

Breaking the psychosocioeconomic aversions to marriage among Muslim healthcare workers

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Abstract

Background: The healthcare providers faced lots of occupational hazards. Commonly focused upon are mostly socio-physical like sharp injuries, and assaults, and less on psychosocial challenges such as hypertension, diabetes, and mental health issues. A less examined psychosocial challenge, especially among the Muslim health care professionals is the widening and deepening marital deterrents gap.

Methods/Results: This study reviewed literature to identify issues contributing to the gap and provides ways out. The review identifies two broad issues of Jahiliyya attitude/beliefs on marriage and unIslamic dowry practices as contributing to psychosocioeconomic aversions to marriage among Muslim healthcare providers. It went further to suggest regular halaqa and other halal programming that help Muslims build their life foundation.

Conclusion: The researchers concluded that two major psychosocioeconomic factors of regressing to the Jahiliyya mindset and unIslamic dowry practices contributed immensely to marital aversion among Muslim healthcare workers. It emphasized the broadening of reformatory age-appropriate Islamic education was panacea to this negative trend.

Key words: Muslim healthcare workers, marriage, socioeconomic aversions

Introduction:

Healthcare workers are individuals with structured trainings who provide direct and indirect care and services to the ill and ailing as well as wellbeing seekers. The Muslim healthcare providers perform tasks as all healthcare workers, in addition to making the care and services a means towards the worship of Allah and seeking His pleasure. This unique characteristic places upon the Muslim healthcare workers to strive to be the best of the best through living the Prophet

Muhammad's (SAW) tradition of: "The best of people is the one that brings most benefit to the rest of mankind."¹

While striving to meet up with the heavy demands of the healthcare workplace, the healthcare providers faced lots of occupational hazards. The hazards most focused are mostly socio-physical such as sharp injuries, nosocomial infections, and, recently, a rise in assaults.² Psychosocial challenges of healthcare workers such as hypertension, diabetes, mental health issues²

are often as the fall out of stress and burnout, but hardly on the widening and deepening marital deterrents gap. In this study, reviewed literature identifies two broad issues of concern contributing to psychosocioeconomic aversions to marriage among Muslim healthcare providers. It went further to discuss them and also provides some ways to overcome the barriers.

Issues of concern

Jahiliyya attitudes and beliefs about marriage

Yes, many Muslim healthcare workers do aspire to get married, but are not necessarily ready to engage in this life event. The hesitancy or aversion might not be unconnected to the major growing trend in the normalization and celebration of Jahiliyya premarital practices. Such popular and willful practice of the barbarous social alternatives to marriage seems to be high among some unmarried Muslim healthcare providers. That is a reversal to the Jahiliyya means of attaining sexual satisfaction, becoming pregnant, and raising children out of wedlock. This trending premarital barbarity suggests weak Islamic belief, ignorance, lack of confidence/trust in Allah, or deliberate refusal to follow the teachings of Islam.

Dowry practices

Dowry is one of the prerequisites for consolidation of marriage in Islam. Simply, it is the husband's gift, or promise of gift to the wife.³ Traditionally, dowry practice in Nigeria differs across the multiethnic groups in Nigeria.⁴ It is increasingly becoming exorbitant, especially among healthcare providers. The rise in dowry is often related to issues like: paying dowry to multiple individuals e.g. bride, bride's parents etc.; customary dowry that provides for paying more than the Islamically approved dowry; dowry-related spending like bride's luggage, honeymoon vacation among others. All these dowry practices have further facilitated health-caste creation; malignant social climbing; aspiritual marriage celebration; and other materialism-generated challenges like fear of the rising divorce rate, poor perception about Nikkah (both social and spiritual), growing prevalence of premarital sexual promiscuity, inter alia.

The way forward

It is practical to address this aversion to marriage among Muslim healthcare workers by bringing them back to the basic. It is what builds the needed Islamic belief and attitude. Next is to promote the act of abiding by Islamic teachings. This can be achieved through regular halaqa (i.e. the religious gathering for the study of Islam based on the

Quran, Hadith and other authentic sources of Islamic rulings), public lectures, school programmes, Islamic social skills training, dawah capacity building, premarital counseling, and broadening reformatory age appropriate education on the followings: aqeedah, Islamic marriage, dowry, marital rights of men and women etc.

The right understanding of marriage in Islam should be spread. For instance, marriage is the commonest institution that most human creatures of Allah should find succor in. Also, the non-religious and non-spiritual benefits of marriage must also be provided e.g., the health benefit of marriage; the protection of children is best enhanced through Islamic parenting; and, that the best society is build first on its Islamic marriage which subsequently provides the family etc.

Furthermore, it must be made clear that there is no alternative pathways to happiness in this world and the hereafter except through the worship of Allah as exemplified by the teaching of the best of humanity, Prophet Muhammad (SAW). We should remember that Allah does not waste our time by providing solutions to problems that our mind can naturally solve.

On a final note, Allah ﷻ says in Glorious Qur'an:

... "And if they had done what they were admonished, it would have certainly been better for them and best in straightening (them); and then We certainly have given them from Ourselves a great reward. And then We would certainly Have guided them in the right path." (Surah An-Nisa'i: 66 -68).

Conclusion

The researchers concluded that marital aversion among Muslim healthcare workers can be due to psychosocioeconomic issues. These are broadly regressing to the Jahiliyya mindset and unIslamic dowry practices. The study noted the broadening of reformatory age-appropriate Islamic education which will help to roll back this negative trend.

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Conflict of interest: Nil