



In sickness and in health:

*The significance of purity in health care discussions with
Muslim women*

The connection between beliefs and health is a complex but well recognized relationship. Hayden in her book *Introduction to Health Behaviour Theory* (2014) states that 'health behaviour includes all those things that we do that influence our physical, mental, emotional, psychological, and spiritual selves'. She goes on to remind us that socioeconomic status, skills, culture, beliefs, attitude, values, religion and gender all influence our health behaviour highlighting the complex interplay of beliefs and health behaviour.

To understand how Muslim women approach matters of health and sickness we need to better understand some of the beliefs that influence their health behaviours. In this article we will focus on those beliefs relating to matters of purity and some key moments when purity beliefs may influence health behaviour. This article is a combination of anecdotal experience as a health worker living amongst Muslim women in Indonesia and a review of some of the relevant health literature. It aims to be helpful to both the health professional seeking to offer better health care to Muslim women as well as the numerous lay women who regularly have healthcare based discussions with Muslim women. It's important to note that these observations arise from the Indonesian context where both adat (cultural customs and law often connected with animistic beliefs) and religion (> 85% Islam) have significant influence.

Women in particular experience a whole range of unique health challenges including those relating to themselves as well as the burden of making health decisions for their children. Health challenges for Muslim women which may be connected to issues of purity include those relating to female genital cutting (FGC), menstruation, contraception, pregnancy, breastfeeding, sexual health, family

violence and vaccination. This article does not seek to analyse in detail the different opinions surrounding each of these issues but rather sheds light on 5 moments in the health journey of women where purity may be significant.

1. Physical cleanliness

Personal hygiene and environmental cleanliness is important in preventing a range of illnesses. The issue of personal hygiene is central to daily life for women in Indonesia. The child health book that women receive from the local health centre reminds them to bathe their children twice a day and change their clothes after playing outside. Questions such as ‘have you washed?’ are acceptable between friends and strangers alike. In a tropical climate this emphasis on personal hygiene is logical but after some time it’s clear that outward cleanliness seems to have spiritual ramifications. Women have told me that bad spirits live in dirty things and they spend considerable time and money on keeping their family physically clean. I’ve sat through women’s meetings where the speakers have shared elaborate and expensive methods to keep the vagina clean and its role in preventing cervical cancer while hardly mentioning more proven methods of preventing this form of cancer.

Health practitioners working amongst Muslim women will therefore find little obstruction to recommending hygiene practices such as hand washing and dental hygiene but might discover other hygiene practices are performed that are not scientifically backed but are of religious importance. Health professionals need to be aware that bodily fluids such as urine, faeces, semen, pus, blood, breast milk and vomit are considered haram and that contamination of skin or clothes by these fluids require different actions. The universal medical precautions implemented by health professionals in handling bodily fluids and the management of accidental

exposure combined with an awareness that these fluids may require action by the women before she prays, is important.

For those working amongst Muslim women it is important to understand the social and religious pressures to be physically clean. Bhat and Qureshi (2013) explain how the Quran provides guidelines for personal hygiene and how these are requirements for acceptable worship. While many women find these laws helpful some friends have commented that an obsession with physical cleanliness can be distracting as well. Followers of Jesus can reflect on several occasions when he also expressed frustration and even anger when religious teachers burdened the people with laws rather than focusing on matters of the heart. In Matthew 23: 25-28 Jesus suggests that it's purity of the heart that matters most.

“Woe to you, teachers of the law and Pharisees, you hypocrites! You clean the outside of the cup and dish, but inside they are full of greed and self-indulgence. Blind Pharisee! First clean the inside of the cup and dish, and then the outside also will be clean. “Woe to you, teachers of the law and Pharisees, you hypocrites! You are like whitewashed tombs, which look beautiful on the outside but on the inside are full of the bones of the dead and everything unclean. In the same way, on the outside you appear to people as righteous but on the inside you are full of hypocrisy and wickedness.

While physical cleanliness is indeed beneficial Muslim and Christian women can encourage one another to concentrate on the attitude of the heart.

2. Designed for sexual purity

Many women around the world struggle with sexually transmitted infections (STI's), infertility and cervical cancer. These health challenges and their relationship to sexual behaviour take on extra meaning for women seeking to live under Islamic law.

Bennet and Davies (2015) note that premarital or extramarital sex is forbidden for both men and women according to the Quran but there is obvious discrepancy in the social regulations and reality in Indonesia. The reality is that women are generally considered more responsible for maintaining sexual purity and men are allowed relative sexual freedom. Unmarried women who have lost their virginity experience significant social shaming and are labelled derogatory terms such as 'bad', 'broken', 'cheap', 'easy' and 'rotten'. It is not surprising that they would seek to hide such things from friends and health professionals. On the other hand men rarely receive such social shaming. According to Bennett and Davies, Indonesian women connect sexual purity with gaining a good spouse and a sense of self-worth, and fear divine retribution for their sexual sins.

While sexual purity is indeed to be encouraged, the assumption that all Muslim women are virgins until married can sometimes cause issues in health care access and treatment. Bennett and Davies (2015) comment that unmarried women of all ages in Indonesia sometimes feel marginalised in areas of women's health as they face structural and social barriers to obtaining adequate health information and care. In addition the 15 percent of Indonesian women who struggle with infertility may not be fully investigated because according to one doctor 'If you suggest an STI test, it's like you are accusing the wife of being unclean or accusing the husband of being unfaithful'. Bennet and Davies (2015) comment that 'concerns over sexual morality and social status cloud the way that doctors and patients interact, meaning the role of sexually transmissible infections (STIs) in causing infertility is rarely discussed'.

How can we better serve our Muslim friends and patients who may be struggling with the physical and spiritual effects of sexual immorality of either themselves or their partner? As medical practitioners we can provide a safe and confidential

environment to express their hurts and fears. As friends we can relate to their struggles for purity and remind them of a God who while judging our sins also offers us a way to be pure in his sight. The story of Jesus and the women caught in adultery is helpful for us all (John 8:1-11). The Pharisees and teachers of the law wanted to stone her but Jesus instructed them “Let any one of you who is without sin be the first to throw a stone at her.” And when they appeared he asked her ‘Woman, where are they? Has no one condemned you?’ “No one, sir,” she said. “Then neither do I condemn you,” Jesus declared. “Go now and leave your life of sin.”

3. Contraception and menstrual issues

The regulation of menstruation and fertility concerns women for most of their adult lives. In Indonesia decisions regarding the number and spacing of children is made on many grounds not least religion, government policy and socioeconomic factors. Interestingly the government’s policy of ‘2 children is enough’ has been largely adopted despite strong clerical opposition (Webster, 2013). As a result women who already have 2 children are strongly encouraged to use contraception and frequently experience a lack of autonomy in making these contraceptive decisions. The choice is often made by the health care practitioner and requires the consent of the husband. While many women are resigned to this situation each contraceptive influences the menstrual bleeding pattern in different ways and therefore has implication for a women’s purity.

Medical practitioners familiar with counselling women on contraceptive options based on the effectivity, convenience, side effects and risks of the various options may not always be aware of how the bleeding patterns effect a women’s right to pray. Various rules dictate whether a women who is experiencing menstrual bleeding is allowed to pray or not and the woman may question whether the

bleeding she is experiencing is considered normal menstrual flow or not. The requirements for purity and the burden of irregular menstrual bleeding may be a source of physical, psychological, social, financial and spiritual burden for Muslim women. The significance of Jesus healing the woman who had been bleeding for 12 years in Luke 8 takes on additional meaning when we imagine that every facet of her life had been affected by this bleeding.

4. Female Genital Cutting

The estimate of numbers of females who have undergone Female Genital Cutting (FGC) in Indonesia differ according to source but range from 49%-92%. Current research suggests Type 4³⁴ is the most common type but other more severe forms do occur (Patel and Roy, 2016). This practice is influenced by tradition, culture, religion and social pressure and is largely an unspoken practice. Male circumcision is a common topic of conversation but it took 3 years and my initiating the conversation for women to discuss FGC. Whether due to embarrassment or lack of information they were unable to explain why their parents chose to have them undergo FGC. According to Patel and Roy (2016) reasons include stabilising a female's libido prior to marriage, enhancing marriage relations, guaranteeing healthy and clean genitals and becoming a better Muslim. Some parents believe that their daughter's prayers, fasting and charity will not be received by God if they

34 **Type 1:** Often referred to as *clitoridectomy*, this is the partial or total removal of the clitoris and/or the prepuce.
Type 2: Often referred to as *excision*, this is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
Type 3: Often referred to as *infibulation*, this is the narrowing of the vaginal opening through the creation of a covering seal.
Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.
Source: www.who.int/mediacentre/factsheets/fs241/en/

are not circumcised. An uncircumcised woman although considered unclean is rarely the topic of conversation due to the relatively secret nature of the practice.

Regulations from the Indonesian Health Council have at times allowed and at other times prohibited the procedure causing confusion about its legality. Some families have preferred FGC be performed by a traditional healer due to its religious association and thus avoided professional medical involvement (Patel and Roy, 2016). It is important that medical professionals and women who have Muslim friends seek to understand the significance and motivations behind FGC and encourage the ideals that are indeed praiseworthy. Sexual purity and health, positive marriage relationships and worship pleasing to God are topics that can be explored. With significant international efforts being made to oppose FGC it is worth both being aware of the largely silent movement and the resources available to address such practices.

5. Vaccination decisions

Many Muslim women in Indonesia seem aware that there is debate about whether vaccinations are halal or not. In 2017 an outbreak of diphtheria affected hundreds of children who were mostly unvaccinated or poorly vaccinated with some health professionals attributing the decline in vaccination to rising religious objections (CNN Indonesia, 2017). Women continue to receive conflicting advice about whether vaccinations are permitted or not, which ones are halal, and thus feel the burden of making vaccination decisions which will affect the purity of their children. Currently the main concern is about pig products being present in certain vaccinations.

Medical professionals seeking to guide these women need to acknowledge the burden of such decisions and have reliable sources of medical information

accessible on the components in the vaccinations we offer. As mothers seeking to raise children in relationship with God we can also relate to our friends' desire for children to live in purity. Sheik and Gatrad (2004) in 'Caring for Muslim Patients' suggest that the Quran is focused on the state of the heart and we need to remember our true purpose, the transience of this life and the reward for those who remain steadfast and pure. Jesus explained it to his disciples in this way:

“Don't you see that nothing that enters a person from the outside can defile them? For it doesn't go into their heart but into their stomach, and then out of the body.” (In saying this, Jesus declared all foods clean.) He went on: “What comes out of a person is what defiles them. For it is from within, out of a person's heart, that evil thoughts come—sexual immorality, theft, murder, adultery, greed, malice, deceit, lewdness, envy, slander, arrogance and folly. All these evils come from inside and defile a person.”

As we seek to raise children in a world full of evil we need to recognise and emphasise the importance of the heart.

Summary

It is important as friends and professionals living amongst Muslim women that we attempt to understand the beliefs and values that influence their health decisions and behaviours. Beliefs around purity and its spiritual ramifications are just one example. It goes without saying that all Muslim women are not the same and to best care for our friends and patients we need to learn from them. While some women feel burdened by rules around purity others may be grateful for such guidance in their pursuit of relationship with God. We must remember that David

cried out in Psalms 'Oh how I love your law! I meditate on it all day long.' (119:97). While we experience a freedom knowing that we are forgiven and pure not because of what we do but because of what God has done through Jesus we need to appreciate how for others the observance of law may provide for them a sense of certainty.

For medical professionals who seek to care for Muslim women it is essential we provide a safe environment for sharing, that we seek to understand the motivations behind their decisions and have an awareness of how women's physical health might impact their spiritual lives and vice versa. While many of their health practices are in line with modern health advice others such as FGC are doubtful or even harmful. When women believe that those practices have a scientific basis it may be necessary to direct them to reliable sources of information on the matter. Sheik and Gatrad (2004) in 'Caring for Muslim Patients' explain that according to the Quran spiritual ill health is more important than physical ill health. The Christian health professional would undoubtedly agree with this and should be encouraged to have a holistic view of health when dealing with Muslim women.

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