

Mental Health among Muslim Career Women

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Abstract

The increase in career seeking women is becoming even more significant following the United Nations recognition of a policy regarding women's involvement in careers and politics. However, there are several implications of women's involvement, especially Muslim women, in careers, such as mental health issues. Mental health issues contribute towards the impoverishment of women and an obstacle for Muslim women to succeed in their careers. This study intended to identify the level and trend of Muslim women's mental health in relation to their careers. A qualitative analysis that involved 34 articles published between 2014 and 2020 found that the main cause of mental health issues among Muslim women is religious discrimination. However, the main finding shows that a strong belief in religion has a positive and significant relationship with the level of Muslim women's well-being and their careers.

Keywords: Mental Health, Career Women, Women's Well-Being, Muslim Women

Introduction

The involvement of women in careers is nothing new, in fact, it is gaining significance consistent with the enforcement of policies by the authorities, rapid technological advancements and an increase in employment opportunities, especially in the industrial and service sectors. This has become increasingly clear since the 1980s when the industrial sector was at its peak and various countries had taken the initiative to place women in certain careers. Data from World Bank (2018) show that the involvement of women in careers currently is three times higher compared to a decade ago. As for Malaysia, an increase in the involvement of women in 2017 compared to 2010 was 8% (Khazanah Research Institute, 2018). This was similar for Muslim women in Muslim-majority countries. Tonnessen (2018) reported that 18% of Muslim women in the Middle East and North Africa were involved in political careers compared to 22% of women at the global level. Nevertheless, an increase in the number of career women raises the question of how this increase is balanced by the role of women in the family. This could become critical when combined with the issue of stereotyping, which is frequently associated with career women, especially Muslim women.

This negative stereotyping has expanded since the 9/11 incident. Besides that, anti-Muslim sentiments and Islamophobia are increasing in Western society, mainly in the United States (Weichselbaumer, 2020). Ghumman and Jackson (2009) stated that stereotyping of Muslims has taken on several labels such as “terrorist”, “enemy of the state”, “despicable”, “rough”, “evil” and “wild” and this is seen as being cruel and a betrayal of the Muslim society, mainly women. This stereotyping has a negative effect on Muslims and their social life.

Stereotyping also has an effect on career women. Among the issues frequently faced by Muslim career women due to stereotyping are religious discrimination, sexual harassment and inequality in terms of administration and management (Amin & Mokhtar, 2018). This then leads to issues concerning stress, depression and exposure to safety risks at the workplace. These issues have an implication on women and their careers as well as the surrounding environment, mainly their family institution. Among the major implications is the mental health of Muslim women at the workplace (Shuib, 2019). Hence, this study intended to identify issues related to the mental health of Muslim women at the workplace.

Literature Review

Mental health is a term used by the Ministry of Health Malaysia when defining a person’s level of mental health. Mental health refers to an individual’s awareness of the potential to react towards stress in life, work more productively and the capability to contribute towards society (KKM, 2012; WHO, 2013). Mental health also refers to how an individual thinks, feels and reacts when facing a problem. Besides that, it also involves interactions between oneself and the surrounding community (KKM, 2012). Therefore, if the individual cannot react positively to stress, then the individual is experiencing mental health problems. These mental health issues involve stress, depression, extreme anxiety disorder, panic disorder, sleep disturbance and various other issues that lead to detrimental physical health (Rose & Mustafa, 2018).

From a global perspective, 450 million individuals are thought to suffer from mental health problems and at the same time, at least ¼ of them will be permanently afflicted by these problems (WHO, 2004). The prediction then was that this estimation would increase by 2004 (WHO, 2004). Mayor (2015); Rose and Mustafa (2018) found that on a global scale, the rate of women experiencing mental health problems was higher than men. This also involved Muslim women around the world, regardless of whether they were in a Muslim-majority or Muslim-minority countries. It still influenced women’s quality of life and level of productivity, especially career women. Among the most dominant features involving an individual’s mental health was well-being and safety in the workplace (Hafner, Stolk, Saunders, Krapel & Baruch, 2015). Mental health problems among career women has various implications due to their involvement in a career, such as playing a dual role, achieving excellence, facing gender and religious discrimination as well as exposure to safety issues at the workplace, including sexual harassment.

The IPSOS (2018) report states that among the main issues faced by women at the workplace are sexual harassment, gender and religious discrimination as well as striking a balance between life and work. In addition, Muslim women also experience mental health problems caused by religious and gender discrimination. According to Koura (2018), this discrimination is caused by stereotyping and stigmatization by non-Muslims after the 9/11

incident. These issues lead to problems related to mental health problems, such as stress, depression, fear and phobia. Even more damaging is that some Muslim women experience mental health problems that lead to suicide (Bradvik, 2018). In addition, women's emotions are influenced by certain hormones; hence, women are more at risk to experience mental problems compared to men (Douki et al., 2007).

Methodology

This study had gathered various documents from 2014 to 2020 and filtered them based on the qualitative method of document research. Documents were filtered according to important facts related to the mental health of Muslim women and career women. The chosen documents were then qualitatively analysed with the help of *computer aided qualitative data analysis software* (CAQDAS) Atlas.ti version 8.4.20 in order to achieve the objectives of this study. Diagram 1 shows the main page of Atlas.ti version 8.4.20. The Atlas.ti software was chosen for analysing data because it was found to be suitable for managing and analysing data qualitatively as well as help understand raw data quickly (Mohamad, 2019). In this study, the selected documents were analysed using *word cloud*, which determines the frequency of the main items in the discussion appearing in the whole document and producing codes to determine the main issues regarding the mental health of career women.

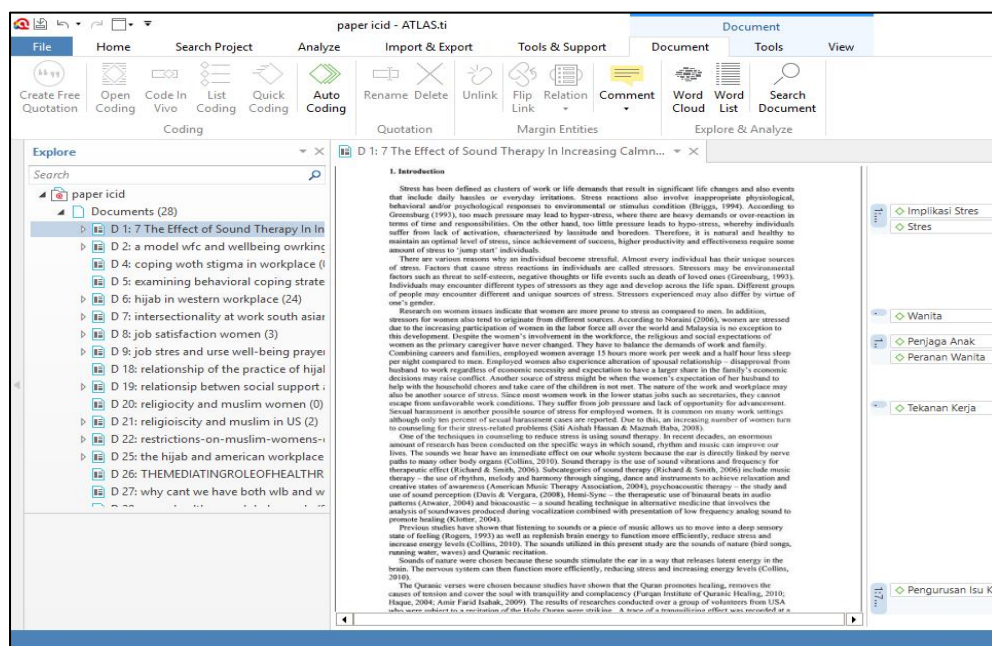


Diagram 1: The Front Page of Atlas.ti Version 8.4.20

Basically, the list of codes was derived using the inductive method by taking the ideas and concepts from the analysed documents. The codes identified for the mental health of career women were the mental health of Muslim women and solving mental health issues. Diagram 2 shows the list of codes that have gone through the inductive process involving the document research.

Mental Issues Among Muslim Career Women

In addition, the document analysis shows that among the factors that influence the mental health of Muslim career women in a country that has a Muslim majority or Muslim minority population are discrimination, stigmatization, work load, work-family conflict, stereotyping and a balance between work-life. The factors are shown in Diagram 4 below.



Diagram 4: Mental Issues Among Muslim Career Women

Note: The above diagram is the original output from Atlas.ti software. The English term (translation) for the items in the above diagram are as follows: *Diskriminasi* = Discrimination; *Stigma* = Stigma; *Konflik Kerja – Keluarga* = Work – Family Conflict; *Keseimbangan Kehidupan Kerja* = Work Life Balance; *Stereotaip* = Stereotype; *Bebanan Kerja* = Work Load; *Isu Kesehatan Mental Wanita Islam Berkerjaya* = Muslim Career Women Mental Health Issues.

Based on Diagram 4, there are two main issues debated in the document analysis, namely the issue of discrimination involving stigmatization and stereotyping of Muslim women, either its gender or dress code discrimination, while the second issue involves management of Muslim women's time and work compared to work and family. Discrimination at work is not something new in society. It is manifested in the attitude of employees or employers that is biased against a group of employees (Rahman, Mehat & Hamzah, 2019). Rahman, Mehat and Hamzah (2019) also stated that there are numerous types of discrimination in this world, such as discrimination due to age where some employees are discriminated by being treated unfairly because of their age. Second is health discrimination, which involves employees treated unfairly because of their health problems. Third is religious discrimination where individuals are treated unfairly only because of difference in religious beliefs and culture, while the fourth is gender discrimination, where individuals are treated unfairly because of their gender.

Gender and religious discrimination, mainly involving the dress code, usually affects Muslim women at work. Generally, society stereotypes women who are weak and physically unsuitable to work except carrying out light work (Rahman, Mehat & Hamzah, 2019). Moreover, the suggestion by the United Nation that some women should be employed in policy making posts also received opposition from certain quarters. For example, Verniers and Vala (2018) found that society was inclined to place males as policy makers. This could cause limitations because when policy making is dominated by males, how can women-related

problems and family-related issues be optimally solved. This discrimination is against what the United Nations has promoted and endorsed, namely anti-discriminatory initiatives against the minority and the weak living in modern society (Verniers & Vala, 2018). Muslim women's experience about discrimination at the workplace is not only limited to gender discrimination but also religious discrimination, mainly when it involves the dress code.

In Muslim minority countries, such as the United States and Europe, wearing the veil (*hijab*) is among the factors giving rise to discrimination against Muslim career women. Koura (2017 & 2018) showed that there were several cases in the United States involving Muslim women who were fired for wearing a veil (*hijab*) at their workplace. Besides that, Weichselbaumer (2020) found that wearing the veil (*hijab*) had a negative impact on the lives of Muslim women. This could cause emotional instability in Muslim women because, in principle, wearing the veil (*hijab*) is an individual's right, which reflects the individual's adherence to their religion. This matter has become increasingly serious when whatever manifestation of Islamic teachings is viewed negatively by the society in a Muslim-minority country due to the 9/11 (11 September 2001) incident and the London bombing (7 July 2005). These circumstances have led to the international community branding Islam as a religion of terrorists (Moghadam, 2008; Tariq & Syed, 2017). This situation has also created a feeling of Islamophobia among the general society (Aziz, 2012; Samari, 2016) so much so that individual religious rights are seen as terrorist-related activities (Koura, 2016).

Hence, stereotyping and stigmatization have contributed to discrimination in the workplace. In efforts to face this situation, the identity of Muslim women when defending principles and their dress code has eroded because some Muslim women treat the dress code as a choice that can be forsaken when there are constraints (Koura, 2016). Discrimination against wearing the veil (*hijab*) does not only occur in Muslim-minority countries but is also felt by a group of Muslim women in Muslim-majority countries, such as the UAE. Sheen, Key Yekani and Jordan (2018) found that Muslim women who did not wear the veil (*hijab*) were better received by society compared to Muslim women who wore the veil (*hijab*). Perception of society and employers, stereotyping and stigmatization as well as discrimination by society, especially colleagues, has a negative impact on emotions leading to signs of stress, depression and mental health disorders. This was indicated by Hosang and Bhui (2018), who found that women who are discriminated are exposed to various mental disorders, such as stress, fear, extreme depression, and PTSD (*post-traumatic stress disorder*).

The second issue involving the mental health of career women is the work management issue and time spent at the workplace compared to carrying out household duties, such as a balance between work and family as well as conflict between work and the family. Both these domains are closely related to one another. Conflict between these two domains mostly occur in the East and Asia, while only some occur in the West (Achour et al., 2015). This involves differences in culture, beliefs, religious traditions, ideology and family structure. The work-family conflict refers to a conflict of roles that occur when an individual receives pressure from two main domains in life, namely work and family (Hamzah et al., 2015). Economic expansion and the nation's call for women's increasing involvement in development and technology are some of the factors that contribute to the conflict of both these domains. Strict working hours, overtime, heavy workload that involves taking work back home and long working hours are among factors that lead to the work-family conflict (Ismail, 2018). The

second demand of this domain is striking a balance between the responsibility towards the family and work (Doris et al., 2011). Failure to achieve a balance and excellence in both these domains will have a negative impact on the work-family relationship. It could also cause a *burnout* and deteriorating levels of performance and productivity at the workplace. At the same time, a woman's duty as a mother and child will not boost her level of excellence when the need and wishes of family members are neglected. Consequently, women will feel pressure at work, pressure from the family, depression, fear and various negative impacts that culminate in emotional and mental disturbances (Khurshheed et al., 2019). Moreover, implications on physical health will manifest itself in the form of lack of sleep, insomnia, headaches, stomach upsets, heart problems and difficulty in breathing (Ohrnberger et al., 2017).

Management of Mental Health

In efforts to solve mental health issues experienced by Muslim women at the workplace, all individuals including Muslim women, their family members, colleagues, employers and the surrounding community, must play their roles. Document research found two main elements in the management of Muslim career women's mental health issues, namely the religious aspect of Muslim women as well as the community and situation surrounding the individual. The findings are summarised in Diagram 5. Koura (2018) stated that the main element that can reduce the level of stress and pressure is the performance of acts that enhance the spiritual aspect, which is to forge good relations with Allah SWT. Anchour, Azmi, Isahak, Nor and Yusoff (2019) supported this suggestion by stating that the most effective means of increasing the level of calmness is to communicate with Allah SWT by performing prayers (*solat*). Besides performing prayers (*solat*), reciting the al-Quran can also help reduce the level of stress and pressure. Baharudin and Sumari (2011) showed that reciting verses of the al-Quran can reduce the level of stress in patients with mental disorders. Both these rituals are indirectly a way of communicating with Allah SWT. Moreover, Anchour, Azmi, Isahak, Nor and Yusoff (2019) also suggested that each individual should think positively and not be suspicious of those around them as well as presume that whatever happens in life is a test. Koura (2016) also added that both these rituals help increase the satisfaction and quality of life.

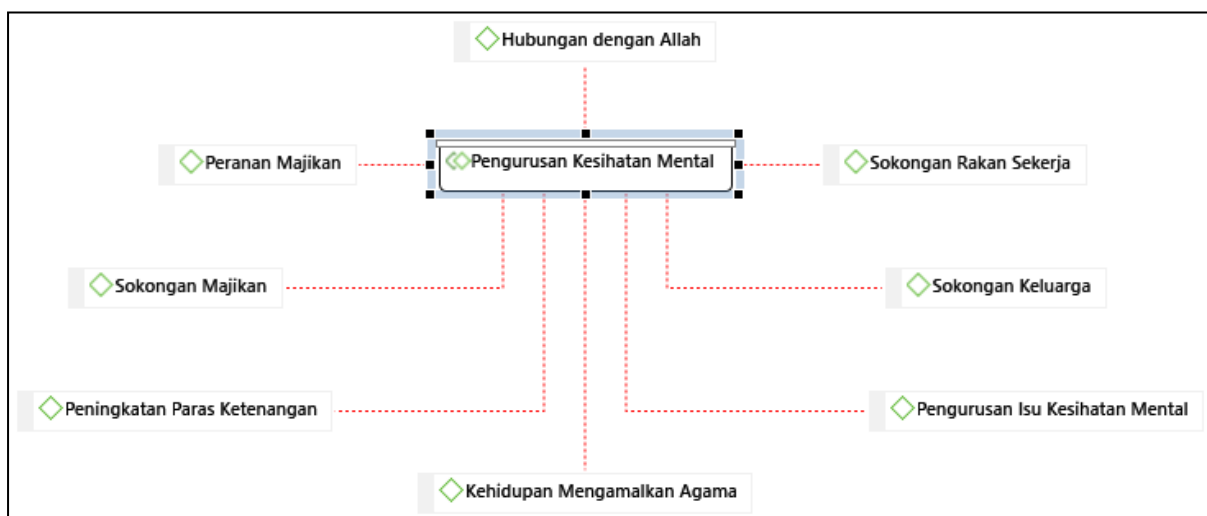


Diagram 5: Management of Mental Health Issues by Muslim Career Women

Note: The above diagram is the original output from Atlas.ti software. The English term (translation) for the items in the above diagram are as follows: *Hubungan dengan Allah* = Relationship with Allah; *Sokongan Rakan Sekerja* = Colleague Support; *Sokongan Keluarga* = Family Support; *Pengurusan Isu Kesihatan Mental* = Mental Health Issues Management; *Kehidupan Mengamalkan Agama* = Life that Practices Religion; *Peningkatan Paras Ketenangan* = Increase in the Level of Calmness; *Sokongan Majikan* = Employer's Support; *Peranan Majikan* = Employer's Role; *Pengurusan Kesihatan Mental* = Mental Health Management.

From another aspect, mental health management is incomplete if individuals are not supported by the surrounding community. Family members, employers, colleagues and society should act in unison when supporting women, who help to increase the family and national economy. Noor, Mohammad and Dahri (2019) found that social support for Muslim career women can save them from work-family conflicts and strike a balance between work and life. In fact, work and life are inseparable.

Diagram 6 summarises issues and the management of mental health among career women. It was found that mental health issues are caused by discrimination, stigmatization and stereotyping as well as difficulties in managing work and life. These issues can be managed and overcome by strengthening relations with Allah SWT, which is by carrying out rituals and communicating with Allah SWT through prayers (*solat*) and reciting of the al-Quran as well as having strong support from the surrounding community comprising employers, colleagues, family members and society.

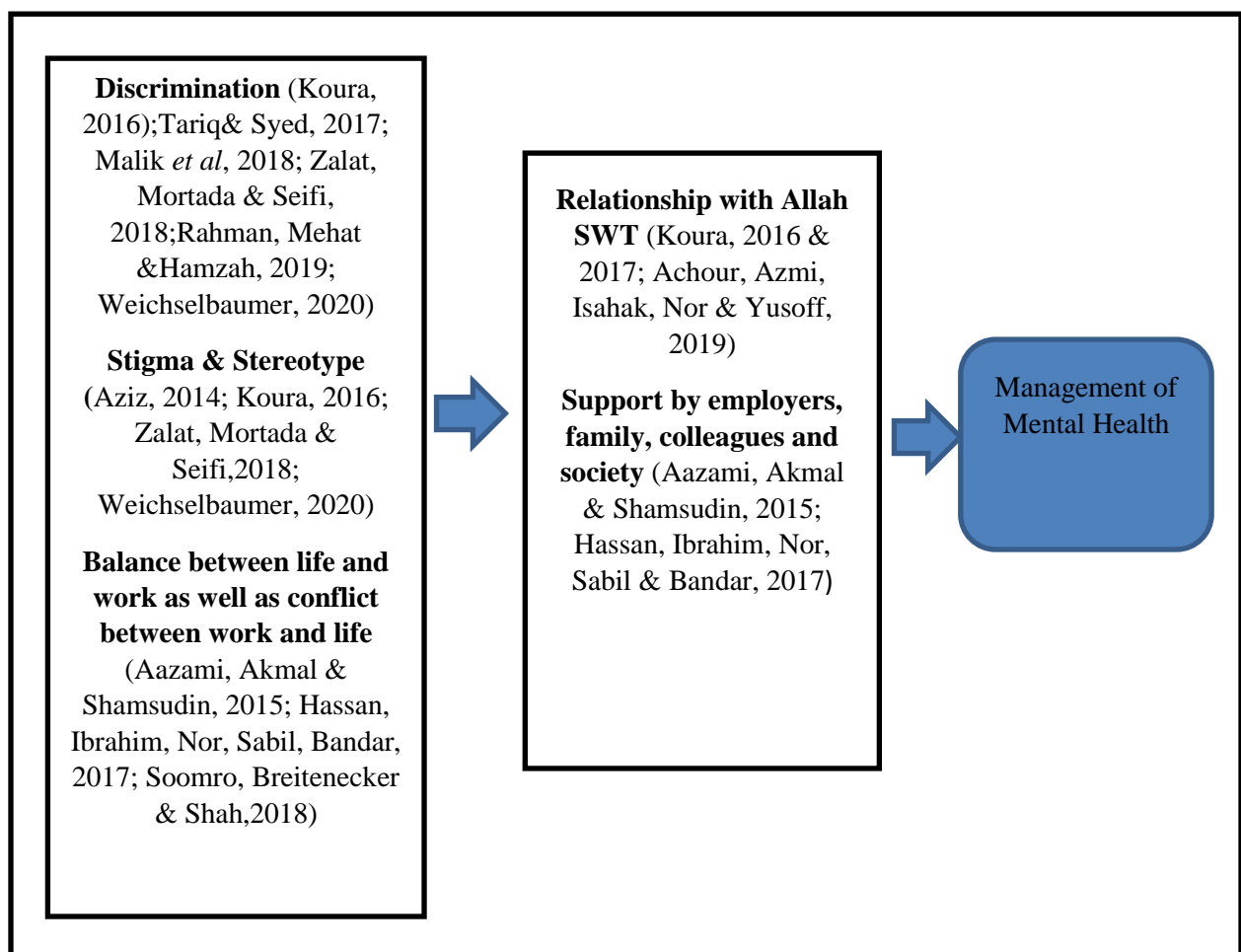


Diagram 6: Summary of Mental Health Issues by Muslim Career Women

Diagram 6: Summary

Conclusion

It can be summarised that there are various factors that cause mental health issues among Muslim career women, such as religious and gender discrimination. Specifically, wearing the veil (*hijab*) and dress code are among the main issues that cause discrimination, stereotyping and stigmatization towards Muslim women. Besides that, there are also issues such as imbalance between life and work as well as conflict between work and family experienced by Muslim career women that leads to stress and debilitating mental health. Efforts to decrease or avoid mental health issues among Muslim women involves two initiatives according to the document analysis, namely emphasis on the spiritual aspect in the form of rituals (prayers and reciting the al-Quran) to alleviate the level of stress and garner social support from the surrounding community.

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