

Pink Hijab Day: Mediation of the Hijab as a Symbol of Protest

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Pink Hijab Day (PHD) is a movement related to breast cancer awareness and countering stereotypes of Muslim women. The movement started in the U.S. and spread throughout the world through social media. This article argues that PHD did not establish a solid purchase in Muslim-majority countries because the campaign failed to establish organizational support in the region and the transnational network was not active enough to promote personal activism. It further argues that local constraints may limit the extent to which the pink hijab is adopted as a symbol of protest.

Keywords: online collective action, mediation, hijab, breast cancer, MENA

Perhaps in partial reaction to her sister's battle with cancer, Hend El-Buri started a campaign in 2004, Pink Hijab Day (PHD), which originally linked breast cancer awareness (BCA) with dispelling preconceived notions about Muslims in the United States (Kima, 2009). El-Buri was still in high school when she began the initiative, and PHD continued into her college years at the University of Missouri. On March 5, 2011, El-Buri's sister, Rehab, lost her struggle with cancer, but the movement lives on (Sobh, 2011).

An article in the *Missourian* describing the origins of the movement states that PHD went global in 2007 through the development of a Facebook (FB) page and a website (Lenhart, 2009). This article claims that the event was observed in 11 countries as of 2009, including Egypt, Qatar, Saudi Arabia, and the United Arab Emirates (UAE). At the onset of this research, the objective was to discover if PHD had shifted purpose or design as it migrated to the Middle East and North Africa (MENA) nations, but it quickly became apparent that most of the organizations in the region that were linked to PHD in American social and conventional media were not currently participating in the event.

I contacted an American PHD representative to ascertain more information about why the MENA organizations had stopped participating. The representative's response was that the organizations that were linked to PHD on the original website were not partners of the campaign but associations that PHD organizers had found through research to facilitate the ease of making contributions to local breast cancer initiatives. El-Buri commented on the difficulty of finding MENA BCA organizations in social media coverage:

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I'm trying to get national representatives . . . so we can be more efficient and plan together. It was challenging in some places (particularly in Muslim countries) where there was no breast cancer research foundation to refer people to when they wanted to donate. (Sobh, 2008, para. 11)

The representative also stated that PHD encourages "people in each community to find their own resources, create their own events, and donate to the cancer organizations that they choose" (anonymous personal communication, March 28, 2012). This open stance on participation speaks to PHD's transnational appeal; however, the representative also remarked that the organizations in question, with the exception of Think Pink Qatar (TPQ), stopped participating in PHD either because they failed to maintain contact with the American campaign or because it had failed to follow up with them. This failure to maintain relations, despite PHD's lax views on participation, could speak to the lack of consistency between the goals of PHD and those of MENA BCA organizations or to societal constraints that qualify participation in the region.

This article analyzes possible impediments to PHD's successful translation into Muslim-majority societies. Whereas taboos related to cancer in the MENA region may forestall the dissemination of campaigns across borders, the number of universal themes discovered in MENA BCA campaign materials implies that these taboos may not be the most pressing deterrent to transnational partnerships. This article suggests that the most significant obstacles to PHD's dissemination into the Muslim-majority countries were the American PHD organizers' failures to establish and maintain connections with local organizations or promote the initiative online and to recognize local constraints to participation, including mobilization around the hijab.

Method

The principle questions guiding this research are to what extent has PHD spread to MENA countries, and what are the main hindrances to its dissemination in the region? To understand common and specific themes related to MENA BCA campaigns, the MENA organizations' websites associated with PHD were carefully examined to identify the thematic continuities discussed below. These associations include the Breast Cancer Foundation of Egypt (BCFE), TPQ, and the Zahra Breast Cancer Association of the Kingdom of Saudi Arabia (KSA; Kima, 2009). The site for the UAE, Simply Check, was established through links on the Susan G. Komen for the Cure Global Initiative for Breast Cancer Awareness (SGKGI) website. I contacted representatives at these organizations about their involvement in PHD and other aspects of their campaigns. Apart from analyzing the MENA breast cancer organizations' websites, I conducted a qualitative content analysis of the top 100 results on Google based on the following search queries: "Pink Hijab Day," "[MENA country] and Pink Hijab Day," and "[MENA BCA organization] and Pink Hijab Day." YouTube and FB were also browsed for relevant materials, using the same search queries.

Literature Review

As noted previously, El-Buri claims that she had difficulty establishing connections with MENA organizations, which has been theorized as a crucial component of the mediation of collective action

(Olson, 1965). An additional concern for collective action principally disseminated online is mediation from online to offline spaces. Lim (2012) discusses the importance of the offline mediation of collective action in an article about Egypt, although she had noted its importance in her previous writings on Indonesia as well (Lim, 2003, 2006). In the case of Egypt, she notes, for example, that activists would purposefully "strategize" in the presence of cab drivers because they knew that the drivers would spread the gossip (logistics of the protests) they had "overheard" (Lim, 2012). Coffee houses, mosques, and soccer fields were also crucial venues for spreading awareness about protests (Lim, 2012). However, logistics are much more complicated in cases of transnational collective action that primarily spread through the Internet with little possibility of face-to-face contact with other supporters and no physical venues at which to mobilize and share information.

Klein (2000) argues that the Internet is developing a novel form of protest that is "international, decentralized, with diverse interests but common targets" (as cited in Shangapour, Hosseini, & Hashemnejad, 2011, p. 2). Similarly, Bennett (2005) discusses,

loosely linked "distributed" networks that are minimally dependent on central coordination, leaders, or ideological commitment . . . which combine online and offline relationship-building aimed at achieving trust, credibility, and commitment as defined at the individual rather than the collective level. (p. 205)

These descriptions do a good job framing PHD and other forms of transnational online collective action.

Bennett (2005) characterizes individual commitment as an important shift away from NGO advocacy, which is the necessity of organizational backing, toward direct activism. Although Bennett (2005) is more concerned with networks and individual dedication to and participation in activism, which is referred to elsewhere as *disintermediation* (della Porta & Mosca, 2009, p. 166) and denoted here as *organic*, he recognizes that associated networks continue to be "minimally" reliant on organizational coordination or support through independent media outlets. In the same vein, Lim (2012) argues that the Egyptian Revolution would not have been possible without the ongoing activism of *Kefaya* and the April 6 Movement that began in 2004 and 2008, respectively (also see Aouragh, 2012). Without physical or organizational support, one may encounter organic manifestations of support, as was the case with PHD in the UAE, which are a product of "virtual brokerage" (Bennett, 2005, p. 206) through network diffusion, but these displays of individual activism are likely to be scarce and have little overall impact on the larger society. In contexts in which it is even socially acceptable for women to wear a pink hijab, few people would know what it means without an accompanying information campaign. Hence, in the absence of organizational or widespread popular support, the network needs to be sufficiently large to encourage individual activism through network bridging.

It is possible for organizational support to principally function online through a hub that connects various disparate but interrelated networks and individuals (Cardoso & Lamy, 2011), as was the case with the Genoa Social Forum, which connected networks to organize the G8 protests in 2001 (della Porta & Mosca, 2009). According to Moraes (2001), virtual campaigns through hubs and nodes have "begun to make full use of their interconnection with the aim of sharing expertise, resources, costs, and space, and

each node incorporates new users who potentially become producers and transmitters of information” (as cited in Cardoso & Lamy, 2011, p. 79). Although PHD established hub–node relationships with countries such as Bulgaria, Canada, and South Africa, reinforcing these relationships through listing these foreign events on its website, it failed to list TPQ and the organic events that occurred in the UAE, although online coverage of Emirati participation in PHD in 2011 continued to reference the American PHD campaign (Hussain, 2011). Perhaps PHD’s relative success in spreading to Muslim-minority countries can be attributed to its newfangled purpose—curiosity about Muslim women and the hijab—which is more germane to these contexts than those of Muslim-majority societies. However, because the PHD website has not been updated in recent years, it is difficult to determine if the American PHD campaign has even maintained contact with activists in the Muslim-minority nations. Local activists in Muslim-minority countries may continue to sponsor events, as they have in the UAE, considering that local activists in South Africa, for example, have started their own PHD FB page (Pink Hijab Day South Africa, n.d.). However, the presence of a weak hub—the American campaign—appears to undermine the effectiveness of online collective action even in relation to a movement that requires little commitment; after all, donning a pink hijab once a year does not require a lot of effort in some contexts.

However, in other contexts, such as the Gulf States, it may require a great deal of effort to wear a pink hijab because of social repercussions (Baron-Epel, Granot, Badarna, & Avrami, 2004; Rajaram & Rashidi, 1999). One could say that PHD’s failure to maintain relationships with MENA BCA organizations and its scarce online presence contributed to its lack of support in the region. Yet there is another important factor that may have contributed to PHD’s lack of mediation in the region: local social norms. Wearing a pink hijab in some Gulf communities would not only violate socially and legally policed standards of dress, but it would also connect social actors to a disease that some Arabs will not mention by name. In these countries, participating in screening is itself an act of protest, which the docudrama about Ayda conveys (see below). In most of the countries discussed here, the governments are taking the lead in countering social taboos that prevent women from participating in early detection, perhaps because grassroots mobilization and individual activism may continue to incur too many risks.

Do veiled American women, such as the founder of the PHD, have a firm understanding of what the symbol they have chosen to rally around, the pink hijab, signifies for MENA women? Admittedly, I do not, because there are too many mixed and contentious understandings of the hijab that determine a woman’s observance of it. Veiling is a multifaceted practice that varies significantly by context, although its complexity will not be fully developed in this short space. Nevertheless, although the proposition that the veil may not be advanced as a symbol of protest in certain contexts is speculative, some trends in Muslim-majority and Muslim-minority societies allow us to make certain generalizations that may or may not function at individual or community levels. For instance, Carvalho (2013) claims,

compulsory veiling laws, such as in Iran and Saudi Arabia, can lead to a decline in religiosity . . . [whereas bans] on veiling [—such as former partial bans in Tunisia and Turkey—] aimed at secularization and cultural assimilation can be self-defeating, inhibiting social integration and increasing religiosity. (p. 340)

These trends regarding religiosity, often assuming that the correlation between the hijab and religiosity is valid, are well documented. In pre-revolutionary Iran, women who resisted the ban were confined to their homes (Gould, 2014), or they faced the physical and mental abuse of police patrolling the streets (Asghar, 2015). In post-revolutionary Iran, after compulsory veiling was written into law, women who resisted compulsory hijab, marked as "bad hijabis" (Asghar, 2015, p. 8), which is associated with women showing a strand or section of their hair or wearing tight, short, colorful, or revealing clothes with the hijab, have been observed in Iran, leading Gould (2014) to assert that Iran was more Islamic under the Shah than it is today. In Turkey, some educators wore wigs over their hijabs during the hijab ban in educational institutions (Ozgun, 2012), representing some of the 45% of Turkish women who were veiling before the ban was lifted in 2008 (Carvalho, 2013).

One should keep in mind, however, that there are varying degrees of compulsion and prohibition and various extra-religious pressures to veil or not. For instance, compulsory veiling is not written into law in countries such as the UAE and Egypt, yet Eid (2002) argues "far more generalized than violence and intimidation are the social pressures aimed at convincing Arab [and other Muslim] women to adopt the hijab" (p. 46). In some Muslim-majority societies, the reveiling movement, which describes the re-emergence of veiling in the last several decades in conjunction with Islamic revivalist movements, has fostered women's entry into the public sphere (al-Qasimi, 2010; Eid, 2002; MacLeod, 1992). Women may simply veil to avoid accusations of cultural treason, as those who "challenge the dominant rhetoric of the hijab continually risk being accused of endorsing . . . Western ethno-centrist ideology" (Eid, 2002, p. 48). Furthermore, the veil has been linked to social status since the time of the Prophet and to class, as "veiling tends to increase as class standing rises" (MacLeod, 1992, p. 539). Recently, veiling has been linked to upwardly mobile young women "heading for professional careers" (Rasmussen, 2013, p. 252). Also related to social status, some women wear the hijab because it is a fashion trend (Gould, 2014).

Although the hijab has become an important fashion accessory among some Muslim women in the United States as well, other patterns are inconsistent with those described above. In contrast to the pressures women face to veil, in other contexts, women are coerced to unveil through legal injunctions and discrimination. The hijab has neither fostered entry into the public sphere in the United States nor is it perceived as a symbol of social status. Far from denoting belonging in the American context, apart from one's belonging in a Muslim community, the dominant culture associates the hijab with foreignness. Women endure significant discrimination for wearing this religious marker associated with misogyny and backwardness, as the dominant culture often assumes that veiled women are uneducated and allow themselves to be relegated to subordinate positions to men (Robinson, 2014 also see Williams & Vashi, 2007). According to Ahmed (2014), "Wearing the veil or headscarf can be . . . at this moment in the United States, a statement of religious commitment, a statement of identity, of communal affiliation, national or international, [and/or] a political statement" (p. 249). Ahmed (2014) describes how American Muslim women, some of whom do not believe that the Qur'an requires them to veil, have politicized the garment: for instance, to express solidarity with Palestinians or encourage general introspection about sexism. This politicization highlights the link between the hijab and social justice. Ahmed (2014) goes on to say, "To dress in this way . . . is to silently and yet insistently refuse the imputed meanings of the inferior Muslim Other" (p. 250). The political undertones of the hijab in the United States, similar to its use

in protest against secularism in Turkey and France, imply that the hijab's connection to social justice and protest may be stronger in contexts in which it is banned either through law or social coercion.

Increased religiosity through a de facto ban of the veil through discrimination aptly describes the context in which PHD was founded, making the hijab a valid symbol of protest. Yet could the same be said of contexts in which the hijab is compulsory, coerced through social pressures, or promoted as a symbol of socioeconomic status (MacLeod, 1992) or nationality (al-Qasimi, 2010) or as an alternative to Western modernity (El Guindi, 1981; Kulenović, 2006)? This question is further complicated by Eid's (2002) assertion that "veiled women's capacities to voice their concerns outside of the dominant (patriarchal) institutional and ideological channels are rather limited" (p. 45). Although it is impossible to definitively answer this question, aside from generalities, and certainly not as to how these trends vary at community and individual levels, it is perhaps uncomplicated to suggest that the meaning of and the constraints and opportunities associated with the hijab may differ significantly between/among communities in Muslim-minority and Muslim-majority countries.

El-Buri's initiative to connect with MENA BCA organizations suggests the presupposition that the movement, and the hijab, as the principal symbol of protest, would be of interest to activists in Muslim-majority societies. This assumption is perhaps linked to PHD's attempt to connect participants and activists in various countries through a shared Muslim identity, consistent with the theoretical framework of new social movement (NSM) theory. Several NSM theorists have contended that identity is a factor that lends to the success of social movements (della Porta & Diani, 2006), and although it is useful for framing why some Muslim women have participated in PHD, it is unable to elucidate why others have chosen not to. Although the targeted participants of PHD are Muslim women and other empathetic individuals, Muslimness has only afforded a modest amount of identity-related cohesion with the initiative in the MENA region. Nevertheless, as Buechler (1995), following Johnston, Laraña, and Gusfield (1994) and Klanderman (1992), points out, NSM theory not only considers identity, but also, "stresses the socially constructed nature of grievances" (p. 442). Hence, the combination of shared identity along with common context and grievances appears to be more conducive to participation than shared identity alone. One common grievance among veiled women in Muslim-minority countries is the dominant cultures' apprehension of the hijab. Although the hijab is also contentious in Muslim-majority societies, its divisiveness is not often related to the prevalence of Islamophobia, one of the main currents of its politicization in Muslim-minority societies. Though a supposedly shared Muslim identity was upended by the absence of a collective grievance—the taboos related to hijab, in the American case, and those related to cancer in the MENA region—the mediation of the initiative was as much a deterrent to PHD's successful migration into MENA countries.

Impetus

For Hend El-Buri, the purpose behind originally donning the pink hijab was as much about demystifying perceptions of Muslims in the post-9/11 era as it was about supporting BCA. In 2003, she noticed that she and some of her friends had coincidentally worn pink hijabs on the same day (Sobh, 2008). She thought wearing pink made them look approachable and it might encourage people who are unfamiliar with Islam to ask them questions about their religion. In 2004, she contacted the Susan G.

Komen Foundation and established PHD as a national event. In 2007, El-Buri created an FB page and a website, and PHD became a transnational event (Lenhart, 2009) that attracted 7,000 people in the first year (El-Buri & Alfaham, 2008; Um Sumayyah, 2007). In 2008, the last Wednesday of October was designated as the ongoing date of the event (Sobh, 2008).

In the initial years of the event, the stated mission, based on the now defunct www.pinkhijabday.net website, was to "shatter stereotypes of Muslim women as well as raise awareness and funds for breast cancer research" (Kima, 2009, para. 2). The new website, www.pinkhijabday.org, which came online in 2011, shifted its purpose to the following: "to encourage those who are curious about Muslim women and about hijab to ask Muslim women about what their hijab means" (masyouthnj, 2011, para. 1). This is a subtle but important shift. Why has the focus changed to the hijab rather than creating dialogue about Islam and Muslims in general? Do the hijab and terrorism continue to be the most interesting topics related to Muslims in American mainstream and subcultural discourse?

The hijab is symbolic of many facets of the experiences of Muslim women. During European colonialism, the veil and headscarf were considered overt signs of the subjugation of women and the lack of societal progress toward European-modeled civilization (Abu-Lughod, 2002). Somehow this connection has persisted for centuries. However, the hijab is necessary in American culture to denote affiliation with Islam. The insignia for the PHD FB page is an apt example of this imperative. The page exhibits the pink ribbon that is prominent among BCA circles with a simple smiley face integrated into the loop of the ribbon. The Muslim woman is ghosted by the symbol of her faith because one needs only to display the hijab to evoke the Muslim identity. A Muslim woman is lacking her full identity in the absence of it, although it seems acceptable by some to disembodify herself through this symbol. Only one FB commentator drew attention to the discorporeality of women associated with the group's insignia, stating, "a suggestion; the pic on the site actually have a person wearing a pink hijab?" (Pink Hijab Day, Facebook, 2010, July 2).

Although it appears that the hijab is central to the movement, some aspects of PHD appear to be oriented to all Muslim women—including those without hijab. The PHD organizers attempted to convey that wearing the hijab is not necessary for participation in the event by placing a photograph on the homepage. There is one woman (one out of 13) in the photograph wearing a PHD sweatshirt without a hijab (masyouthnj, 2011). Furthermore, many of the "Talking Points" on the website are clearly intended for women who identify as Muslim regardless of the contexts in which they live. One of these points states that people should think of their bodies as "a trust from Allah (swt) . . . [and] improving one's health IS something that Allah (swt) will reward us for" (Pink Hijabs for a cure, n.d., para. 2). It also speaks to the empowerment of women by stating, "During the time of the Prophet (pbuh), he used to praise the women of Medina for not shying away from asking questions in order to learn and better themselves" (Pink Hijabs for a cure, n.d., para. 3).

Levels of Participation in PHD and BCA

Through personal communication with a representative of the Breast Cancer Foundation of Egypt (BCFE), I discovered that it is no longer involved in PHD (anonymous personal communication, December

5, 2011). The last record of its observance of PHD on the BCFE website was in 2008 (BCFE, 2008), when it encouraged women to wear pink hijabs on Monday, October 27, which is distinct from the date established by the American organizers. There is little evidence that PHD is or was disseminated through social media. Tellingly, one woman asked about the Egyptian event on the PHD FB page in September and October of 2010 but did not receive a response.

BCFE was likely connected with PHD because the foundation has partnered with the SGKGI. This partnership has given rise to the "Race for the Cure" around the Great Pyramids of Giza, which has drawn the participation of 10,000 people annually since its beginning in 2009 (Susan G. Komen for the Cure, n.d.). However, this type of initiative was not new to Egyptians. The BCFE began sponsoring its Run for the Cure in 2004 (BCFE, 2004). Three hundred people participated the first year, including various celebrity personalities (BCFE, 2004). The number of participants doubled the following year (BCFE, 2005) and nearly tripled in 2006 to 1,500 people (BCFE, 2006).

The preeminent Qatari breast cancer organization, TPQ, was identified through links in social media. Karen Al Kharouf is the founder of TPQ, which is tied to the National Qatar Cancer Society (NQCS). A TPQ representative, who stated that the organization has participated in PHD annually since 2009, says, "We encourage and set aside a day when all the women in Qatar who cover to wear . . . a Pink Headcovering. Many ladies throughout Qatar regardless of their religious backgrounds participate . . . to rally as a united support system" (anonymous personal communication, December 4, 2011). However, this day does not necessarily coincide with the last Wednesday of October, as designated by the American PHD campaign.

Qatari events typically take place on Saturdays in October, and the pink hijab is only one among many manifestations of solidarity toward promoting BCA. The *Qatar Living* website outlined the 2009 TPQ initiatives, which included a "Pink Hijab Day" (Intlxpatr, 2009) and a "Pink-Out Day" in schools, the Think Pink Benefit Gala, and the Harley Davidson Women's Ride for Life. In 2009, a lot of the media coverage surrounding PHD in Qatar was linked to an event organized by the Human Rights Student Organisation at Education City, which was scheduled for Saturday, October 25—the date that the organizers cited as the annual day of observance (Qatars Hub, 2009). Al Kharouf states that the involvement of students is crucial to the Qatari campaign because one of its emphases is to reach older generations through their younger relatives (Saleem, 2010).

Unlike the other countries discussed in this article, Qatar was not listed as one of the countries in which the SGKGI operates. There was probably enough momentum surrounding BCA in Qatar to make transnational partnerships superfluous. An article substantiates this possibility, stating that TPQ has sponsored breast cancer initiatives annually since 2007, the same year that PHD went global (Time Out Doha, 2010).

The general manager of Zahra, the Saudi organization, forwarded information regarding its sponsored initiatives and PHD was not one of them. She sent the documentary *A Woman's Stand* and information about an art exhibit at the Saudi Embassy in Washington, DC, in November 2011. *A Woman's Stand* was a campaign to form the largest ever recorded "Human Awareness Ribbon" that comprised

3,952 Saudi women in Jeddah (Maria, 2010). The women were furnished with scarves to make the ribbon pink. The art exhibition was a display of photographs associated with the first anniversary of this record-breaking human formation. According to a press release, the KSA has been sponsoring BCA campaigns since October of 2003 (Royal Embassy of Saudi Arabia, 2011).

Like the TPQ campaign, the Saudi government takes an active role in supporting breast cancer initiatives. Princess Reema sponsored *A Woman's Stand* (Maria, 2010) in which she extolled the participation of the women in the campaign, stressing the importance of women in general in the many hats they wear and the many lives they touch. Princess Haifa Al-Faisal serves as the chairperson of the board of directors of the Zahra organization (Masrahi, n.d.). The Sheikh Mohammed Hussein Al-Amoudi Center of Excellence in Breast Cancer website also honors King Abdullah as the "ultimate feminist" (Al-Amoudi, 2011, para. 1) for his dedication to women's rights.

The Center of Excellence in Breast Cancer is partially credited to the work of Dr. Al-Amoudi, who has become a leading advocate for early detection and is ranked among the most influential people in the Middle East (WISE, n.d.). Dr. Al-Amoudi had been screening women for breast cancer daily when she was diagnosed with Stage III breast cancer in 2006 (American Bedu, 2012). Part of Dr. Al-Amoudi's influence stems from her willingness to share her personal experiences toward shattering taboos related to the disease (WISE, n.d.). Her efforts to prevent other women from making the mistake she made in not participating in screening culminated in the creation of the center in July 2010 in partnership with the King Abdulaziz University (Sheikh Mohammed Hussein Al-Amoudi Center of Excellence in Breast Cancer, n.d.).

Saudi social media has covered both government-sponsored and medical center/school initiatives. The American Bedu blog, the author of which has Stage IV cancer, and the author for Susie's Big Adventure blog have both voiced their support for *A Woman's Stand* (American Bedu, 2010; Susie's Big Adventure, 2010). Samaher Tariq, a Saudi blogger, posted a YouTube video about a BCA campaign at several venues—malls and plazas—in Jeddah in 2008 (Samaher11, 2008). Although government-sponsored events and medical screening initiatives seemed successful, a few interlocutors on social media sites did not believe that PHD would be possible in Saudi Arabia. One woman on a Muslim forum stated as much (IslamiCity, 2009) and a commentator on the Polyvore (2009) website lamented that PHD was not observed in Jeddah when she lived there.

The UAE, like Egypt, Qatar, and the KSA, has been participating in BCA events since at least 2007, the year that PHD went global. In 2007, Dubai Healthcare City made a ribbon of 105,000 pink carnations. The 29-meter ribbon was entered into the *Guinness Book of World Records* as the largest ribbon ever recorded (Shirali, 2007). Although the UAE sponsors a multitude of events, including the Pink Caravan, Pink Bus, and mobile screening services, a representative of the Health Authority of Abu Dubai, of which the Simply Check campaign is a subsidiary, claims that the organizations do not participate in PHD (anonymous personal communication, December 7, 2011).

Though governmental organizations have not sponsored PHD, this is not to say that Emiratis do not participate. The Bedouin Princess, an Emirati blogger, cited a PHD event on Thursday, October 30, 2008 (Bedouin Princess, 2008). Moreover, an Anglophone article based in the UAE posted articles in 2009

and 2011 about PHD initiatives in the nation: the Wesgreen International School distributed pamphlets and pink ribbons and scarves to spread awareness (Hussain, 2009) and Raziqueh Hussain noted a number of women with pink hijabs in cafés and shopping centers (Hussain, 2011), respectively. Although Hussain (2011) cited the date that coincides with the American campaign, another group of Emirati women initiated an annual PHD event on October 27, but cited the old PHD website in the article describing the initiative (AMEinfo, 2010).

Multimedia Related to Breast Cancer in the MENA Region

A docudrama on the BCFE website outlines Ayda's predicament of choosing between conforming to the societal norm of rejecting breast cancer intervention or following her intuition to get screened for it after her sister dies of the disease (BCFE, 2010). The main source of narratives in another documentary on the BCFE website is Ms. Manal (BCFE, n.d.).

The primary multimedia link related to breast cancer on the Qatar National Cancer Society website was an Al Jazeera report that highlights a breast cancer walk in Qatar (Al Jazeera, 2009). The TPQ website was not functioning at the time of this research, but a Google search resulted in many links to a video about the BCA initiatives of students at Education City (Qatars Hub, 2009).

Simply Check partnered with SGKGI to produce a video, *Healing and Hope* (Simply Check AE, n.d.), about breast cancer survivors in the UAE. The video featured six women of various ages and ethnic backgrounds. Four of the six women, Ameena, Boshara, Maryam, and Nivin, appeared to be of Emirati descent, and the other two, Kristin and Arlin, were English-speaking expatriates.

Although the *Healing and Hope* video could inform multiple contexts, another video on the Simply Check website specifically catered to Emiratis (Abu Dhabi Media, 2010). It included various governmental and popular culture (television and radio) personalities as well as artists, designers, and publishers from the UAE to commemorate Pink October. The participants tied together sentences to encourage women to get screened for breast cancer.

Common Themes Related to Breast Cancer in the MENA Region and Beyond

There were several themes gleaned from these media related to MENA BCA that could be applied to other contexts: the apprehension of loss of beauty and desirability, familial support and fear of spousal abandonment, problems related to fertility and pregnancy during and after diagnosis, the rejection of modern medicine, and the use of religion to encourage screening and treatment as well as providing a source of comfort for women who are diagnosed with cancer.

Several of the Internet links addressed women's concern that having breast cancer would result in loss of beauty, particularly the loss of their hair and/or breasts. One article claimed that hair loss was the biggest stigma associated with breast cancer treatment in the UAE (Shirali, 2007). Shirali (2007) states that women will hide their condition to avoid treatment, as hair loss is an obvious manifestation of being "tainted" with cancer. Women also perceive the loss of their hair to be unappealing to their

husbands and they fear abandonment as a result. Three women in the *Healing and Hope* documentary discussed their experiences with hair loss, so it appears that they were asked about it specifically (Simply Check AE, n.d.). Maryam, the police officer, says, "I can handle the chemo but my hair mustn't fall out." Boshara likewise asks, "How would I live without hair?" Similarly, in the Egyptian docudrama, Ayda links her womanhood to both her hair and breasts (BCFE, 2010). Discussions of hair loss were more prevalent than those of mastectomies; in reference to mastectomies, an Emirati physician states that women of all ages who undergo mastectomies receive counseling about breast reconstruction (Simply Check AE, n.d.).

Related to the perceived loss of beauty and desirability, the media address the importance of the familial support, particularly husbands' support, in early detection and treatment of cancer. Similar to other places in the world, MENA women encounter mixed levels of support from their partners. A Saudi radiologist claimed that one woman, who ended up being cancer-free, was divorced by her husband because of his suspicion that she had the disease (Abu-Nasr, 2007), perhaps simply for being screened for it. Some Emirati women also expressed their fears that their husbands would not find them beautiful or sexy if they had to have a mastectomy (Shirali, 2007). Aziz, Boshara's husband from *Healing and Hope*, claims that some men may realize the seriousness of their wives' disease and consider looking for a new wife; he, however, thought that this would have been more fatal to his wife than the disease itself.

Like Aziz, there were several narratives indicating substantial support from husbands. Aziz stated that Boshara's beauty was not only attached to her hair and breasts but to her importance to their family. Thus, before each treatment Boshara would say that she did not want to continue chemotherapy and Aziz would remind her of her importance to their family and would say, "Let's just finish this one and God Willing, all will be well." Moreover, Maryam laughingly comments that her husband shaved his head to demonstrate his support of her treatment and attendant hair loss. A Saudi woman shares an experience similar to Maryam's—her husband and two sons also shaved their heads when she lost her hair due to chemotherapy (Abu-Nasr, 2007). The Saudi woman goes on to say that she was not afraid of having cancer until she lost her husband to a heart attack because he had been a source of great comfort to her.

Related to the importance of family, pregnancy, and fertility concerns after diagnosis were primarily raised in the *Healing and Hope* documentary. Arlin was in her second trimester when she was diagnosed with breast cancer and did not want to abort the fetus because she had been trying to get pregnant for years. Her doctor informed her that after the first trimester the fetus can survive exposure to chemotherapy so she went forward with her treatment. She was concerned that the fetus stopped moving during her treatments, but she fortunately had a healthy baby boy. Kristin was very young when she was diagnosed and worried that the treatment might make her infertile. Her physician advised her to freeze some of her eggs so that she would be able to carry her own baby in the event that infertility resulted from the chemotherapy.

Had Arlin been diagnosed in her first trimester, she may have considered forgoing conventional treatment, such as radiation and chemotherapy. There are a slew of alternative cancer treatments, although the extent to which they are effective remains a subject of debate. A Saudi woman claimed that some people told her to forgo chemotherapy in favor of herbal remedies. Others told her about women who had died during breast reconstruction surgery (Abu-Nasr, 2007). Noor, in the Al Jazeera report,

mentions that the expectation of Qataris who undergo surgery is that they will not survive the operation; therefore, some people may opt out of treatment for cancer because they believe the cure is as deadly as the disease (Al Jazeera, 2009).

Finally, BCA campaigning sometimes takes on a religious appeal to encourage treatment and recovery in conjunction with medical interventions. In the Simply Check video featuring Emirati celebrities, a noteworthy sound byte related to religion was "treatment is what Islam urges you to do . . . God is with you" (Abu Dhabi Media, 2010). Additionally, Mrs. Manal, in the BCFE documentary, highlighted the importance of Islam in her treatment, stating that she read the Qur'an twice in the 20-day period between her diagnosis and surgery (BCFE, n.d.). Likewise, in an article associated with breast cancer treatment in Qatar, Dr. Donnelly cites the importance of culturally sensitive strategies of intervention: "Education and encouragement . . . were often integrated with traditional and religious beliefs and worked together to promote breast cancer screening" (Saleem, 2010, para. 9).

MENA-Specific Themes Associated with Breast Cancer

Although several of these themes possibly inform other contexts, they may be less apparent in circumstances in which breast cancer has become more normalized because of extended exposure to public awareness campaigns. One common theme in all MENA BCA initiatives was the enduring stigmas attached to cancer in general. For instance, a Saudi woman claims that people treated her as if she were already on her deathbed (Abu Nasr, 2007). The Egyptian docudrama also dramatizes stigmas surrounding screening for breast cancer. In one scene, Ayda's veiled coworker rejects the idea that women should get screened because she believes that one's health is in Allah's hands. This coworker avers that her ancestors were not tested for the disease and they were better people than her. This remark implicitly ties the rejection of modern medicine with upholding social traditions.

There are not only stigmas attached to cancer but other cultural taboos that might impede early detection. An additional concern for some women is the possibility of being seen by male doctors. Dr. Al-Amoudi writes about an incident in which a husband removes his wife from the mammogram room because the technicians were male (Abu-Nasr, 2007). She also recounts that one of the first questions that Saudi women ask about the screening is if a male provider will treat them (Abu-Nasr, 2007). The UAE addresses the same concern by setting up female-operated, mobile screening units (Shirali, 2007). However, although the Egyptian and Emirati women in the videos were seen by male doctors, the Qatari physician in the Al Jazeera report was female, so it is unclear how widespread this issue is.

Because of the stigmas related to breast cancer, women are often driven to hide the disease from others. A Saudi health practitioner discloses that one woman even kept her illness from her two brothers, who were doctors (Abu-Nasr, 2007). A Qatari woman interviewed in the Al Jazeera (2009) piece states that her family encouraged her to keep her condition from her friends. In the Saudi Arabian and Emirati contexts, mothers voiced their concern that, if they were diagnosed with the cancer, their daughters would not have any prospects for matrimony (Abu-Nasr, 2007; Shirali, 2007).

The pervasive stigmas attached to breast cancer have encouraged initiatives that are perhaps unique to this region. An important element of the Qatari campaign, as mentioned above, is destigmatizing the disease among younger generations so that they may encourage awareness among older generations. Al Kharouf states, "Qatar is now getting into a massive awareness campaign in universities and schools. This will make the daughters talk to the mothers about the symptoms and the need of early diagnoses" (Saleem, 2010, para. 3). Another aspect of these campaigns that is possibly unique to the affluent Gulf States is the government sponsorship of BCA campaigns. In contrast, although BCA campaigns began to materialize in preceding decades in Western countries, in the United States, for example, activists spearheaded these movements rather than the government.

The last theme that was identified in several of the MENA campaigns was the more or less implicit references to the modern-traditional dichotomy. Returning to the scene in which Ayda introduces the idea of being screened for breast cancer and the negative reaction of her coworker, a dichotomous modern-traditional interpretation of this scene might connect piety—symbolized through the reaction of the veiled woman—to religious superstitions and the anti-modern. Although this connection between piety and the hijab has been debunked by some Muslim scholars (Barlas, 2002; Mernissi, 1991) as well as by Muslim social media interlocutors (Robinson, 2014), this internecine controversy among Muslims should demonstrate the range of persuasions associated with the Islamic faith rather than supporting the well-rehearsed binaries of secular modernity versus pious traditionalism.

Another example of this dichotomy becomes apparent in contrasting the docudrama to another video on the BCFE website. The two films may be making implied connections between the health outcomes of Ayda and Mrs. Manal and their worldviews and personas. Ayda, in her forties, is working outside of the home, free of conspicuous religious affiliation (i.e., the hijab), and prevails through her health issues relatively unscathed through participating in early detection. Mrs. Manal, on the other hand, seems to be in her sixties and is diagnosed with the disease after she finds a lump. Her religious proclivities, wearing the hijab and citing the Qur'an as a source of comfort, are much more obvious than Ayda's. The repercussions of breast cancer, in her case, are also much more severe—a double mastectomy. Do these outcomes implicitly link the benefits of modern medicine to the "modern" (read: Western-oriented) Egyptian woman?

There are similar references to the modern-traditional binary in the Al Jazeera report, which links failure to participate in early detection to "traditional societies" (Al Jazeera, 2009). The video concludes, "With an increasingly young and educated population and integration with Western lifestyle, it's hope that such steps can help break down old barriers and save lives for future generations" (Al Jazeera, 2009). Clearly, the report connects the movement away from traditional (read: non-Western) values with the salvation of Qataris. However, the perspective of this report does not reflect that of all Qataris. Al Kharouf offers a more textured response than this modern-traditional dichotomy. She states, "Even the U.S. took 20 years to bring awareness about breast cancer" (Saleem, 2010, para. 5). In other words, stigma related to breast cancer is not an element of the East-West divide, but a topic that becomes less disconcerting with increased exposure and dialogue.

Conclusion

There is an evident lack of participation in PHD in the MENA region, despite American online coverage that claims that the movement had spread to the Arab world. The American PHD campaign may have established local contacts with BCFE in 2008, but the organization only promoted the event that year. Although the representative of TPQ says that the organization has promoted PHD since 2009, the event is subsumed into a myriad of other initiatives with sparse connections to the American campaign. There was no evidence that Saudi Arabia has ever participated. There may be organic participation in the UAE, but PHD is not backed by a local organization. The American PHD campaign may have assumed that activists in Muslim-majority countries would be interested in the movement because of a shared Muslim identity, but it appears that American organizers may not have been mindful of local constraints to participation, such as taboos associated with cancer and perhaps the willingness of women to rally under the hijab as a symbol of protest. However, it is difficult to decipher if these were really obstacles to PHD's successful translation into MENA nations because of the possibility that potential supporters were never exposed to the initiative.

The mediation of the initiative is clearly problematic and is associated with PHD's lack of notoriety in the MENA region. When it was mentioned among Saudi social media users, for example, the consensus was that it would not be possible because of local social norms. Furthermore, the weak hub of the American PHD campaign likely impeded individual participation, exemplified by the Egyptian FB user who inquired about local PHD events and never received a reply. Through either maintaining contacts with local organizations and activists or sustaining a strong online presence, the American campaign, as the hub, could have encouraged support in the region, but in the absence of these actions one can only speculate on the potential popularity of the movement among women in Muslim-majority societies.

The universal themes discovered in MENA campaign materials, as well as the partnerships between MENA organizations and organizations based elsewhere—such as the SGKGI—suggest that BCA activists in the region are willing to form relationships with others to advance their common goal of BCA but certain context-specific themes may have diminished PHD's appeal in the region: women hiding the disease to prevent social stigmatization or that of their daughters; forgoing treatment to avoid the physical manifestations of the disease; governments taking the lead in BCA; taboos associated with Western medicine, and other cultural differences that people reduce to the modern-traditional binary; and the importance of promoting treatment as Islamic. The American PHD campaign could only perhaps address the last issue, whereas the consequences of failing to address the first two issues could prove catastrophic for women who attempt to participate in a local PHD initiative. The universalism of the hijab as a component of a Muslim identity that unites women could also be problematic, but the movement would have to reach women in the MENA region to determine if it is a unifying symbol of protest among Muslim women in various contexts.

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