

Modesty and healthcare for women: understanding cultural sensitivities

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Across diverse cultures and ethnicities, many women have named modesty as the reason they do not obtain cervical cancer screening or mammography. This article is based on original research, exploring and defining modesty among Jewish women in Baltimore, MD, and is part of a series of studies related to modesty and healthcare utilization. Information from the literature on Muslim, Hispanic, and Asian forms of modesty are included for comparison. Understanding phenomena such as modesty and the role it plays in women's health will significantly impact both intervention design and treatment practices. Culture and health, partnered in care, could have an impact on utilization of healthcare services and the relaying of health messages.

Modesty has been suggested as a variable that may influence healthcare utilization.¹⁻⁴ Regarding cancer care, Chinese and Islamic women have cited modesty as the reason they do not obtain cervical cancer screening or mammography.^{5,6}

By understanding different norms of modesty and the way women feel when modesty is preserved, providers will have a new insight into the sensitivities and values of certain cultures, which can enhance their ability to deliver quality care.

For example, among Jewish women, modesty does not mandate female providers, whereas in the Chinese culture this is much more important. Some cultures value modesty as a way of protecting women from the wider world. Providers can take this into account when discussing private issues by, for example, making sure the door is closed, recognizing signs of discomfort when talking about sensitive subjects, and asking the individual if she would like another person present. Some cultures actually require a family member to be present even during noninvasive physical exams.

This paper is an overview of perspectives of modesty among Asian, Hispanic, Muslim, and Jewish female cultures, with some suggestions for enhancing the healthcare practitioner's knowledge of how modesty influences healthcare. The article is based on original research, the first of a series of small studies undertaken to define modesty and describe its attributes.⁷ Subsequent studies were then conducted to develop and test a new instrument

to measure modesty, called "Your Views of Modesty," in the context of breast, cervical, and general healthcare utilization by Jewish women.

Defining modesty

Modesty is not just about covering up or wearing specific clothing. By definition, modesty is about respect. A provider who takes cultural mod-

KEY POINTS

Modesty may be a barrier to healthcare.

By taking modesty into account during examination and treatment, healthcare providers can improve the care of and sensitivity toward patients.

Perspectives of modesty among Asian, Hispanic, Muslim, and Jewish female cultures are offered, so that practitioners can better understand how modesty influences healthcare.

Data for this article were based on personal interviews with women from the three main branches of Judaism (Reform, Conservative, and Orthodox), as well as the unaffiliated. Additionally, literature from several disciplines, including psychology and nursing, as well as religious and lay sources were used to define modesty.

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esty into account is someone who shows respect and caring in the highest degree.

Modesty is a multidimensional construct with various categories, including:

- culture,
- appearance or dress,
- behavior,
- beliefs and values,
- relationships between genders, and
- relationships among patients and healthcare providers.

Modesty also appears to have four different dimensions, related to:

- religious practices,
- self-esteem,
- public behavior, and
- the environment.⁷

To patients, modesty is not only important from a cultural viewpoint; it's important throughout all aspects of healthcare. In fact, many people regard modesty as a contemporary answer to invasion of privacy. Preserving one's modesty promotes a sense of control and respect, beating back the indignity that can come with being a cancer patient. Note the following excerpt from a personal communication with Kathleen M. Dietz (2005):

"Two of the three places I have had mammograms over the years have been great for women. One of them, however, had no privacy. I was required to change clothes in a booth with a curtain that couldn't quite close, while other patients, including men, sat facing the booths less than 5 feet away. It was also necessary to walk by this row of men while clutching my purse and trying to keep the skimpy paper top I was wearing from flopping open.

In 2001 I went through breast cancer treatments. I handled the surgery, chemo, and radiation treatments just fine. But I was very upset at my prep session for the radiation. I spent 2 hours in a closed room, while strange men drew things on me. The worst was at one point when there were three of them in the room at once (no females at all), and I was ly-

ing completely naked from the waist up, hands over my head in a position right out of Playboy magazine, my disfigured breast exposed to anyone who walked in, while they calmly discussed me as if I wasn't there—or worse, as if I was a breast with no person attached. I left the place and cried for an hour. If they had just put a light cover over me during the times when I did not need to be exposed, I would never have been so upset.

Modesty across cultures

Modesty is not unique to certain cultures. "Keeping covered" is an integral aspect of modesty among Hispanic, Islamic, Chinese, and Jewish women. *Pudor*, the Spanish word for modesty, has been described in relation to issues of privacy and bodily exposure.⁸ In the Chinese culture, modesty relates to the relationship between genders, specifically in healthcare.⁹ Modesty among Islamic women, called *hejab*, has aspects of both the Hispanic and Chinese cultures, whereby modesty is about keeping covered and relationships between genders.¹⁰

What's wrong with this picture?

Is there something "wrong" with cultures that maintain strong levels of modesty?

Women in these cultures have been called subservient and controlled, dominated by men imposing rules upon them. My research on Jewish women showed that for most of them, modesty is an attribute to be admired and attained. However, some of the women disagreed; essentially, they were apologetic about their modesty. But, overall, modesty in the Jewish culture is imposed by the women themselves as a way to keep boundaries of privacy and respect. For some, it also reflects their vulnerability.

The following section is a brief summary of Asian, Hispanic, Jewish, and Muslim expressions of modesty. These summaries were based on an extensive review of the literature about modesty.

Asian modesty (*mapagpakumbaba*)

In one review, a female Chinese-American author described modesty as a cultural value that prevents women from obtaining breast exams and mammography.¹¹ Chinese women are not comfortable being examined by a male provider, but in China, most obstetrical or gynecological providers are women, averting the problem. In the United States, however, this gender difficulty remains a problem for Chinese women. This was demonstrated by the Chinese-American community's response to a breast-health program. Attendance by women in the community was poor; the lack of participation in breast cancer screening was attributed to the utilization of male healthcare providers for breast examinations.¹¹

In a follow-up program, **community participation increased substantially when female nurses were assigned to perform the clinical breast examinations.** In contrast, preliminary research with Jewish women indicated that having a male or female provider did not matter with regard to modesty.⁷ Though modesty may have "gender" implications, these may not be the same across cultures.

In another study on breast self-examination among Chinese women, research was aimed at identifying factors influencing the decision to seek a healthcare provider's evaluation for self-discovered breast symptoms. African-American, Hispanic, and non-Hispanic white women were compared with Chinese women. Though the sampling and design of the focus groups were not optimal for this type of research, results were

similar to the study by Mo.¹¹ One of the themes reported was that **having a female provider for invasive exams is optimal; Chinese women reported feeling uncomfortable if their clothes were removed by a male healthcare provider during the examination.**^{6,12}

Hispanic modesty (pudor)

The word for modesty in Spanish is *pudor*. It is associated with concepts of dignity and authority and is a “quality of reserve, humility, and modesty.”¹³ In a study conducted in Spain, results of a qualitative study showed a strong affinity among Spanish people for privacy and modesty.¹⁴ The roots of modesty were thought to be imposed by the Catholic Church. For example, the dress and behavior of nuns reflect the same strict rules about keeping covered, maintaining a posture of quiet, non-flamboyant behavior, and separating males and females. **The opposite of excitability, pudor considers self-disclosure or the use of voice intonation (either high or low) in poor taste.**

With pudor, telling a patient about a poor diagnosis is considered to be in poor taste. As a measure of respect, it's preferable to have a physician withhold bad news to preserve a patient's dignity. For an American practitioner, it might be preferable, when taking care of some Hispanic patients, to inform a family member first so that they can break the news in private and then return to the physician with the patient.

Modesty is considered an important aspect of a number of Hispanic cultures, especially for older women. As with Chinese and Muslim women, “keeping covered” is an integral part of the culture. In a study of Mexican-American patients, keeping covered included issues of privacy about any medical procedures, such as breast examination or Pap tests.¹⁵

Aspects of modesty in different cultures

Asian (*mapagpakumbaba*)

- Humbleness in behavior and dress
- Female healthcare provider essential
- Western medicine is invasive
- Eastern medicine does not involve taking off one's clothes

Hispanic (*pudor*)

- Dignity
- Authority
- Privacy
- Modest appearance and behavior
- Respect based on age and relationship

Jewish (*tznuut*)

- All females, married or unmarried, cover torso (up to the neck), arms, and legs in public
- Married women cover their hair
- No boasting or bragging
- No flamboyance
- Women and men sit separately
- Women do not wear pants

Muslim (*hejab*)

- Clothing must cover the entire body (including the neck and head)
- Clothing should not be form-fitting, sheer, or eye-catching
- Female clothing should not be similar to male clothing
- Must not suggest fame or status
- Eye contact is not made between members of opposite sexes

Jewish modesty (tznuut)

My research on modesty and healthcare was based on the hypothesis that the more a woman maintained high levels of modesty related to religious practices, the lower her utilization of healthcare. However, the hypothesis was not supported by my results.

Extreme modesty is found among married Orthodox Jewish women who cover their hair with a wig, scarf, or hat. They cover their arms to at least below the elbow; their necklines extend past the collarbone; and they wear only dresses or skirts, which cover the knee

and usually extend to the ankle.

Less-observant Orthodox women may wear only dresses but leave their heads uncovered. My research with this group of women showed that the degree of modesty was divided essentially by the issue of head covering. Some groups, considered ultra-Orthodox or *bareidi*, wear stockings or socks so that none of the body can be viewed by an outsider; some dress in the dark or under covers so as not to expose the body at all.^{7,16} Modesty implies a sense of humility and downplaying one's attributes,¹⁷ consistent with the definition of modesty used in research with children, in which modesty is explored in relation to self-enhancement,¹⁸ and is similar to the Spanish concept of *pudor*.

Jewish modesty was described as “beneath the surface,” that is, not just about dress or clothing.¹⁹ Modesty, accordingly, applies to both genders. One explanation for modesty involves the perception of women having a “deeper understanding” of life and possessing “powerful insights.” Keeping covered is a way of differentiating oneself or separating oneself from regularity or mediocrity and elevates the individual to a higher level of respect. Coopersmith stated that “danger exists if women are downgraded when the societal focus is external such as clothing or how one is physically attractive. Although being “beautiful” is still considered good, it is still possible to be attractive while covering the physical body.”¹⁹

Modesty was also described as a way to maintain borders, implying the border around someone to protect their inner sense of who they are. It is the “curtain that marks the transition—the border from what is not personal to what is personal, from what is not private to what is private.”²⁰

Muslim modesty (hejab)

Muslim modesty is described as one of the five pillars of the Islamic faith and includes **restrictions on:**

- dress;
- privacy;
- the mention of anything related to bodily functions;
- direct eye contact with the opposite gender; and
- opposite gender medical care providers, except in cases of extreme medical necessity.²¹

There have been several studies conducted on Islamic culture and breast healthcare. Muslims have specific laws regarding modesty that are similar to Jewish laws of modesty. "Keeping covered" is essential for traditional Muslim women. Hair, body, arms, and legs must be covered any time a woman may come into contact with men who are not family members. Touching between members of the opposite gender is also forbidden.¹⁰

In a focus-group study on the veil as a symbol of modesty, conducted in an American-Muslim population,²³ the results indicated that even though Muslim law supported the ideal of preventive healthcare, prevention was not a "reality." **Because strict rules about dress, manner, and behavior are considered so important, "bodily exposure" precluded women from obtaining breast health exams.**²²

Since preventive healthcare was not considered *essential* in the Muslim culture, subjects reported that "there was no reason to expose one's body for the exam."²² In addition, **women in the focus groups said that they would rather obtain healthcare from female healthcare providers.**

Finally, this study touched upon an important aspect not found in other

studies: **Islamic women's healthcare diminished after their childbearing years, since pregnancy care was no longer important.** Consequently, older women, who are at much higher risk of disease, access healthcare only for illness.²² This is important because exposure of the body, related to laws of modesty and similar to other cultures, is considered a barrier to healthcare utilization, especially of Islamic women beyond their childbearing years. Women who are at the highest risk for breast cancer and most in need of screening are those who are no longer having children. Thus, they are not obtaining preventive healthcare.

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