Challenges to Practicing Sexual Medicine in the Middle East

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ABSTRACT

Introduction: The Middle East is a vast region that includes the Arabian Peninsula, Turkey, Iran, the Levant, and North Africa. Some of the world's earliest civilizations appeared in this region and major religions such as Judaism, Christianity, and Islam originated there. It is an influential region in politics, economy, and resources, but it remains largely enigmatic to those outside the region. The various ethnicities, religions, traditions, and customs in the region have made it unique and diverse at the same time. Among the most controversial topics that have emerged about the Middle East is sex and sexuality. Images of women wearing veils and black *abayas* come to mind. However, in this region, sexual freedoms such as polygyny are permitted. It is in these settings that are unlike anywhere else that regional sexual medicine physicians must practice and produce results.

Aims: To present some factors challenging to the practice of sexual medicine in the Middle East.

Methods: The literature was reviewed for studies that addressed sexual medicine in the Middle East. This was supplemented by studies that investigated certain patterns of practice and behaviors that are often encountered in medical practice in the region.

Main Outcome Measures: Factors contributing to the difficulties in practice faced by sexual medicine physicians in the Middle East.

Results: Several societal, environmental, and patient- and physician-related factors were identified.

Conclusion: It can be particularly challenging to practice sexual medicine in the Middle East. However, the region needs qualified sexual medicine specialists to debunk many myths concerning sexuality and sexual health, in addition to the day-to-day practice of this specialty.

Key Words: Sexual; Medicine; Middle East

INTRODUCTION

The Middle East is different. The region has its own set of rules, norms, laws, beliefs, convictions, and traditions that vary from one area to another, making it a truly unique region in which to practice medicine, including the specialty of sexual medicine. This stems in part from sexual medicine being a discipline that is often misunderstood and continues to face its own set of challenges.[1]

A common notion about the Middle East is that sex is a taboo topic that is frowned upon and not discussed. This is understandable but far from reality. A part of this perception might be explained by the concept of *sitr,* which is broad but refers to keeping matters private when it pertains to sexuality. A *hadith* (a quotation from the prophet Mohammed) translates to, "Among the most wicked of people in the eye of Allah on the Day of Judgment is the man who goes to his wife and she comes to him, and then he divulges her secret (to others)."[2] Thus, people in the region are expected to "kiss and not tell," and there is a general culture of discretion and modesty when discussing sexual matters. However, sex is not viewed in a negative way. In fact, intimacy, foreplay, and sexual intercourse with one's spouse are strongly encouraged and viewed positively. Indeed, another *hadith* mentions that, just as a man would be committing a sin if he engaged in fornication, he would be rewarded (by God) for making love to his wife.[2]

Be it conservatism, culture, religion, or a multitude of other factors, the Middle East is a unique region in which to practice sexual medicine. This article is an attempt to shed light on some elements that contribute to the challenge of practicing sexual medicine in the Middle East.

SOCIETAL AND ENVIRONMENTAL FACTORS

It must be emphasized that Middle Easterners vary from one country to another.[3] Generalizations can be misguiding. However, there are some basic differences between the Middle

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Eastern and Western civilizations. Although Western society focuses more on the individual and the individual's autonomy, family is the focal point in the Middle East. Indeed, the norm in the Middle East is for individuals to live with their families until they are married and ready to build a family of their own. Until then, their parents continue to nurture and discipline them. Families usually follow a patriarchal structure in which it is customary for all to abide by the father's judgment. This is a factor in the strong sense of hierarchy in the community, in contrast to the sense of parity in Western society. On the one hand, this can help explain some of the dynamics between patients and physicians that are observed in the region. On the other, it also can be factored into how sexuality is viewed and addressed. Premarital sex in the overwhelming majority of the region is strictly forbidden. Those who practice it can face a range of consequences that can include reprimand, ostracism from society, jail, flogging, and even, at least in theory, execution. In many regions, any form of interaction between unmarried men and women who are not first-degree relatives is frowned upon. Although those who are unfamiliar with this form of society might view it as overly restrictive or even backward, this firm stance against premarital relationships might be an important factor in the rarity of teen pregnancies and single-parent families in the region.[4] However, this hierarchal structure might influence how sexuality is addressed in many Middle Eastern societies. The attitudes of Middle Easterners toward health and illness also differ from those in the West.[3] Illness is often viewed as part of God's plan, and He is asked to aid in lifting it.

The Supernatural

The evil eye or envy (*hasad*) can be described as a negative event or series of events (eg, illness, loss, or misfortune) that befall a person as the direct result of someone's feelings of jealousy owing to that person's general good fortunes or a specific joyous occurrence. Using black magic is actively seeking the services of someone who practices sorcery to inflict harm (physical or emotional) unto others. Envy and black magic have been mentioned in the Quran. Many Christians and Jews also believe in them.[5] The fact that they were mentioned by name makes these forces potential causes for illness in the eyes of patients and physicians alike. Certainly, they are often discussed by patients when they feel that their complaint seems to be difficult to diagnose or resistant to treatment. Unfortunately, these phenomena do not have a place in conventional medicine. It is difficult to dismiss them, because they can form an inherent part of the beliefs of patients and physicians alike. Nonetheless, physicians should exhaust all efforts to ensure that their patients receive the best care that can be given in their area of expertise.

When addressing questions about the possibility of the evil eye or black magic being the cause of a patient's symptoms, it would be advisable to acknowledge the patient's (and likely the physician's) belief that these forces exist. Then, the patient should be assured that there are potential organic causes for the symptoms and that attention should be focused on excluding them before attributing such complaints to the supernatural. On some occasions, physicians might actually suggest that patients see a sheikh (a religious advisor) for counseling when they cannot find any organic cause for the patient's symptoms. Needless to say, it behooves the physician to practice caution when giving such advice. It would be preferable for physicians to refer their patients to trusted individuals who they expect will care for their patients and not take advantage of them. In some instances, religious counseling might prove a potentially useful tool for physicians who treat couples with marital problems.[6]

Family Involvement

As mentioned earlier, family is extremely important in Middle Eastern culture. In some instances, families' behavior might be perceived by health practitioners as demanding. Culturally, this would be their way of exhibiting that they care about the patient and want to ensure the patient is receiving the best possible care.[3] They usually serve as an important source of support during times of illness.[7] However, this major resource often is not an option when it comes to sexual dysfunction. Patients often are too modest, ashamed, or simply embarrassed to share with anyone that they are suffering from problems in their sex life, including their family members who they usually seek first when they have trouble. This might lead patients to feel isolated.

Furthermore, this difficulty might extend to the spouse, which would complicate the situation significantly as far as a sexual medicine physician is concerned. Often, only one partner presents and provides a perspective of the issue. In addition, patients frequently resist involving their spouses in the discussion or might even conceal the fact that they have sought the attention of a sexual medicine physician. An example of this pattern is the unconsummated marriage (UCM). This is probably one of the extreme examples of sexual dysfunction, in which a couple is married but unable to have penile-vaginal intercourse. In a retrospective review of 449 patients who presented with UCM, only 52% presented by agreement of the two partners.[8]

Moreover, involvement of the family of the one or two partners might herald serious dissent in the relationship. In these situations, the couple is often already separated. The involvement of the sexual medicine specialist might be viewed as a last ditch effort to save the relationship. In this type of situation, family members might be disruptive to the interview process. Indeed, some Middle Eastern families can be perceived as an impediment in patients' participation in their care.[9] Families often believe they know what is best for their relatives. They might even request the concealment of critical information from the patient to protect the patient from emotional distress.[10] Patients' parents might assume defensive stances, making sure to get the message across that there is "nothing wrong" with their son or daughter. Families from the region might resort to answering on the patients' behalf and interfering with treatment choices.[4] The