

Let's address sensitive issues head-on: health, gender and religion

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In this issue of MFP, an article by Nor Asyikin Y, et al on the knowledge and attitudes towards menstruation and menstrual disorders highlights the challenges primary care doctors face in our day-to-day practice;¹ a common health issue that is considered 'sensitive' and hence, rarely discussed.

Menstruation is a normal physiological process experienced by women since menarche; however, there is a variation in how it affects individual woman. As primary care doctors, we tend to manage the physical aspect of the condition, often ignoring its impact on women's emotion, relationships and religious practice.

In this study, which was conducted in Kelantan in 2012, the authors surveyed premarital couples and found that, not surprisingly, women had more knowledge of and positive attitudes towards menstrual conditions compared to men. However, both men and women were equally unaware when menstruation becomes abnormal. In addition, more than half of the women participants were 'reluctant to ask regarding menstrual disorders from the healthcare providers'. This is worrying. Do women normalise menstrual problems and suffer in silence? Do they face stigma if they discuss their menstrual problem with others? Or is it us, the healthcare providers, are shying away from advising how women can handle menstrual conditions, perhaps because we are not adequately trained? These are issues to be explored and addressed in future research.

Another important issue that was raised in this article is the role of partners in women's health. Studies have found that partners are instrumental in improving men's health-seeking behaviour.² For example, wives play an important role in encouraging men to go for screening.³ In some cultural contexts, where men is the decision maker in the family, husbands or fathers may influence women's decision whether or not to seek health care.⁴ It is therefore important to engage men in women's health research so that healthcare providers are aware of these gender issues in health. In this study, where men lacked knowledge and were 'not comfortable to discuss menstrual disorders with my partners', there is a role for educating the male partners and premarital classes, where this study was conducted, are ideal to do this.

In Malaysia, religion has always been a sensitive issue; a raw nerve that we avoid touching. Yet, it is exactly the sensitivity of the religious issue that we must tackle head-on, including in health care. 'Sensitive' issues, such as teenage pregnancy, abortion and sexual orientation, challenge our religious beliefs and confront us at some stage of our clinical practice. How do we deal with these personal dilemmas while maintaining our professionalism? It is difficult. I believe the way forward is for us to accept that there is no absolute right or wrong in these matters, and we must be willing to recognise and respect these differences. Unless we can accept this as the bottom line, we may risk imposing our values, including religious beliefs, onto patients. It is from this study that I learn about 'Istihadah' and the Islamic perspective to menstruation, including how women and their partners should handle it. I hope this article will help the non-Muslim readers to look at health issues from the Islamic perspective. This, I am sure, will make us a better primary care doctor.

I would like to take this opportunity to bid farewell to all of you as the Editor in Chief of the Malaysian Family Physician. It has been a rewarding four years and I thank you for all the contributions and support. Associate Professor Dr Liew Su May will take over the position from the next issue. I have no doubt she will take MFP to greater heights and continue to use it as a platform to update primary care doctors on the latest clinical evidence and professional issues that we face in our daily practice.

References

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