

COMMENTARY

American health care professionals should respect the traditions of other cultures

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One of the issues that Dhami and Sheikh raise in their article is that of gender and women's rights. What is most obvious to a feminist American mentality is the way that Muslim women are kept segregated from men by both their clothing and their behavior. Nurses have told me of many cases that illustrate the role of gender in Muslim culture. One is of a Muslim man who tried to keep laboratory technicians from drawing blood from his wife's arm before surgery, relenting only when he completely covered his wife's body, leaving just her arm exposed. Another is of a Muslim man who brought his pregnant wife to the hospital with vaginal bleeding, only to leave when no female physician was on duty to examine her.¹ Frequently Muslim husbands will answer physicians' questions directed to their wives, rather than allowing them to speak. American medical students are often taught that such behavior is a sign of possible abuse. Such cases may leave some American health care professionals with negative attitudes toward Muslim patients.

I suggest another way of looking at this issue. A Middle Eastern woman in my nursing class said that as a Muslim woman, she felt highly regarded. She felt that she was "put up on a pedestal." Because family honor is one of the major Muslim values, and the purity of women is the key to family honor, women have an important place in Muslim society. We should remember that from a Muslim perspective, women are highly valued.

One of the more interesting books I've read on women in Islam is called *Nine Parts of Desire*.² The title comes from the Islamic belief that Allah (God) created sexual

desire in 10 parts; he gave 9 to women and only 1 to men, which is why women's sexuality must be controlled. Mohammed began the segregation of women to protect his wives from scandal. Others, wanting to emulate the great prophet, followed suit. The author tells of a young professional woman in Gaza who had chosen to wear the hijab—the veiled Islamic dress. When questioned about her choice, the woman explained, "Before I put on hijab, I used to be afraid of everything; afraid of ghosts, afraid of being alone in a room. When I put it on, the fears vanished." Another professional woman talked about how the hijab gave her a sense of freedom—allowing her to be listened to, and allowing her words to be judged on their own merit, without the listener being distracted by her physical appearance.

If a man walks in front of a woman, is he doing it to show his dominance over her or to protect her by finding the potholes in the road? The issue of women in Muslim culture is a complex one, and it is important that health care professionals be nonjudgmental and respectful of the traditions of other cultures.

References

- 1 Galanti G. *Caring for Patients From Different Cultures*. Philadelphia: University of Pennsylvania Press; 1997.
- 2 Brooks G. *Nine Parts of Desire*. New York: Doubleday; 1995.