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Cultural Competence in the Care of Muslim Women Patients

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Introduction

It was my early childhood routine to take care of my grandmother by monitoring her glucose levels, injecting her insulin, or translating for her during regular visits to her primary care physician. "***Tell him I want a female Muslim doctor***" she would whisper into my ear in Arabic but there was nothing I could do but timidly relay her request to the doctor who kindly said that he would be taking care of her. I noticed her hesitance to talk about her medical conditions and express her concerns. As I sat in the corner of the doctor's office as an eight-year-old, I wondered how she would have managed her care on her own. The clear language and cultural barrier that my immigrant family faced in healthcare made me quickly realize that cultural competence matters.

Worldwide, Islam is the second most populous religion and, in many countries in the Middle East, South and Southeast Asia, and Africa, it is the predominant religion. The population of Muslims in the United States is projected to dramatically increase in the next few decades (Pew Research Center, 2007) and it is critical for nurses, physicians, and other health care providers to understand the role of religion and culture in the lives of their Muslim patients when making important decisions about health behaviors, cancer screening, medical decision-making, and end-of-life care. Muslim women, more specifically, are facing tougher challenges than most. A recent study from the University of Illinois at Chicago found that 93.8 percent of Muslim women reported that their healthcare provider did not understand their cultural or religious needs (Danielle, 2019).

Delivering high-quality care to female patients of the Muslim faith requires knowledge of their cultural and spiritual values. Important differences include diet, ideas of modesty, privacy, touch restriction, and alcohol intake restriction. Because the Muslim faith encompasses many

ethnicities, religion and culture are often intimately intertwined in their views regarding illness and healthcare, and can be a challenge for non-Muslim healthcare providers caring for Muslim patients. In this paper I hope to provide an understanding of the religious implications, perspectives on family, health, illness, diet, the influence of traditional medicine, and privacy concerns as they relate to Muslim women's healthcare. When healthcare professionals are able to recognize and understand the unique cultural aspects and religious beliefs that Muslim women practice, they will be able to provide culturally competent and effective health care for this patient population.

Role of Muslim women in family and culture

Views/Perceptions/Beliefs on family planning and contraception

One of the most important conversations between a woman and her primary care physician is about choosing a method for pregnancy prevention. This is a sensitive and complicated issue for many women and knowing how to properly approach the individual patient is important when navigating this discussion. There is an abundance of contraception methods available on the market and although it is up to the patient to decide what is best, it is vital that the physician understand the perspectives and attitudes concerning contraception when assisting with that decision. Many Muslim women can be hesitant to discuss their family planning methods due to a number of issues, including general language and cultural barriers, lack of sexual and reproductive health knowledge, and potential religion-based stigma for using contraception.

When it comes to sex and relationships, multiple studies have shown that women who are more religious are less likely to use contraception, demonstrating that these beliefs can have a substantial influence over decisions that Muslim women make concerning their daily life. The Qur'an states that sex is forbidden outside of marriage. However, it does say that "*wives are a*

place of sowing of seed for you, so come to your place of cultivation however you wish and put forth [righteousness] for yourselves." (The Qur'an 2:223). The comparison of wives to "a place of sowing seed" supports the Islamic ideal that marriage is an opportunity to procreate and increase the number of believers. This concept is in stark contrast with the idea of contraception. The Qur'an doesn't specifically mention contraception in its text, but does say "*...do not kill your children for fear of poverty. We provide for them and for you. Indeed, their killing is ever a great sin*. (The Qur'an 17:31). While this passage is mainly interpreted as a comment on abortion, this verse has also been used as an argument against all family planning, including contraception. However, this is considered to be an extreme view.

On the other hand, Islamic jurists reference more than just the Qur'an in their teachings. Hadith, defined as talk or conversation, refers to the teachings and actions of the Prophet Muhammad and the early scholars of Islam. The Sahih Muslim, one of the six major hadiths, discusses the practice of 'azl in the Book of Marriage. 'Azl means "isolation" in Arabic, but in the context of the Book of Marriage it refers to the withdrawal method of contraception. Since the composition of the hadiths, contraception methods have evolved beyond the withdrawal method. Qiyas, the fourth source of Islamic law that speaks to more modern issues, has permitted most forms of birth control. However, sterilization of either sex is frowned upon in the Islamic faith. This is mainly due to the permanence of sterilization and the Muslim ideal that the intent of contraception is to space out pregnancies rather than completely eliminate them.

Islamic scholars studying family planning have justified contraception in several ways. They have generally argued that Islam is a religion of moderation and point to the principles of "liberty" or "permissibility" in Islam—that is, everything is lawful unless explicitly designated otherwise in the Qur'an or in the Prophet's tradition. The Qur'an does not prohibit birth control,

nor does it forbid a husband or wife to space out pregnancies or limit their number. Thus, the great majority of Islamic jurists believe that family planning is permissible in Islam. The silence of the Qur'an on the issue of contraception, these jurists have argued, is not a matter of omission by God, as he is "All-Knowing" and Islam is understood to be timeless. The Qur'an says:

"*Allah desires for you ease; He desires no hardship for you*" (Qur'an 2:185).

"And has not laid upon you in religion any hardship" (Qur'an 22:78).

"Allah desires to lighten your burden, for man was created weak" (Qur'an 4:28).

Thus, Islam would be sympathetic to family planning if spacing pregnancies and limiting their number made the mother more physically fit and the father more financially at ease, particularly since these actions do not violate any prohibition in the Qur'an or in the Prophet's tradition. If excessive fertility leads to proven health risks for mothers and children, or economic hardship and embarrassment for the father, or the inability of parents to raise their children properly, Muslims would be allowed to regulate their fertility in such a way as to reduce these hardships. After reviewing various sources of Islamic jurisprudence, it is concluded that Muslims may use contraception to:

- Avoid health risks to a breastfeeding child from the "changed" milk of a pregnant mother
- Avoid health risks to the mother that would result from repeated pregnancies, short birth intervals, or young age
- Avoid pregnancy in an already sick wife
- Avoid transmission of disease from parents to their offspring
- Preserve a wife's beauty and physical fitness, thereby continuing the enjoyment of her husband, ensuring a happier married life, and keeping the husband faithful

- Avoid the economic hardships of caring for a larger family, which might compel parents to resort to illegal activities or exhausting themselves to earn a living
- Allow for the education, proper rearing, and religious training of children, which are more feasible with fewer children
- Avoid the danger of children being converted from Islam in enemy territory
- Avoid producing children in times of religious decline
- Enable separate sleeping arrangements for boys and girls after puberty, which is more feasible with fewer children.

Views/Beliefs and perspectives on menstruation

The expectation that we must hide our monthly period is a stigma that is not only present in our Muslim household, but countless others as well. During Ramadan, my sisters and I would wake up to eat with my father and brother at dawn and head to the mosque, even when we were not fasting or praying due to menstruation. Muslim women are often afraid to talk about their periods openly because they have been taught that they are "dirty" during this time. It makes it difficult to discuss, even in the presence of other women, because they feel as if the period itself renders her a pariah during this time. But this is a cultural teaching and not one of Islam. Contrastingly, scholars have said that the Prophet Muhammad encouraged men to do everything with their wives except sexual intercourse when she is menstruating. The negative generalizations regarding menstruating women date back to the pre-Islamic Era, where men would refuse to interact with their wives when they were menstruating (Saad 2021).

Current scholars explain that women are exempt from fasting and praying while on their period not because they are impure, but rather because of the necessary hydration, nutrition, and medications needed when a woman is menstruating. Thus, Islam treats menstruating women with

mercy by exempting them from these spiritual tasks. Although, Islam does not suggest that menstruation is a topic of impurity and stigma, many Muslim women continue to find difficulty in approaching the topic with ease. It is important for the provider to consider whether males are present in the room when asking the patient questions regarding her menstruation to help ease the discomfort or shame that she could potentially feel.

Privacy and modesty

Islam requires both men and women to dress modestly when in public or in the presence of non-family members of the opposite sex. For Muslim men, this usually means keeping the area between the navel and the knees covered, and for Muslim women, only the face, hands, and feet are usually left exposed in front of the opposite gender. This standard may not be followed by all Muslims as some interpret the requirement for modesty to mean dressing modestly relative to the norms of the surrounding society. The requirement for modesty can affect health care as some female patients may be reluctant to expose their bodies for examination or to expose areas not directly affected.

After a girl has reached puberty through her first menstrual cycle, it is generally expected that she starts to adhere to the Islamic expectations of privacy and modesty. For a woman this includes covering everything except her face, hands, and feet as well as wearing the hijab, a headscarf to wrap around her hair. It is important to consider that while it is stated in the Qu'ran that women are obliged to wear a hijab, not all Muslim women adopt this practice as each person's view of modesty can differ.

While many people think that Muslim women are enjoined to wear the hijab to restrain men's illicit desires or as a form of submission to oppression, this is not true. Muslim women consider the hijab as an outer manifestation of an inner commitment to worship God.

Additionally, many Muslims have a strong belief that the hijab symbolizes their identity and thus are very reluctant to remove their hijab in front of others.

Dietary needs or restrictions.

In Arabic, "halal" refers to food that is permissible while "haram" indicates foods that are forbidden. Islamic rules prohibit alcohol, non-halal animal fats, pork, by-products of pork, and any animals that have been slaughtered without invoking the name of God. Hospitals are becoming increasingly aware that food served to Muslims must meet dietary rules, particularly the avoidance of pork products. This also includes avoiding medications derived from pork or containing alcohol. Implementing sensitivity training to better educate workers about traditions and customs helps in maintaining cultural sensitivity in food preparation. It should also be noted that Islamic prayer times may interfere with medical care facility mealtimes, and special arrangements may need to be made. Some Muslims may refuse all hospital food, and accommodations may be needed to allow food to be brought in by the family. If this is not possible, then providing eggs, fruits, seafood, and vegetables is often acceptable.

During Ramadan, Muslims fast. Fasting means that no food or liquids, including water, is ingested between sunrise and sundown. It is also important to note that the Muslim calendar is not the same as the traditional calendar, resulting in Ramadan landing at slightly different times from year to year. Fasting may result in significant health problems, especially for those with diabetes or when practiced in the warm summer months. Muslims who are about to begin fasting should be taught to eat pre-dawn and post-evening meals that include carbohydrates that release energy slowly. Patients who plan on fasting should be provided with fasting-focused diabetes education to help them avoid complications. A pre-fasting assessment of patients with diabetes is recommended so they can be made aware of the risks and any associated strategies to avoid

problems. Sometimes this may require advising them to refrain from full observance due to their health status (which is allowed religiously) or to at least have supplements readily available if symptoms of hypoglycemia should develop. Muslim patients should be encouraged to monitor their blood sugar throughout the day, especially if they are taking medications such as insulin or oral hypoglycemic agents. Patients must be taught the importance of breaking the fast if blood glucose falls to dangerous levels and there is a risk of severe hypoglycemia. These patients are also at risk of developing hyperglycemia and ketoacidosis in response to fasting.

During Ramadan, patients choose to fast because Ramadan is the most blessed and spiritual month of the Islamic year. Healthcare professionals treating any Islamic patient who is abstaining from food and drink should monitor them more closely. The Qur'an teaches that those who are too sick, pregnant, menstruating, or nursing are not required to fast and they can make up the days later in the year. Muslims who are chronically ill or elderly, for whom fasting is unreasonable, are also exempt but instead they are required to provide food to an underprivileged person each day during Ramadan for which they missed fasting.

Family Dynamics

From an Islamic perspective, a Muslim husband has many obligations as the head of the family including: treating his wife with kindness, honor, patience, equitably, respecting her feelings, helping with the household tasks and taking care of the children; fulfilling her material and non-material needs; and collaborating in family decisions (Widiasih , 2009). In addition, the relationship between a husband and wife in Islam is very close, meaning that both a man and a woman in a Muslim family can influence each other, including aspects of their health. The husband is expected to provide the wife with unconditional support and encourage her to be in

good health and in good faith. However, many women feel uncomfortable addressing certain health conditions with their husband and thus deny any support offered.

Adapting Healthcare to the needs of Muslim women

When making decisions regarding their health, Muslim women generally choose to confer with their husband. The belief that the husband is the "backbone of the family" prompts many women to ask their husbands prior to receiving any intervention or medications. When possible, the husband will usually choose to be present with his wife as she is usually required to have a "maharam male" present with her whenever she leaves the house. A maharam male can be her husband, father, father-in-law, brother, son, or uncle. Thus, it is not uncommon for the Muslim woman to ask her husband or any male guardian to go with her to help her make decisions regarding her health.

For Muslim women, keeping their bodies covered is crucial when they are in the presence of non-mahram males. Mahram males are men whom a woman cannot marry at any point in her lifetime. This includes one's immediate family: father, brother, son, or father-in-law. According to Islamic Law, it is not allowed for people who are non-mahram adults of the opposite sex to be in a room alone together. Due to these beliefs, a challenge is created in healthcare when a female patient is alone with a male physician. One way to be sensitive to this is to provide gender-specific care. While not required, some patients will feel more comfortable with a provider of the same gender, or, if that isn't possible, having a member of the same gender in the room with them during the exam. The health professional should also request permission before uncovering any part of the woman's body, and exposure should be minimized as much as possible. Additionally, if a woman wears a face covering and the covering must be removed to verify identity, this should be done in private without men present.

A male healthcare provider should avoid being the first to offer to shake hands because many Muslim women might feel uncomfortable doing so. Touch - even shaking hands - is prohibited between members of the opposite sex, with the exception of immediate family members (Ibrahim 2009). Providers should be aware of this to avoid causing unnecessary embarrassment as it is not uncommon for Muslim patients to decline to shake hands with health professionals of the opposite sex. However, touch is permissible when there is a valid reason for it, such as carrying out clinical examinations or procedures.

One of the biggest challenges of working with a foreign Muslim population is the language barrier. In the clinic, the provider must use either an in-person interpreter or a phone interpreter. Discussing sexual and reproductive health is especially difficult when using interpreters due to the lack of female interpreters who also have appropriate sexual and reproductive health knowledge to interpret accurately. Furthermore, it is not uncommon for a patient's spouse to be involved in medical decision making, adding further complexity to medical discussions related to sexuality. It has been reported that Muslim men and women tend to avoid discussing issues concerning sexuality even when talking to their health care provider. One of the more sensitive issues is the sexuality of unmarried women. It is generally stressed that Muslim women should maintain their virginity until they marry, and some unmarried women will even decline a pelvic examination because it may risk their virginal status.

In terms of other preventive measures, Muslim women are more likely to delay medical care due to religion-motivated preference for female physicians, concerns about preserving privacy, and fatalistic beliefs. This can increase their risk of developing fatal diseases like cervical cancer, breast cancer, and other types of conditions that are more prevalent in women. It is essential that the healthcare provider builds a relationship of trust with their patient to help

them feel as comfortable as possible. It is also beneficial to educate the patient about the benefits of screening for preventative diseases in a sensible manner.

Obstacles to Medical Care

"Cultural competence" is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. Cultural and religious background influence an individual's attitudes, behaviors, and beliefs toward health and illness. Due to perceived restrictions in medical care, the Muslim population may be at an increased risk for several diseases. These limitations may include gender preference of healthcare providers, modesty, and misconception about what causes certain illnesses. These limitations may develop as a result of Islamic cultural beliefs and practices. Other barriers may arise from the complexity of the health care system and the lack of culturally competent medical services and professionals. Health professionals should be aware of cultural and religious factors that help provide culturally competent and appropriate promotion and education of health services to the Islamic population. Health professionals must be educated about Islamic teachings to appropriately encourage healthy behaviors and provide quality care to their Islamic patients.

There are several reasons to be sensitive to every culture and religion, including the Muslim population. There is an obvious ethical and moral duty of every healthcare provider to offer the best possible care to every patient. The Joint Commission, an independent, nonprofit organization that seeks to improve healthcare among its accredited healthcare members, holds hospitals accountable for addressing and maintaining patient rights. Joint Commission accreditation requires expertise in administrative affairs, clinical practice, policy, research, risk management, patient advocacy, cultural competence, and language access (Ding, 2018). Some

of the Joint Commission's rights include the accommodation of cultural, personal, religious, and spiritual values. To comply, healthcare professionals should care for patients as whole persons. This "wholeness" includes their body, mind, and spirit, as a positive spirit increases the patient's ability to fight off illness and survive. The goal of learning to treat a Muslim female patient should be for all healthcare professionals to be empowered with the capacity, knowledge, and skills to respond to the special needs of each patient, and just as importantly, a patient's family.

Conclusion

Delivering high-quality care to Muslim patients means having an awareness of the Islamic faith and Islamic beliefs. However, there is a great diversity of cultural, ethnic, and linguistic groups within Muslim communities, each of which has its own cultural characteristics and world view of health and illness. This diversity means that caring for female Muslim patients challenges nurses and healthcare providers to have general knowledge of Muslim restrictions and preferences, but also the willingness to ask questions to further understand cultural variances. All staff should be educated regarding the religious and cultural beliefs of Muslim patients, and they should be trained to create a strong patient-provider relationship, to develop a language access plan that can address communication barriers, and be able to educate patients of differing cultures about preventative healthcare.

Caring for Muslim patients involves meeting their needs in the context of their own culture and beliefs. Islam not only provides guidance about spiritual matters but also places considerable emphasis on health and prevention. Several Islamic beliefs will affect Muslim women patients' attitudes and behavior in hospital and community settings; it is important for healthcare providers to have some understanding of these so they can offer culturally appropriate care. It is also important to be aware that the preservation of life overrides all guidelines; in

emergency or life-threatening situations, there are no restrictions of any kind on medication, treatment, or preventative or nursing interventions. Muslims believe that the cure comes solely from Allah, even if it is delivered via a health professional. When caring for a Muslim patient it is important to understand why certain acts are carried out, and when adherence or non-adherence to treatment is appropriate.

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