1</sup>, argues that while the “storying” of death and loss has always existed, however, the women’s grief memoir is a relatively recent literary genre. The vitality of this new form comes from its unification of writing and reflection, literary consciousness and societal and personal insight, and the stories of the deceased





and the bereaved. The grief memoir fills the gap left by other significant bodies of literature and contributes to a community of the bereaved missing from contemporary grief practices.<sup>2</sup> Grief memoirs written by women were of particular interest to me because I was interested in how these non-fictional stories of loss induce and construct a gendered self.

In my research, I explored the genre of the women's grief memoir using three such memoirs that have defined the last decade: *Blue Nights* (2011) by Joan Didion, *I'm Glad My Mom Died* (2022) by Jennette McCurdy, and *The Long Goodbye* (2011) by Meghan O'Rourke. Each memoir contributes to the greater literary debate about mourning and writing about grief, while maintaining their individual writing styles, structures, and variety of literary features. These memoirs were chosen specifically because each writer avoids a moralistic tone wherein the experience of grief and loss "transformed" them and does not have any clear agenda that gives definitive meanings to loss. Each book

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with this

allows the reader to interpret the narrative in their own ways and allows them to make their own connections within the broad spectrum of experiences of grief.

As for my theoretical frameworks, Cathy Caruth

and Sarah Gilbert provide a substantial foundation for the critical engagement of grief, trauma, and memory, while Helen M. Buss provides incisive analysis that supplemented the three memoirists' intentional writing through her reflections on the mother-daughter dynamic and how it determines grief.

By examining the mother-daughter dynamic in these memoirs, my research explores the question of identity (who is a daughter? Who is a mother? How enmeshed are these two identities?) and the experience of questioning the role of the mother and daughter in the grief memoir. Through an engagement with "truth", I explored how trauma and grief go beyond the boundaries of time and place and how the grief memoirist attempts to deal with this specifically in relation to the unique mother-daughter dynamic, and finally, how the resolution of all three memoirs engages with the idea of "recovery" and thus successfully constructs a meaningful confrontation with the fear of loss.

In the first few pages of *The Long Goodbye*, Meghan

O'Rourke<sup>3</sup> shares her definition of a mother: "A mother, after all, is your entry into the world. She is the shell in which you divide and become a life". This is a notion that I found common throughout all three memoirs, as elucidated by Kathie Carlson<sup>4</sup>, "From her mother a woman receives her first impression of how to be a woman and what being a woman means". As the narrative progresses, O'Rourke goes into slightly more detail about deriving her sense of identity as a girl and woman from her mother, remembering that rather than looking up to her as a role-model, she wanted to be her mother, or live her mother's life.

The theme of identity, enmeshment and the effect of illness is even stronger in *I'm Glad My Mom Died*. McCurdy is explicit about the inability to separate herself from her mother, and her mother's insistence on their unification throughout the memoir, to the point where Gilbert's notion of the "mortal wrong" in this book is this enmeshment and unification. McCurdy<sup>5</sup> begins the narrative through the perspective of her six-year-old self, where it is immediately made clear to the reader that McCurdy's mother needs to feel needed as a mother in order to derive her sense of self and worth: "She often weeps and holds me really tight and says she just wants me to stay small and young". This act of emotional manipulation at such a young age affected McCurdy so greatly, that even after her mother's death, she is unwilling to accept her mother as a flawed person let alone an abusive figure, linked to the concept of "truth" as it exists within the experience of trauma and grief. This internal

contradiction is best explained in Helen M. Buss's terms that daughters identify with their mothers so strongly that to separate themselves calls for a "negative act of denial", which McCurdy and O'Rourke struggle to engage in, and which Didion only realises through the writing of *Blue Nights*.

McCurdy's narrative is also reminiscent of Buss's observation that the mother is the "primary significant other in many women's accounts", and that in the larger culture, the mother is shown as either the saint or victim,

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either.*

or a "monster". What makes McCurdy's memoir unique is that she takes us on a journey of her coming to terms with her mother's abuse after seeing her as a "saint", but never actually painting her out to be a "monster" either;

she shows that a relationship with an abusive mother is multifaceted and sometimes intertwined within normality. While McCurdy acknowledges the unique bond mothers and daughters have in her memoir, she criticizes the glorification of motherhood that others engage in as an extension of explaining the mother-daughter relationship. Gilbert wrote *Death's Door* because, at the time, no one had engaged in an in-depth examination of the interplay between the personal, cultural and the literary, paving the way for grief memoirs such as McCurdy's that aptly examine these intersections.

An exploration of this concept from the perspective of a mother, then, is essential to creating a three-dimensional view of the analysis of the relationship between mother and daughter, and of motherhood. Didion is constantly reflecting on these ideas in her memoir, recalling seemingly banal moments from Quintana's childhood to reassess her role as a mother<sup>7</sup>; for instance, "The next time a tooth got loose she pulled it herself. I had lost my authority. Was I the problem? Was I always the problem?" Didion engages in a critical reflection<sup>8</sup> on her motherhood and the idea of enmeshment between mother and daughter, "Depths and shallows, quicksilver changes. She was already a person. I could never afford to see that", questioning her role as a dominating figure as opposed to McCurdy's mother.

In another juxtaposition (or perhaps a parallel) with McCurdy's experience with her mother, Didion questions, "Had she chosen to write a novel because we wrote novels? Had it been one more obligation pressed on

her? Had she felt it as a fear? Had we?”. Didion’s thought process may be juxtaposed with McCurdy’s mother’s here, in that Didion agonizes over whether she pushed Quintana into a profession of her choosing, where McCurdy’s mother felt no regrets over pushing her into acting. However, it also may parallel it in the way that mothers often see their daughters as extensions of themselves without realising.

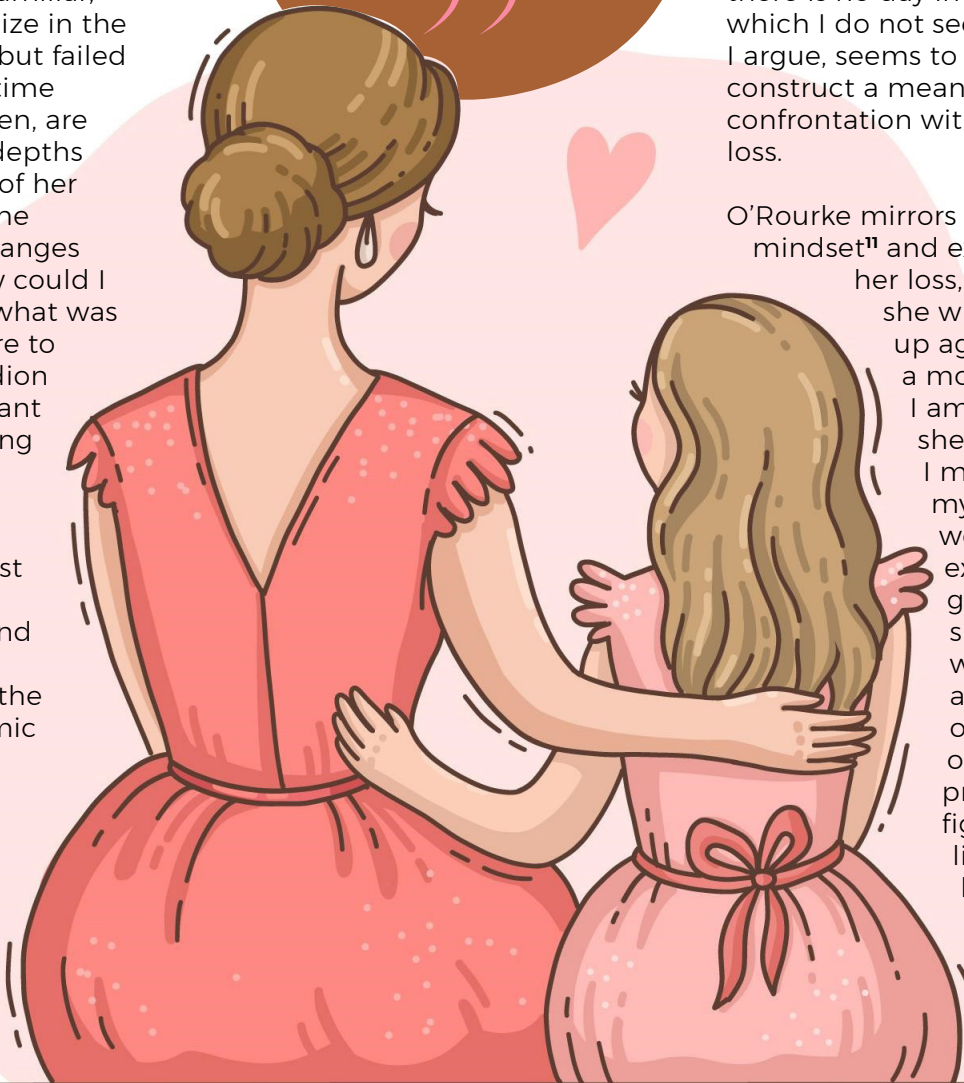
In her recollection of Quintana’s childhood and the days leading up to her death in *Blue Nights*, Joan Didion constantly questions why she did not pick up on signs of Quintana’s mental illness and selfhood, and picks at her possible inadequacies as a mother. “What remained until now unfamiliar, what I recognize in the photographs but failed to see at the time they were taken, are the startling depths and shallows of her expressions, the quicksilver changes of mood. How could I have missed what was so clearly there to be seen?” (Didion 31). This constant self-questioning depicts how Didion as a mother and a grief memoirist attempts to understand and comprehend her grief and the unique dynamic she had with her daughter, without any air of self-victimisation as a “monster”, as

“*My final point of analysis was an assertion that these grief memoirs are manifestations of what Caruth identifies as a “complete recovery” from the trauma of losing a mother/daughter.*”

discussed previously.

My final point of analysis was an assertion that these grief memoirs are manifestations of what Caruth identifies as a “complete recovery” from the trauma of losing a mother/daughter. Caruth claims<sup>9</sup> that a complete recovery from trauma can be determined when its story can be told, and the person can reflect on what has happened and give it a place in their life history, and thus in the whole of their personality, essentially in the form of a memoir. By the end of the memoir, Didion<sup>10</sup> has managed to find a midway point between honouring Quintana’s memory while also fully and completely accepting her death, “The fear is for what is still to be lost. You may see nothing still to be lost. Yet there is no day in her life on which I do not see her.” This, I argue, seems to successfully construct a meaningful confrontation with the fear of loss.

O’Rourke mirrors a similar mindset<sup>11</sup> and experience in her loss, “Am I really she who has woken up again without a mother? Yes I am... Because she is not here, I must mother myself.” Here, we also see an expression of grief and fear simultaneous with an acceptance of the death of the most prominent figure in her life, also landing at a midway point similar to





Didion's upon confronting her biggest fear that "the Person Who Loved Me Most in the World" had died (O'Rourke 69). McCurdy also engages in her own version of this midway point, wherein the processing of her grief, she would sometimes fantasize about what life would have been like if she was still alive and apologized, and supported Jennette in having her own identity, but then realise that she, too, was romanticizing<sup>12</sup> her mother, "Mom made it very clear she had no interest in changing.. I shake my head. I don't cry. I know I'm not coming back." Caruth would perhaps describe this as a "complete recovery" from trauma due to McCurdy's ability to return to her traumatized memories in order to complete them (i.e. acknowledging that her mother abused her), and to give it a place in her life history and autobiography without feeling guilt or shame in her current life.<sup>13</sup>

Thus, each memoir constructs its own version of Caruth and Gilbert's conceptualization of the final transitory phase

of grief, that is, being able to construct a history of trauma and grief that critically engages with the pain and fear experienced in relation to it.

In the end, I found that the women's grief memoir is a radical form of writing which coincides with both an increased public discomfort with the mention of death

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and as well as the recent professional interest in bereavement. Grief and trauma can become impossible to live with, and so the memoir becomes an attempt to comprehend it. *Blue Nights*, *I'm Glad My Mom Died*, and *The Long Goodbye* all combine a narrative of the deceased and the bereaved, personal, and social critical analysis, and writing and reflection to create complex accounts of grief and construct a dialogical mother-daughter discourse. Further research on this topic would include an examination of the roles of class and race in the grief memoir, and how they determine women's experiences of grief and further complicate the mother/daughter relationship, a perspective that was beyond the scope of my research at this time.

**Rida Arif will graduate with a BA in English and a minor in Sociology/Anthropology from LUMS, where she was a tutor at the Academic Writing Lab (AWL) and Junior Editor of The LUMS Post.**

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8. Joan Didion. *Blue Nights*, p.34, Vintage Books, 2012.
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# FEMINIST LABOURS, ETHICAL IMPERATIVES, AND THE POSSIBILITIES OF A QUEER UTOPIA

—◆—  
SHEHEREZADE NOOR

“Resistance” is traditionally defined as a struggle for freedom, where people band together to protest their unfair treatment and demand retribution. This captures the essence of the campaign for queer rights in the Global North and their strategies of Pride. Here, the suggestion of anything LGBTQ (case in point, the “debates” on the 2018 Trans Rights Bill and at moment of writing, their roll-back by the FSC) seems to stir up so much outrage and controversy – and sometimes outright violence – that openly campaigning for queer rights feels impossible in Pakistan. But queer folk continue to live their lives every day and I became interested in the quieter, more adaptable forms of resistance they practiced.

Depending on how they present, cis queer women can occupy a space of in/visibility, where they can avoid being recognized as queer by mainstream society. Existing under the public radar may be a safer alternative for marginalized communities. Queer women/AFAB<sup>1</sup> folks who already face gender-based

discrimination may not want to invite (even more) overt sexual violence because of their sexuality.

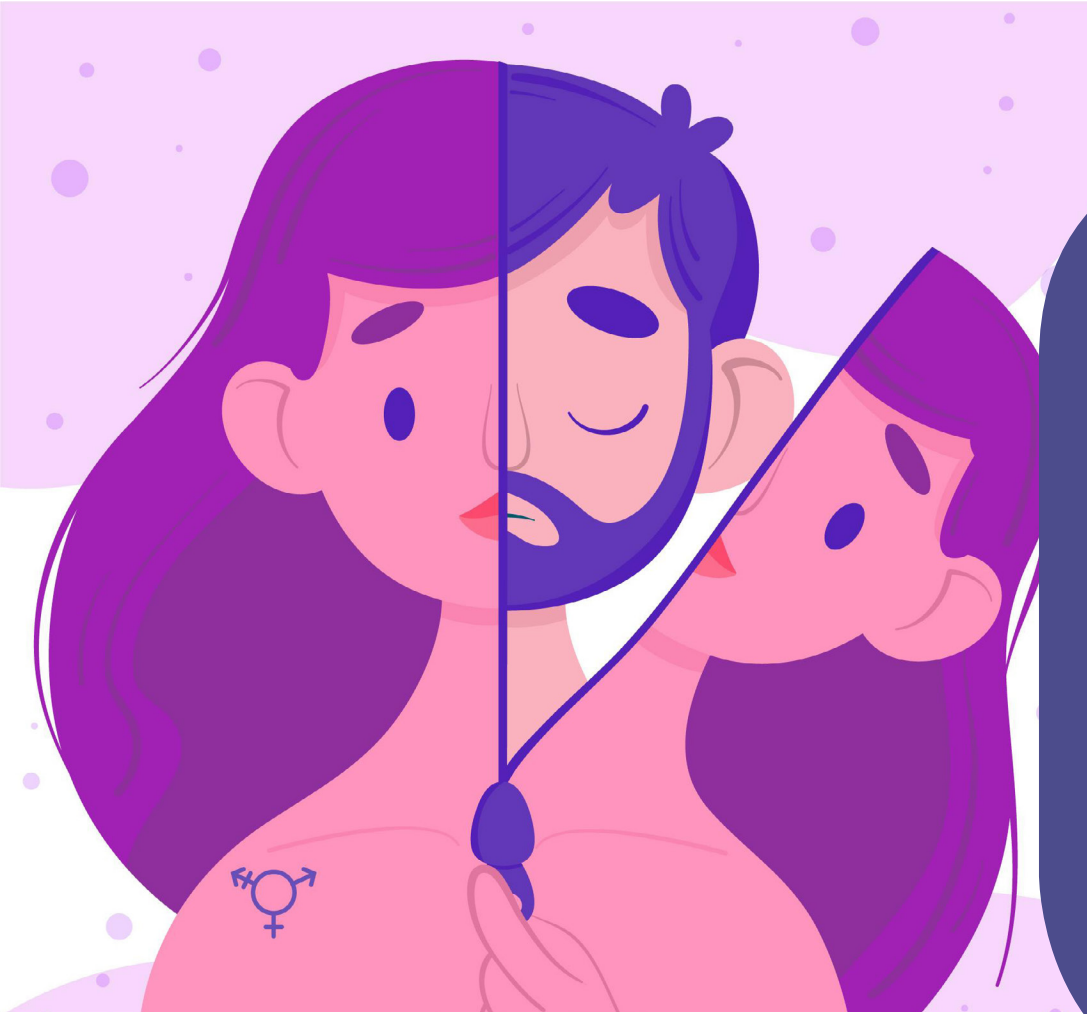
I was interested in examining the veil of invisibility assumed heterosexuality granted to queer women, one that walked a fine line between being deployed intentionally by the subject and being imposed by others. They exist on the threshold of the closet, neither in nor out. One participant defined it as more of a “coming in”, inviting people who had earned their respect and trust into this small safe circle with them, rather than a “coming out”. These women fashioned themselves into “tacit subjects”, carefully

constructing strategies of protection with a dual function; while they were a way to provide them protection from their families and the possibilities of violence attached to “coming out”, they were also intended to, quite simply, give them space to breathe.

Choosing (partial) invisibility as a reaction to inhospitable



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*Few have the power and community support to go up against institutions that permeate everyday life.*  
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circumstances may seem counterproductive. Resistance for the sake of social justice has an ethical demand at heart – to change an unjust system. However, protesting the injustices of the situation one is born or thrown into and asking for retribution is not an option available to everyone. Few have the power and community support to go up against institutions that permeate everyday life. These are also existing criticisms of feminist movements in Pakistan, they inadvertently become spaces only for women who have the time, money, and mobility to engage in activist labour. Whether you are organizing a movement or practising feminist politics in your everyday life, open, disruptive resistance comes with material and emotional costs. Lollar’s theory of strategic invisibility is applicable here. It combines Heidegger’s concept of dwelling places<sup>2</sup> and Arendt’s concept of visibility<sup>3</sup> combine to capture how

those placed in inhospitable situations seem to understand that to maintain safety invisibility to greater powers is preferable to transparency.<sup>4</sup> Instead of resistance, they practice subversion by taking what they can from their inhospitable surroundings to create space for themselves to survive – a strategy I personally favoured when conducting my initial research.

However, conversations with “A”, a young medical student in Lahore, raised more questions for me. Unlike the other folks I spoke to, they favoured a strategy of open resistance to the sexism and homophobia prevalent on their university campus. They were vocal about their feminist leanings and about working with Aurat March. At one point they joked about being discredited as a “Feminazi”. Their activism involved action too. The medical society they were part of began collecting signatures for a petition that demanded

intersex people undergo medical examinations to determine their gender. They instead uploaded a statement on the society’s social media opposing the move as discriminatory and inhumane – cis people are not subjected to gender examinations so why should intersex and trans folks be? This move did not go unnoticed, and the consequences they described for their resistance are what many fear. They still struggle with fear and depression, but they continue to be fuelled by anger at the way things are and a desire to change them.

Why do the queer folks at LUMS prefer creating private subversive spaces instead of open resistance? The normal rules that govern life in Pakistan are suspended here to a certain extent, and perhaps they wished to protect the freedoms they already had. There is also a

question about how such resistance would affect their material freedoms. Even A acknowledged the relative freedom they were operating from. Unlike many other young women, they lived in Pakistan while their parents lived miles away in the Middle East. This afforded them a crucial level of privacy and distance from where they could practice their activism. Ties to the home and the family, access to material privileges that make life liveable, protecting the freedoms you already have, or simply not desiring the emotional toll of activist labour are all extremely understandable reasons to fear violent disruption of the way things are.

Though one cannot deny that there is an ethical conundrum to hiding. “Invisibility maintains an unspoken truce with the culture and the social sphere”.<sup>5</sup> It obscures the “ethical demand of one’s presence”<sup>6</sup> and the possibility of a positive contribution to public discourse. To persevere these small subversive spaces must remain hidden from the mainstream to preserve themselves. These are spaces where the marginalized experience joy, they are certainly not perfect and often have internal hierarchies and problems. Though they come with their own great costs, they are still spaces where one can breathe and protect themselves from the violence of the outside world. The current wisdom of queer activism operates within a

liberal, legal rights-based framework and seeks to gain recognition and protections from the state. One imagines that a change in legislation has the power to change our social reality for the better. This kind of resistance exposes one to violence and requires fixing identities and knowledge about the community that goes against the ambiguity of their lived experiences. But the fact remains that using the legal framework of human rights is necessary to a certain extent, because the minimum requirements for a liveable life must be ensured. However, I would still contend while this framework might be able to address legislative issues, its power to guarantee freedom is limited.

What is the way forward then? How do we move towards a queer utopia? We need to expand the rigid definitions of concepts such as rights, freedom and resistance and separate them from a purely “human rights” based discourse. Instead, we need to find a new middle ground, we must imagine a new kind of emancipation. In a way the spaces queer women created for themselves with other queer folk were like a kind of utopia, many participants described finding a sort of joy and comfort in these relationships that they could not find anywhere else. We can perhaps use these subversive spaces to begin thinking about how a utopic future can look different for

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different groups of people. Freedom does not have to look the same for everyone, we perhaps need to move towards a vision that places it in a particular cultural and historical context where women are allowed to decide/design for themselves what their utopia would look like.

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## SURGICAL CONTRACEPTION IN PAKISTAN

# BRIDGING POLICY AND CULTURAL BARRIERS

ZAIN UL ABIDIN KHAN ALIZAI

**S**urgical contraceptive procedures are one of the most opted methods of contraception in Pakistan, second only to traditional family planning methods. Despite being such a common practice, there's a significant gap in medical ethics, particularly pertaining to female bodily autonomy and informed consent prior to a procedure within the local healthcare system. Majority accounts are marred with harrowing stories of women being denied access to such services by the surgeons themselves, being

forced into not opting for it by their husbands etc.

*“She [the female patient] was nearing her mid-50s, a mother to seven children already from a very impoverished stratum of the society— she desperately begged for a surgical contraceptive as her husband, who was himself in his early 70s, insisted for the seventh child. She couldn’t afford to be a breadwinner to seven children in an instance of her husband passing away. She clearly didn’t even have the mental or physical capacity to carry another womb. Alas! No single hospital or practitioner was remotely willing to provide her a public service.”*, a birthworker narrated during my research.

What was the causal factor behind this healthcare access disparity? If surgical sterilisation had been such a popular option, then what was behind this strange yet deeply impactful accessibility in play? Was it just the patriarchal, cultural norms where the woman’s choice was subjugated by her husband’s or did some part of the blame for this

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*She desperately begged for a surgical contraceptive as her husband, who was himself in his early 70s, insisted for the seventh child.*  
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reproductive injustice rest on the shoulders of the healthcare system as well? These questions founded the basis of my investigation as I undertook a deep dive into investigating the dynamics of surgical contraceptive procedures in Pakistan.

Through my comparative research, by conducting interviews of a sample of OB-GYN surgeon-physicians along with a pool of healthcare policy specialists— I concluded that while both these factors played a critical role, a murky medical policy guideline was, in fact, augmented with the normative patriarchal oppression prevalent in the society. Commenting on the former element of policy status, a gynaecologist and policy analyst commented on this aspect, *“There are a multitude of underlying symptoms to this condition; you have a religio-cultural element vying to integrate itself into the*

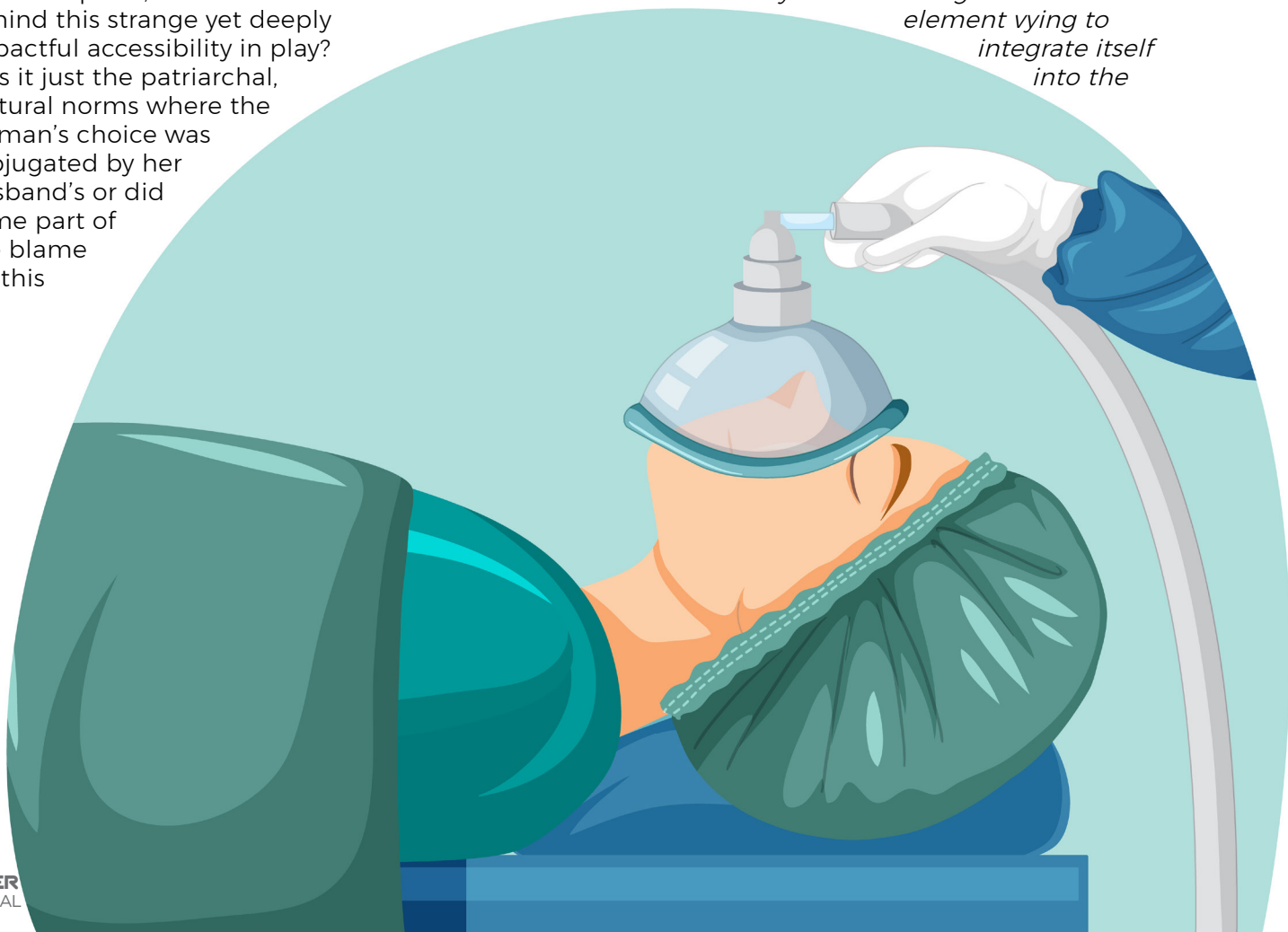


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*delivery of a public resource. At the same time, more importantly, concepts that are deemed “universal” are also not universal if we look closely.”*

This is to affirm that a borrowed medical ethics guideline from the Global North, left de-contextualised, has prompted the creation of a healthcare system that doesn't cater to the nuanced pressures present in the cultural realm. And there are a vast variety of those—from parental agreement to husband's consent to perceptive subjugation—all these oppressive forces emerging from the cultural norms have been further enabled by the presence of a deficient policy guideline. Adding on to that, a weak policy regulation system further complicates the issue.

During my research, I found doctors themselves bringing about how, starting from the medical school curriculum to everyday surgical procedures, outdated ethics' policy guidelines are present and even among those, big hospitals choose to follow a self-curated set most of the time. Nonetheless, it is imperative here to point out the intense impact of the “cultural” dimension as well.

Existing literature suggests that decisions surrounding conception and family planning in Pakistan are significantly determined and influenced by people other than the pregnant women herself<sup>1</sup>. Often out of familial pressures, women aren't able to even make it to a

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hospital or a clinic in the first place. Then there were also those doctors who relied on personally curated values and judgments to decide whether to allow surgical contraceptive procedures or not. These biased judgments, devoid of consistent policy grounding and heavily influenced by normative judgments, have frequently led to exacerbating the challenges surrounding the status of bodily autonomy and consent in parts of Pakistan.

Complete bodily autonomy, especially in the context of public service provision, is a right of every citizen of this country. The undertaken research presents a thorough depiction of the existing

healthcare system, particularly within Punjab, as it serves to hinder the aspiration towards attainment of the fundamental ethical ideal of female bodily autonomy. Currently, even in emergency cases, women's autonomy is threatened and left unprotected at the whims of either the physicians or the family.

To ensure equity in public systems, it is necessary to engage with the complexities of a multifaceted problem and deal with it in a methodical fashion, rather than ad hoc prescriptions.

A good place to start will be by fundamentally revamping the bioethics gynaecological policy guideline and streamline its enforcement across both public and private sector healthcare providers. Along with this, a consistent provision of professional training must also be undertaken in order to equip relevant physicians to deal with both normative and exceptional pressure situations to make informed and value-driven decisions. At the same time, policies must be more concise and all-encompassing in their scope to achieve reproductive justice and physical autonomy.

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