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Female Healthcare Workers: An Islamic Panacea

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Abstract. Due to the growing rate of the Muslim population in Nigeria put forward the need to gain a better understanding of the cultural influences of Islamic faith and health related perceptions. The research has been done in discovering the experiences of Muslim women as recipients of healthcare or in different professional settings, with little attention paid to the challenges Muslim women face as service providers within healthcare. The study also help inform healthcare organizations, practitioners, policy makers, and educators about the unique challenges Muslim women healthcare professionals face in the Nigerian environment. The paper also addresses the issues of Muslim women as healthcare practitioners in order to help initiate changes that can lead to more opportunities and exposure for Muslim women in the world and enable these professionals to provide more culturally meaningful, competent, and sensitive care personnel. The paper will provides historical development of Islam in

Nigeria and also the grounds and conditions for female health workers from Islamic Perspectives; it would discuss the activities of female in healthcare centres and their impacts and the opinions of the Islamic scholars. This research work adopts analytical method. The sources include journals, published works, works of other researchers etc where consulted. It is significant to all by creating awareness among the Muslims Ummah.

Keywords: Female, Healthcare, Workers, Islamic, Panacea

INTRODUCTION

The importance of women involvement in healthcare is undeniable. Muslim women are not only allowed to work but encouraged to be involved in healthcare to meet the dire need of the ummah.¹ In Islamic history, women were regularly involved in medical practice in some capacity. Starting from the time of the Prophet (p.b.u.h.), there were many examples of Muslim women who made significant contributions to the improvement of the welfare of their societies and public healthcare. The names of nineteen women are cited in Islamic biographical collections (sirah books) as having participated in battles during the time of the Prophet (p.b.u.h.), mostly as water bearers and treating the sick and wounded.² Among them, Rufaidah bint Sa'ad Al-Aslamiyyah, Umm 'Atiyyah (Nusayba bint Harith al-Ansari), Umm Sulaym, Ar-Rubayyi 'bint Mu'auwidh and Al-Shifa (Layla bint Abdullah) were the main nursing figures.

Starting as early as from the beginning of the 8th century, the Muslim governments began building mobile and permanent hospitals in various parts of the Muslim world to provide healthcare for the public, especially for poor and needy. As a result, skilled women with medical knowledge began being employed at hospitals. The first official female nurses, from Sudan, were hired at Al-Qayrawan (Kairouan) hospital, built in 830 by the order of the Aghlabid ruler, Prince Ziyadat Allah I of Ifriqiya (r. 817–838).³⁻⁴ Today, women still predominate in the nursing profession in many parts of the world. In Malaysia, besides nursing, women account a significant proportion of healthcare workforce by becoming doctors, pharmacists, radiologist, physiotherapist, occupational therapists, dieticians, lab technicians and so on.

Female Healthcare workers at a glance

Female Healthcare Workers are among the essential personnel in healthcare institutions in Nigeria who render health services such as caregiving, patient education, supportive counselling, case management of diseases, and patient advocacy.

Female Healthcare is a professional caregiver for patients who helps to manage physical needs, prevent illness, and treat health conditions by observing and monitoring the patients and recording any relevant information to aid in treatment

(¹) Al-Qaradawi, Y. *Fatawa muasarah (Contemporary fatwa)* (vol. 5 and 6). Jalil Z, Tajudin EM, Norman, trans. Kuala Lumpur: Pustaka Salam Sdn. Bhd, 2009: 540.

(²) Saidun S. et al (2018) Muslim Female Healthcare Personnel Dress Code: A Proposed Guideline. *IMJM* Volume 17 No. 2

decision-making. The primary responsibility of a female Healthcare workers are; to advocate and care for individuals of all ethnic origins and religious backgrounds and support them through health and illness. The role of a female Healthcare workers are; to provide Healthcare services to individuals, families, and communities that will promote health, prevent illness, and achieve optimal recovery from or adaptation to health problems. These female Healthcare workers work in maternity homes, hospitals and medical centres. Operationally, a female Healthcare workers are Nurses/Dorctors who are professionally trained to give care to patients by helping them to manage physical health needs, prevent illness, and provide support, medical advice and care to patients in a variety of settings such as Federal Medical Centres.³

A medical centre refers to a Healthcare institution that offers Healthcare facilities to patients, both in-patients and outpatients. Inpatients are admitted and they stay overnight or for several days, weeks, and months while outpatients leave without staying overnight. A medical centre has been described as a healthcare institution where patients are admitted for treatment and medical care, the healthcare professional diagnoses the patient's condition, prescribes drugs, offers medication, advice and instruction which the patients would adhere to in order to improve their health. A medical centre could be established and controlled by the local, state or federal governments. In addition, medical centres are Healthcare institutions that have an organized medical and other professional staff, and inpatient facilities, and deliver medical, nursing and related services (24 hours per day, seven days per week) such as diagnostic and curative services.

In Nigeria, medical centres established and controlled by the federal government are called Federal Medical Centres (FMCs). Federal Medical Centres, according to the Federal Medical Centres Bill (FMCB), are established for the purpose of providing healthcare facilities to complement such as are provided by the governments of the States in which they are situated and such facilities for the training of medical and other students as are usually provided by teaching hospitals of nationally and internationally high repute. The FMCs in Nigeria are often situated in the capital cities of each state where they are found. In this study, the researchers defined federal medical centres as healthcare institutions established by the Federal Government of Nigeria to provide tertiary healthcare services to her citizenry. Nurses are employed in FMCs in Nigeria. Many nurses working in Nigerian medical centres consider the nursing profession as a stressful one.⁴

Female Healthcare Workers in Islamic History

Muslim Females actively participated in helping the injured from the early years of Islam. Amongst the specialities known at the time were looking after battled-wounded patients, providing minor surgery as well as complicated trauma surgery such as amputation. Providing "Kai" (cauterisation) and "hijama" (bloodletting) were

(³) Boitumelo M. D. et al (2020) Gender Differences in Work Stress among Nigerian Nurses. International Medical Journal Vol. 27, No. 6, pp. 752 - 754

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also practised. Female physicians used to look after the wounds, stop the bleeding, change the dressing and provide handmade creams to provide wound healing.

Females were also involved in drug creation. Women helped treat infected wounds by making the right antiseptic creams. It is also well known that Zainab of Bani Oud specialised in treating eye diseases and in making topical medications. Al Shifaa bint Abdullah who used to treat skin ulcers by handmade topical creams, was also appointed as the head of Husbah (the body that would regulate different businesses in the Souk, including the composition of drugs). She was appointed by the second Caliph, Omar Ibn al-Khattab.⁵

As mentioned earlier, the references to Muslim female physicians are few and far between in English literature. Some of these Muslim female physicians are:

1. Rufaydah Al Aslamiyyah:

It was reported that Rufaydah embraced Islam in the prophet's mosque in Madina after Hijrah and joined the Prophet (PBUH) in a few battles. She joined the army in the battle of Badr supporting the fighters and treating their wounds. Rufaydah learnt most of her medical knowledge by assisting her father, Saad Al-Aslami, who was a physician. Also in the battle of Al-Khandaq, she used to have a medical tent (very much like the military mobile hospital used in the modern era) with all the equipment needed to treat the injuries when she travelled with the army. She was the first in Islamic history to be in charge of a military mobile field medical centre. It was her medical tent. She treated injured companions, as she did for Saad Ibn Muaaz at the request of the Prophet PBUH according to Hadith in Sahih Bukhari. She removed an arrow from his arm in her tent.⁶ She was also allowed to put her tent in the Prophet's (PBUH) mosque in Madina where a few volunteer nurses used to help her in different shifts to look after Saad ibn Muaaz. She also trained some of the female companions about first aid and nursing before the battle of Khaibar. These female nurses used to help her in running her mobile medical military tent and having day and night shifts to look after wounded people. That shows also how the mosque during the Prophet's PBUH time has been used as a medical centre.

It was also mentioned that Rufaydah reported a few ahadith of the Prophet (PBUH) which were narrated by Al-Bukhari, Abu Dawood and Al-Nasa'ee.⁷ It is worth stating that many streets, schools and places are named after her, and the Royal College of Surgeons in Ireland, in conjunction with the University of Bahrain, grants an award named after Rufaydah to distinctive students every year.

2. Al-Shifaa (Laila bint Abdullallah Al-Qurashiyah Al-Adawiyah- OmSulaiman):

Al-Shifa bint Abdullallah al-Qurashiyah al-'Adawiyah was one of the female companions who had a strong presence in early Muslim history as she was one of the

(⁵) Al-Nisa'aWaMihnat Al-Tib Fi Al-Mojtama'at Al-Islamiyyah, by Omaymah Abu Bakr & Huda Al-Sa'di, Cairo (Egypt) 1999.

(⁶) Omar Kasule, "Historical Roots of the Nursing Profession in Islam," <https://www.nursingworldnigeria.com/2015/02/historical-roots-of-the-nursing-profession-in-islam> (Retrieved on 29th May, 2023).

(⁷) The Top Hundred of Female Companions during the Prophet Time. By Mahmoud T Halabi (published in Beirut, Lebanon 2004). (in Arabic).

wise women of that time. She was literate during a time of illiteracy. She was the first female teacher during the time of the Prophet (PBUH). She was involved in public administration and skilled in medicine. Her real name was Laila, however, due to her knowledge and skill in the practice of medicine, she was called Al-Shifa (the healing), so her name is partly derived from her profession as a nurse and medical practitioner.

Al-Shifaa was one of the first females in Islam participating in Al-Husbah (regulating and monitoring the market). She was appointed by Omar Ibn al-Khattab (the second caliph) as a market inspector (Hosbah) in Madinah (the first Muslim woman to hold such public office). This is similar to the position of Health & Safety Officer. Al-Shifaa also reported 12 Ahadith of the prophet (pbuh). She died in the year 641.

3. Nusaybah bint Harith al-Ansari (Om Atiyyah Al-Ansariyyah):

Nusaybah practised medicine before and after she embraced Islam. She was performing circumcision with the encouragement of the Prophet PBUH (9,10). Nusaybah had good relations with the Prophet's PBUH wives and used to visit them regularly and share gifts with them. She reported some Ahadith of the Prophet (PBUH). She took care of the casualties on the battlefields and provided them with water, food and first aid. She joined the Prophet PBUH in 7 battles.

Nusaybah was the one who washed and prepared the body of Zainab (the Prophet's PBUH daughter) following her death. It is also worth mentioning that she also reported over 40 ahadith of the Prophet (PBUH), some of which are narrated by Al-Bukhari and Muslim (7). One of the Hadith was about the permission for women to attend the Eid prayers as narrated in Sahih Al-Bukhari. She later moved to Al-Basrah in Iraq where she died.

4. Nusaybah bint Ka'ab al Maziniyyat (Om Omara):

Nusaybah was one of the early females who embraced Islam. She attended with Mos'ab ibn Umair (as part of two females and seventy males) the agreement (Bay'at Al-Aqabah)(2) after she travelled from Madinah to Makkah to meet the prophet (PBUH) before Hijra. She was the first woman to promise the Prophet PBUH to support him when he would immigrate to Madinah. She helped the injured people in the battle of Uhud and defended the Prophet (PBUH) during the fight; even he said that every time he used to look at his right or his left he would see her fighting to defend him until she was injured in her neck.

She kept supporting and treating the wounded people after their war injuries. It was reported that she was a strong fighter and she joined the battle against Mosailimah (during the first caliph – Abu Bakr) and had her arm badly injured and amputated. She treated herself when she went back to Madinah.

5. Om Sinan Al-Islamiyyah:

Om Sinan was one of the companions who asked permission of the Prophet (PBUH) to go out into the battlefield and assist the wounded soldiers and provide water to the thirsty. She joined the Prophet PBUH in the battle of Khaibar, helping treat the wounded companions (11).

6. Om Warqah bint Abdullah ibn Al-Harith Al-Ansariyyah:

Om Warqah helped to nurse the wounded people. She also participated in compiling the Qur'an and she made her house a little mosque after she took the permission of the Prophet PBUH. She was also known to be a living martyr as the Prophet PBUH used to call his companions: let's go to visit the martyred woman, as he told her that she will be killed and she was indeed killed by her servant during the time of Omar ibn Al-Khattab.

7. Al-Rabee'e bint Mo'awaz:

Al-Rabee'e lived during the time of the Prophet PBUH. She was also one of the people who reported a few Ahadith of the Prophet PBUH, especially the one about the way he performed the wudu'e. She was one of the companions who attended Bay'at Al-Ridwan in the 6th year of Hijrah. Al-Rabee'e helped in treating the injured companions. She died during the time of Mo'awiyah (year 665 CE) (13).

8. Salma (Om Rafe'e):

Salma used to serve and look after the Prophet PBUH and his household with her husband also. She helped Khadijah (the Prophet's PBUH wife) during her delivery in Makkah.

9. Himnah bint Jahash (sister of Zainab – the wife of Prophet PBUH):

Himnah participated in the battle of Uhud by bringing water to the thirsty, transporting the wounded to safety and providing necessary treatment (13).

10. Zaynab bint Ali:

Zaynab was the granddaughter of the Prophet (PBUH). She is known for her bravery and her skills on the battlefield, nursing wounds. In Iran, admirers celebrate Nurse's Day every year, commemorating the contributions of Zaynab. Historically, Zaynab accompanied her brother Husain to Kufah, where he challenged the Umayyad Caliph and was defeated in the Battle of Karbalaa in 680. She was captured at the Battle of Karbalaa and when standing before Yazid and his son Mu'awiyah, she gave such a passionate speech that he ordered her and the other prisoners to be released.

There are female who have contributed in physics during Umayyad are many, below are;

1. Zainab from bani Awd, who was famous for treating eye conditions as well as surgery.
2. Faridah Al-Kubra, she moved from Al-Hijaz to Syria.
3. Kharqa'a Al-Amiriyyah, she lived and practised in Al-Hijaz.
4. Salamah Al-Qiss, she moved from Al-Hijaz to live in Syria during the Umayyad time.
5. Hobabah: she lived and practised in Al-Basrah, Iraq (died in year 723 CE).

Also during the Abbasid time there were a few female physicians;

1. Motayam Al-Hamishiyyah, who practised in the ninth century and died in the year 838 CE.
2. Rohass, she lived in Baghdad and died in the year 859.
3. Mahbobah, Abbasid Caliphate, Iraq, (died in the year 861 CE).
4. Om Asyah (midwife), who lived in Egypt during the Toloniyah State.

Muslim Female Healthcare works have contributed immensely for the development of Health as a profession during the Muslim ruling in Andalus (Modern Spain), there were a few women who worked in medicine, Damascus (Syria), Egypt in the 17th century. Since the early Islamic History, many Muslim Female Healthcare Workers practiced in medicine and nursery down to present day. Few of them were recorded.

History of Nursing in Nigeria

Though traditional form of nursing and midwifery have existed even before the arrival of the colonialists. Formal and modern nursing was introduced by the colonial masters. The first nursing home in Nigeria was established in Jericho, Ibadan by the British colonial government. Nursing was later fully established in Nigeria when missionaries established mission homes, Dispensaries e.t.c. and commenced training of nurses in Nigeria and in 1949, the School of Nursing at Eleyele, Ibadan was established.

In 1949, the Nursing Council of Nigeria was established to set standards for nursing in Nigeria. In 1952, the University College Hospital Ibadan started training of nurses as well. By 1965, a Department of Nursing established in the University of Ibadan to commence a degree programme in Nursing.

The Nursing as a Profession in Nigeria

Nursing may be defined as a process by which a patient is helped by a nurse to recover from an illness or injury. A nurse plays an integral part in a patient's recovery because they offer understanding, care and emotional support which are all critical to the patient's survival. So in simple terms, a person who cares for the sick, injured and aged is called a nurse.

It is difficult to narrate the history of nursing and not mention Florence Nightingale. Florence with a group of 38 nurses reorganized the military hospital at Scutari, a suburb of Constantinople, during the Crimean war.

Problems of Muslim Female Healthcare Workers in Nigeria

1. Lack of Muslim Female Healthcare Workers:

The greatest challenge in the Muslim communities in Nigeria is lack of Muslim Female Healthcare Workers/Gynecologist. A gynecologist is a doctor who specializes in female reproductive health. They diagnose and treat issues related to the female reproductive tract. This includes the uterus, fallopian tubes, ovaries, and breasts. Instead for the female to handle issue of gynecology but male engage to learn genecology as well practiced in Muslim Communities when necessary arise due to lack of female gynecologist.

2. Indolence

Many of the female health workers had nasty experiences with rude and unfriendly nurses. Some female health workers display high levels of lackadaisical behavior towards work. A nurse should be nice, caring and friendly. But the reverse is often the case in many hospitals across the country. Some nurses are usually very harsh and unfriendly towards patients, some are even unwilling to attend to patients, leaving the patients in more agony which gives female health workers and the nursing professional a bad image which is a major problem affecting the nursing profession within the country.

3. Lack of motivation

Most of our female Healthcare workers lack the motivation needed for their studies as well as for the job. Most parents did not agree to send their daughters to undergo medical courses due to the hardship of the courses. Some female Healthcare workers were unmarried, some were divorced, and some were regarded as a sex mate not a full housewife due to the nature of their studies/work. This stereotype has eaten so deep into the minds of the average Nigerian so much that we believe a nurse should be female and females are expected to be submissive to a man at all time.

4. Politics and favoritism

Politics, favoritism and tribalism are also some problems that affects female Healthcare workers in Nigeria. The right candidates for a female Healthcare worker's job are sometimes overlooked because of his or her political class or cultural affiliation. The unqualified are employed and they go on to deliver poor services as well as exhibiting high levels of quackery.

5. Lack of periodic training

Seminars, workshops and some other forms of periodic training aimed at sensitizing, training and informing the nurses of modern nursing practices are seldom conducted leaving the nurses tied on outdated methods. Male were given priority in workplace than female due to the culture of the environment.

6. Cultural and societal attitude towards women's health

Cultural and societal attitudes towards female Healthcare workers can also be a barrier to providing effective care. 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.

7. Regular Relocation

Another problem is that, female Healthcare workers were transferred regularly from their husband to another place as relocation. Also many female Healthcare workers don't want to work in the rural areas due to the poor standard of living when compared to the urban areas. This leaves the rural areas with inadequate nursing care. Some are folk afraid to relocate to rural areas and leave their husbands in urban, therefore, they prepare to work heartedly alongside their husband.

8. Low remuneration

The wages of a female Healthcare workers are not regulated by anybody or association in Nigeria, thus leaving the nurses open to exploitation by their employers. Female Healthcare workers are seriously underpaid, those that are in the private health sector suffer worse fate, they are usually underpaid and overworked. Those in the public health sector are also not left out, salaries are not paid as at when due and sometimes they are forced to take percentages of their normal take home. This has had a negative effect on their service delivery.

9. Gender inequality

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. These are challenges women health practitioners face. However, they focus on helping patients and closely work with their male counterparts at the hospitals.

10. Night duty by female Healthcare workers

Another challenges affects female Healthcare workers is 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.

Way Forward

1. Lack of Muslim Female Healthcare Workers:

Becoming a gynecologist in Nigeria is a challenging but rewarding career path. Also lack of Female Healthcare Workers (Female Gynecologist) OB/GYNs in Nigeria is disturbing. There are steps and requirements for becoming a gynecologist in Nigeria, including the educational and professional requirements, licensing and registration, and building a practice. Therefore it can be obligatory for female to undergo medical courses in order to tackle the involvement of male while giving birth if female gynecologist are many. To address these challenges, it is important for

gynecologists in Nigeria to work together to improve access to care and to educate communities about the importance of women's health. This can be done through outreach programs, community education, and by working with other healthcare professionals to improve the overall quality of care.

2. Indolence

Due to the worse and the situation of the sick person, a female health workers are expected to work heartedly to temper the sick person. A female health workers are expected to be nice, caring and friendly to her female sick person instead of been very harsh and unfriendly towards patients, some are even unwilling to attend to patients, leaving the patients in more agony. A special body or agency should be established to train female Healthcare workers on how to handle patients and also to curb indolence in the profession, female health workers should undergo a form of behavioural enhancement program during training to help refine their behavior.

3. Lack of motivation

Our female health care workers need to be motivated. They supposed to be given equal chance as given to male in order to undergo medical courses. Some of Nigerian Muslims regarded female as full housewife not civil servant, therefore could not giving chance rather to remain as full housewife. Before a female Healthcare workers can properly save the life of a patients, he or she needs to be happy with her own life. A more attractive remuneration package and a conducive working environment should be provided by the government to attract more female Healthcare workers into this honorable profession.

4. Politics and favoritism

Politics, favoritism and tribalism supposed to be kept aside while admitting/employing as a health worker in Nigeria. Allah Has described and prioritize male than female in many decadences. Female need to be giving special consideration when undergoing medical courses as a mother, wife, housekeeper and soul mate to her husband and her children. Therefore, female Healthcare workers need to be cared, give her freedom of going to school/working place so as to render the job accordingly as requested.

5. Lack of periodic training

Seminars, workshops and some other forms of periodic training aimed at sensitizing, training and informing the nurses of modern nursing practices should be seldom conducted in order to help our female Healthcare workers on new development and the changes in their profession. Female should be giving due consideration because many females died without proper care by the health personnel.

6. Cultural and societal attitude towards women's health

Female Healthcare workers should be giving equal chance as male instead of bean a barrier in providing effective care. Female Healthcare workers should be giving

regularly training on how to intermingle with male/female in order to have access to accurate information about their reproductive health, and feel comfortable discussing their health concerns with a healthcare professional.

7. Regular Relocation

Female Healthcare workers supposed to be giving special consideration in order to work alongside their husband so as to yield fruitful result in their workplace. Islam enjoys what is good and forbid what is bad. Therefore, officials, families, parents and other stakeholders need to be aware that, any Healthcare workers can be posted in any workplace be it rural or urban. Married woman need to be special consideration in their regular relocations.

8. Low remuneration

The wages of a female Healthcare workers has to be regulated by anybody or association in Nigeria, they are not supposed to be leaving open to exploitation by their employers. If female Healthcare workers were paid accordingly then, there will be fruitful outcome due to the overworked. Female Healthcare workers has be paid accordingly in order to be punctual on duty and to take good cares of their family.

9. Gender inequality

Majority of male patients feel very comfortable to disclose their illness to women medical practitioners likewise female, which is surprising considering the gender inequality that plagues some indigenous communities. If there is enough medical doctors in Muslim societies, female Healthcare workers is expected to take care of female patients, likewise male Healthcare workers needs to take cares of male patients as exhorted by Islam. However, they focus on helping patients and closely work with their male counterparts at the hospitals.

10. Night duty by female Healthcare workers

Another challenges affects female Healthcare workers is 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.⁸ 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.

CONCLUSION

Based on the finding of this study, female Healthcare workers 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 Healthcare system are well known with regard to the prevention, cure, rehabilitation and health education dimensions of Healthcare.

(⁸) Hashiya, A. & Sa'adatu Hassan Liman (2022) Roles and Challenges of Muslim Women in the Development of Healthcare Sector In Nasarawa State. *Al-Risalah Journal*. Vol. 13. No. 2

Muslim women Healthcare system in Nigeria 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. 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).

Recommendations

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

1. The ward heads, local government, state and federal government should enforced upon each communities to undergo medical courses particularly gynecology and to provide scholarship and waiver for best students from each communities for hitch free education.
2. The government, non-governmental organizations, and Islamic leaders should collaborate to improve the roles of Muslim female Healthcare workers so as 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.
3. Initiate foundation by wealthy Muslims to help Muslim women realise their professional or career goals through the establishment of medical schools or removal of subsidy for women
4. Healthcare administrators should provide lasting solution to tackle night duties by married female Healthcare workers in their respective workplaces, this enable them do their duties at home and take cares of their families and work actively.
5. Compulsory workshops, seminars, public lectures during sermon and training to be organized regularly to female students and parents for the benefit of undergoing medical courses in order to tackle issues regarding the caring of female patients to be cared by female nursing/doctor.
6. Finally, becoming a gynecologist in Nigeria comes with its own set of challenges. Therefore, communities should sponsor female in their localities in order to study medicine, genecology and other science related courses to save lives of their people and their environment at large.

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