

BAR-ILAN UNIVERSITY

**Ultra-Orthodox Women Seeking Pelvic
Floor Physiotherapy Rehabilitative
Treatment – Halachic and Medical
Motivators**

Lea Tene

Submitted in partial fulfillment of the requirements for the
Master's Degree in the School of Education, Bar-Ilan University

Ramat-Gan, Israel

2015

Abstract

Pelvic floor medicine deals with treatment of tissue, muscle and ligament deficiencies making up the pelvic floor. Sometimes these deficiencies result in urine and fecal incontinence, sexual dysfunctioning, organ prolapse and dysfunction of organs. Each injury has universal significance in a woman's quality of life. Religious, and especially or Ultra-orthodox (Haredi) women suffer twofold: everyday functioning is impaired – as every other woman, and in addition their ability to properly fulfill mitzvot/commandments are also damaged.

The field of pelvic floor physiotherapy is a relatively new one within women's health. The efficiency and characteristics of the treatments are being researched extensively. There is special interest in this field in Israel, due to the direct connection between medicine and Halacha, which religious women find very important.

This research paper examines the motivating factors of religious and especially Ultra-orthodox women of requesting treatment for pelvic floor deficiency: the halachic repercussions or alternatively other medical repercussions. The paper examines the weight of these causes in motivating Ultra-orthodox women to receive physiotherapy treatment for pelvic floor rehabilitation.

Scientific-Theoretical Background:

The Scientific-theoretical survey deals with three main areas in the framework of the physical therapy for pelvic floor rehabilitation that are treated. These areas are:

A. Incontinence - when there is a distinction between urinary incontinence and fecal incontinence. Urinary incontinence appears in different forms: it can be a result of physical effort or characterized by frequent bathroom visits or by the inability to restrain urine release which impairs her quality of life and her ability to lead a normal life.

Fecal incontinence is also derived from defective activity of the pelvic floor sphincters, but its social consequences are far more extensive.

B. Organ prolapse –the lower abdominal organs; bladder, uterus and rectum are situated in the pelvis. Various reasons cause one or more of these organs to completely or partially fall/prolapse: genetics, excessive weight, menopause, pregnancy and childbirth and others. This can affect standing and walking and can lead to functional disorders such as a difficulty to stand for a long time, an inability to pick up a child or carry shopping. In addition there is a fear of implementing actions involving internal stomach pressure, different pains, sometimes even bleeding and difficulties to conceive.

C. Pain and/or difficulty having sexual relations - this impairment can appear amongst newlywed couples experiencing difficulty with preliminary sexually contact as a result of over contraction of the pelvic floor sphincters or due do Vestibulodynia – over sensitivity of the vestibule. It can also appear amongst couples during sexual intercourse where the woman experiences different forms of pain in the pelvic area. These strong, and annoying pains, prevent the possibility of sexual contact and accompany the woman in everyday functions, and not just within the framework of sexual relations.

Halachic-Theoretical background:

Here we shall relate to the three topics examined in the scientific-theoretical background, with the additional understanding of their halachic significance, on the personal side of the woman's life or couple's perspective.

A. Incontinence - for the religious woman, there is an obligation to make blessings and pray, which cannot be implemented if a person is unclean, due to their sanctity. Urine or feces incontinence will prevent a woman from praying, or in the worst scenario, if she prayed when unclean. her prayer will be considered

an abomination, as if she had not prayed at all. For an orthodox woman keeping the halachic laws, this seriously impairs a correct religious way of life.

B. Organ prolapse - as mentioned previously, organ prolapse can give mild symptoms such as discomfort or pain, but can also develop into a situation preventing sexual relations or conception. In addition the appearance of blood prevents immersion in the ritual bath (Mikveh). This situation is unpleasant from a personal and conjugal perspective. Another difficulty is that the very existence of the prolapse is not aesthetic and can make the husband recoil from his wife. All these are common to all women but have halachic implications and thus are more emphasized.

C. Pain and difficulties in sexual relations. - this situation causes many couples to avoid intercourse and as a result prevents them from practicing a very essential aspect in marital life and also prevents procreation.

Research Hypothesis:

Haredi women attach great importance to the halachic implications of a medical issue, and not just in order to treat the specific problem. The haredi woman turn to pelvic floor physiotherapy not only for the treatment itself but in order to help her fulfill the religious commandments.

Research method:

The research is a quantitative one based on questionnaires. They were distributed to 65 Ultra-Orthodox women, at the Pelvic Floor Rehabilitation Clinics in Bnei-Brak and Elad and were distributed after completion of treatment and were filled anonymously. The women were requested to grade the extent of their agreement/disagreement with the different statements on the issues of pelvic floor, religion and the connection between them.

Findings:

The questionnaires' analysis showed that the halachic aspect is a very important element in the life of haredi woman. This can be shown by their answers to the statements such as "Religion plays a central part of my life" with the same average as the sentence "I feel obligated to fulfill religious commandments" on a scale of 1-5 (SD=0.35 and M=4.84 from the average was 4.94 SD=2.42).

The research hypothesis was proved correct and the percentage of women who responded that the reasons motivating them to turn to treatment were both medical and halachic were significantly higher than the women who responded that only the medical or halachic reason was the catalyst for turning to treatment. Out of 65 women who completed the questionnaires, only 2 (3.08%) ticked all the statements that stated that only the halachic aspect was the motivating factor, 15 women (23.08%) noted that only the medical situation was the motivating factor; yet 48 women (73%) pointed out that both the medical and the halachic aspects were a major reason for their request for treatment.

Discussion:

We discovered that the group of women who came as a result of urine incontinence suffered a significant and difficult blow to their ability to fulfill religious

commandments. However, there was not a significant difference between the percentage of women who noted that the motivating factor was both medical and halachic, and those who signed that the factor was only halachic. On the issue of prolapse, the percentages of medical-halachic motivation were higher but there were women who responded that if the prolapse led to difficulties in religious immersion (mikveh) they would definitely turn to treatment. Amongst the group who came to the clinic because of difficulties in intercourse, the halachic-medical factor was the most prominent and women pointed out the strong dependency between the ability to fulfill commandments and the body functioning especially in this field which influences both the life of the woman and her pain and feelings and also the life of the couple and its functioning together with all its ramifications. In other words, when there is a halachic difficulty in addition to a medical disfunction, it is experienced more harshly and damages the quality of life and makes religious women become more active in turning to treatment.