

VIEW POINT

Headscarf (hijab) pin aspiration: effects of fashion phenomenon in Islam girls

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ABSTRACT

Background: Foreign body aspiration is a common life threatening emergency, but, largely a preventable problem. The object aspirated depends on various factors, such as age, sex, occupation, geographical area, socio-cultural factors, economic status, and nutritional habits. In recent years some traditional/social habits and fashion trends of using headscarf/ hijab pins have become a discrete category of foreign body aspiration in young Muslim/Islam girls wearing headscarves.

Objective: To highlight the increasing number of cases coming to clinical attention with headscarf pin aspiration. India having a growing population which is young and fashion oriented, the awareness of this problem needs to improve.

Discussion: In recent times young adolescent Muslim girls use multiple matching small headscarf pins to fix the hijab as a fashion trend. Adolescent girls and adults tend to hold the headscarf pin between their lips while wearing the headscarves using their two hands to secure the veil. Lack of concentration or activities such as laughter, talking, and coughing predisposes them to aspiration, especially in young teenage groups where they lack experience in such manoeuvres.

Conclusion: Accidental foreign body aspiration to a large extent is a preventable problem and more so in the case of headscarf pin. Appropriate interventions need to be planned as more young population is getting involved.

Key words: Headscarf, hijab; turban; pin aspiration

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INTRODUCTION

Foreign body aspiration is a common life threatening emergency but largely preventable problem.^[1] Infants and kids are more vulnerable due to immature swallowing coordination, lack of adequate dentition and they like to put objects into their mouth. In the elderly the primary reason generally is impaired airway protection mechanism due to various causes.^[2] The object aspirated depends on various factors like, age, sex, occupation, geographical area, socio-cultural factors, economic status, and nutritional habits.^[1]

OBJECTIVE

To highlight the increasing number of cases coming to clinical attention with headscarf pin aspiration.

DISCUSSION

The majority of the headscarf pin aspiration cases are from recent years.^[1,2] Literature search for the same was done on Pubmed, Google Scholar and Directory of open access journals. For the current generation traditional/social habits and fashion trends of using turban/ hijab pins have become a discrete category of foreign body aspiration in girls. This

is seen more in young Muslim/Islam girls wearing headscarves.^[3]

There is an increase in the number of turban pin aspiration cases in young girls as a result of increase in the number of veiling population. A turban/ hijab is a kind of head cover, worn for religious intentions.^[4] In Islamic life style girls start to wear a turban with the onset of puberty. The process of wearing a headscarf is a complex task. Turban pins (headscarf needles) are used for attaching the layers of turban to each other in order to keep it steady around the head. Young adolescent Islam girls and adults tend to hold the headscarf pin between their lips while wearing the headscarves using their two hands to secure the veil. Any manoeuvre, such as laughter, talking, and coughing predisposes them to aspiration, especially in young teenage groups where they lack experience in such manoeuvres. The headscarf pin is about 4centimeters in length with a smooth rounded pearl like head which comes in various colours to match the dress one is wearing.^[5] The use of headscarf pins is a fashion trend. Girls sometimes use more than one pin hence it is a habitual behaviour to hold the other pins between the teeth while they pin and adjust the headscarf/hijab. The older generation used to tie the headscarf using knots and they hardly used pins.

Among all the foreign body ingestions attending to a specialized gastroenterology clinic in Ethiopia, Muslim hijab pins (24%) and pieces of chicken bones (16%) were the commonest foreign bodies diagnosed.^[6] This phenomenon is steadily increasing in all regions of the world using headscarf pins and most of the data indicate the risk is high in the young girls. In a study done by Kaptanoglu et al there were 63 girls admitted with turban pin aspiration within a

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period of one year and the median age was 14 years.^[7] Review of literature reveals, in a study from Egyptian hospital, among the 843 patients who underwent bronchoscopic removal of different aspirated foreign bodies, 73 of them had scarf pin aspiration with an average incidence of around 9% during the period between 1995-2009 and the mean age was 13.4 ± 1.1 years.^[1] In a Thoracic surgery department of a chest hospital in Kuwait between the period of January 1996 - December 2008, out of the total 48 patients with sharp object aspiration, 35 were with headscarf pin aspiration, all were females with a mean age of 14 ± 5 years.^[3] Twenty patients were admitted with headscarf pin aspiration with a mean age of 24 years in the department of cardiothoracic and vascular surgery of a teaching hospital in Iraq during January 2008 to September 2011.^[5]

In a retrospective hospital based study including all cases of sharp metal foreign body aspiration, who presented to the ENT department at Wad Medani Teaching Hospital, Sudan during the period of Nov. 2004 to Aug 2007, 12 out of the total 14 patients were females and all had headscarf pin aspiration with a mean age of 19.6 years. Aspiration was seen in Sudanese girls wearing hijab more commonly with the new imported lighter and smaller scarf pins.^[8]

The number of cases reported is increasing significantly however most of them are from the surgical specialty centres. Hijab pin aspiration cases hardly reach psychiatrists.

The first author (a psychiatrist) has seen three cases of pin aspiration within a period of 6 months from November 2013 to April 2014, all involving young Muslim girls. The first case is of a 16 years old student studying in tenth class who swallowed the pin kept in her mouth while tying the headscarf with both the hands and reading for her class test. She was managed conservatively by the surgeon and sent back home. At a later date she intentionally swallowed another scarf pin the day before her final exams as she was not prepared for it. Repeated pin aspirations just before exams created doubt in the surgeon's mind and was referred for psychological evaluation.

In the second case an 18 years old lady who swallowed the headscarf pin placed in her mouth when her young cousin scared her of a lizard, which diverted her attention. She was an anxious person by nature, and would overreact to situations according to family members, hence referred to a psychiatrist.

In the third case 20 years old married lady aspirated the pin while her daughter called and she tried to respond. She was admitted and evaluated. She had no clinical symptoms and was told to observe the passage of pin in the stools. She did not see the pin passing out. Check X-rays revealed no pin in the abdomen; however she continued to feel anxious that the pin might still be in her abdomen several weeks after her discharge. Her husband brought her for psychological evaluation as she still keeps thinking about the pin.

Similar cases are also encountered when Indian ladies keep safety pins in the mouth while wearing a sari.

CONCLUSION

With the increasing awareness and availability of psychiatrists such cases are referred for psychological evaluation and management. Accidental foreign body aspirations are preventable and more so in the case of headscarf pin. India having a growing population which is young and fashion oriented, this under recognized problem is increasingly being felt. In conclusion, headscarf/hijab pin aspirations need to be adequately addressed. Appropriate interventions need to be planned carefully as this is an important religious/socio-cultural part and involves a growing fashion oriented society. Few suggestions are to ensure public health awareness in schools and public media, specially targeting the risk population, mothers to monitor and educate their children, use of knots, clips, snappers, adhesive tapes to fix the scarf.^[4] Most importantly refrain from holding the pins in the mouth!

The views expressed in this article are solely of the authors. It does not reflect its endorsement by the journal, the editor, the editorial board, the publisher, or the society

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