

Participation of Muslim Women and their Present Status in Healthcare System

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Abstract: Health is one of the essential part of human life and everyone strives to achieve it. Socio-cultural and religious beliefs determine the participation of people in the healthcare system. Participation of Muslim women in healthcare services depends on their socio-cultural factors, religious beliefs, and pressure of patriarchal society. Over the past few decades, the number of Muslim women attending healthcare centers has increased worldwide, especially in the field of nursing. They have faced many problems to play their desired roles in the society. In such a situation, the number of participants are increasing, even though they are facing many hindrances to take part in this profession. Present researchers have conducted a study to look at how Muslim women participate in health care system, what are the obstacles faced by them in their present socio-cultural status. It tries to explore the major challenges faced by them in participating in nursing profession. This study considers both primary and secondary data from the field and relevant sources. It also focuses on context and profession while judging their status and roles in a particular system. It concludes to trace the mechanism of overcoming challenges and actual trend of participation of Muslim women in healthcare system.

Keywords: Muslim Women, Nursing Profession, Socio-cultural System, Religious belief

INTRODUCTION:

Good health is one of the essential needs of a human being. It depends on the socio-cultural, religious, economic, environmental, and biological aspects of a society. According to the WHO, "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (He, 1987). In order for society to develop, the health of every individual needs to improve. The nursing profession plays an important role in improving the health of every individual in society. A nurse is an important member of the health team who collaborates with others to care for patients. Almost everyone relies on a nurse at some point. They have many responsibilities, such as caring for sick people, injured people, infirm people, communicating with doctors, checking the vital signs of the patients, providing medicine, etc. They provide their services in various sectors, including public hospitals, private hospitals, nursing homes, and even at home.

Nursing is a profession that entails not only providing care to the sick, but also rendering a patient's total care including physical and mental well-being. Moreover, Nurses are involved in spreading health education, and providing health services to the individual, family, and community to prevent illness and promote quality of life (Johansson et al., 2002). Nurses can be differentiated from other healthcare professionals in such a manner in which they treat patients, their level of education, and the range of their practice. Nursing professionals work in a variety of settings, all with varying levels of prescribed power and scope. This is because they work under the direction of doctors in most cases and in diverse settings. Importantly, the public opinion about nurses as caretakers has evolved over time.

There were likely many more nurses before Florence Nightingale, even though she is generally considered the founder of modern nursing (MacQueen, 2007). As a young woman, Nightingale was committed to help the sick while caring for family members and others in her neighbourhood. She then enrolled as a nursing student, despite her parents' criticism of nursing as an unacceptable occupation for a woman of her social standing.

In Islam, nurses provide medical care to patients, families, and communities as a representation of Allah's and Muhammad's love. Nursing is not a new profession in Islam. Islam has a long history of valuing nursing; it was first referenced during the lifetime of the Prophet Muhammad, when it provided medical support for Muslim forces fighting in war (Alyami & Watson, 2014). Islamic traditions teach compassion and responsibility for people in need. The first professional nurse in Islamic history was a lady named Rufaidah bint-Sa'ad, also known as Rufaida al-Aslamia or Rufayda al-Aslamiyyah (Miller-Rosser et al., 2016). She is credited with providing community health education, aiding to the weak (such as orphans and the disabled), promoting preventive care, and creating the first nursing code of ethics.

According to Islam, the behaviour of a Muslim individual depends on Islamic rules and regulations, and men are the ones who control the various rules and regulations of the family and society (Thresyamma, 2009). In this case, it can be said that both men and women can participate in nursing professions, but women must fulfil certain conditions to participate in nursing professions. As per Islamic culture, women must wear clothes, and women nurses must provide services to women. In the absence of a male nurse, female nurses can attend to that patient.

Although both men and women are given equal importance in Islam, women are not given priority in society in various aspects; in this case, men make decisions about women. For these reasons, women cannot make their own decisions, such as religious beliefs, socio-cultural factors, patriarchal pressure, economic factors, lack of security, etc. As a result, they face various problems engaging in the nursing profession.

Review of Literature:

Literature Review is a primary concern in any study. Several books and articles have been published on Nursing of Muslim women in the world. All these books and articles are very valuable for the researcher which are not possible to discuss in small area. This chapter carefully reviews the literature on participation of Muslim women and their present status in health care system.

Abbas, et. al. (2020) in their study focus on the importance of nursing profession and the challenges faced by nurses due to social and cultural factors. This study revealed four key themes related to the social and cultural challenges facing the nursing profession in Pakistan: gender-segregation, inappropriate portrayals by the media, issues around marriage settlement, and identity from a religious perspective with the help of qualitative research design and conducted in-depth interviews with twelve nurses. The paper suggests that positive portrayals in the media and redefining gender roles and gender integration within the nursing profession can help reduce the shortage of nurses and improve retention rates.

Munif, et. al. (2019) studied to ascertain how Islamic spiritual mindfulness treatment affected nursing students who were completing their theses in terms of stress. The intervention greatly reduced the mean stress level of students in the intervention group, while the mean stress level only marginally dropped in the control group, according to the results. The study advances the precise of mental health nursing by demonstrating that it is a viable psychotherapy intervention.

This study shown that the Muslim patients encounter increasing numbers of healthcare professionals due to the growth and mobility of the Muslim population. The purpose of this descriptive review of the literature was to describe known barriers that prevent Muslim women from accessing high-quality health care. Barriers highlighted include Muslim women's modesty and privacy, gender preference for providers, family involvement in care, fatalism and predestination, maintaining religious practises while sick, preference for conventional therapy, and worries about stereotypes and discrimination. as well as inadequate access to health care Tackett, et al. (2018).

Atkinson, (2015) conducted a study by using qualitative, focused ethnographic approach with a sample size of 18 Muslim nurses. Seven themes emerged from the data, providing insight into Islamic nursing care values: altruistic relationships, spiritual care, greater understanding and respect, professional kinship, divine ethics, religious teachings promote health, and life requires a radical acceptance of God's will. This study explores the application of Islamic teaching to nursing practise by a multinational Muslim workforce in Kuwait, finding that altruistic relationships and the integration of spirit and body are important. Public educational needs are needed to better understand both nurses and Muslims.

Ismail et al., (2015) delve into the notion of Islamic-based care and the relevance of Islamic theology in nursing practise. It examines 20 scholarly works to provide five topics connected to Islamic-based caring: caring from an Islamic perspective, nursing In Islam, there is a metaparadigm, a conceptual meaning of caring from an Islamic perspective, a philosophical meaning of Islam in nursing science, and a pattern of knowledge in Islamic-based caring. The research suggested that Islamic culture may be leveraged to improve quality care for patients, families, and nursing colleagues.

The care situation is influenced by the beliefs and understandings that nurses and families from various cultural backgrounds bring to the situation. This essay explores the conflicts experienced by intensive care nurses in relation to actual circumstances. Based on a qualitative methodology in this study, The multistage focus groups that were conducted for this included sixteen critical care nurses as participants. Three pairs of conflicting themes were used to analyse the tension between professional nursing practise and cultural traditions within families (Hoye & Severinsson, 2010).

Objectives of the study:

- 1.To analysis the actual trend of participation of Muslim women in Nursing services.
- 2.To understand the obstacles on the participation of Muslim women and their present status in nursing.
- 3.To trace the mechanism of overcoming challenges of Muslim women in participation of nursing profession.

Methodology:

This paper has followed mixed methods approach and collected data through purposive sampling. In this study, the Murshidabad district of West Bengal has been selected purposively and again two Blocks have been selected purposively from the district, namely Farakka Block and Samsherganj Block. The required secondary data has been collected from Block Medical Office of Healthcare (BMOH) of Farakka Block and Block Medical Office of Healthcare (BMOH) of Samsherganj Block. The present study includes a sample of 20 Muslim nurses working under the Two major BMOH of Murshidabad district. Out of these samples, only 8 have been Muslim staff nurses while 12 were Muslim ANM (Auxiliary Nurse and Midwife) nurses. A semi-structured interview schedule has been used to collect primary data taken from the respondents with the help of both closed ended and open-ended questions. Some respondents refused to give time for the interview and insisted on doing the necessary work whenever they had time for interview. Nurses who volunteered for the purpose were interviewed either at the hospital or at their homes or hostels.

Actual trend of participation of Muslim women in Nursing:

Nursing is a developing profession in India, and trained nurses are in high demand. As per the records of the Indian Nursing Council, there is around 33.41 lakh registered nursing personnel in India and according to a study by the Government of India's Ministry of Health and Family Welfare, there is a lack of nurses in India, and attempts are being made to expand the number of nurses in the country.

According to 2011–12 survey by the National Sample Survey Office (NSSO), compared to women from other religious groups, Muslim women in India had a significantly low involvement rate in the healthcare industry. In contrast to the 12.3% of Hindu women and the 17.5% of Christian women, the survey indicated that just 9.4% of Muslim women were engaged in the healthcare industry. In Murshidabad, there is a current trend of Muslim women entering the nursing profession. It is probable that

Murshidabad's pattern, which shows lower participation percentages for Muslim women in the nursing profession as compared to other religious groups, may continue.

In recent years, Murshidabad and other regions of India have seen moves to encourage nursing education and training for women, especially Muslim women. For example, the Al-Ameen Mission, a non-profit organisation in Murshidabad, provides nursing education and training programmes to women from low-income families, including Muslim women. Furthermore, the West Bengal Nursing Council has taken initiatives to encourage nursing education and training for women throughout the state, especially Muslim women.

Analysis:

Table-1: Actual trend of participation of Muslim women in Nursing

YEAR	BMOH ONLY MUSLIM WOMENS				TOTAL
	FARAKKA BLOCK		SAMSERGANJ BLOCK		
	STAFF NURSE	ANM	STAFF NURSE	ANM	
2018	2	4	7	17	29
2019	2	4	7	17	30
2020	2	6	7	18	33
2021	3	6	8	18	35
2022	3	6	8	18	35

Figures in the Muslim nurses indicate numbers.
Sources: Two BMOH of Murshidabad District

The above depicts actual trend of participation of Muslim women in Nursing profession. It has been seen that participation of Muslim women has increased with year wise or same but not decreased in nursing profession. It has also observed that Samsherganj block have more participant than Farakka block in nursing profession. Nevertheless, it is significant to highlight that the trend of Muslim women entering the nursing field might differ by location and community and may be impacted by elements like cultural views regarding women's work and education, as well as access to education and training possibilities. To solve these problems and encourage more Muslim women to enter the nursing field in Murshidabad, regional organisations and initiatives may be at work.

Table-2: Muslim Nurse's Opinion regarding obstacles of participation in Nursing

Sl. No	Obstacles of Muslim Women in Participation of Nursing	No. Of Respondents (Area Wise)								Total
		Farakka Block				Samsherganj Block				
		Staff Nurse		ANM		Staff Nurse		ANM		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Religious Belief	2	0	4	0	4	0	8	2	20
2	Cultural barriers	2	1	2	1	3	1	6	4	20
3	Pressure of Patriarchal Society	1	2	3	1	4	0	6	3	20
4	Economic Backwardness	1	2	1	1	2	2	4	6	20
5	Fear of Security	1	1	4	3	3	1	3	6	20

Figure in the Muslim Nurses indicate numbers.

It is evident from the above table that researchers have taken the two blocks together, 90% of women face problems due to religious belief, 65% of women think they are impacted by the Cultural barriers, 70% of the women are of the view that Pressure of Patriarchal Society might be an issue, 40% of the women think that Economic Backwardness are playing a negative role in their participation in the profession, whereas 55% of the women have the fear of security.

Now if consider the block wise data from table 2, in Farakka block, 100% of the women opined for the view that they face problems due to religious beliefs, 66.67% think that Cultural barriers is an issue, and for the rest of the issues regarding facing obstacles in participation in this profession, 57.14% went for Pressure of Patriarchal Society, 40% went for Economic Backwardness, 55.56% for fear of security. Again, in the Samsherganj block, 85.71% of the women think that religious belief is acting as a problem, 64.28% think that Cultural barriers is an obstacle in the participation, and for the rest of the issues that women think may be causing problems, 76.92% opined for Pressure of Patriarchal Society, 42.86% for Economic Backwardness, 46.15% for fear of security. It may be observed that in Farakka block, religious belief and Cultural barriers have more impact on Muslim women's participation in Staff Nurse and ANM nursing profession than other three problems. On the other hand, in Samsherganj block shows that religious beliefs, and pressure of patriarchal society have more impact on Muslim women's nursing participation in Staff nurse and ANM than the other three problems.

Obstacles of Muslim women and ways to overcome in the participation of nursing profession.

Obstacles	Ways to overcome as suggested by the Respondents
<p>Religious Belief:</p> <p>Cultural Barriers:</p> <p>Pressure of Patriarchal Society:</p> <p>Economic Backwardness:</p> <p>Fear of Security:</p>	<ul style="list-style-type: none"> • Enabling Muslim women to practice their faith with the necessary facilities. • Preferring to Islamic dress code. • To permit Roja (fasting) and rearranging mealtimes during the month of Ramadan. • To provide gender- segregated facilities. • If feasible female nurses will solely treat female patients. • Shaking hands is replaced by others gesture. • Providing facilities for maintaining personal hygiene, such as easy access to clean water and a private space for ablution. • Ensure that only necessary physical interaction is made. • Just inquire about what is required for this profession. • Ensure that food is halal if it is provided. • Muslim women should be provided with education. • To raise the voice and confidence of Muslim women to speak for their rights resulting empowerment • Promoting gender equality and rights for them. • Providing financial and health care and other support services. • Promoting legal rights for them. • Financial support in the form of scholarships, grants, and tuition waivers. • Creating opportunity for Muslim women to work • Provide support services like, childcare, transportation, and mentoring. • Achieving economic equality and fairness for addressing wage inequalities. • By offering career counselling and job placement services. • To establish an open, trusting, and respectful atmosphere. • Providing a secure working environment. • Nursing might have flexible scheduling. • Muslim women might feel more protected by creating a support system of colleagues, supervisor, and security personnel. • To create a monitoring system to protect against harassment, sexual abuse, discrimination, and violence.

Islam is a monotheistic faith in which believers worship Allah alone and accept Prophet Muhammad as His Messenger (Mujallad & Taylor, 2016). Although both men and women are given equal importance in Islam, there are different religious ethics regarding women's lives (Kandiyoti & Kandioti, 1987). But the current hospitals have certain rules for the participation of nurses which are against Islamic ethics, as a result of which Muslim women are facing various obstacles to participate in the nursing profession. Researchers discovered that Muslim women may have difficulty locating an appropriate location to pray and execute religious rites while on duty. Researchers have discovered from the respondents that Muslim women must wear dress code- hijab, burkha, space for pray separate rooms and female nurse will treat female patients, which are not allowed in this profession. This can be especially tough for Muslim women who work in fast-paced, long-hour workplaces in nursing profession. Researchers have found out that, if possible, Healthcare facilities may offer Muslim women the space they need to practise their faith.

Islamic norms define the behaviour of men and women (Dialmy, 2010). It can be seen that the behaviour of men and women is different through socialisation. In Islamic culture, women's behaviour is flexible, modest, patient and privacy requirement which helps in raising children and managing the family. As Muslim women are nurtured in an environment where they do not get much

opportunity to meet people and often shyness comes about shaking hands while meeting with new people. As a result, women in this community do not participate in the nursing profession or participate less.

Islam is characterized by patriarchal thought. Here men rule the society (Mernissi, 1987). So, women's own opinions are not valued in the society where men make decisions about women, and the authority of family is upon man who decides participation in the profession. Women are victims of various deprivations and discrimination, they do not have the right to make political, social, economic policy decisions, they do not have the opportunity to judge their own good and bad, basic rights, Education, health, childbearing and reflection, financial and food distribution, entertainment, even participation in the nursing profession, family ethics in all areas in one way or another, women are victims of helplessness. To overcome these barriers, it is essential to promote gender equality and empower Muslim women in the nursing profession. This may be accomplished through providing mentorship and support networks, giving chances for professional advancement, and fostering cultural awareness and diversity in the workplace. Healthcare institutions can implement policies and initiatives that encourage work-life balance, such as flexible work schedule and family-friendly regulations.

Researchers have found out that the earning of the family is on the shoulders of men, while Muslim women were dependent in terms of economy on their male counterparts. But women can also participate and earn from those works which can be accomplished according to the Islamic ethics (Vidyasagar & Rea, 2004). It is often observed that many Muslim women are interested but due to the lack of financial support, discrimination, and lack of opportunity, they are unable to join in this profession. To overcome these financial barriers, health care institutions and governments can provide Muslim women in entering and thriving in the nursing profession.

Most of the Muslim women fear both physical and psychological safety at work and in society (Douki et al., 2007). Muslim women think that if they participate in the nursing profession voluntarily or somehow, they have to face various violence, victimization and mental stress, gender-based discrimination including sexual harassment, assault, intimidation and also various problems were seen from the society like marriage related problems, many males don't want to marry nursing girls, and some do marry to take advantage of her. Joining the nursing profession can lead to various forms of repressive or domestic violence in the family. To cope with these problems researchers discovered that Healthcare institutions can take numerous actions to foster a safe and secure work environment for Muslim women in the nursing profession in order to alleviate their worry of security by implementing strict rules for the harassment and violence, by encouraging a more inclusive work environment and for the safety of Muslim women some appropriate security measures can be applied such as security cameras and staffs.

Findings:

In this study it has been observed that in two blocks of Murshidabad district there has been no difference between Staff nurse and ANM and both professions are influenced by religious belief, pressure of patriarchal society, economic, culture, fear of security to engage in nursing profession. although mainly religious beliefs, cultural barriers, pressure of patriarchal society and lack of security problems are the most influenced by them. But in the Farakka block, religious belief and cultural barriers have more influence and in the Samsheganj block, religious belief and pressure of patriarchal society have more impacted on Muslim women in participation of nursing profession. It is significant to note that Muslim women's engagement in nursing may differ by region, community, society. The proportion of Muslim women who work as nurses can be influenced by a variety of components, including religious belief, cultural expectations, patriarchal thinking, economic possibilities, security, and educational levels.

It has also observed that Muslim women are increasingly entering the nursing profession in Murshidabad district as well as throughout the country. because there has been a rising awareness of the value of healthcare and nursing as a profession, empowerment, leading to an increase in the number of women, especially Muslim women, seeking nursing jobs.

Conclusion:

Health is an important part for development in any country. For this both men and women can work consciously to develop the society. For Muslim women, religious faith, patriarchal ideology, culture, economic and security has specific consequences for attaining the nursing profession. It can be applied where the dress code like the hijab and offer temporary scarves as needed, if possible, can be made flexible according to the Islamic ethics, and a situational change can be applied for them. On the other hand, those who are not believing in religious ethics, they are easily participating in this profession. Healthcare institutions can offer cultural competence training to all staff members, including nurses, to help Muslim women in the nursing profession overcome cultural hurdles. Staff employees can benefit from this training by better understanding the cultural customs and beliefs of Muslim women as well as those of other different cultures. To assist Muslim women to balance their professional and personal commitments in workplace and family life. If health care institutions including government can take adequate steps to ensure all types of security for women, then they will be encouraged to join in the profession. The financial aid in the form of scholarships for the expense of nursing education and training, equal compensation for equal labour and by offering mentoring programmes. The conventional thought of the Muslim society needs to be changed in order to inspire and safeguard Muslim women's confidence in the participation of nursing profession.

Although Muslim women are facing various problems from the society, it can be said that the number of women in the nursing profession has increased day by day due to education, social awareness etc. In this case, if they aware of their own biases, addressing obstacles to effective care, to aware government, various sectors, schools, local governments, NGOs etc, so that women feel safe and can play a role in building a healthy society by joining this profession.

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