

## *Introduction*

# STEREOTYPICAL REPRESENTATIONS RELIGION AND CULTURAL ENCOUNTERS IN THE NETHERLANDS

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On the late evening of 17 June 2016, I went to an Ethiopian restaurant in Amsterdam West to meet with Eden, an Ethiopian-born Amsterdam resident, regarding data collection for this study. I was referred to her by a mutual friend, with whom I had shared some of the struggles I had encountered from the early days of my fieldwork. One of the major struggles was identifying locations to select mainly persons with a Somali background. In my friend's bid to assist me in identifying the hangouts of Somali-Dutch people, she had recommended that Eden would be resourceful to me.

At the restaurant, while we waited for our food and sipped on our little cup of tea, Eden asked me, 'So what is your study about?' I answered that I was working on a research project that focused on Ghanaian-Dutch and Somali-Dutch residents in the Netherlands. 'Are you a Ghanaian?' she asked. I responded in the affirmative. 'You know where to find Ghanaians, right? Many of them live in Bijlmer, and as a Ghanaian, it should not be difficult. They have several churches and shops there. But why Somalis?' she added. Before I could respond, Eden continued, 'why will you want to research Somalis? You are in for a huge challenge'. The series of questions and insinuations scared me because I had already encountered some major challenges since the onset of my fieldwork and was looking for ways to address them.

Eden asked me more about the subject I was focusing on. I then told her that my focus was on religion, health and gender. During our conversation, she remarked that 'Somali men are lazy, and some are drunks, and

they spend all their time-consuming alcohol or chewing khat.<sup>1</sup> In fact, many of them have neglected their religion. Men from Somalia burden their women... you know what, because of religion, their women are compelled to be submissive... they suffer a lot in marriage and take care of their children alone. It's such a pity'. At this point, I began to wonder where Eden had acquired all her information on Somali-Dutch men and women. Later, I understood that Eden personally had very little interaction with Somali-Dutch people and most of her comments were borne out of assumptions from rumours and hearsay. She demonstrated little knowledge about Somali culture and the Islamic religion she had referred to during our conversation. This notwithstanding, Eden proved to be resourceful as she provided me with a list of places where I could potentially meet Somali-Dutch people in Amsterdam. Most of the locations she provided were places she had never been.

Eden's comments in the vignette above highlight some of the major stereotypical representations of ethnic minority communities regarding issues of religion, gender and sexuality in the Netherlands. While I struggled to understand why such representations of Somali-Dutch were common even among other people I interacted with during my fieldwork, I also observed that media representations of ethnic minorities in the Netherlands were often negative. Like Eden's comments, these media representations project women, mostly Muslims from minority ethnic groups, as the primary victims of religion. Indeed, several research works on representations of Muslim women in different European countries have often portrayed them as oppressed and pitiable (Salad et al., 2015; Shadid and van Koningsveld, 2005; van Es, 2019; Vintges, 2012).<sup>2</sup>

Religion is portrayed as the main driving factor making women submissive and controlled mainly by men. Paradoxically, Eden's comment that 'many of them (men) have neglected their religion' and 'men from Somalia put the burden on their women' appeared to suggest that it was the men's neglect of religion which created these behaviours among Somali-Dutch men. However, her comments also seemed to suggest that religion could help to re-orient men on how to behave towards women. Thus, by implication, the men are not helpful and supportive to their women because they have neglected religion.

This study is not intended to be a general discussion about stereotypes and misrepresentations of minority ethnic groups in the context of the Netherlands. Although certain representations of minority ethnic groups are prominent in the Netherlands, I show instead how religion is not static and its influences on people's

practices are rarely straightforward. There is a lot to learn about the practices of minority ethnic groups regarding issues of gender, sexuality and religion. I show how the lived experiences of research participants in the pursuit of their well-being also particularly respond to dominant representations and stereotypes. In this light, this study takes participants' life stories as an analytical point of departure to illustrate the complexities of the ways religious lifestyles are gendered and intersect with how people experience and navigate their sexuality. The study shows how the everyday lives and decisions of participants on sexuality and health are shaped by, on the one hand, cultural-historical religious notions/sensibilities, and on the other, by the structures that have emerged from polarised debates around these themes in the Netherlands.

This research focused on two sub-Saharan African diasporic communities in the Netherlands: Ghanaian-Dutch and Somali-Dutch. Among both the Ghanaian-Dutch and the Somali-Dutch communities in the Netherlands, religion remains central to their way of living (Dietz et al., 2011; Frederiks, 2010; Frederiks and Grodź, 2014; Open Society Foundation, 2014; van Dijk, 2004a; van Liempt, 2011). Thus, people with Ghanaian and Somali backgrounds are often regarded as religious because they belong to many religious groupings (Al-Sharmani, 2015; Bakuri et al., 2020; Egeh et al., 2019; Grodź and Smith, 2014; Mensah, 2009; van Dijk, 2002a). While people could be religious, being part of a religious group does not mean they respond only to spiritual dimensions in the pursuit of their well-being. Many also draw on pragmatic reasons which include identity formation, economic coping strategies, community participation and welfare (Ebaugh and Hagan, 2003; Hunt, 2002; Nakonz and Shik, 2009; van Dijk, 1997).

Historically and in contemporary contexts, religious institutions in the context of the African diasporic communities in the Netherlands play an important role in providing health and social protection services for many people. It is often assumed that religion mainly influence the African diasporic communities in the Netherlands approaches to issues of gender and sexuality (Egeh et al., 2019; Salad et al., 2015). As a result, there is increasing discussion about the role of religion among minority ethnic groups in matters of gender and sexuality in the Netherlands (Knibbe, 2018; Sunier, 2010; van Dijk, 2002a; van Es, 2016). For instance, research on Pentecostal healing reveals how discourses of many Dutch people appear critical and distrusting about the entanglements of cultural and religious practices (Knibbe, 2018). This often leads to

critique and dissuasion of religious practices, especially relating to concerns about the impact of religious views within minority ethnic groups in the Netherlands vis-a-vis the promotion of anti-gay views (Knibbe, 2011; Knibbe and Bartelink, 2019) and the promotion of female genital circumcision (Gele et al., 2012; Vloeberghs et al., 2011; Exterkate 2013). Also, regarding Islam, matters such as the wearing of headscarves and the treatment of women are often public and media concerns (Mepschen, 2016; Bracke, 2012; Ünal and Moors, 2012; Sandıkçı and Ger, 2005; Gökarkınel and Secor, 2009; Moors and Tarlo, 2013). Although the emphasis has been on Islam, public discourses on Christians from minority ethnic-religious communities are not left out in such debates, representations and discussions. Generally, women of African backgrounds in the Netherlands tend to become topics of discussion as victims of sex trafficking, female circumcision and alleged abuse concerns within churches (Knibbe and Bartelink, 2019; van Dijk, 2001; Vloeberghs et al., 2011).

Concerns about religion and its implications for gender and sexuality issues have to be understood within the historical and cultural context of these minority ethnic groups, particularly with regard to the development of secular progressivism in the Netherlands (Schuh et al., 2012). Discourse on secular progressivism in the Netherlands drastically polarises positions between liberal and conservative ideas. Commonly, the secular is considered tolerant and progressive, in sharp contrast to the religious, which is portrayed as conservative and perhaps not progressive or slow to accept progress (Knibbe and Bartelink, 2019; Wiering, 2020). Progressive, liberal positions emulate and relate to ideologies from the 1960s and 1970s, advocated for sexual freedom, and were consolidated by projecting themselves in opposition to religion, Islam and Christianity (Knibbe, 2018; Rana, 2017; Roodsaz, 2018).

Public discourse repeatedly projects mainstream Protestant and Roman Catholic groups as fragments of a largely vanished Christianity, foregrounding their conservative positions on issues such as abortion, same-sex marriage and women's political leadership as non-progressive (Exalto and Bertram-Troost, 2019; Knibbe and Bartelink, 2019; Schrijvers and Wiering, 2018). Thus, some Christian and Muslim practices are often portrayed as outdated and even dangerous to progressive secular liberalism. Their practices come under even greater scrutiny and rejection in the Dutch public and political discourse, to the extent that they are portrayed as a stumbling block to their integration as full Dutch citizens (Balkenhol,

Mepschen and Duyvendak, 2016). As a result, the relationship between religion and sexuality continues to be an ongoing debate in the Netherlands, focused on particular cultural matters and rooted in political questions.

The dominant Dutch approach to sexual health programmes that focus on religious organisations has moral contestations and tends to transfer public health knowledge, while implicitly pitting science against belief (Bartelink, 2016). The approach to gender and sexuality in the Netherlands is set as the ideal standard compared to that of the minority ethnic groups who need to be brought up to date in order to fully belong to Dutch society (Butler, 2008; Scott, 2009; Verkaaik and Spronk, 2011). The dominant representation of the Dutch society as a secular progressive nation implies and fosters the idea of the absence and/or privatisation of religious influence on people's lives, particularly on their gender and sexuality.<sup>3</sup> In this dominant discourse, most religious people in the Netherlands run the risk of being portrayed as intolerant, suppressive, violent and aggressive, particularly to women, and naïve about sexuality issues (Morey and Yaqin, 2011; Rana, 2017; van Es, 2016).

These assumptions about religious communities on gender and sexuality are often (re)produced through heated debates about the role of religion in Dutch society (Knibbe and Bartelink, 2019). The debate on multiculturalism in the Netherlands has specifically been focused on religion and its importance. Bracke and Fadil (2012) argue that debates about cultural differences are linked to belonging and national identity issues. Multicultural debates in Europe show how multiculturalism is seen as problematic when migration and questions of integration, cultural identity, Islam and secularism are brought together. For the Netherlands, debates on multiculturalism have led to the formation of a particular sexual nationalism (Bracke, 2012; Bracke and Fadil, 2012; Mepschen et al., 2010; Scott, 2009). The dominant discourse about being a modern and progressive nation is closely tied to an ideal of liberal values about sexuality, against supposedly backward and primarily Muslim migrants.<sup>4</sup>

Due to this understanding of religion, people with a religious background are often viewed with suspicion regarding issues of gender and sexuality (Knibbe, 2018; Wiering, 2020). Because of this, I look at how and when religion influences gender and sexuality practices and approaches in the daily lives of ethnic minorities. It is crucial for research to go beyond the assumption that 'being

religious' automatically implies that religion is the only source of influence or resource for people to address their life issues.

In the following section, I present brief notes on migration, religion and the ways in which people are 'othered' in the Netherlands. I also draw on the relevant literature about the anthropology of Islam and Christianity, to show how religion influences people's sense of being and their practices, thus showing the complexity of lived religion regarding the themes of gender and sexuality. I also present short notes on the methodologies employed in data gathering for this book.

### **Secularised Dutch Identity – Migrantisation and Racialisation in the Netherlands**

The Netherlands is historically a society characterised by migration (Lucassen and Penninx, 1997; Zorlu and Hartog, 2001). The transnational migration since the 1970s has given rise to a discourse on differentiating between citizens who are 'native Dutch' (autochthony) and others who are 'non-native Dutch' (allochthony) (Geschiere, 2009).<sup>5</sup> In the Netherlands, the terms allochthonous ('from foreign soil') and autochthonous ('from this soil') have been mostly used in categorising residents and citizens since the 1990s. Efforts to form an idealised notion of Dutch identity, and the use of the terms allochthonous and autochthonous, have resulted in the creation of stigmas and stereotypes about an 'Other' in relation to migrants. Migrants are people with certain political, social and economic backgrounds. This leads to 'migrantisation' which involves setting up and/or keeping power relationships and exclusionary dynamics within a nation state.

These developments led the Dutch government in November 2016 to decide not to use these terms anymore (Rana, 2017). The government has shifted to the use of ethnic backgrounds and so citizens are now categorised as 'having a migration background', for example stated explicitly as 'having a Moroccan background' or a 'Turkish background' (Rana, 2017: 25). As discussed by de Koning and Ruijtenberg (2019: 4), 'in everyday conversations and public debates, "others" are readily named in ethnic terms, for instance as "Moroccans" or "Surinamese", while the white Dutch subject functions as a silent, implicit norm, which may become explicit in references to "ordinary Dutch"'. However, this has also led

to increasing attention to religious belongings and has not changed the Othering of certain citizens.

In addition to the othering of minority ethnic groups in the Netherlands, public debate and integration policies continue to scrutinise people when it comes to issues of race, resulting in the moralisation and culturalisation of citizenship and belonging. Many scholars have argued that citizenship is moralised in this context (van Houdt et al., 2011) and culturalised (Tonkens and Duyvendak 2016), i.e. the cultural and moral dimensions of citizenship become more pronounced than legal nationality. The cultural and moral citizenship agenda is explicitly aimed at the non-native Dutch, persuading them to accept what are described as Dutch cultural values fully (de Koning, Jaffe and Koster 2015; de Koning and Ruijtenberg 2019). It influences the racialisation of Dutchness, which is expressed in contrast to a group of non-white migrants often portrayed as Others. Minority ethnic groups are Othered in multiple ways through categorisations of ethnicity, religion and race.

Some activists have continued to champion discussions about race and racism in the Netherlands, thereby placing issues of racial inequality on the agenda. The efforts of these activists have been strengthened by findings from studies that show widespread discrimination in the areas of education (Gemeente Amsterdam, 2007), employment (Andriessen et al., 2012; van den Berg, van Witteloostuijn and van der Brempt, 2017) and policing (Leun and Woude, 2011). For these reasons, people turn to distinguish between white Dutch and non-white Dutch as a way of showing the racialisation of Dutchness. Such forms of Othering in the Netherlands become a process to produce particular citizens, characterised by increased monitoring of migrants and their way of life.

This has been described by Dahinden and Manser-Egli (2023) as *gendernativism*: a gendered and racialised form of xenophobia that mobilises the notion that states should be inhabited exclusively by members of the native group and that non-native persons and their ideas are fundamentally threatening. *Gendernativism* constructs the 'Other' as the opposite of the free, progressive, gender-equal, liberal citizen. I do not reject the possibility of oppression associated with specific cultural and religious practices of minority ethnic groups, just as I do not deny the reality of any type of gendered inequality and violence, whether in the Netherlands or abroad. Instead, I highlight the problematic political and discursive framing of the issue.

Dutch government institutions and law enforcement authorities seek dialogue and collaboration with migrant organisations, religious groups and individuals as a way to enforce regulations particularly on health, women, sexual and children's issues (Rana, 2017). They visit churches, mosques and other public venues to discuss ways of living healthy lifestyles, gender relations, raising children and dealing with the youth. Most of the resulting programmes are led, sponsored and supervised by government institutions. The institutions often use terms such as empowering, educating and equipping migrants. The goal of such programmes is often framed as giving migrants the needed knowledge, skills and power to rescue, strengthen and save themselves from patriarchy and cultural norms and their adverse impacts on their health and sexuality. In this study, I show that these mechanisms are widespread and include general medical practitioners (GPs), public health service (GGD) workers and social welfare workers.

Ethnic, cultural or religious identity are not fixed but relational, made and unmade in specific practices and in particular contexts (M'charek, 2010). This contrasts with how minority ethnic groups are often dealt with in sexual health research, which tends to problematise ethnic groups. This leads to assumptions about minority ethnic groups as embodying problematic sexuality, for example, the sexually repressed Muslim woman or oversexed and promiscuous Muslim men (Krebbekx, Spronk and M'charek, 2016). Such health-related studies tend to obscure important differences between these groups in society, and lack the capacity to pinpoint nuances in how different groups approach sexuality and health services. In particular, a nuanced understanding of how particular religious differences work out in approaching health issues is often inadequate as well. Therefore, I aim to highlight the nuance and dynamics of people's choices and practices regarding sexuality and sexualities' particular links to religion.

## **European Orientalism: Contemporary Politics of Identity, Religion and Belonging**

People from both majority and minority ethnic groups in the Netherlands may practice religion, and thus religion plays a significant role in the contemporary politics of identity and belonging (Van Bijsterveld, 2010; van Dijk, 2002a; Tuk, Mahamed and Baabbi, 2012; Chimientii and van Liempt, 2015). In recognition of this fact



and its influence on issues of belonging and identity, state actors attempt to negotiate and/or collaborate with religious actors to implement and promote specific policies and programmes. However, these collaborations are often embedded in power relations, especially when minority ethnic groups and religious people's ways of life and choices are deemed to be at variance or from another time and out of sync with today's secular mainstream Western culture. Peter van der Veer, for example, points out that the 'strict morals' of Muslims 'remind the Dutch immensely of what they have so recently left behind', referring to the sexual revolution in the 1960s (van der Veer, 2006: 119).

Thus the discourse surrounding Muslims and Christians perpetuates orientalist and colonialist perspectives on the non-Western Other. Edward Said (1978)'s concept of Orientalism shows how stereotypical representations of the colonised Orient are stated as primitive and uncivilised in order to strengthen the colonialist, European self-perception as modern and civilised, and legitimise the European colonial rule over the Orient. In trying to help women from the 'global south', historical and political dynamics are denied, and a new form of 'colonial feminism', white and western supremacy, is at work (Ahmed, 1992; Musariri et al., 2023). Based on this discussion, the notion of gendered orientalism (Abu-Lughod, 2013) is also implicit in European health and migration policies. Discussions about minority ethnic groups resonate with ideas of how their women need to be saved, rescued or helped. Specifically, the notion that migrant women are one step behind is part of the stigmatisation of Muslim women and efforts are being made to save them (Roggeband and Verloo, 2007; Abu-Lughod, 2002, 2013). Muslim women have, consequently, become an object of mystery and concern in different Western media, and, more broadly, in the discourse surrounding Muslim communities. Abu-Lughod (2002) suggests that the 'obsession' with Muslim women frames the discourse surrounding events in the Middle East in terms of reified notions of religion and culture, thereby suffocating any acknowledgement of the significance of political and historical processes. It could be argued that certain anthropologists working in Somalia have been prominent in the creation of this orientalist myth concerning Somali women, who are often depicted as 'chattel, commodity, and a creature with little power' (Ahmed, 1995: 159), portraying an unequal relationship between women and men.

These forms of Othering are not exclusive to Muslim women alone but also extend to Muslim men. Muslim men have often

been portrayed as aggressive towards Muslim women and other women (Razack, 2004; Samad and Eades, 2009). The predatory image of the grooming Muslim gang has recently contributed to the problematisation of Muslim men (Cockbain, 2013; Tufail, 2015). The Othering of Muslim men portrays them as the main inheritors of an intensely patriarchal and oppressive culture and religion, consistent with patriarchal understanding of masculinities such as hegemonic masculinity. The concept of hegemonic masculinity posits that there may be multiple forms of masculinities but the dominant one is the ideal and many men ascribe or aspire to it (Connell and Messerschmidt, 2005). Regarding Islamic religion, male headship often shows that men are responsible for providing financially and making decisions within families (Charsley, 2006; Charsley and Liversage, 2013; Nynas and Yip, 2012). Therefore, these discussions create a discourse that Muslim men subject women to forced practices such as veiling, forced marriages, early marriages, bearing many children and female genital circumcision. These practices have continued to draw negative attention to Muslim masculinities and Islamic religion.

As well as Muslims, Christian men and women and some Christian practices have continued to be Othered and problematised within public discourses and debates. In the Netherlands, Christianity and specifically Pentecostal practices related to gender and sexuality were negatively recorded in the Dutch public consciousness after the reported emergence of healings for HIV/AIDs and homosexuality in some Pentecostal churches (Knibbe, 2018). Christianity is perceived as capable of creating unequal prospects, creating limitations that sometimes negatively impact the health and sexuality of women and giving Christian men power and control over their wives' bodies (Knibbe and Bartelink, 2019; Maier, 2012; van Dijk, 2002a).

These limitations are often discussed in relation to the role of women in sexual relations, wealth possession, widowhood practices as well as positions they hold within the church (Knibbe and Bartelink, 2019; Maier, 2012). These practices are considered far from the Dutch ideal and seen as limiting women's ability to make life choices. This is why in many public discourses and debates Christianity is portrayed as being 'oppressive' to women. However, the role of religion in women's lives or sexuality is complex (Pype, 2016; Knibbe and Bartelink, 2019; Cole, 2012). In order to understand the complexity of religious practice in matters of gender and sexuality, I turn to the notion of religious sensibilities.

## **New Approaches to Researching Religion, Gender and Sexuality: The Notion of Religious Sensibilities – Researching Religion**

I aim to bring in a nuanced interpretation of religion and religious practices regarding issues of gender and sexuality. I propose and use the notion of religious sensibilities to show in what ways religion may influence people's practices and choices regarding health, gender and sexuality.

I borrow the word 'sensibilities' as used by Asad (2011: 56) about 'how the bodily senses are cultivated', people's convictions and the ways they make decisions. This helps to focus on people, especially embodied and affective dimensions of practising religion, rather than on religious text or authority. By using religious sensibilities, I explore the ways people perceive and understand the world around them, relate with others and make their 'own' life choices (see also Moore, 2015). Thus, focusing on religious sensibilities helps me to examine the reasons, choices and affections that influence study participants' (habitual) practices.

Religion can be understood in many ways. In this study, religion describes a group of people's ideas, beliefs, institutions and practices which may interpret it as sacred or/and supernatural or relate it to a particular faith (Juergensmeyer et al., 2011; Mitchell, 2011). This means that religion is about the sacred, but the sacred is relative, in the sense that it is the people who bestow or define the sacredness of something, either an object or a person. In essence, it is not easy to define religion because people's religious engagements are determined by collective forces of belonging, identity-making, practices and perspectives which are entangled with other (im)materials and values (Meyer, 2021). As discussed by Meyer (2021), religion involves connections in different times and contexts that are grounded in relational webs, which extend beyond religious communities. There is therefore the need to understand religion in individuals' lives in terms of what those individuals do with religion, how they talk about it, how these individuals engage with it, and the social factors involved. This kind of approach is likely to prove fruitful and lead to critical openness in discussing religion and its role in relation to sexuality and health.

The role of religion in people's lives has been noted as significant by scholars of migration and religion (Al-Sharmani, 2015; Knibbe, 2009; Krause, 2014a; Levitt, 2003; van Dijk, 1997). It has become more evident for many people that religion as such does not lose

relevance and influence in society, or in the everyday lives of individuals. Therefore, the debates about the dichotomy of religion and secularism, or the decline of religion, need to be carefully reconsidered. Most of the debates on religion are premised on the assumption that religion is not compatible with a secularised society. However, it is also important to consider how the borderlines between what is deemed religious or secular cannot be easily differentiated, and how blurry these borders can be. As stated by Turner (2011), what separates religion and the secular is shrinking and even evaporating. Hence, the continuous pitching of religion against secularism is problematic, quite complex and seldom straightforward in the lives of many individuals.

There are certain controversies regarding religion and secularism concerning sex or sexuality (Cense, 2014; Jakobsen and Pellegrini, 2003; Mayanthi, 2014). Religion is represented as an obstacle to a secular approach to sexuality, hampering free and responsible sexual behaviour, encouraging conservative gender roles and a source of unhealthy taboos as well as unsafe practices and restrictive agency (Bartelink and Meinema, 2014). The sources that people from sub-Saharan Africa may draw on in the Netherlands when approaching issues of sexuality are viewed with suspicion by Dutch health care providers: organised religion but also individuals offering 'spiritual services', divination sessions and particular herbal medicines for sexual problems (Gemmeke, 2011).<sup>6</sup> Therefore, there is a need to understand people's practices and approaches to health and sexuality and how these might have been (re)shaped in a different context, taking into consideration the role of religion.

Exploring what, how and when religious pursuits are achieved or otherwise helps me to understand the actual application of religious norms, and the experiences and motivations of individuals who pursue piety. Although piety is a function of religious tradition and textual authority, religious persons should not only be portrayed as representations of such processes. There is a knowledge gap about the explanation of the challenges people face and why they experience such difficulties in their pursuits. Using my ethnography, I prioritised the everyday experiences of Somali-Dutch and Ghanaian-Dutch Muslims and Christians to understand the interactions between discourses and the embodied, affective and cognitive dimensions that practising religion took in their lives. I focus on the everyday experiences of my research participants to analyse how they negotiated different and multiple understanding of religion. Using this analytical approach, I show how practising

Christianity or Islam is not a coherent process, but is characterised by irregularities, (re)interpretations and self-doubts (Liberatore, 2013; Pelkmans, 2013).

My ethnography does not focus exclusively on discourse or forms of argumentation and reasoning. In lieu of this, it prioritised the expressive and affective experiences of religious life in a variety of contexts, both inside and outside the churches, mosques or other places of worship and religious learning. My ethnography captured the multifaceted fabric of the participants' daily lives to bring out the complexity of practising religion. In view of this, this study does not seek to provide an orderly account of participants' lives, nor a direct historical narrative, but instead explores the incoherent processes of practising religion within a particular context. Based on intensive ethnographic fieldwork for sixteen months in the Netherlands, this study privileges the everyday interactions of my participants to explore how participants employed different resources in re-imagining and reworking their relations with themselves as well as multiple others: their religion, God, kin, friends, colleagues, Dutch state institutions and the Dutch public.

Following the examples of scholars in the anthropology of Islam (Marsden, 2005; Schielke, 2010; Elliot, 2016) and the anthropology of Pentecostal Christianity (Knibbe, 2018; Maier, 2012; Meyer, 2004; van Dijk, 2012), this study seeks to explore the processes by which participants make moral judgments, so contributing to discussions about the interaction between religious text or scripture and lived experience. People's daily life, family life and material conditions may have an impact on the choices they make in complex moral dilemmas. Therefore, the analyses in this book focus on the points of intersection, convergence and tension in people's relationship with religious norms, and how they manifest in their daily activities and relations especially in view of sexuality, resulting in what I call religious sensibilities.

The term 'religious sensibilities' has been used in religious and theology studies to refer to people's perceptions of religious doctrine. I propose to cast the net a bit wider so as to include emotions and intuitions. I draw on anthropological works on sensibilities from scholars such as Talal Asad (2011), who explored the idea that when it comes to religion, instead of paying more attention to belief, we should rather look at sensibilities as a much more helpful way of exploring and understanding people who are religious. In addition, Moore (2015) shows that religious sensibilities are a helpful way to understand embodied and affective ways of

being as people make choices and live their lives, especially when there are tensions. Thus, the notion of religious sensibilities helps us to explore and understand the choices people make and the intersubjective exchanges therein. I suggest that religious sensibilities draw our attention to abilities, routines and specific ways of attending to issues of sexuality and sexual relationships, bringing into view the creative character of people's actions to pursue their well-being in a religiously fashioned manner.

The religious sensibilities that people develop are essentially contextual, embedded in and related to other more expansive socio-political worlds. Religious sensibilities may be viewed as an analytical concept through which we can derive new knowledge about the larger spheres of participants' lives. Religious sensibilities constitute a composition of perceptions, emotions and intuitions on which religious people make choices and decisions that affect their activities and practices. Religion and religious practice are not just what people do in churches and mosques. Schielke (2010: 14) proposes that we understand religion 'as a grand scheme that is actively imagined and debated by people, and that can offer various kinds of direction, meaning and guidance in people's lives'. So, religion is not just a structure with specific rituals based on text and a set of doctrines; it often goes beyond that and impacts other areas of life. Lived religion deals with 'behaviours, habits, and material practices such as ritual activity' (Griffith and Savage, 2006: xvii). As suggested by Schielke (2010), to understand lived religion, we need to study how religion as a grand scheme overlaps with other 'grand schemes' such as 'capitalism' or 'love'. Beyond faith issues, I look at gender, health, sexuality and migration. In doing so, this study shows how religion and other grand schemes shape each other in mutual ways.

To show how religious sensibilities work, I pay attention to practices and concrete acts in which my research participants were involved, and the embodied aspects of these practices. I therefore show, using my ethnography, how the lived realities of people, their choices and bodily practices, mirror their religious subjectivities and sensibilities. This study asserts that religious sensibilities impacted the way research participants perceived, dressed, acted, performed, presented, controlled or moved their bodies, and created a particular (bodily) way of feeling and belonging. In this study, I use the notion of sexual well-being to help us to better understand the ways religious sensibilities play out in the lives of the study participants, and the role these sensibilities play with regard to the sexuality and health of my study participants.

## **The Notion of Sexual Well-Being – Researching Gender and Sexuality**

The dominant public health approach tends to individualise sexuality and/or problematise religion and culture. Most research on gender and sexuality among migrants in the Netherlands considers the problematic effects of sexual behaviour, such as sexually transmitted infections (STIs), unwanted pregnancies, infertility concerns and female circumcision (Fakoya et al., 2008; Krebbekx et al., 2016; Stutterheim et al., 2012; Yebei, 2000). Without denying the importance of such studies in relation to gender and health issues, they do not provide information about everyday practices, pleasures and anxieties regarding people's sexual experiences. Critical scholarship on gender and sexuality has focused mainly on women, relationships and sexual activities (Allen, 2012; Holland et al., 2004; Tollman, 2002). In different societies, the body is projected as central to a sexual being and as such, sex is inseparable from discussions on gender (Jackson and Scott, 2010; Jackson, 2006).

Sex and gender constitute a combination of biological and socially constructed roles, behaviours, expressions and identities. It is through the performance of these constitutively stylised, repetitive processes that one acquires a gendered subjectivity (Butler, 1990). These repetitive acts do not occur in a vacuum, but are situated 'within a highly regulatory frame that congeals over time to produce the appearance of a substance, of a natural sort of being' (Butler, 1990: 33). Regulatory frames about gender and sexuality are found in both secular and religious narratives. In the secular narrative, religious practices are perceived to result in unequal roles between men and women (Lesko, 2010; Rasmussen, 2012; Scott, 2009). Within the logic of this narrative, secular discourses are framed as neutral and sex education for migrants is aimed at assisting migrants in making rational choices devoid of the constraints of culture or religious beliefs (Krebbekx, 2018; Wiering, 2020).

It is a powerful discourse that produces a particular kind of sexuality – one that can be captured in terms of individual acts and rational, knowledgeable decisions, and subsequently normalised (Foucault, 1976). This approach, which is found in research as well as sex education, hierarchically establishes boundaries between choices, actions and practices that are deemed healthy and natural and those that are deemed unhealthy and unnatural (Rubin, 1984). The narrative also tends to lead to assumptions about the decisions people make and what people do with their bodies regarding

gender roles and sexuality. There are often assumptions that individuals from minority ethnic backgrounds are likely to make poor personal choices (Fine and McClelland, 2006). In a country such as the Netherlands that sees sexual progressivism as a defining feature of its culture, such distinctions can quickly become a process which sets apart the progressive Dutch from the conservative Other. It legitimises the imposition of increased surveillance over minority ethnic groups and the claim that they need more training (Krebbekx et al., 2016). It even frames them as a threat to the sexuality of the 'white' Dutch (Proctor et al., 2011).

However, sexuality is relational and performed with different bodies or people, and these interactions shape the meanings of what people say or do with their sexuality (Spronk, 2014a). Sexuality, therefore, has a personal, intersubjective and social dimension (Spronk, 2012). The personal entails the feeling that individuals experience in sexual activity or relationships. Individuals may engage in sexual activities for different reasons, such as pleasure, intimacy, money or procreation. The body acts as the main avenue of expressing and experiencing personal sexuality and it is often experienced individually through bodily sensations such as movements, expressions and decorations. In almost every community, social group or nation, there are strong views on the proper sexual conduct of its members, and every person must position themselves in these moral discussions on sexuality. Concurrently, sex is experienced through the body, and bodily sensations as social processes also inform it with meaning-making (Jackson and Scott, 2004; Spronk, 2014a). In this regard, sexuality at the social level is sensitive and influenced by cultural, political and social concerns. These concerns often consist of language or discourses on sexuality that establish a specific understanding of sexuality. It defines what is sexual and what is not, and differentiates the normative from the deviant, as portrayed through public discourse and media representations of the sexuality of minority ethnic groups in the Netherlands. Hence, at the social level, sexuality is an object of discourse and is controlled through these discourses.

At this societal level, gender and sexuality as objects of discourse are subjected to regulations through specific discourses (Jackson, 2006). For example, these discourses distinguish between the roles of men and women, and may determine the performances of what is masculine and feminine. I therefore understand the meanings of sexuality and gender to be a result of complex social and relational processes, based on individual or collective experiences.



When people engage in sexual activities, these are mainly exchanges between themselves and others, making sexuality intersubjective. At the social level, various cultural, political and social concerns also affect intersubjective sexuality. At the intersubjective level, the interaction of the personal and social influences people's choices regarding their sexuality. Individual sexuality is, therefore, often reflective and generative of different social processes, generating contradictions and negotiations. I do not assume that there are always contradictions between personal desires and societal expectations, but when such situations arise, how do people negotiate between contradictions regarding their personal desires and motives in the context of societal, religious and other expectations?

As discussed earlier, the influence of religion and culture is often seen as heavily problematic with regards to sex relations, widowhood, inheritance and the unequal roles of women and men (Lesko, 2010; Rasmussen, 2012; Scott, 2009). In such discussions, the well-being of study participants in terms of their sexuality is narrowly considered. In this study, I move away from these framings to look at the practical ways in which religion influences issues of gender and sexuality in all its variety. In view of this, I use the notion of sexual well-being.

The notion of sexual well-being relates to the composite inter-relationship between well-being and sexuality. The composition of one's well-being is informed and influenced by larger cultural and ethical ideals (Baillergeau et al., 2015; Zbeidy, 2020). Scholarship on well-being has theorised subjectivity predominantly through abstract concepts and ideas (Fischer, 2014). Others have looked at it beyond being happy, cheerful or healthy (Fischer, 2014; Jackson, 2013). Jackson (2011), in his book *Life Within Limits: Well-being in a World of Want*, notes that although well-being is something people desire and struggle for, it remains one of the most elusive things in life. Well-being is a dream often located in the not-too-distant future. The experiences, struggles and aspirations of people are important for understanding what well-being means to them. In this study, I combine the concepts of well-being and sexuality, i.e. the notion of sexual well-being, to discuss issues related to gender and sexuality among the study participants.

The notion of sexual well-being goes beyond sexual health and reproduction to include matters of sexual pleasure, physical activities, gender roles and beauty, among others. Unlike the term sexual health widely used by medical professionals, the notion of sexual well-being is broader. It includes all aspects of life regarding medical,

physical, emotional, mental, social and religious wellness or fulfilment. For many of my research participants, their physical looks and dressing up are significant forms of performing their sexuality and gender. In view of this, gender is indispensable for understanding issues of sexuality and well-being because it is a crucial part of how people perceive and understand themselves (Spronk, 2012). This is necessary because gender is 'an essential part of how people understand themselves, and it refers to social understandings and representations of being a wo/man' (Spronk, 2012: 33). The significance of gender gains prominence through hegemonic norms and structures, and is enacted by people. Therefore, being a woman or a man is important for one's gendered sense of self, and sexuality. In this study, the intersection of gender and sexuality comprises the desires and practices central to one's sense of self (Spronk, 2011). Throughout my fieldwork, I observed that gender and sexuality issues featured prominently in the pursuit of well-being. Concerns about sexuality were central to what people imagined as a good life. This is because it is linked to companionship and intimacy and informs decisions to either start or expand one's own family.

For religious individuals, issues of sexuality and gender were influenced strongly by religious understandings, and these religious understandings also determined what was important and urgent. For instance, within some Christian and Muslim communities, certain sexual behavioural practices, such as same-sex relationships and intimacies, or not wanting to have children, are considered immoral and unacceptable (Beckmann, 2010; Maier, 2012). This is because many Christian and Islamic religious groups emphasise marriage among heterosexual individuals, sex only for married people and procreation (childbearing) as God's blessings (Bakuri et al., 2020; Salad et al., 2015). During fieldwork, other forms of femininities and masculinities, as well as non-marital gendered social relationships (between heterosexual and same-sex friends), were hardly discussed or talked about due to tensions about social expectations and personal choices and views. When they were, the discussions were riddled with negative or uncomfortable comments and connotations. Therefore, I focus on gender in heterosexual marriage and family relationships, although many other aspects of sexuality may be of interest.

Although research on the relationship between sexuality, gender and well-being is limited, some does exist, with various foci. For example, several researchers have examined how women reconcile their career aspirations, marriage and parenting goals (Blaska,

1978; Johnstone et al., 2011). Others have researched the reproductive pursuits of mainly women (Boerleider, 2015; Figueira, 2016; Gribaldo et al., 2009; Lowe, 2019; Yebei, 2000), examined how migrant families raise their children (Poeze, 2018), or focused on HIV/AIDS (Heus, 2010; Proctor et al., 2011; Stutterheim et al., 2012), or female circumcision (Gele et al., 2012; Jinnah and Lowe, 2015). It appears that much of the focus has been on women and gendered health issues linked to women.

Men's voices are mostly absent, and the few studies on men situate them in relation to perceived hegemonic masculinities (Poeze, 2018; Sinatti, 2014). When discussing men in academic works on sexuality, there appears to be an over-concentration on problems or anxieties within marriages or conjugal relationships (Spronk, 2012). Less attention is paid to issues of care, mutual emotional support, sexual feelings, intimacy, love, respect and sexual attraction. In departing from these narratives, this study focuses both on men and women and in what ways sexuality and well-being intersect and interact in the lives of the study participants. This is approached with a particular emphasis on examining sexuality, including anxieties and pleasures, where one's gendered sense of self is central. It does so through studying physical activities, beautification practices, gender roles and sexual pleasure.

The social interpretations of one's sexual well-being can be observed through the body. In seeking well-being, bodies form the hub of action and possibility, tools for engaging with the world. Bodies are also repositories for social norms, class identities or gender identities (Csordas, 1990; Spronk, 2014c). In addition, beyond bodies being repositories, bodies are sites where aspirations can be materialised (Spronk, 2014a). I show how the living body is the place of experience, the structure through which a person's world is formed. People's appearances, their reactions to other embodiments, are part of their experience as subjects.

People often make sense of themselves and situations through activities and performances. As Erving Goffman (1959) shows, people send and receive information by embodying or disembodying it through performances and enactments. Engaging in physical activities, particular ways of dressing, engaging in domestic activities or not, or (not) having a pleasurable sexual relationship, are some ways that information affects how people present themselves to others. The information and knowledge acquired from different sources such as films, television, magazines, friends, religious leaders and medical experts, to mention a few, affect people's thoughts

and influence how people make choices about their sexual well-being. They influence the way people want to appear and even what they decide is attractive or not. Therefore, certain practices are prioritised in view of the realities and complexities of the information individuals receive.

Erving Goffman's framework is relevant for understanding presentation. It shows how others view the presentations of people to acquire information about the person or to bring into play information already possessed about the person (Goffman, 1959). It is during social relations and interactions that people present themselves. People infer information about a person's general well-being and health status from their physical appearance. People assume that someone is well or not by looking at their physical bodily appearance. Susan Whyte's book on HIV/AIDs in Uganda showed how the body becomes a site to infer ill-health and good health as people read bodies for diseases (Whyte, 2014). The body is thus a vehicle through which people experience the world, and through its appearance also elicits social reactions (de Klerk and Moyer, 2017; Whyte, 2014). Thus, the body is the central element that forms a person's social relationships and their engagement in certain activities.

I combine what Ortner refers to as dark anthropology, which looks into power and inequality, with an 'anthropology of the good' that includes 'studies on morality, ethics, well-being, and the good life, and extends this definition to also include anthropologies of resistance, critique, and activism' (Ortner, 2016: 47). To understand how religion influences the daily practices of ethnic minorities in the Netherlands, and how it affects their pursuit of well-being, this study focuses on the significance of attending to the contextual specificities of Ghanaian-Dutch and Somali-Dutch communities. To highlight the role of religion, I focus on multiple discourses and observations to identify in what ways religion impacts participants' everyday practices and choices of sexuality, gender and well-being.

## **Pursuing Sexual Well-Being**

The pursuit of well-being involves achieving the good life and personal aspirations. Beyond personal aspirations, fulfilment, happiness and desires, the well-being of many people is also linked to their relations with others. Well-being is linked to the adjustment

of or balance between what individuals desire and what others desire of them (Jackson, 2011). The social values of coexistence and cooperation make it necessary for people to work actively and mindfully towards finding fulfilment in negotiating different expectations and norms. I do not claim that well-being is an end in itself, because it is an ongoing process of working towards a good life. Here goals and aspirations shift according to life situations and experiences. The pursuit of well-being highlights the gap between people's aspirations and their limitations (Ray, 2006), usually resulting in experiences and feelings of frustration (Mains, 2007; Schielke, 2009a), but offering hope for better experiences and outcomes (Zbeidy, 2020). Due to the limits placed on what one wants and can actually have or be, well-being has to do with how people carry their problems or deal with available resources in finding fulfilment, pleasure or happiness. Well-being does not necessarily have to do with the things people lack but also some things that are imagined. According to White (2008, 2010), well-being should not be viewed as a mere outcome but as a multidimensional process that entails aspirations and strategies to overcome challenges and create fulfilment. In this study, I combine the concepts of well-being and sexuality, i.e. sexual well-being, to focus on issues related to gender and sexuality among my study participants.

Using the lens of sexual well-being, my goal is not to draw attention away from how religion can negatively affect people's sexuality and ways of performing their gender but to provide a deep and multidimensional understanding of how people make choices and engage in specific practices.

## Structure of the Study

This study analyses how religion informs people's practices and approaches in pursuing sexual well-being, among study participants from two minority ethnic groups in the Netherlands. I observed how my research participants engaged in several bodily practices throughout my data collection. This study, therefore, moves away from and questions the dominant public and media debates and discourses on religion and migrants, which have problematised their sexual and religious practices, to demonstrate how participants actually practice religion regarding gender and sexuality.

In this study, the central themes discussed are physical activities, beautifications, masculinities and sexual pleasure. I discuss

the importance of these themes for my research participants by focusing on how they viewed or talked about them and engaged in them. I also focus on how the choice and performance of these practices are linked to their gendered sense of self.

The overarching question that this study sought to address is how does religion inform the practices and approaches of Ghanaian-Dutch and Somali-Dutch people in their pursuit of sexual well-being? To better address this main question, I explored four sub-themes, each of which is addressed in the four empirical chapters that follow. Each chapter brings to the fore specific aspects of my study participants' lived realities with institutional, cultural or doctrinal aspects. However, specific aspects which are focused on temporarily for analytical purposes cannot be separated from other aspects on which they were built.

The data from the fieldwork are presented through four ethnographic chapters to understand the religious and sexual subjectivities of participants in the pursuit of their well-being. In this introductory chapter, I have highlighted the main theoretical background and methodology for this study.

In chapter one, I have elaborated on my ethnographic methods of observation: participant observation and informal conversations. I also showed in this chapter how these methods allowed me to describe and analyse the participants' pursuit of well-being.

Chapter two sets the background to some of the stereotypes around the health and well-being of minority ethnic groups and how participants engage in physical activities. The chapter starts with the problematisation of religion and culture regarding the healthy lifestyles of minority ethnic groups within Dutch society. I explore the ways Somali-Dutch and Ghanaian-Dutch people take up physical activities by appropriating discourses on healthy living in pursuit of their well-being. Participants carefully choose physical activities that support their relations with family and friends, their reproductive pursuits, age and living conditions. Thus, discourses about health and staying healthy are appropriated to address other prevailing social, sexual and intimate concerns. I show that participants (re)affirm and (re)appropriate several dominant notions of healthy living to pursue their well-being.

In chapter three, I focus on beauty practices and move beyond discussions of the *hijab* within discussions of gender, beauty practices and religion among minority ethnic groups in the Netherlands. I also move beyond the over-emphasis on Muslims as a sartorial minority, to explore to what extent beautification practices are

important to Somali-Dutch and Ghanaian-Dutch people's gendered sense of self and belonging. I look at how the fashioning of specific practices of beauty does not necessarily imply questioning or rejecting religious teachings and understanding. I show in this chapter that religious sensibilities are in play when it comes to practices of beautification, as it is crucial to determine which practices are considered appropriate and flexible in pursuit of one's well-being.

Chapter four focuses specifically on the involvement of male research participants in the domestic spaces and the practices of cooking as well as other domestic duties. I aim to show how current assumptions and narratives around patriarchy and gender roles are challenged and redefined by research participants using their understanding and interpretation of religion. Although the family life of the participants was supposed to follow strictly Biblical or Quranic norms, these doctrines are inherently in conflict with everyday lives and can be (re)interpreted. There is room for important questioning about the hierarchy, adaptation to new circumstances, and subtle changes in gender roles, and hence of masculinity in terms of actual behaviours. The actual behaviour of men is aimed at facilitating the well-being of couples and their families, especially in a migration situation in the Netherlands.

Chapter five focuses on how religious piety and sexual pleasure go hand in hand, rather than being mutually exclusive, as widely articulated in the Dutch public sphere. The hegemonic idea of Dutch sexual progressiveness presents female sexual pleasure and satisfaction to be in conflict with religion. As a result, women belonging to religious minority ethnic groups are seen as sexually suppressed or restrained. Far from this paradoxical view, this chapter shows from a religious perspective that sexual pleasure is important for marital happiness and women's well-being. While religious doctrine provides space for the pursuit of pleasure, this occurs in tandem with other morals like the prohibition of premarital sexuality. As a result, women create and organise several avenues to discuss ways to become sexually knowledgeable.

Finally, in the concluding chapter, I summarise the main themes highlighted in the preceding chapters to synthesise the key themes raised in the ethnographic chapters. I suggest the need to understand individuals – even and especially those Othered and marginalised – and the need for a perspective that emphasises a fuller and more complex sense of lived realities.

## Notes

1. Khat is a stimulant plant that people chew. In 2013, the Netherlands classed it as Schedule II ('soft drugs') of the Opium Act, thus banning its possession, cultivation and trade.
2. A focus on strict equality between men and women is characteristic of one particular kind of feminism. For example, in Morocco there are also tensions regarding feminist activists and lawmakers who argue in favour of gender complementarity rather than gender equality (Fioole, 2021); there are similar discussions in Turkey (Ozyegin, 2015). While some researchers self-evidently value gender equality as the goal to achieve, to critically question gender complementarity is necessary as it is nuanced (Mahmood, 2001a).
3. There are multiple secularities, because secularity is negotiated differently depending on the historical and social context (Burchardt et al., 2015).
4. Often when the discussion of secularism emerges, the concept of modernisation is also evoked. However, I do not want to engage in the discussions and debates on modernity in this study as I do not have the space for it. For an in-depth discussion on modernity, see Appadurai, 1996; Bracke, 2008.
5. The term allochthonous is used to indicate those of non-Netherlands birth or ancestry, whereas autochthonous is used for those of Netherlands birth and ancestry. The term originated in public policy and national statistics, and has become widely used in public discourses (Geschiere, 2009).
6. These healers are sometimes called mediums, traditional healers, spiritual healers or marabouts (Gemmeke, 2011).