

Gender, Law, and Religion During the COVID-19 Health Crisis

Edited by

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Critical Perspectives on Social Science



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Chapter One

Gender, Law, and Religion During the COVID-19 Health Crisis: An Introduction

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This volume is largely the outcome of a panel held during the eighteenth Annual Conference of the European Association for the Study of Religions (EASR) on “Resilient Religion”. The academic event aimed to explore the role of religion as both a resilient tool and a tool for resilience. It brought together several hundred experts from various fields studying religion, including theology, anthropology, law, sociology, psychology, and history, among others. Their contributions focused on theoretical inquiries or in-depth analyses of case studies of particular relevance.

The Congress established a connection between concepts (resilience and religion) that have proven to be highly significant in times of crisis, such as the COVID-19 pandemic, which emerged suddenly in early 2020, posing a serious health threat and creating tremendous stress and distress across the world. The pandemic forced abrupt changes in all spheres of social lives and behaviour, and information about the pandemic and guidance for minimising risk were confusing and frequently changing. COVID-19 has presented unique challenges for humanity. These challenges are varied and include the short- and long-term impacts on physical and mental health, the potential for infection, anxiety about infection risks, changes in work and family lifestyles, shifts in household and relationship dynamics, as well as coping and mood dysregulation. In addition to causing physical devastation, the virus has had deleterious effects on many individuals’ mental health (Rossi et al. 2020; Wang et al. 2021).

Resilience can be conceptualised as the capacity to counteract or absorb processes of transformation. It is characterised by the ability to endure changes without necessitating permanent adaptation, a skill to identify optimal adjustments to new environmental conditions, and an awareness of how to navigate through crises. The relationship between resilience and religion is complex and multifaceted. Religion often serves as a profound source of resilience, providing individuals with a framework to navigate and cope with

life's adversities. In this context, religion—whether in institutionalised forms or as a simple belief in connection with a superhuman agency—functions as a potent tool for responding to challenging situations, establishing a relationship with the sacred through the interplay of spirituality, mindfulness, empathy, and emotions.

Researchers have shown the connection between spirituality and resilience and their impact on healing, emotional, and mental well-being, as well as coping and resilience (Sharma et al. 2017; Walsh 2008). Individual resilience and well-being negatively predicted distress symptoms in each sample, and women of all samples reported a higher level of distress symptoms compared with men.

Religion has been shown to play important and varied roles in previous disasters and health crises, but its roles in the pandemic have yet to be outlined. Religiousness can play a crucial role as a response to significant life stressors, representing a key resilience factor for many individuals and assisting in maintaining connections with superhuman agents. Religiousness can influence the extent to which individuals find a disaster stressful and can offer paths for coping with distressing emotions (David et al. 2023). Through faith, believers may find solace, purpose, and a sense of meaning in the face of challenges. Religious practices, rituals, and communities can offer a support system that enhances individuals' ability to bounce back from setbacks and endure hardships. Simultaneously, the adaptability and enduring nature of religion itself in the face of societal changes underscore its inherent resilience. Whether through the reinterpretation of doctrines or the integration of new media, religion showcases its capacity to persist and evolve, contributing to the resilience of both individuals and the religious traditions they embrace.

Religiosity is of particular interest due to its multifaceted nature and involvement in applying meaning to one's life, providing resources to solve problems, and supporting one's ability to cope during stressful life events (Dolcos 2021). Religiousness is associated with many aspects of responding to and recovering from catastrophic events, major health concerns, epidemics, and other severe stressors (Park and Slattery 2021). Religiousness can influence the extent to which individuals find a disaster stressful and can offer paths for coping with distressing emotions. As a resource, religiousness provides specific coping strategies – actions relating to God or a higher power for the purpose of dealing with stressful experiences. In addition, religiousness may involve affiliation and belonging within a religious community, beliefs and values, or a general religious orientation (Fetzer Institute/National Institute on Aging Working Group 1999).

The worldwide measures implemented during the COVID-19 pandemic, such as increased isolation, job losses, and heightened fear of death and illness,

have contributed to elevated levels of stress and anxiety. This impact extends to individuals' mental health and overall well-being, with underlying financial concerns exacerbating the adverse effects.

In times of crises, many individuals instinctively search for underlying reasons to rationalise their vulnerabilities, and religion has historically served as a means to explain vulnerabilities induced by crises. Some attributed the COVID-19 pandemic to the influence of supernatural forces (Wildman and Sosis 2021), leading to a noticeable increase in the duration of prayer for 61% of Poles (Boguszewski et al. 2020) and a reported strengthening of faith by 30% of Americans during the pandemic (Sahgal and Connaughton 2021). This highlights an association between organised religion and well-being (Dilmaghani 2018), wherein organised religion offers comfort through comprehensive and integrated reasoning structures to justify challenging life circumstances and likely through peer support (Krok 2015). Throughout the pandemic, resilience and religiosity supported well-being by providing intrinsic social support rooted in religious beliefs, fostering a connection with the Divine and attributing meaning to distressing events (Brewer-Smyth and Koenig 2014).

The significance of religious beliefs in shaping individuals' responses to COVID-19 globally is evident. Specifically, the examined studies reveal that individuals often resort to their religious beliefs as a means of coping with distress. The relationship between their religiousness, encompassing religious coping, and mental health during the pandemic is intricate, and religiousness is also associated with various COVID-19-related behaviours (Adam et al. 2023).

Among other topics and perspectives addressed at the congress, this volume focuses on the panel that discussed gender, law, and religion during the COVID-19 health emergency. The panel's objective was to scrutinize the pandemic's impact on the status of women in faith communities, exploring the establishment of new equilibriums between female religious and cultural assertions and the compelling state interest in public welfare. Additionally, the panel aimed to investigate the development of new gendered intersectional perspectives aimed at achieving full female integration, equality, and participation in civil society.

Historically, crises have consistently worsened pre-existing gender disparities, resulting in a disproportionate and more pronounced impact on women compared to men. The ongoing COVID-19 emergency is no exception to this pattern. Although data indicates that men are more susceptible to fatal outcomes from the SARS-CoV-2 virus, there is widespread recognition that

women are disproportionately affected by the government's responses to the outbreak¹.

Analysing the repercussions of the COVID-19 infection from a gendered perspective reveals significant consequences for individuals in vulnerable positions, particularly women, leading to heightened concerns about gender equity and inclusion. This complexity is further compounded when gender intersects with other identity markers, such as religious affiliation, resulting in a dual vulnerability. This intersection increases the risks of emerging forms of discrimination, violence, hate speech, and harassment against women.

Substantial evidence also indicates that the enforcement of lockdowns and measures for home confinement, enacted to curb the spread of COVID-19 and safeguard national healthcare systems, has resulted in a surge in domestic violence rates. This has forced numerous women to be confined with abusive partners and family members. Concurrently, due to the reallocation of resources towards combating the virus, essential services for victims, including shelters, helplines, and police interventions, have been diminished or entirely compromised in many states². The rate of increase in reports of domestic violence has ranged from around 25 to 30% (in France and the United Kingdom), to 74% (in the Russian Federation), to as high as 300 or 400% (respectively, in China and Canada)³.

In diverse legal contexts, women undertake various roles and responsibilities, and the interplay between gender, law, religion, and COVID-19 is expected to contribute to disempowerment in shaping a "female identity". This phenomenon is observable not only in Western nations, where migrant women strive for complete integration, but also in their countries of origin, where they contend with normative pluralism models and inadequate legal responses from the state.

Across different environments, the pandemic has not only triggered an unprecedented health crisis but has also given rise to social and economic challenges, including inequalities in accessing fundamental rights such as healthcare, education, workplace opportunities, and justice. Within this intricate framework, religious leaders face novel challenges, requiring effective responses to their communities. Simultaneously, the role of women in leadership becomes crucial during a pandemic, urging the implementation of new paradigms that are more responsive to evolving social, cultural, and legal changes. All religious actors are called upon not only to guide and support the

¹ UN Doc CEDAW/C/GC/37 para 2.

² UN Doc A/75/144.

³ UN Women, 'COVID-19 and Ending Violence Against Women and Girls' (2021).

most vulnerable and marginalised members of their communities but also to collaborate with governments in shaping a future that promotes religious freedom, gender equality, gender justice, and freedom from discrimination.

Focusing on the contents of this volume, it is worth noting that the chapters comprising this work encompass intersectional realities both geographically and thematically. They span the realities of women from Japan to Argentina, passing through Spain. On the other hand, they address issues ranging from work and care, female leadership in the Church and in society, to the influence of gender on the ability to overcome challenges in the context of the COVID-19 crisis.

The first chapter, on *COVID-19 and the Care Economy in Japan: A Study of Women's Religious and Spiritual Coping Strategies to the Pandemic-Induced Emotional Distress*. It has been authored by Paola Cavaliere, Senior Research Fellow at the University of Milan's Department of Languages, Literatures, Cultures, and Mediations. Cavaliere's main research interests lie in the interdisciplinary areas of gender, religion and disaster studies in Japan. She is investigating disaster-related gender and religious dimensions of vulnerability and resilience through an analysis of women's roles in faith-based volunteer groups contributing to post-disaster activities, including COVID-19-related institutional and faith-based volunteer responses.

The study delves into the socio-economic repercussions of the pandemic and the persisting normative expectations around motherhood, exposing the vulnerability of Japanese women's daily lives. The conventional role of women as primary caregivers, absorbing family members' emotional distress during crises, becomes challenging due to volatile working conditions and an intensified burden of caring within the family structure. Examining middle-class women affiliated with four Japanese religious organisations, the study finds that engaging in *zazen* meditation and yoga serves as a means for emotional support and self-care strategies. Although the role of spirituality and religiosity as coping mechanisms remains unclear, functionalist perspectives suggest their utility in dealing with adversities and building emotional resilience. Through a phenomenological analysis of thirty-two Japanese women's narratives, the study explores how they employ coping mechanisms and prioritise strategies. The findings reveal that middle-aged full-time houseworker women continue to adhere to organised religions, incorporating more holistic forms of spirituality to address emotional care demands. In contrast, younger Japanese women, including affiliates, are increasingly turning to body-mind spiritual practices, downplaying gender-conforming notions of the care economy with its emphasis on dedication and dependency.

The following chapter deals with *Religiosity and Gender During the COVID-19 Pandemic: Resilience and Coping on Social Participation Among Men and*

Women in Spain. The author is Rejina M. Selvam, researcher at the Institute for Advanced Family Studies (Universitat Internacional de Catalunya) and Lecturer Serra Hunter Fellow at the University of Barcelona.

What has been learned about the intersection of religion, gender and social participation during the COVID-19 pandemic? How have religious beliefs shaped—positively and less so—the lived experiences of men and women? These are some of the questions posed by Selvam in this intriguing research. The study investigates the intersection of religion, gender, and social participation during the COVID-19 pandemic and explores how religious beliefs have influenced the experiences of men and women. The findings reveal that religiousness plays a significant role in coping and resilience during the crisis, impacting individuals' perceptions of social participation, crucial for mental health. A national survey with 1,707 participants in Spain indicates that highly religious women exhibited higher levels of resilience and coping in the early stages of the pandemic. Through a path model and gender-specific analysis, it was observed that these highly religious women, displaying enhanced resilience and coping, also had more positive perceptions of social participation. Moreover, both men and women with positive coping mechanisms found their perceptions of governmental support linked to increased social participation. The study concludes that religion serves as a robust tool for women in crisis situations like COVID-19, fostering positive coping and social integration. It also emphasises the importance of projects providing governmental support, particularly for men who perceive social participation through the lens of external assistance.

Gabriela Irrazábal (CEIL- Centre for Labour Studies and Research and CONICET- National Scientific and Technical Research Council) and Ana Lucía Olmos Álvarez (CONICET- National Scientific and Technical Research Council; National University of Avellaneda) are the authors of the following study: *“When I Have a Health Problem, First I Go to the Doctor and Then to the Church”: Women, Health, and Beliefs in the Context of the COVID-19 Pandemic in Argentina.* The article explores the intersection of health and beliefs among women in Argentina during the COVID-19 pandemic. Analysing health issues reported by women based on age and religious affiliation variables, utilising data from the non-probabilistic Science, Health, and Beliefs survey encompassing 2,453 cases nationwide, the study reveals that women experienced a more significant impact on their health compared to the average population. Many of these women concurrently faced at least three health conditions during the pandemic, encountering challenges in accessing medical professionals and the healthcare system, which prioritised emergencies and was affected by prolonged isolation measures in Argentina. The data also indicate that respondents, confronted with these challenges, turned to complementary or integrative

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