

Attitudes towards the Hijab: with specific reference to healthcare personnel and students

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Introduction

As a result of increasing multiculturalism in Australia and other Western countries, there is a greater number of educated Muslim women entering the workforce (1), particularly in the healthcare sector. However, against the backdrop of Islamic revivalism and fundamentalism, especially after the September 11 bombings, many Muslims are feeling the repercussions of practicing their faith in Western countries. Many practicing¹ Muslims are now generalised and stereotyped as terrorists. Women in ‘hijab’² are frequently targeted with hate crime and discrimination as the media and some sections of Western society synonymously associate the ‘hijab’ with terrorism.

With the rising number of Muslim students in Australia, there is a need to understand their perceptions and experiences so that universities can make their study more comfortable and effective for the maximum realisation of their potential. With increasing numbers of Muslim international students being denied visas to study in the UK and US, they will turn increasingly to Australia for their education (2).

The global changes can be seen manifested here in the University of Adelaide and public hospitals, where there are increasing numbers of female Muslim healthcare personnel and students. Some of them wear the hijab, while some do not. It is with this issue in mind and the more commonly perceived notions of Muslim women that it is very interesting to explore the literature for the experiences and perceptions of Muslim health care students and personnel who wear the hijab, in the Western world. Issues such as perceived, covert or overt discrimination in relation to healthcare personnel who wear the hijab and its possible effects on their work and performance will be reviewed.

With specific reference to muhajibh³ medical students, it is important to find out if they are exposed to discrimination from their peers, professors or patients. And if they are, in what way does it affect them in their studies and in their future careers? In reference to healthcare personnel, research on their interaction with colleagues, supervisors and most importantly patients is imperative to ensure maximal healthcare and satisfaction of the patient. Such questions need to be answered so that a deeper understanding of cultural and religious issues in the healthcare sector can be obtained and disseminated to prevent misconceptions and stereotypes.

¹ Practicing-Practicing Muslim here is defined as someone who believes in the tenets of Islam at the same time practise them by praying 5 times a day, fasting during Ramadan and associate themselves with Islam, either publicly or not.

² Hijab-In this paper, hijab will be specifically described a piece of cloth which is used to cover all the hair and is associated with Islamic dressing. It does not include the covering of the face that is called ‘niqab’.

³ Muhajibh-a Muslim woman who wears the hijab

Definition of Hijab

It is known that Muslim women are obligated to be modest in clothing and appearance. Today, we know the headscarf that Muslim women use as the hijab. However, in the Quran, the word hijab does not mean what we perceive of it today in the modern context. One of the verses in the Quran that describes women's preferred dressing is as follows:

However one of the verses that does describe women's dress is as follows:

24.31-32] And say to the believing women that they should lower their gaze and guard their modesty; that they should not display their beauty and ornaments except what (must ordinarily) appear thereof; that they should draw their veils (khimar) over their bosoms ...

In this case, the term hijab is not used to describe covering of hair. Instead, what is asked is to maintain modesty. However from hadith⁴, it has been extrapolated and concluded by many religious scholars that covering the hair is a religious obligation for women.

The hijab has a multitude of meanings and in different countries and cultures; it is taken to mean different things. For the purpose of this research paper, the hijab will be defined as a piece of cloth that Muslim women use to cover their hair completely. However, it is important to note that to different Muslim women, there are different meanings of hijab. The basic definition of hijab falls into 3 categories.

- 1) Physical garment worn on the head and tied /pinned under the neck (headscarves) (3)
- 2) Modest, decent, loose clothing (which usually covers most parts of the body) that does not include the head scarf (4)
- 3) Modest behaviour; lowering the gaze and protecting one's modesty (4)

Why do women choose to wear the hijab?

After reviewing the literature, the reasons for wearing the hijab are summarised in the following manner:

1. Act of faith – Most of the women cited this reason as paramount, to submit to God's orders for maintaining modesty
2. Parental expectations and religious obligation is the most common reason among women who come from religious migrant families
3. Societal pressures – many women stay in largely Muslim areas/suburbs and it may have a direct impact on their decision to cover or not, especially since there is a misconception that women who veil are more religious than those who do not
4. Religious identity – to associate one's self with something greater, to belong to a broader community and also to distinguish themselves as practicing Muslim women so that social boundaries can be set

⁴ A collection of sayings and examples from the life of Prophet Muhammad (PBUH)

5. To associate the religion (Islam) to events that are friendly and 'integrative'. With women in the workforce and doing things that are 'normal', the women are acting as ambassadors to the fact that Muslim women in hijab are not oppressed. Basically, they are also trying to break down the already present prejudices and biases
6. To assert one's femininity and sexuality through a desired form of dressing in Islam

This research will concentrate on women who decide to wear the veil willingly and are not forced by the state law.

Aim: To search the national and international literature relating to the perceptions and experiences of healthcare personnel in hijab with particular reference to the medical workforce.

Objectives

- To first obtain any anecdotal evidence in this area of research
- To learn how to find initial areas of research interest and research terms based on the initial anecdotal evidence
- To learn to further refine search terms to obtain relevant results
- To search electronic databases for relevant articles
- To learn how to obtain articles which may be relevant by using the reference list section at end of the book/article
- To develop an Endnote Reference library
- Prepare a short power-point presentation on the literature review for presentation in the Disciplines of General Practice and Rural Health
- Prepare a short report for the Faculty of Health Sciences.

Methodology and Research Findings

The research was carried out in three stages due to initial difficulties in locating relevant material for the literature review.

First Search

An initial background search was performed where articles from the Internet, books and television programs were reviewed. From these sources, some direction was found for this research. While waiting for consultation with the specialist librarian, the search engine, Google was used to search the Internet. The search produced a few articles obtained from credible sources. There were also WebPages that referred some books relevant to the research. These articles and books were located from University of Adelaide and South Australia libraries. From these sources, the reference lists and bibliography was searched for other relevant articles and books.

The background reading prior to the literature search revealed that both the hijab and burqa have various spellings. The importance of including all the different spellings of

hijab and its corresponding synonyms were important so the search results were not limited. The other important consideration was the meaning of hijab in different countries and cultures. For example, chador is an Iranian way of terming the 'veil' while purdah is from Pakistan

From anecdotal evidence and background reading, a list of research terms was derived, which after consultation with Mick Draper, the Medical Specialist Librarian, was refined to become the list of search terms listed below:

1. (Social Perception* OR Attitude* OR Bias* OR Ban OR attitude of health personnel) AND
2. (Students, Medical OR medical professionals OR medical workers OR medical doctors OR health occupations OR health professionals OR allied health professionals OR colleagues OR healthcare workers OR healthcare professionals OR physicians OR doctors OR nurses OR medical student* OR health personnel) AND
3. (Hijab OR hijaab OR heejab OR purdah OR burqa OR burka R chador OR veil OR headscarf) AND
4. Patient*.

Four databases were searched. They were PubMed, PsycInfo, Sociological Abstracts and Web of science citation database. The only word that brought about many irrelevant articles was the word 'veil' itself as it was used as a verb to describe an act of 'unveiling' in medicine. The titles were reviewed and if there was a title which seemed relevant, the abstract would be requested. From the abstracts, the aims of the research were obtained and its subsequent relevancy and need was known.

From these search terms, one relevant article was found. Cole and Ahmadi wrote the article, 'Perspectives and Experiences of Muslim Women who Veil on College Campuses' which was published in the Journal of College School Development (5). This article was retrieved because of the search terms 'perspectives' AND 'students' AND 'hijab'. The search term 'patient' was omitted because no articles were found if it was included.

This article was useful because it reported the experiences of one muhajibh student who was studying clinical psychology. However, the student's perspectives on how the hijab had impacted her academic studies and patient interaction were not known. From the reference list of this article, another relevant article was retrieved. The article, written by Speck (1997) was entitled 'Respect for religious differences: The case of Muslim students'. Although this article provides more understanding about the case of Muslim students, it does not feature any students in the healthcare sector (6).

Search 2

Due to a lack of published literature, the research librarian suggested to expand the search terms to include more general terms such as 'Muslim' and 'Racism'. The second set of

search terms were then used to find more articles. The same four databases (as mentioned above) were used. There were more articles retrieved from this search but most of it was about healthcare providers' bias towards patients who are Muslim. Different spellings of Muslim were needed to ensure that all relevant literature was retrieved. The search terms are listed below.

Search terms:

5. (Racism OR discrimination OR prejudice) AND
6. (Islam OR Moslem OR Muslim) AND
7. (Women OR woman)

In conclusion, from the mentioned databases and search terms, one relevant article was retrieved. As there was minimal literature on this issue, there was a need to utilise other sources for information.

Search 3

At this point, due to the lack of published literature, another database, ScienceDirect was used. The search was repeated and same search terms (in search 1 and search 2) were used but no relevant articles were found. However, on a singular search, using the word 'hijab', an article was retrieved. The article by Ruby (4), entitled 'Listening to the voices of hijab' was useful in providing the definitions and reasons for the wearing of the hijab. It did not provide any relevant information from the healthcare perspective.

The search engine Google was used again. More specific singular search terms, such as 'Muslim women', 'hijab' and 'health care' were utilised for the second Internet search. The most relevant articles were two reports written by Ali in 2004 and 2005. In 2004, a preliminary report and study was conducted on the 'Employment of Muslim Women in the Healthcare Industry'. A follow-up study was conducted in 2005 where she reported on the 'Employment of Muslims in the Healthcare Industry'. Her reference list was used to locate an article written by Ahmed for the Islamic Website, *Islam for Today*. Her article, entitled 'American, Ambitious and Muslim' featured four Muslim women who were in healthcare sector (7). Their experiences are summarised in Table 1.

Using the terms 'prejudice', 'hijab' and 'Australia', a national report entitled 'Ismaḡ-Listen: National Consultations on eliminating prejudice against Arab and Muslim Australians' was retrieved. The Human Rights and Equal Opportunity Commission conducted the study from 2001 to 2003 in NSW. This report gave an overview of the experiences of 1423 Muslims in Australia. The participants were interviewed in focus groups of varying numbers and locations. Two women's experiences were relevant to this research as they were in the healthcare industry and were discriminated due to the hijab (8).

An article written by Asmar (9) in 1999 was also obtained from the same search. Asmar's paper from a conference was available on the Internet. She researched on the experiences of Muslim college students in Australia. From her articles and reference lists, another

relevant article was obtained. The article, entitled 'Muslim Women and Religious Identification: Women and the Veil' by Mubarak (10), reported experiences of a muhajibh medical student in Australia.

Another important result from the Internet search on hijab was a book written by Bullock (3). The book, located at the University of South Australia's library is based on her previous dissertation where the perspectives of Muslim women in Canada towards the hijab were studied. She interviewed 16 participants individually in a structured manner. Two women from her study were in the healthcare industry, one is a doctor and the other's specific job is not known. Both women wear the hijab and reported to have experienced some discrimination in their work. The experiences of the muhajibh healthcare personnel are summarised in the Table 1.

Using singular search terms such as 'patient prejudice' and 'race of doctors' resulted in two relevant articles published on the Internet. The first is a national report funded by the Commonwealth Fund in the United States. The report, by Cooper and Powe (11) described patient-provider relationships and how it is affected by race. The other relevant article by Lehmann (12) entitled 'Bias toward Some Residents Can Impede Patient Care' from *Psychiatry Online*. Using their reference lists, other articles were obtained. However, all the articles obtained about patient-provider racial preferences and relationships were 'reductionist' (9) in nature. This means that the classification of races was termed as generally as 'non-minority' and 'minority' or 'international' and 'local'. There was a concentration on the issues of African American and Hispanic healthcare providers face and some data on Asian physicians and Asian patients but it was not made clear whether these physicians and patients were Muslims or Muslim women.

Correspondence

E-mail correspondence with a few Muslim healthcare organizations in the US, UK and Australia was initiated. The Muslim Women's League, from California forwarded the request for any information or research materials to their members. Three nurses replied indicating that they do not know of any current literature on this area.

Individuals who had similar interests such as Lila Ali and Sabrina Talukdar were contacted. Talukdar, a female student from Saint Andrews Medical School in the UK was interviewed by the BBC about the issue of hijab and medicine in the article 'Dress Code deters medics' (13). They were contacted in the hope of research collaboration and correspondence. Both individuals replied but have yet to suggest other material. Australian Muslim healthcare professionals and associations contacted were unable to share their input and complicating the efforts taken to concentrate this issue in Australia

Conclusion

It is important for further research to be done on this topic, especially in reference to the perspectives of the healthcare personnel and students, because of the increasing numbers of muhajibh healthcare providers. The increase in the number of local Muslim students

and the influx of International Muslim students to the University of Adelaide, particularly to the faculty of Health Sciences would mean that there is a need for the university to understand their perceptions and experiences. This is to ensure that their study here is more comfortable and effective, both academically and socially. A greater understanding can be gained as a community if people from different cultures make the effort to understand, tolerate and most important accept each other.

Table 1: Collated and summarised table of the experiences of Muslim Women in the healthcare sector

No.	Author Year Article Description	Hijab Country	Study description	Participant	Experience
1	Cole and Ahmadi 2003 Journal article	Y US	Qualitative 7 interviewed, 1 in healthcare	Isha	Clinical Psychology postgraduate student- experienced racial stereotyping and discrimination on campus
2	Ahmed Unknown Website	Y US	Qualitative 4 interviewed	Heather Zawahry	Medical student-No report of racism although as a convert, realised that the media portrayal of women was false
				Dr Dianne Ansari-Wimm	Anaesthesiologist – No report of racism although was questioned about her hijab and prove that the hijab will not conflict with the expectations and roles of a med student
				Ternikar-Mozaffar	Health care consultant- Never experienced any bias personally and has done better in career
				Rabia Ahmed	Medical Student – Asked whether “she has an AK 47” (direct quotes) under her dressing
3	HREOC 2004 Report, accessible online	Y AU	1423 people in 69 locations participated in small focus groups Qualitative	Female 1	Dental technician – Unable to get a job and was fired after 2 weeks
				Female 2	Adelaide pharmacist – Denied the freedom to wear the hijab if she wants to keep her job; had to compromise by not wearing it during working hours
				Comment	Direct Quote – “many Muslim women working in. ...Medicine...colleagues saw them less. ...capable”
4	Mubarak 1996 Chapter in Edited Book	Y AU	Qualitative study 10 respondents interviewed, 1 medical student	Amrooha	Medical student – Only one racial comment made, but sees problems with scrubbing and using hijab during surgery. Has accepted the constraints. Used to be uneasy with examining males but have also accepted the situation and compromised
5	Ali 2005 Report accessible	R 3-Y R7&8 - unknown	Qualitative 13 participants were sent surveys to home	Respondent 3 (R3)	Nursing services –Accent is an issue and has experienced outright discrimination in a new born nursery during her training-asked to leave due to hijab

	online		address, gender of participants unknown unless inferred	Respondent 7 and 8 (R7 and R8)	Nursing services-Both reported many positive experiences
5	Ali 2004 Report accessible online	Y US	Qualitative 2 interviewed over phone	Dr Z	Paediatrician – Experienced discrimination when wearing hijab Was not employed due to hijab after a successful phone interview -Feels that African American and Hispanics are much more accepting than whites-some colleagues do not like her and some patients refuse to be taken cared by her while some patients prefer her
				Mrs D.	RN – Denied an interview as soon as they saw that she wore the hijab but current employers were more concerned for her safety as she was working with disabled children who might grab her head -Positive experiences from fellow colleagues -Negative experience similar to Respondent 3 in study #4 -Accepts that stereotypes is due to negative portrayal of women in media
7	Bullock (2003) pg 77 Book	Y US	Qualitative 16 interviewed separately 2 in the healthcare industry	Nadia	Healthcare worker- Current job is unknown but has experienced many instances of discrimination as a Muslim woman wearing hijab
				Rania	Doctor –Received negative comments about Muslims due to stereotypes and feels that some patients are more interested in her physical appearance and her culture rather than giving her their medical history – impeded her effectiveness and job as a doctor

All the people mentioned in this section are women in healthcare related fields. Muslim men were not included, as they could not contribute to ‘personal experience’ in terms of wearing the hijab. The responses and experiences collated is not conclusive, but used as a basis for future research methodology and implementation.

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