

ROLES AND CHALLENGES OF MUSLIM WOMEN IN THE DEVELOPMENT OF HEALTHCARE SECTOR IN NASARAWA STATE

PERAN DAN TANTANGAN WANITA MUSLIM DALAM PEMBANGUNAN SEKTOR KESEHATAN DI NEGARA NASARAWA

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Abstract:

The paper examines the role and challenges of Nigeria women in the development of the health sector, focusing on Muslim women of Nasarawa state, Nigeria. Women assist in the provision of healthcare; they play roles which complement those of men. Some women are physicians' that is medical doctors, nurses and top hospital administrators. Women however are mostly concentrated in the low status health-related occupations such as hospital maids, nurses, and other paramedical jobs. The paper begins by conceptualizing some basic concepts such as health sector and women for a better understanding. This is followed by the geographical location of the Nasarawa state. This study also assesses the roles of Muslim women in the health sector both in the conventional and in traditional. These include supportive systems to help women realize their professional or career goals. Interview and desk review were adopted as method of data collection for the research, where in-depth interview was conducted with



some personalities. It is concluded in the paper that there is the need for sensitization of the Muslim community in the state on importance of Muslim women involvement in the healthcare profession.

Keywords: *Muslim women, Healthcare, Sector, Development, Challenges*

Abstrak:

Makalah ini mengkaji peran dan tantangan wanita Nigeria dalam pengembangan sektor kesehatan, dengan fokus pada wanita Muslim di negara bagian Nasarawa, Nigeria. Perempuan membantu dalam penyediaan layanan kesehatan; mereka memainkan peran yang melengkapi peran laki-laki. Beberapa wanita adalah dokter yaitu dokter medis, perawat, dan administrator rumah sakit terkemuka. Namun wanita sebagian besar terkonsentrasi pada pekerjaan terkait kesehatan berstatus rendah seperti pembantu rumah sakit, perawat, dan pekerjaan paramedis lainnya. Makalah ini dimulai dengan mengkonseptualisasikan beberapa konsep dasar seperti sektor kesehatan dan perempuan untuk pemahaman yang lebih baik. Ini diikuti oleh letak geografis negara bagian Nasarawa. Penelitian ini juga mengkaji peran wanita muslimah di bidang kesehatan baik secara konvensional maupun tradisional. Ini termasuk sistem yang mendukung untuk membantu wanita mewujudkan tujuan profesional atau karir mereka. Wawancara dan desk review digunakan sebagai metode pengumpulan data untuk penelitian ini, dimana wawancara mendalam dilakukan dengan beberapa tokoh. Disimpulkan dalam makalah bahwa ada kebutuhan untuk sensitisasi komunitas Muslim di negara bagian tentang pentingnya keterlibatan perempuan Muslim dalam profesi kesehatan.

Kata kunci: *Muslimah, Kesehatan, Sektor, Pembangunan, Tantangan*

A. Introduction

Women occupy a special position in terms of their roles in the health sector. This includes Muslim women participation in many activities which affect the health and well-being of their families in particular and their society at large. Furthermore, the role of Muslim women as key actors in the health care system are well known with regard to the prevention, cure, rehabilitation and health education dimensions of health care. Muslim women health care system in Nasarawa State comprises of the traditional and Western orthodox medicine and the relevant health facilities such as maternity homes, dispensaries and hospitals. In fact, the development and expansion of these facilities is usually considered as a sign of development of any country, community and society. Despite the role women in the health sector play, some of them play roles that are different and subservient to those of the men. Most men dominate in positions of high status like physicians, and top hospital administrators. Some women are mostly found in the low status health related occupations such as hospital ward attendants, nurses, dieticians and other paramedical jobs.

In order to create a more culturally informed and meaningful environment, it is crucial to understand the Islamic practices and beliefs of this population. “Differences in the social and religious cultures of Muslims living in the West raise challenges for the healthcare professionals that go far beyond language to encompass worldviews, concepts of health, illness, beliefs, and work ethics.”¹ Health is like reaching for a bar of soap in a bathtub, just as you think you have it in your hand, and it manages to slip away.

Islam provides its adherents with a moral road map for women’s personal, social, and professional spheres. Muslims receiving and providing healthcare, thus navigate carefully whether their practice within their professional sphere is in keeping with *Shari’ah* (Islamic law). The ethico-legal framework delineated by Islam’s normative sources juxtaposes with global health priorities, secular healthcare systems, and patient preferences. Such factors may require Muslims to navigate between multiple moral spheres.²

Islam as the only religion in the Eyes of Allah plays a central role in many Muslim’s women experiences were reflected by several authors as indicative of an integral part in their professional lives. “Islam works within a holistic framework for health care in which physical, social, spiritual, and environmental needs of the patient are taken into consideration. Muslims are required to live a healthy and balanced life incorporating Allah, family, and community.”³ The authors demonstrated the importance of the Islamic traditions in shaping the experiences of Muslims women in their daily lives. Hammoud et al. (1308) suggested “although Westerners tend to view themselves as human beings searching for spiritual experiences, Muslims are more likely to view themselves as spiritual beings having a human experience”. Further, according to Yosef (108), the notion of healthcare and health promotion practices are embedded in the Islamic faith. The author suggested that these findings may be explained due to the inherent Islamic belief system as outlined in the Qur’an which placed an emphasis on individual’s health.

Islamic teaching has generally been perceived as an act of worship that is usually separate from the context of life. The true Islamic teaching is applicable throughout all lifetime

¹ S.A Kridli, (2011). “Health Beliefs and Practices of Muslim Women during Ramadan,” *MCN American Journal Maternity Child Nursing*.

² M. Suleiman and A. Ahmed, (2001). “Islam, Healthcare Ethics, and Human Rights,” *The Islamic Tradition and the Human Rights Discourse*, Atlantic Council.

³ J. Fonte, and Horton-Deutsch, S., (2005). “Treating Postpartum Depression in Immigrant Muslim Women,” *Journal of the American Psychiatric Nurses Association* <https://doi:10.1177/1078390305276494>.

and through all time. None of its teaching can be said as being outdated and it has been proven that Islamic teaching is regarded as the essence and authority of the true way of.⁴

The Deen is naseehah (advice). The companion said “to whom? the Prophet (peace be upon him) said “to Allah and His Book, and his Messenger, and to the leaders of the Muslims and their common folk” (The Forty Hadith of An-Nawawi, Hadith No 7).

For guidance, the Qur’an and the Sunnah outline the teachings that show how one is to protect his/her health and live life in a state of purity. This shows that Islam promote healthy lifestyle not only in the physical aspect but also mentally and spiritually. In fact, it is also one’s responsibility to maintain and promote health as narrated by Prophet Muhammad (peace be upon him):

No one will be allowed to move from his position on the Day of Judgement until he has been asked how he spent his life, how he used his knowledge, how he earns and spent his money and in what pursuits he used his health (Jami’ At-Tirmidhi, Book 22, Hadith 1678).

In the Muslim worldview, health is paramount and complete physical, psychological, social and spiritual wellbeing which Muslims need to participate in providing it to the society (Al-Khayat, 68). Spiritual health is an essential component of the Muslim health belief model, and Muslims have a spiritual obligation to maintain their health.⁵ The Qur’an provides guidance on caring for health and maintaining the body. Health is seen as a gift or reward from Allah, and Muslims are required to engage in healthy practices as a duty to care for their bodies. These healthy practices include providing, maintaining cleanliness and personal hygiene, eating healthy food, avoiding forbidden substances that will harm the body and taking exercise and rest.⁶

The World Health Organization in Wandler (14), which monitors health matters throughout the world for the United Nations, defines health in a more positive way as: not the mere absence of disease but total physical, mental and social well-being and not merely the absence of infirmity. Health is a dynamic condition resulting from a body's constant adjustment

⁴ H. A. Basil, (2014). “Health-Promoting Verses as mentioned in the Holy Qur’an,” *J Relig. Health*. DOI: 100.1007/s 10943-014-9857-8 2014.

⁵ M. Mardiyono, Songwathana, P., and Petpichetchian, W., (2011). “Spirituality Intervention and Outcomes: Cornerstone of Holistic Nursing Practice,” *Nurse Media Journal of Nursing*.

⁶ H. Wehbe-Alamah, (2008). “Bridging Generic and Professional Care Practices for Muslim Patients through use of Leininger’s Culture Care Modes,” *Contemporary Nurse*.

and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostatic” for Muslim women participation in healthcare centre.⁷

Muslim women have special beliefs, attitudes, and perceptions that may directly impact healthcare received within a westernized health care system that may not share the unique sensitivities of the Islamic culture.⁸ Health care providers are able to better advocate for their patients when they have an awareness of the unique cultural beliefs and background of their patients and how to provide a safe and comfortable place for patients to openly participate in health care decision making.⁹ Our nation is progressively becoming more culturally diverse and recognition of the need for diversity in healthcare providers has been reported.¹⁰

In defining health, Trowler in Annie (88) asserts that in practice, the medical profession and the population at large tend to define health in different ways. Nevertheless, some definitions of health tend to stress the objective lack of disease, but this suggests that we should not feel ill unless people have a physical ailment. Aggleton (12) argues that "this is problematic as we do not always feel pain when we are unwell. It is also the case that such general notions of health ignore the way in which we differ as individuals and the enormously different expectations of health among social groups". For the purpose of this research, health would be viewed as being much more issue than just a biological matter. Health will be examined as related to society - to such matters as cultural and religious beliefs, stage of development and level of participation amongst muslim women. Health is a state of complete physical, mental, and social well being, and not merely the absence of disease and infirmity. Thus, health involves not only the absence of disease, but also a positive sense of wellness. In other words, health as a multidimensional phenomenon: includes physical, social, and psychological factors.

One can not vividly understand what healthcare sector is all about, without knowing what healthcare and healthcare provider means. As such, healthcare is the maintenance or improvement of health via the prevention, diagnosis, and treatment of disease, illness, injury,

⁷ HA. Wandler, (2012). "The Role of Culture in Advocating for Accurate Diagnosis and Rating of Veterans' Psychological Disabilities," *Mental Health Law & Policy Journal*.

⁸ K. Bennoune, (2016). *The Intentional Destruction of Cultural Heritage as a Violation of Human Rights*. New York: United Nations Office of the High Commissioner of Human rights. Retrieved from <https://www.ohchr.org/EN/Issues/CulturalRights/Pages/IntentionalDestructionofCulturalHeritage.aspx>, on 21st October 2020.

⁹ HA. Wandler, H.A, (2012). "The Role of Culture in Advocating for Accurate Diagnosis and Rating of Veterans' Psychological Disabilities," *Mental Health Law & Policy Journal*.

¹⁰ N.B. Noah, (2008). "A Prescription for Racial Equality in Medicine," *Connecticut Law Review*. P. 675

and other physical and mental impairments in human beings. Healthcare is delivered by health professionals (providers or practitioners) in allied field.¹¹

Healthcare provider is also seen as an institution (such as hospital or clinics) or person (such as a physician, nurse, allied health Professional or community health workers) that provides preventives, curative, promotional, rehabilitative or palliative care services in a systematic way to individual, families, or communities. The World Health Organisation estimate there are 9.2 millions of physicians, 19.4 million nurses and midwives, 1.9 million dentists and other dentistry personnel, 2.6 million pharmacists and other pharmaceutical personnel, and over 1.3 million community health workers world wide (WHO, 7), making healthcare industry one of the largest workforce. According to World Health Organization (13), the health care sector (also called the medical industry or health economy) is an aggregation and integration of sectors within the economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, and palliative care. It includes the generation and commercialization of goods and services lending themselves to maintaining and re-establishing health.¹²

Women are part of their community, and do not live in isolation. Every decision a woman makes is influenced by those around her, her husband, relatives, friends, and the community. While women may receive accurate health information from facility- and community-based health providers, their health-seeking decisions are influenced also by stories that circulate in the community and their observations of how others around them behave.¹³ Accordingly, it is therefore, programs that seek to increase demand for services must understand the cultural milieu and community perceptions and values that drive demand, as well as who influences women's health service-seeking decisions and how.¹⁴

Until recently, medical practitioners had been the principal decision makers within the clinical context globally. This authority was often linked to their superior knowledge, training, and experience in disease pathologies, management, and prognosis. More recently, however, the moral authority of health services and health service personnel, particularly doctors, is on the decline.¹⁵ The importance of health care in modern day society can be gauged from the fact

¹¹ *ibid*

¹² Nahas, V., Amasheh R.N., (1999). "Culture Care Meanings and Experiences of Postpartum Depression among Jordanian Women," *Transcultural Study*. P. 38

¹³ Daneshpour, M., (1998). "Muslim Families and Family Therapy," *Journal of Marital and Family Therapy*, 24.

¹⁴ Krivenko, E.Y., (2009). "Islamic View of Women's Rights: An International lawyer's 133 Perspective," *Journal of East Asia & International Law*. P. 134

¹⁵ C. S. Kurt, (2010). "Power to Advocate for Health," *Annals of Family Medicine*. P. 100

that good health is recognized as one of the fundamental rights of an individual. So much so, that out of the eight recognized millennium development goals of the United Nations, health finds its place in three of them.¹⁶

The revolution around the role of women in the social order has been a global one creating more awareness about gender roles in policy making and the need to adopt gender inclusive perspective goals for the purpose of empowering women. According to United Nations Fund for Population Activities, when these goals are achieved then development, peace and the condition necessary for sustainable development would have been created.¹⁷

B. Methods

The approach used in writing this paper is a literature study approach. Basically, the literature study is the same as research in general, but the research data obtained is secondary data using the literature study method. The three steps that the researcher will take in preparing this article include: first, finding and collecting reference sources that are relevant to the theme of this research. Second, several scientific papers that have been collected are then processed and elaborated, in order to comprehensively explain the inter-sections of this article. Third, as the last step, the researcher concludes specifically referring to the actual role of Muslim women in the medical profession

C. Result and Discussion

1. Brief on Nasarawa State

Nasarawa State is located in the central region of Nigeria; the state was created out of Plateau state on October 1st 1996 with its headquarters at Lafia. The State lies between latitude 7 45' and 9 25'N of the equator and between 7 and 9 37'E of the Greenwich meridian and it covers a land mass of 27,862km² with a population of 1,863,275 people according to 2006 provisional census spread in the thirteen (13) local government areas of the state namely Akwanga, Awe, Doma, Karu, Keana, Keffi, Kokona, Lafia, Nassarawa Eggon, Nassarawa, Obi, Toto and Wamba.¹⁸ The state shares boundary with Kaduna state in the North, Plateau state in the East, Taraba and Benue states in the south and Federal Capital Territory and Kogi

¹⁶ United Nations General Assembly, (2000). *United Nations Millennium Declaration A/RES/55/2*. Retrieved from: <http://www.un.org/millennium/declaration/ares552e.pdf>, on 20th October 2021.

¹⁷ UNFPA, (2005). Unfortunate, but Not Disastrous Omission. *Studies in Family Planning*. P. 134

¹⁸ S. H. Liman and A. S. I Wakawa, (2012). Muslims of Nasarawa State: A Survey, Nigeria Research Network (NRN) Oxford Department of International Development Queen Elizabeth House, University of Oxford.

state in the west. The state is highly prospective for growth and development considering its strategic location and proximity to Abuja, the Federal Capital Territory of Nigeria, abundant tourism potentials, abundant solid mineral deposits, predominant tropical climate, diverse human resources, rich agricultural potentials, great potentials for animal husbandry, vast land resource, large water bodies, Savannah nature of forest that houses a lot of merchantable tress as well as its distinction of educational institutions. Nonetheless, the state is backward in terms of human capital development, physical transformation and other infrastructural development.¹⁹

2. Impact of Women in Health Care

In every society of the world there are basically two groups of human beings namely men and women. Thus, for the purpose of this research who are women? While this may at first seem like a silly question, Kirby asserts that women are a physical being with certain distinguishing biological characteristics but it is difficult to make any further assertions which are not open to questions. Does the fact that some women can give birth indicate that all women have a natural inclination to care for children and carry out associated domestic tasks? Do women have particular mental processes which lead them to favour certain modes of behaviour? Kirby further holds it that one is not born, but rather becomes woman. It was not the case that women were naturally inclined to house work or to child care, as had been previously supposed, but rather that social and economic circumstances had tended to channel women into occupying such roles.²⁰

In pursuance of a better definition of the word ‘women’, Ikoni conceives thus: “Full grown human females and also it is the adult female of human beings physically weaker than the male and exhibiting feminine characteristics quite distinctive from the opposite sex”. That women are weak makes the definition improper to be used in this work. What makes a woman weak when so many of them are taking very good care of their families instead of the husbands who in so many cases may be alive but doing nothing?²¹

In pursuance of this study, the concept women mean the female human category. They are our mothers, sisters, aunts, wives, daughters, friends and confidants; they are the blocks,

¹⁹ O. O. Yaro and E. A. Ebuga, (2013). An Assessment of the Development Potentials of Nasarawa State in Nigeria, *IOSR Journal of Environmental Science, Toxicology and Food Technology (IOSR-JESTFT)*, Vol. 6 (6). P. 1-3

²⁰ M. Kirby, *et al*, (1997). *Sociology in Perspective*, Oxford, Heinemann Publishers.

²¹ U. Ikoni, (2003). “Socio-Cultural and Legal Restrictions to Women Development in Nigeria: A Critical Appraisal” in *African Journal of Indigenous Development*. Vol. 1 (1). P. 62

economists, decorators, care givers upon which the foundation of happy homes, families, communities, societies and countries rests.²² They are physically healthy, exhibiting feminine characteristics quite distinctive from the opposite sex and contributing to developmental processes just like the men.

3. The Role of Muslim Women in the Development of the Healthcare Sector

The wisdom of Muslim women, their experience and expertise in healthcare sector have been known since before now, which believed and placed healthcare in the domain of women. Women in all the cultures of the world have practiced medicine. They have equally been subjected to discrimination in their practice of medicine.²³ The most common type of health care giver until the nineteenth century was the female midwife. Labour and delivery were considered too 'dirty and debasing' for men. It was not until the nineteenth century that men began to enter into obstetrics/gynecology in large numbers. At the same time, there was also strong vocal and open discrimination against women who were either practicing as physicians or wanted to enter the medical practice.²⁴

In the area of traditional pharmacy, Muslim women collected the ingredients, which they turned into medicines. They were often engaged in drying, grinding, and/or pounding of herbs. However, these herbs are used for the treatment of different ailment among communities in Kokona. Not only that they also partake as midwives where they assist pregnant women during child delivery. These women, as pointed out by Zubaidah Haruna, were actively involved in the sale of medicines and medicinal tea. They competed favourably with their male counterparts in the distribution of medicinal products. Remedy cure and prevention of fever in all its forms, pile, eye trouble, and skin diseases attracted much patronage. Muslim Women had knowledge of basic first aid they prescribed appropriate dosages of medicine and provided information on the side effects. There are many Muslim Women who took care of local clinics in the area. They saw to the cleaning of clinic premises at regular intervals, particularly after the preparation of medicine. They kept all utensils used in the preparation and packaging of remedies or drugs clean.

In Nasarawa State Muslim Women healthcare professionals are very compassionate and can be described as good practitioners. Most people prefer to be treated by women more than men because they see women as more understanding than men. Women have always been

²² ibid

²³ M. Bowman, A. Frank, A. Erica, & I. Debourah, (2002). *Women in Medicine: Career and Life Management*. New York: Springer. P. 138

²⁴ ibid

practitioners by starting as lay cares to being qualified practitioners. Mothers cater for the sick members in the family which makes them special and respected. In an interview with Fatimah Yusuf, she stated that her mother has always been the first person she consulted for medical advice when needed which usually turns out to work for her in a good way (Fatimah Yusuf). She hinted that she prefers a Muslim female medical practitioner to a male one. Largely, we infer that Muslim female healthcare practitioners are very knowledgeable and are well skillful in their practice especially in the area concerning counseling and prescription.

a. Muslim Women and their Roles as Midwives

In an interview with Mansura Babangida Abdul-Karim emphasizes that Muslim women medical practitioners, who played the roles of midwives were responsible for bathing the babies and putting their heads, noses, and eyes into proper shapes. They also ensured the mother's well-being after delivery by giving her a hot bath and properly massaging her body in order to get rid of unwanted blood as well as to put the body back to its former shape. They also kept the women in warm rooms during the first months of delivery to reduce labour pains and proven future episodes of rheumatism arising from black veins and advised lactating mothers to eat blood enriching traditional foods like vegetables cooked with melon seeds, beans, and guinea corn pap etc. Lactating mothers were advised to abstain from sex in order to avoid unwanted pregnancy. In fact, women's role as midwives was very important.

Mallama Hajara Sadeeq avers that Muslim women medical practitioners showed considerable interest in the well-being of women and helped to promote their fertility by managing gynecological problems. Such gynecological problems include: inability to become pregnant, watery menstruation, barrenness, and fever among other related health problems. In treating infertility related problems, female practitioners assist in either in advising and or prescribing medication to the client after consultation and ascertaining the condition of the patient. She further stated that Muslim Women healthcare practitioners understand their clients' cultural beliefs relating to pregnancy and birth. They believed that pregnancy is a natural phenomenon that, under normal conditions, should pose no problems except as the Almighty Allah so wishes it to be. They always put Allah first in the course of their professional practice.

b. Muslim Women and Voluntary Medical Outreach

Muslim women in the healthcare sector in Nasarawa State have contributed greatly to their communities in terms of outbreak of various diseases. Not only that, those in the community and environmental health care also contributed in treatment and enlightenment of the people on various health related risk issues.

According to Hajiya Mairo Shuaibu in an interview states that, Muslim women in the health care profession in Nasarawa State have created an avenue wherein they encourage the woman folk in their respective communities to study science related subjects so as study medical related courses at the Tertiary institution in order to alleviate the suffering of Muslim women when it comes to health care issues than allowing the male health care worker to consult and give them treatment.

Other areas in which Muslim women played major role in the development of the healthcare sector in Nasarawa State in the area of the distribution of child delivery kits and other materials to their mothers during child birth at different medical facilities in Lafia Local Government Area of the state. This was a statement from Maryam Shittu Baban-Lungu.

Hafsat Yunusa avers that Muslim women played major role in medical outreach in village areas in Nassarawa Eggon. According to Hafsat they embark on the medical outreach in order to assist the less privilege persons who cannot afford pay their medical bills or have no access to healthcare facility.

c. Muslim Women and Community Health Care

It has been observed by the researcher that Muslim women also played major role in the informal health sector. Muslim women participated and work as auxiliaries, this is due to the bulk of the female health workers who are inadequate in most cases. Not only that, during the epoch of the COVID-19 pandemic in Nasarawa State Muslim women participated in the campaign to enlighten the public on the danger of the pandemic as well as the safety measures to be taken to curtail the spread of the disease.

In an interview with Hassan where she states that Muslim Female health care practitioners are the best when it comes to issues concerning pregnancy and childbirth. The Muslim midwives deal with issues both in scientific and traditional when it comes to pregnancy and childbirth. During pre-natal care, these practitioners give their patients certain medication as prescribed by the Sunnah of the Prophet Muhammad (May the peace and blessings of Allah be upon him) to take which is believed to protect them from the pregnancy stage to the labour stage (Hassana Musa Garba). Prominent among the Islamic medicine used are *Shajaratul Maryam*, *Zaitun*, and the Black Seed and its oil.

Older Muslim women with a great deal of experience in treating the health needs of their own children as well as of other adult household members often offer volunteer advice to young mothers and are frequently consulted for problematic illness. People see old women as equipped with the knowledge of medicine. Old women can prescribe medicinal herbs for both the young and old even though they are not formal practitioners (interview with Atine Muhammad Bako). The community respects such women but they do not accept any form of payment in the form of cash for their services.

According to Lubabatu that female Muslim Healthcare practitioners who have acquired knowledge of different health problems but are more confident and have a long experience with treating pregnant women also play essential part in maternity care for pregnant women (Lubabatu Haliru). Other healers were identified by the range of diseases or conditions they could treat. These included both physical and non-physical diseases. In an interview with one Mallama Halimah Ubangari, a Muslim medical practitioner at Nassarawa Eggon, she hinted that she is very experienced with treating pregnant women and postpartum issues.

d. Challenges Muslim Women Face in Healthcare Sector

Today, the number of Muslim women in the field of healthcare has undoubtedly increased. However, that increase does not mean the healthcare sector can be considered as completely unbiased. Despite relatively fair representation in the field, Muslim women nevertheless face challenges that come with their choice of career. A very big challenge Muslim women face in modern healthcare practice is connected with family, society, marriage and work life. Thus, trying to combine the work of a wife, a mother and healthcare practice is quite tedious and very challenging. It even gets so difficult to the extent that female practitioners sometimes have to compromise and it comes with consequences. Both marriage life and work life require undivided attention and often can lead to frustrations with an unquenchable desire to quit marriage, commitment or medical career just to give one thing to focus on fully. Knowing when to quit obviously requires a careful thought and consideration which can be difficult to arrive at and most women can spend a lot of time on this leading to a sense of sometimes considering themselves as failures (interview with Maryam Yakub Aliyu).

Adama Umar Imam paid attention to the family as a great challenge to Muslim woman's choice as a healthcare practitioner. She purports that families can be negative powerful force responsible for stereotypes and discrimination against Muslim women (Adama Umar Imam). In many families, a daughter is constantly told that medicine is a man's

profession because a woman would not be able to combine a medical career with the family life. In addition, parents would want to finance their sons for medical education rather than their daughters. A mother has a great deal to do with the daughter's decision to enter the healthcare profession. Various family obligations have made some women physicians to specialise in some areas they did not originally anticipate. Usually if the mother is a professional herself, she serves as a role model of a woman combining a career with marriage. The guidance counsellor can also turn a girl away from medicine. Over the years, women have received the counsel that medicine is not a suitable profession for women. The girl child has been counselled that medical programme is a lengthy one; the girl would not be able to combine marriage with medicine and possibly can cause a delay in her marriage.

Majority of male patients feel very comfortable to disclose their illness to women medical practitioners, which is surprising considering the gender inequality that plagues some indigenous communities. Nevertheless, there have been instances where patients, both male and female, were annoyed because they were assigned to female healthcare practitioners (interview with Zainab Abubakar Zakari). These are challenges women health practitioners face. However, they focus on helping patients and closely work with their male counterparts at the hospitals.

Another challenge is male dominance. Interviewees hinted that some male colleagues have respect for female healthcare practitioners. However, the choice of a career which comes with many transfers where Muslim women face serious problem with their spouses at home and will have to also meet different kinds of people, they meet some male practitioners who are problematic and create uneasy environment for their female counterparts. In some settings, male practitioners take over all the practice leaving women with barely nothing to do. According to a respondent, men in some healthcare facilities hijacked delivery of babies (Zainab Abubakar Zakari).

According to Nafisat Ahmad in an interview, states that that issue of night duty shift is one of the major challenges faced by Muslim female healthcare practitioners in the state as they usually face problems with the husbands at home. Not only that taking care of the home which is the major function of the woman, is not usually observed by the female as times she would have to manage to do that.

D. Conclusion

Though Muslim women are valued in health sector in Nasarawa State, their roles still reflect the class and gender discrimination in society. Many of them occupy the lower and at best middle cadre of the health sector. There are fewer female doctors and pharmacists, and more female nurses and cleaners. However, there is remarkable change, at least in comparable terms between what used to be the role of Muslim women in the health sector in Nasarawa State and what pertains now in the past. It is however expected that more Muslim women will become doctors, pharmacists and hospital administrators. Already there is on-going sensitization among Muslim females in the nook and crannies of the state to the involvement of more Muslim women in the health sector be it public or private.

The upsurge of midwives and nurses is an indication, that the role of Muslim women in the health sector fast growing in the state. It is still mostly tilted towards maternity and child care. It is pertinent to emphasize that Muslim women have seen a lot of changes in every sphere of life, especially in the health sector. This is traced to the education and religion which they have embraced. These roles are further influenced by the socio-economic changes in Nigeria as a Nation.

Recommendations:

Based on the findings and conclusions of this study, the following recommendations were made by the researcher:

1. To improve the roles of Muslim women in the health care sector, and to increase their contribution in the health sector, Muslim scholars and wealthy individuals must help in the education of Muslim women in medical related courses in order to increase their participation in healthcare sector.
2. There should be supportive systems by wealthy Muslims to help Muslim women realise their professional or career goals through the establishment of medical schools with subsidy for women.
3. There should be a supportive measure for women that may include making households self-sufficient by government, through provision of basic social facilities. The provision of these facilities will help women to spend less time on fetching water, cooking, and visiting the health centres, so that they can spend more time on careers. The government needs to get more involved with the provision of day care centres and improvement of

already established ones so that child care itself is not a hindrance to female career progress.

4. There is the need of increased Muslim women participation in decision making in the healthcare and policies sector. This would reduce the challenges being faced by Muslim women.
5. Muslim scholars and parents need to educate the Muslim female on the need to study science base subjects.
6. The government should initiate policies such as legislating against sexual abuse of female in schools, and imposing long jail terms for those who abused them sexually, bridging the gap in the medical profession, there should be policies to encourage women to involve in research: priority in working, financing, procedures of approval etc.
7. Muslim Women in health care sector need to strengthen their research activities both in quality and quantity, in scientific and practical values of research findings. They also need to build capacity by self-learning, training, report writing etc.

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List of Informants

1. Fatimah Yusuf, (36 Years), Midwife, Interviewed at Mararaba Gurku, Karu, Nasarawa State, Nigeria, on 23rd March 2021.
2. Zubaidah Haruna, (43 Years), Civil Servant, Interviewed at Garaku, Kokona, Nasarawa State, on 16th March 2021.
3. Mallama Hajara Sadeeq, (51 Years), Community Health Worker, Interviewed at Akwanga, Nasarawa State, on 19th, March 2021.
4. Mansura Babangida Abdul-Karim, (41Years), Auxiliary Nurse, Interviewed at Karu, Nasarawa State on 22nd March 2021.
5. Hajiya Mairo Shuaibu, (48 Years), Civil Servant, Interviewed at Nassarawa Eggon, Nasarawa State on 17th March 2021.

6. Maryam Shittu Baban-Lungu, (39 Years), Community Health Worker, Interviewed at Lafia, Nasarawa State on 18th March 2021.
7. Hafsat Yunusa, (42 Years), Nurse, Interviewed at Nassarawa Eggon, Nasarawa State on 22nd March 2021.
8. Hassana Musa Garba, (42 Years), Islamic Healthcare Healer, Interviewed at Laminga, Nasarawa State on 24th March 2021.
9. Maryam Yakub Aliyu, (44 Years), Nurse, Interviewed at Nasarawa, Nasarawa State on 24th March 2021.
10. Adama Umar Imam, (38 Years), Community Health Worker, Interviewed at Wamba, Nasarawa State on 26th March 2021.
11. Mallama Halimah Ubangari, (40 Years), Health Worker, Interviewed at Nassarawa Eggon, Nasarawa State on 18th March 2021.
12. Lubabatu Haliru, (35 Years), Metron, Interviewed at Keffi, Nasarawa State on 15th March 2021.
13. Atine Muhammad Bako, (58 Years), Retiree, Interviewed at Wamba, Nasarawa State on 27th March 2021.
14. Nafisat Ahmad, (41 Years), Health Worker, Interviewed at Akwanga, Nasarawa State on 24th March 2021.
15. Zainab Abubakar Zakari, (39 Years), Midwife, Interviewed at Umasha, Toto, Nasarawa State on 29th March 2021.