KEYWORDS: Islam, women, contagious diseases, COVID, sexism
DOI: https://doi.org/10.4079/2578-9201.4(2021).03

Women, Disease, and Colonialism: The Complex Role of Women in Perceptions of Contagious Diseases in Islamic History

LAUREN KIKER
PSYCHOLOGY AND HISTORY, CCAS '23, lkiker25@gwu.edu

ABSTRACT

From the outbreaks of the bubonic plague in the Middle Ages to the COVID-19 pandemic, women in Islamic history have been entangled in contagious disease perceptions. An examination of theories developed by scholars at the onset of the Bubonic Plague and cholera outbreaks reveals connections between infections and women, with the unique ability of women to inspire lust linked to these diseases. Perceived to be contagious centers of corruption, women may have been blamed for their role in contagious diseases as a result of departing from the social norm. Developed in the Middle East in front of a backdrop of changing social structures and used in India to target outcasts, perceptions of contagious diseases were utilized to maintain social norms when societies were faced with a terrifying new threat. However, as these outbreaks became regular occurrences, focus shifted to blaming colonial governments for mismanaging epidemics. No longer deemed centers of contagion, the treatment of women became a flashpoint for growing anti-colonial sentiment, used as a rallying cause to provoke riots. The modern COVID-19 pandemic showcases a continuation of this theme, with media outlets and government officials debating and taking different stances on the use of traditional face coverings by Islamic women as replacements for facemasks despite no published medical research. These connections between women and contagious disease perceptions reveal an interesting but under researched theme that requires much more attention in order to develop a complete picture of this complex aspect of women's history.

Currently at the center of modern discourse, contagious diseases prove to be an inescapable force in history, leaving no community completely untouched by an epidemic or outbreak. From the earliest plague incidences, to the cholera epidemics, and the modern COVID-19 pandemic, contagious diseases have permeated Islamic history and produced a complicated set of social, economic, and demographic changes. When facing these new challenges, history proves that it is not unusual for communities to channel anxiety and fears into more comprehensible loci, such as the blaming of Jewish communities in Germany after World War I or the persecution of witches throughout Europe at various times of hardship. In the context of contagious diseases, women have a long history of being used as one of these loci, both as corrupters responsible for spreading diseases and victims of failures to combat outbreaks, creating a complicated dynamic in women's history of blame, persecution, and victimization. Undoubtedly one of many factors, women play an important role in plague perceptions, supported by their involvement in these perceptions stretching from the first outbreaks of the Black Death in the mid-fourteenth century to modern COVID-19 discussions, surviving many changes in social dynamics, government structures, and medical innovations. Simultaneous to their involvement, the perceptions of women in contagious diseases are inconsistent, shifting from corrupt centers blamed for causing the disease to sympathetic victims of colonial mismanagement, due to shifts in how the diseases are viewed by the community.

With a debated origin and transport method, the Black Death's introduction into the Middle East and Islamic history brought with it complex perceptions of contagious diseases. One of these complexities centers on the role of women in the Bubonic Plague, with some scholars viewing women as corrupted beings who produced and spread the plague. One theory maintained that the Evil Eye was to blame and women's unique ability to use the Evil Eye put them at the center of plague perceptions, with the belief that women could corrupt the air around others with their gaze, resulting in infections of the bubonic plague (Stearns, 2011). Menstruation was also seen as a way women spread the plague and connected with Evil Eye, as contact with menstruating women was connected to the spread of diseases, such as

leprosy (Salmon & Cabre, 1998). Further, scholar Lūqā urges men not to lust after women, as the contamination by women was capable through thought, and viewing pornography or being in a lustful mental state could result in plague infections (Stearns, 2011). The relevence of these connections between women, sex, corruption, and plague perceptions can be seen in the political reaction towards women as a result. In Egypt, legislation was passed to ban all women from the streets in order to limit their presence and, therefore, ability to corrupt (Dols, 1977). This points to the prevalence of the belief in women's ability to corrupt in connection to the plague.

With a new and terrifying plague, women made easy targets with already available theories, such as the aforementioned Evil Eye, adapted to further implicate women in the spread of the unfamiliar illness. However, centering blame on women for the spread of the Black Death was not random and can be seen to have occurred alongside a change in demographics and social structures. As the Black Death continued to spread through communities, death tolls increased, especially for non-native women, such as concubines, and, consequently, the average level of concubines in households rapidly decreased (Rapoport, 2007). This resulted in social changes as men took concubines instead of, rather than along with, wives, and these women gained new levels of respect for their piety and a limited degree of economic agency, providing supplementary income to the household through spinning cloth (Rapoport, 2007). These developments reveal a connection between social changes occurring at the time and plague perceptions, as shifts in social hierarchies produced a need to re-establish a sense of social control over women. While the first plague outbreaks in the Middle East show the beginning of the theme of women being entangled in plague perceptions, blame for the plague in connection to deviation from the social norm can be seen again within Islamic history, along with other areas, such as Europe, indicating a larger pattern of blame as a form of social control.

Outside of the Middle East, the Black Death continued to impact Islamic history in other regions, such as India, where perceptions towards women and colonial governments would entangle with plague outbreaks to create complex and tense social environments. Making itself officially known in Bombay in 1896, the Black Death in Southeast Asia entered an already complicated social and political scene, with British colonial governments tersely coexisting with indigenous social and political structures (Catanach, 1999). These Black Death outbreaks in India during the nineteenth century were seen as new and unpredictable, as the history of the disease had little presence in the public mind and was deemed the naya bimari, or new disease (Catanach, 1999). This connects the mentality of those in the Middle East during the initial Black Death outbreaks and those in India during these more modern outbreaks, as both groups were confronted with a scary and unprecedented disease with no known cause or cure.

Also similar to medieval Muslims, explanations into the origins of the plague and the reason for its devastating effects began to include women, in an attempt to give reason to the destruction. Scholars turned to vice and sin as an explanation for the origin of the plague, with Sayad Ramzan Ali of Rohtak claiming that when unmarried women became pregnant out of sin and performed an abortion, remains of the fetus in the womb started to rot and produced the plague (Catanach, 1999). This source also discloses an interesting belief, that married women should be kept away from widows and unmarried women, revealing the theory that plague could spread from the sin of one woman to another (Catanach, 1999). Perceptions of women in contagious diseases during the nineteenth century outbreak of the plague show continuity with perceptions of women during medieval outbreaks, with women seen as centers of corruption that could contaminate those around them due to sex-related sins. Both of these perceptions came out of similar contexts, with communities facing a new disease that had devastating effects, but little evidence points to women being put at the center of blame due to social change in India, unlike earlier plague outbreaks.

However, as the "newness" of the plague outbreaks in India wore off and instead became expected occurrences, shifts in focus began to take place, with people less concerned about the origins of the Black Death, and more interested in the colonial government's mismanagement of the outbreaks. The British colonial government's response to plague outbreaks were ill-timed, with denial of outbreaks preventing adequate measures being taken in the critical period (Catanach, 1999). When action was taken, attempts to separate sick individuals and force them into hospitals, called "plague huts," along with various "plague rules," such as regulations on burial practices, caused public unrest, including anti-European riots (Catanach, 1999). Tensions in India with colonial governments had been building since European involvement in Southeast Asia and were presented in previous conflicts, such as the Sepoy Mutiny of 1857, with many accounts referencing these conflicts in comparison to unrest due to plague outbreaks ("The Trouble," 1897). These underlying tensions and the British colonial government's decision to enact largely ineffective legislation that violated social customs, such as separating sick individuals from their families and legislating burial practices, combined to result in plague perceptions focusing more on the colonial government's failure, rather than blaming women for causing the plague.

While anti-colonialism took the forefront in plague perceptions, with governments blamed for mismanaging plague outbreaks, women still remained entangled in

these accusations, which swiftly contributed to even more anti-colonialism. Newspaper articles reporting on anti-English sentiment in India during the 1897 plague outbreak quote a source as saying "the plague authorities are simply butchers… neither Hindus or Mohammedans will tolerate the persecution of their wives… it is the misfortune of the people that the honor, religion, and modesty of women… should be violated under the Enlightened English government" ("The Troubles," 1897). Along with this, Sir Antony MacDonnell, a British colonial official in the North-western Provinces, reported that an angry crowd of Muslims told him that "they would never permit the segregation of their women or the administration of European drugs to their families" (Catanach, 1999). Similarly, the large riots covered in Bombay during the 1898 outbreak were said to be related to an attempt by a European medical student to examine a Muslim girl, resulting in the burning of plague huts and convictions of over 200 protesters (Catanach, 1999). Despite the shift away from perceptions of women as centers of plague, women still found themselves entangled in plague discourse as those pushing for anti-colonialism used the mistreatment of women to provoke unrest during the epidemics. Instead of corrupt centers of sin, Muslim women were now viewed as the sympathetic victims of European impotence and mistreatment during plague outbreaks. While this marks a distinct break in continuities of who was blamed for the plague, the spotlight never moved from women entirely -- it only shifted in nature.

Showcasing a similar shift in perceptions of women in contagious diseases, cholera epidemics in the nineteenth century caused devastating effects throughout Middle Eastern and Southeast Asian countries. Similar to the Black Death in India, cholera epidemics occurred at the same time as growing discontent with colonial governments and only resulted in an increase in tensions. However, early perceptions of cholera did not focus on colonial governments, but rather attributed outbreaks to many different causes, including women -- specifically those believed to be witches. This perception often resulted in violent attacks and murders, commonly of older women who had previously been suspected of witchcraft (Harrison, 2020). The targeting of those already considered social outcasts may indicate that these perceptions of women's role in cholera developed as a way to channel public fear and paranoia over the illness into a direction that would assist in maintaining social norms for women. This shows a degree of continuity with perceptions of women in the plague during the early outbreaks in the Middle East, as women were put in the spotlight as corrupters and spreaders of plague at the same time social change gave women more economic and social power, suggesting that blame for epidemic diseases may be utilized by societies to maintain or revert to more comfortable social norms.

Alongside connections of blame as a form of social control, anticolonial sentiment began to shift blame for cholera epidemics from women causing the outbreaks, to colonial governments for their mishandling, similar to the Black Death in India. While early cholera outbreaks in India are hard to connect with concrete pushes against colonial governments, once cholera outbreaks reached Europe in the nineteenth century during the second epidemic, the reaction of colonial governments changed from bare-minimum to implementing coercive measures (Harrison, 2020). Legislation aimed at regulating the Haji also caused discontent with the British colonial government, specifically legislation that used gendered terms to ensure that women were searched, going against social customs of women being kept from public view by male family members (Tagliacozzo, 2014). The British government's lack of effective response along with the overbearing nature of the legislation shifted the blame from women to colonial governments, but the gendered nature of some of the legislation ensured that the role of women in the perception of contagious diseases would continue to be unique. This development closely parallels shifts in perceptions of contagious diseases in India during Black Death outbreaks, with the normalizing of outbreaks shifting the focus of perceptions away from explaining why the outbreaks were happening to why outbreaks were not being handled better.

Even in the twenty-first century, complex perceptions of Muslim women can be found in contagious disease outbreaks. The COVID-19 pandemic is unprecedented, affecting people on a larger scale than past epidemics and therefore calling for more public cooperation than prior outbreaks. Facemasks have proven to be an important form of public cooperation but some Muslim women are put in the center of a debate over the use of traditional facecoverings. With little official medical guidance, some sources deem a niqab as a suitable alternative to facemasks, and even report that Muslim women who wear traditional face coverings in non-Muslim majority nations feel more acceptance from the public (Khan, 2020). However, other sources report that traditional face coverings are not adequate protection against COVID-19, largely in reaction to a far right conspiracy that masks are ineffective due to high rates of COVID-19 in Muslim majority nations where women wear traditional facecoverings (Caldera, 2020). While there remains very little scientific evidence or medical advice on the subject, some countries with legislation banning face coverings in public, such as France and Belgium, have continued to uphold this legislation when it comes to the traditional face coverings of Muslim women while simutanously passing legislation to require all citizens to wear face masks (Perolini, 2020). This again shows women at the center of contagious disease perceptions and, despite increased medical knowledge and research capacity, confusion over how the disease spreads has pushed

women into the spotlight yet again.

While continuities of perceptions of women in contagious disease discourse have been discussed, the important question of why women are involved has not been answered and stands very little chance of gaining a concrete answer. Violations of social norms and blame for contagious diseases seem to go together for some, but not all, cases. This theme does draw interesting connections outside of Islamic history, with contagious diseases in Europe showing similar patterns of women, specifically witches, being blamed and hunted. However, much more research needs to be done to establish if women, social change, and contagious diseases have the same dynamic in European history as they do in Islamic history. Even if this connection can be fully established, it still does not completely answer the question of why women were involved in plague perceptions. Possible explanations could center on the fact that women made easy targets due to their common presence and often inferior social status or because of other reasons still to be discovered. However, even if the subject of women in plague perceptions does receive the necessary attention and research that it deserves, a conclusive answer to why women were involved will likely remain elusive due to the complex and shifting nature of women's involvement in perceptions of contagious diseases.

Despite the reason why women were involved in disease perceptions being unclear, the fact remains that women were important flashpoints in contagious disease perceptions, viewed in connection with outbreaks in the Islamic world of Black Death, cholera, and COVID-19. Originating with early outbreaks of the Black Death in the Islamic world during the Middle Ages, women became tied into plague perceptions through theories involving lust and sex as centers of corruption and infection (Stearns, 2011). The connections between women and the plague were not made accidentally, but rather served as a tool to implement social control in the face of changing social hierarchies or to target individuals already violating social norms. However, as outbreaks of these diseases began to become more frequent, the focus shifted from blaming women for causing the outbreaks, to blaming colonial governments for mishandling outbreaks. Despite this shift, women were still involved in these contagious disease perceptions, viewed now as sympathetic victims of colonial mistreatment and used to stoke pre-existing tensions. While the modern COVID-19 outbreak differs in some ways, Muslim women are still caught in discourse as debates over the effectiveness of traditional facecoverings are carried out by largely nonmedical sources. Additionally, the perceived increase in social acceptance is put at odds with oxymoronic legislation banning Muslim women from wearing traditional facecoverings, while requiring them to wear face masks. With limited pre-existing research, these connections are speculative but reveal a theme in women's history that deserves much more attention than the current scholarship provides.

REFERENCES

1. Caldera, C. (2020, July 19). Fact check: Post makes faulty assertions about women and face coverings in Muslim-majority countries. *USA Today*. https://www.usatoday.com/story/news/factcheck/2020/07/19/fact-check-burqas-and-niqa-not-comparable-face-masks/5408236002/
2. Catanach, I. J. (1999). South Asian Muslims and the plague 1896-C.1914. *South Asia: Journal of South Asian Studies*, 22(1), 87–107. https://doi.org/10.1080/00856408708723376
3. Dols, M. W. (1977). *The Black Death in the Middle East*. Princeton University Press.
4. Harrison, M. (2020). A dreadful scourge: Cholera in early nineteenth-century India. *Modern Asian Studies*, 54(2), 502–553. https://doi.org/10.1017/S0026749X17001032
5. Khan, T. (2020, August 24). For Muslim women in niqabs, the pandemic has brought a new level of acceptance. *Vanity Fair*. https://www.vanityfair.com/style/2020/08/muslim-women-niqabs-pandemic
6. Perolini, M. (2020). Is a face mask used to fight Covid-19 really that different from a niqab? *Amnesty International*. https://www.amnesty.org/en/latest/news/2020/05/face-masks-and-niqabs/
7. Rapoport, Y. (2007). Women and gender in Mamluk society. *Mamluk Studies Review*, *11*(2), 1-48. https://doi.org/10.6082/M1X34VM5
8. Salmón, F. & Cabré, M. (1998). Fascinating women: The evil eye in medical scholasticism. In R. French, J. Arrizabalaga, A. Cunningham, & L. Garcia-Ballester (Eds.), *Medicine from the Black Death to the French disease*, (pp. 53–84). Ashgate.
9. Stearns, J. K. (2011). *Infectious ideas contagion in premodern Islamic and Christian thought in the Western Mediterranean*. Johns Hopkins.
10. The trouble in India; Outburst of anti-English feeling in the native press of Bengal and Bombay. Plague officials blamed warnings that the scenes of 1857 are imminent — Censorship may be revived — Probable move for an Islam crusade. (1897, July 4). *New York Times* (1857-1922). https://www.nytimes.com/1897/07/04/archives/the-trouble-in-india-outburst-of-antienglish-feeling-in-the-native.html
11. Tagliacozzo, E. (2014). Hajj in the time of Cholera: Pilgrim ships and contagion from Southeast Asia to the Red Sea. In J.L. Gelvin (Ed.), *Global Muslims in the age of steam and print*, (pp. 103-20). University of California.

About the Author

Lauren is a junior from Tega Cay, South Carolina majoring in Psychology and History. Her research interests are in women's history, including the history of sexual morality, and postpartum mental health disorders. Lauren is a research assistant at the Eleanor Roosevelt Papers Project, an alumna of the Global Connections Living and Learning Community, and a member of GWU's Active Minds chapter.