

Gender and Modesty

Gender is a very important factor in health and health care.

Gender determines the roles one has in most societies, response to illness and can affect recovery. It is a major issue in cross cultural health care.

For many cultures, a woman should be attended by a female health professional and a male by a male health professional.

This is especially important for gynecological, urological, lower gastrointestinal and sexual health problems. Women from some cultures believe that they can become sick from male staff seeing their genitals. For some Muslim women, it is perceived as not only uncomfortable, but a great shame to have a male doctor.

If no female staff member is available for women, an acceptable alternative may be to offer the option that their husband or a female nurse be present during the consultation or examination.

Some men do not find it appropriate to be looked after and given advice by women if they come from a male dominant

society. Within the limits of practicality, try to arrange carers of the same gender. This also applies to the use of interpreters. In some cases, this may mean using an interpreter from another state via the telephone interpreting service.

Female health professionals need to use patience, persistence, professionalism and firmness when interacting with male family members from cultures/religions where women are subordinate. It is important to understand that this is a cultural/religious issue and should not be taken personally. It may be necessary to enlist the support of male staff to convey the importance of communication with female staff. Sometimes it may be preferable to find male staff to interact with the person.

Having a female doctor may be especially important for vaginal examinations. If there is no female doctor, how the situation is handled is important. Explain the available options and their right to give or refuse consent. Explain the procedure, the



instruments and the reasons for the examination/test. Some think they are also being screened for sexually transmitted diseases. Middle Eastern men, and men from other cultural backgrounds too, may not allow examination of their wives so treatment has to be based on the history alone.

In some cultures, it is taboo to talk about the body, and exposing parts like the breast can be very embarrassing. It is difficult for women from these cultures to have mammograms or breast procedures. Exposure of the chest during an ECG needs to be handled sensitively. Similar issues relate to the management of cervical and other gynecological cancers and to treatments such as colposcopy.

Muslim and Asian women in particular may have issues with undressing or changing into short gowns for procedures, operations or physiotherapy. Explore alternatives which also protect the woman's modesty, for example, whether the woman can wear some clothes or hospital pyjamas during certain procedures. It is important to respect the patient's wishes to have the curtains drawn and to remain covered at all times. In addition, patients commonly complain that privacy in the shower is not respected. Privacy is, of course, important for all patients.

