

ORIGINAL PAPER**Religious Worship in Patients with Abdominal Stoma: Praying and Fasting during Ramadan****Ikbal Cavdar, BSN, MSc, PhD**

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Abstract

Background: Religion, which occupies an important place in culture, has an effect on not only the patient's acceptance of the treatment but also his or her post-treatment life style.

Aim: The purpose of this paper was to determine the performance of religious rituals in abdominal stoma patients and their views on the effects of stoma on religious worship.

Methodology: A descriptive and cross sectional design was used in this study. The sample consisted of 66 patients. The researchers developed a set of questions regarding the individual's background and characteristics of stoma and prayer rituals and fasting during Ramadan. Frequency, percentages, mean, range and chi-square test was used to analyze.

Results: It was found that 87.9% of the patients (n=58) fasted regularly before stoma-creation, which decreased to 43.9% (n=29) after stoma creation; 74.2% of the patients (n=49) prayed regularly before stoma creation, which decreased to 53% (n=35) after stoma-creation. The comparison of practices of fasting (χ^2 : 7.13; $p < 0.01$) and praying (χ^2 : 25.85; $p < 0.001$) before and after stoma surgery revealed a statistically significant difference. 69.0% of the participants, who were unable to fast after stoma creation, were afraid of causing damage to the stoma whereas 71.4% of the participants who were unable to pray reported not having performed their prayers due to feeling unclean. 27.6% of the participants who fasted after stoma creation reported having felt discomfort.

Conclusions: In this study, we found that the performance of fasting and praying decreased in patients after stoma surgery. This finding indicates that stoma significantly affects fasting and praying in patients and that patients are unable to perform these religious duties or experience some difficulties in performing their religious worship.

Key words: Fasting, praying, religious belief, stoma, worship

Introduction

Colorectal cancer (CRC) is one of the major malignancies afflicting both western and eastern world society (Rashid et al., 2009). Colorectal cancer is the third most common cancer in men (663,000 cases, 10.0% of the total) and the second in women (570,000 cases, 9.4% of the total) worldwide. Almost 60% of the cases occur in developed regions. Incidence rates vary 10-fold in both sexes worldwide. Incidence rates are substantially higher in men than in women. About 608000 deaths from colorectal cancer are estimated worldwide, accounting for 8% of all cancer deaths, making it the fourth most common cause of death from cancer (Ferlay et al., 2010).

Colorectal cancer resulting in an ostomy is seen more in males, whereas ostomies as a result of abdominal cancers are noted more in females. Ostomies related to inflammatory bowel, such as Ulcerative Colitis and Crohn's Disease, are experienced equally by males and females. (Registered Nurses' Association of Ontario, 2009). No accurate data are available on the number of patients with abdominal stoma in Turkey. However, the incidence rate of colon cancer is 4.26% in women and 3.69% in men whereas that of rectum cancer is 3.10% in women and 3.30% in men (Hamzaoglu & Ozcan, 2006).

Stoma may cause significant changes in an individual's family life, social life, daily life activities and performance of religious duties. Religion, which occupies an important place in culture, has an effect on not only the patient's acceptance of the treatment but also his or her post-treatment life style (Dalgic, 1999). In Islamic religion, a person with a disease or medical condition can be exempt from his/her religious worship (The Presidency of Religious Affairs, The Republic of Turkey 1998; Collins, Friedrich & Posthauer, 2009).

However, stoma patients experience great difficulties in performing their religious worship, particularly prayers and fasting. In fact, the presence of a stoma, if the proper conditions are provided, is not an obstacle to prayer and patients can perform their religious worship

(Turkish Ostomy&Surgery Association 2009). Islam attaches great importance to cleanliness. Muslims are obligated to cleanse their bodies and perform ablution before each prayer (The Presidency of Religious Affairs, The Republic of Turkey 1998; Birkbeck, 2001). However, abdominal stoma patients may think that their prayer is not religiously acceptable due to uncontrolled flow (Çavdar, 1999). In these circumstances, the patient may experience difficulties in maintaining cleanliness and performing prayers, resulting in involuntary abandonment of prayers and spiritual discomfort (Herek et al, 2003).

Fasting, one of the greatest observances in Islam, can lead to insufficient fluid intake and reduced intestinal fluid, thus resulting in constipation and nausea. Overeating at iftar, fast breaking meal, may cause diarrhea lasting for 24-48 hours (The Presidency of Religious Affairs, The Republic of Turkey 1998; Cavdar, 1999).

A study by Herek et al (2003) found that, after stoma surgery, patients refrained from religious worship and suffered from problems such as being inadequately informed and inability to obtain sufficient information (Herek et al 2003). In a study that assess the quality of life in Muslim patients after surgery for rectal carcinoma (n=178), Kuzu et al. (2002) indicated that the presence of a stoma significantly affected aspects of health-related quality of life (HRQL) and was associated with decreased prayer activity and decreased fasting during Ramadan compared to sphincter-preserving surgery for colorectal carcinoma (Kuzu et al. 2002).

Nurses are in a perfect position to give all the needed information to the patient, to support the patient's ability to adapt to the life with stoma and to master self-care, thus enabling them to lead a peaceful and happy life. At the same time, nurses' knowledge about whether the patient with abdominal stoma can perform his/her religious duties contributes to planning the care and education for stoma patients. However, there is a limited number of studies on this subject.

The aim of this study was to determine the performance of religious rituals in abdominal stoma patients and their views on the effects of stoma on religious worship.

Study questions:

Can abdominal stoma patients perform their religious worship?

What are the views of abdominal stoma patients concerning the effects of stoma on religious worship?

Methodology

Study Design

A descriptive and cross sectional design was used to determine the performance of religious rituals in abdominal stoma patients and their views on the effects of stoma on religious worship.

Setting And Participants

This study was conducted in three private centers in Istanbul, Turkey where patients obtain colostomy supplies in the post discharge period. Patients who underwent colostomy creation obtain colostomy supplies from private centers in the post discharge period in Turkey. Therefore, this study was conducted at these centers due to higher possibility of identifying the patients to be included in the sample.

The selection criteria for the participants were as follows: to be a stoma patient who had spent at least one month of Ramadan; to be able to understand the questionnaire; willingness to participate in the interview.

Seventy-one patients who met the study criteria were interviewed. Of these, 5 were excluded from the sample because they refused to participate in the study. As a result, the sample consisted of 66 patients.

Instrument

The researchers developed a set of questions regarding the individual's background and characteristics of stoma and prayer rituals and fasting during Ramadan.

Procedure and data collection

Prior to the study, the approval of the centers where the study was conducted was obtained. The purpose and benefits of the research were

explained to the participants before they decided to take part. Written and verbal consent was obtained from all participants and their anonymity was preserved. Each patient completed the questionnaire including information about demographic characteristics and prayer rituals and fasting during Ramadan. The time taken to complete the questionnaire ranged between 15 and 25 min. During this process, the principal investigator gave assistance as needed.

Data Analysis

Frequency and percentages were used to describe the characteristics of the sample. The age distribution was examined by the mean and range. Chi-square test was used to analyze the differences in the performance of religious worship before and after abdominal stoma surgery. A p value of <0.05 with 95% confidence interval was considered statistically significant.

Results

The mean age of the participants was 62 years (range: 25-88 years), with 33.3% in the 66-75 year age group. Of the sample, 45.5% were female, 54.5% were male, and 51.5% were elementary school graduates. 74.2% of the patients underwent stoma creation for colorectal cancer. 81.8% of the patients reported that they were not informed about praying and fasting after stoma creation (Table 1).

Table 2 shows the comparison between performance of religious rituals before and after stoma surgery. It was found that 87.9% of the patients (n=58) fasted regularly before stoma-creation, which decreased to 43.9% (n=29) after stoma creation; 74.2% of the patients (n=49) prayed regularly before stoma creation, which decreased to 53% (n=35) after stoma-creation. The comparison of practices of fasting (χ^2 : 7.13; $p<0.01$) and praying (χ^2 : 25.85; $p<0.001$) before and after stoma surgery revealed a statistically significant difference (Table 2).

Table 3 shows the views of the participants concerning the effects of stoma on religious worship. 69.0% of the participants, who were unable to fast after stoma creation, were afraid of causing damage to the stoma whereas 71.4%

of the participants who were unable to pray reported not having performed their prayers due to feeling unclean. 27.6% of the participants

who fasted after stoma creation reported having felt discomfort (Table 3).

Table 1. Characteristics of the patients with abdominal stoma (N = 66)

Characteristics	n	(%)	Median	Range
Age (Median)	-	-	62	25-88
Age Groups				
≤45	7	(10.6)		
46-55	13	(19.7)		
56-65	20	(30.3)		
66-75	22	(33.3)		
≥76	4	(6.1)		
Gender				
Male	36	(54.5)		
Female	30	(45.5)		
Education				
Illiterate	8	(12.1)		
Elementary School	34	(51.5)		
Middle School	5	(7.6)		
High School	15	(22.7)		
College	4	(6.1)		
Reason for Stoma Creation				
colo-rectal cancer	49	(74.2)		
Other	17	(25.8)		
To informed about praying and fasting after stoma creation				
No, was not informed	54	(81.8)		
Yes, was informed	12	(18.2)		

Table 2- The comparison between performance of religious rituals before and after stoma surgery (N = 66)

Religious Worship		Before		After		χ^2	p
		n	(%)	n	%		
Fasting	Regular	58	(87.9)	29	(43.9)	7.13	<0,01
	Non regular	8	(12.1)	37	(56.1)		
Prayer	Regular	49	(74.2)	35	(53.0)	25.85	<0,001
	Non regular	17	(25.8)	31	(47.0)		

Table 3- The views of the participants concerning the effects of stoma on religious worship

Stomannın ibadete etkisi ile ilgili görüşleri	n	%
Reason for not fasting (n = 29)	“Afraid of causing damage to the stoma”	20 (69.0)
	Not informed	9 (31.0)
Reason for not praying (n = 14)	Feeling unclean	10 (71.4)
	Not informed	4 (28.6)
Having felt discomfort due to fasting (n = 29)	Yes	8 (27.6)
	No	21 (72.4)
Type of discomfort (n = 8)	Constipation	5 (62.5)
	diarrhea	3 (37.5)

Discussion

We found that most participants had undergone stoma creation due to colorectal cancer in this study investigating the performance of religious rituals in abdominal stoma patients and their views on the effects of stoma on religious worship. Colorectal cancers rank third of all types of cancer (Ferlay et al., 2010) and patients with colorectal cancer usually undergo stoma creation (Ayaz, 2007). Abdominal stoma creation can also be performed due to diseases such as Crohn's disease, diverticulitis, ileus, ulcerative colon disease and familial adenomatous coli (Ayaz, 2007). This result is consistent with the literature.

Some changes occur in lifestyles of abdominal stoma patients. In patients, two aspects of religious worship, praying and fasting, are significantly affected. In this study, we found that the performance of religious worship was decreased in patients who underwent stoma creation and that they did not fast because of being afraid of causing damage to the stoma and did not pray because of feeling unclean.

Stoma creation poses a significant problem for patients who perform their religious worship regularly. In Quran, the holy book of Islam, there are certain rules to be abided by during religious practices. Muslims are required to pray five times a day, during which they make sujud

after sitting on knees. Moreover, ablution (physical cleanliness) is mandated before each prayer (The Presidency of Religious Affairs, The Republic of Turkey 1998). All these rituals cause difficulties for stoma patients who end up with abandoning religious worship because of feeling unclean. Fasting requires a Muslim to abstain from food and drink from dawn until sunset (The Presidency of Religious Affairs, The Republic of Turkey 1998). Therefore stoma patients encounter difficulties in fasting due to problems associated with long period of hunger and they may stop fasting.

A study by Herek et al (2003), investigating the effects of stoma on worship demonstrated that 85% of stoma patients performed religious worship, as they had done before stoma surgery whereas 68.2% abandoned religious worship after stoma surgery (Herek, Akbas, Taylan & Alabaz, 2003). Also, Kuzu et al (2002) found that a significantly greater number of patients in the abdominoperineal resection group stopped praying daily and fasting during Ramadan (Kuzu et al., 2002). The findings of the above mentioned studies are consistent with those of our study.

We found in this study that most of the participants were not informed about religious worship such as praying and fasting. Stoma education commencing before surgery and

continuing in the postoperative period is of great importance for patients' adaptation to stoma. The education including information about ritual praying and fasting is very important for those who experience spiritual discomfort because of involuntary abandonment of religious worship. Postoperative counselling and education enable stoma patients to feel peaceful and relaxed. This education should emphasize that patients can pray after performing ablution prior to each prayer. Additionally, patients should be informed that fasting during Ramadan can lead to insufficient fluid intake, reduced intestinal fluid, constipation and nausea and that overeating at iftar, fast breaking meal, may cause diarrhea lasting for 24-48 hours. They should also be reminded that a person with a disease or medical condition can be exempt from his/her religious worship so they should not feel discomfort and guilt because of being unable to perform their religious worship.

There were some limitations in this study. The data for the study were collected from the three private centers where patients obtain colostomy supplies in Istanbul, Turkey. Therefore, it is difficult to generalize the study. It can be suggested that further studies should be conducted with larger sample.

Conclusion

In this study, we found that the performance of fasting and praying decreased in patients after stoma surgery. This finding indicates that stoma significantly affects fasting and praying in patients and that patients are unable to perform these religious worship or experience some difficulties in performing their religious worship. For this reason, it is of great importance that stoma patients who want to perform their religious worship be provided necessary and detailed information about how to fast and pray.

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