

Providing Diversity Competent Care to Muslims

A handbook for health care providers

This handbook will provide you with information on Islam, and the important values, beliefs, and practices to take into account when providing care to Muslims.



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For the full version of the Queensland Health Resource, visit

http://www.health.qld.gov.au/multicultural/health_workers/hbook-muslim.asp

¹ Queensland Health. Health Care Providers' Handbook on Muslim Patients. Division of the Chief Health Officer, Queensland Health. Brisbane 2010.

Table of Contents

An Important Note on Cultural and Religious Literacy and Diversity Competent Care	6	
Purpose of Handbook	7	
Communicating with Patients who are Different than You	7	
What is important for communication?		7
Culture		7
Health Literacy (of your Patient, Client, Resident or Family)		8
Please visit the Patient Education website for more information.		8
Ability to Communicate in the Same Language		8
Services for Communication		9
Interpreter Services		9
Using Staff/Family as Interpreters		9
Important Note		9
Translation Services		10
Other Resources from Fraser Health Diversity Services		10
Specific Information on Islam	11	
Who are Muslims?		11
What is Islam?		11
The Basics		11
Religious Scripture and Shariah		12
Qur'an		12
Hadeeth and Sunnah		13
Shariah		13
Key Things that are Important to all Muslims		14
Important Practices that You May Encounter		14
Ablution and Prayer		14
Ablution		14
Prayer		15
Appearance		17
Hijab		17
Fasting		18

Purpose and Routines	18
Who Fasts?	19
Procedures that may pose as issues during Fasting	19
Dietary Restrictions and Traditions	20
Table 1: Foods Suitable for Muslim Patients	20
Guidelines & Considerations When Providing Care to Muslims	22
Worldview on Health & Illness	22
Family	22
Developing Rapport	23
Gender Interactions/Rules	23
Hospital Visits	24
Maternity Services	24
Family Involvement	24
Traditional Practices	25
Breastfeeding	25
Circumcision	25
Miscarriage, Intra-Uterine Death, or Still-birth	25
Sexual & Reproductive Health	25
Female Genital Cutting (FGC)/Female Genital Mutilation (FGM)	25
Abortion	29
Contraception	29
Assisted Reproductive Technologies	29
End of Life Issues	29
Beliefs on Death and Dying	29
Care for the Dying	29
Health Care Decisions and Care Planning	29
Rituals Undertaken During and After the Dying Process	30
Autopsy	30
Transplants, Organ Donation, and Blood Transfusion	30
Transplants and Organ Donation	30
Blood Transfusion and Blood Donation	31
Mental Health & Well Being	31
Views on Mental Health Issues	31
Important Points to Consider in the Realm of Mental Health and Treatment	31
Stigma and Shame	31
Barriers to Accessing Mental Health Care	31
Symptoms	32
Appropriate Health Care Providers	32
Types of Treatment	32
Other Explanations Held by Muslims about Mental Illness	32

Islamophobia in the Context of Mental Health and Well Being	33	
A Focus on Refugee Populations and Mental Health	33	
Substance Use		34
Illicit Drugs, Alcohol, and Smoking	34	
Seeking Help and Recovery	34	
Home Health		34
Respecting Prayer Spaces	34	
Health Promotion & Prevention		34
Screening, Immunization, and other forms of Health Prevention	35	
Sexually Transmitted and Blood Borne Infections (STBBI)		35
Muslim Resources and Organizations	35	
References	37	
Appendix 1: How to Contact Interpreter Services	38	
FRASER SOUTH and NORTH		38
FRASER EAST		38
SIGN LANGUAGE		39

An Important Note on Cultural and Religious Literacy and Diversity Competent Care

When we provide education on how to provide diversity competent care to patients/clients/residents of a certain community (e.g. religious communities or cultural communities), it is important to emphasize that diversity exists *within* these communities.

To be culturally and religiously literate health care providers, we need to understand that culture and religion is not solely defined by devotional practices such as rites, rituals, religious festivals or rules and regulations. Instead, we need to look at culture and religion as something that shapes and changes depending on the **environmental factors** in which somebody lives (e.g. political environment, economic environment, social environment, etc.), and by the **personal experiences one has had during their lifetime**. This means that individuals within a community will interpret and practice their religions and cultures differently from each other, and, in the case of religious communities, the degrees and types of religious observances will vary. This approach helps us understand why a religion is practiced and depicted in different ways within a population. Thus, in your own personal health care practice, it is important to note that not everyone will practice, adhere and explain their culture/religion in the same way, nor will their cultural or religious beliefs impact their health behaviours and health attitudes in the same way.

So, we must emphasize the importance of **patient-centered care**, which acknowledges that culturally-competent care entails asking each individual patient/client/resident and their family what is important to them and what is needed to respect their individual values and beliefs during the care giving process. Diversity competent care entails seeing each patient as a unique individual, within the context of their cultural and/or religious background. It is also important to recognize that one of the most important elements of providing diversity competent care is to understand our *own* dimensions of diversity, and how these shape our values and beliefs, and accordingly, the way that we provide care to our patients, clients and residents.

For more information on cultural and religious literacy, please contact Diversity Services (diversity.services@fraserhealth.ca) or take the online course on this topic which is on the CCRS website. Go to www.ccrs.vch.ca and search “religious literacy”.

Purpose of Handbook

There is great diversity in the way that Islam is interpreted and practiced. This handbook is meant to be a tool to help healthcare providers to understand this diversity to serve Muslim patients in the Lower Mainland better. Specifically, this handbook serves as a reference guide for health care providers to help develop and maintain their awareness on Islam and Muslim patients/clients/residents. You will find important information on Islam, information on Muslim beliefs, values, practices, and relevant contextual factors that will affect the provision of care and health.

We also highly recommend that health care providers within Fraser Health take the in-person workshop “Providing Diversity Competent Care to Muslim Patients”, which people can sign up for here: <https://ccrs.vch.ca/Catalog.aspx?cid=4199>

Please contact Diversity Services for further details at Diversity.Services@fraserhealth.ca

Communicating with Patients who are Different than You

What is important for communication?

Research has shown that the following three things must be considered for **effective communication** between the caregiver and the patient/client/resident/family:

1. Taking into account **your patient’s culture**
2. Your patient’s **health literacy level**
3. The ability to communicate effectively in the same **language**

Bearing in mind these three areas will aid you in better fulfilling your duty of meeting all your patient’s needs and planning appropriate treatment. Further, taking these elements into account will not only ensure your patient understands your prescriptions, but they will also affect how safe your patient feels under your care, the quality of care they are receiving, and their ability to access other health resources.

Culture

Culture can be defined as the shared values, beliefs, practices, lifestyles, worldviews, shared knowledge, etc. of a given group of people. This handbook will help you provide culturally sensitive care to Muslims. We will not go into this topic in detail since there are many resources available defining what culture is and how culture affects health on the Fraser Health Diversity Services website. For more information, please visit [their website](#).

Health Literacy (of your Patient, Client, Resident or Family)

Health literacy is the ability to access, understand, evaluate and communicate information in order to promote, maintain, and improve health in a variety of settings across a lifetime. When we talk about health literacy, we are referring to your patient/client/residents' health literacy level, not the health literacy level of the care provider.

Fraser Health provides training and information on how to understand the health literacy levels of your patients/clients/residents, communication tips that take into account health literacy levels, and how to overcome the barriers created by limited health literacy. Contact Fraser Health's Health Literacy Team: Katherine.Scarborough@fraserhealth.ca or CarolA.Wilson@fraserhealth.ca

Fraser Health also has a [patient education resource catalogue](#) that you can use, which has patient education material that fits health literacy standards:

Please visit the Patient Education [website](#) for more information.

Ability to Communicate in the Same Language

The diversity within Fraser Health Region's Muslim population gives rise to a variety of spoken languages, with some members being monolingual (speaking only one language), bilingual (speaking two languages), or multilingual (speaking more than two languages). Some common languages spoken in Lower Mainland Muslim communities are:

- English
- Arabic (e.g. spoken in the Middle East and parts of North Africa, such as Egypt and Libya, as well as North Sudan)
- Urdu (e.g. spoken in Pakistan and parts of India)
- Gujarati (e.g. spoken in India and populations within East Africa)
- Farsi (e.g. spoken in Iran, Afghanistan)
- Dari (e.g. spoken in Afghanistan)
- Swahili (e.g. spoken in Somalia and Ethiopia)
- Somali (e.g. spoken in Somalia)
- Turkish (e.g. spoken in Turkey)

Other languages spoken by smaller Muslim populations in the Fraser Health region include (but are not limited to) Amharic (e.g. spoken in Ethiopia), Nepali (e.g. spoken in Nepal), and Albanian (e.g. spoken in Albania).

Services for Communication

Interpreter Services

If a patient has limited English proficiency and the health care provider and patient do not share a common language, health care providers should involve a professional interpreter. Requests for interpreting services (facilitating **spoken** language communication between two or more persons who do not share a common language by conveying as accurately as possible the information) are processed through PHSA's Provincial Language Service. All Fraser Health patients should have access to Interpreter Services at no charge.

Using Staff/Family as Interpreters

Using family, friends, and untrained multilingual volunteers and untrained medical staff as interpreters is often inappropriate and is discouraged. However, in emergency situations where a professional interpreter is not available, it may be acceptable to use family, friends or a staff member as an interpreter, as long as the staff member speaks the same **dialect** as the patient/client/resident.

Providing Interpreter Services is complex and can create harm if not done properly. For guidelines on **how to decide whether a professional interpreter should be used and how Interpreters should be used**, please visit the *Provincial Language Services Catalogue and Guidelines* [webpage](#).

Important Note

It is important to remember that some cultural/religious groups are fairly small, even in large urban centres, and that the patient/client/resident may know or share friends and colleagues with the interpreter. It is important to discuss this with the patient before you request an interpreter, and to work with interpreter services to try and accommodate any specific concerns that the patient may have. For example, it may be helpful to ask the patient if he or she has any concerns around privacy and confidentiality before requesting an interpreter, and whether the gender of the interpreter is an important consideration. It is sometimes possible to accommodate requests for certain interpreter characteristics.

To request an interpreter, please visit <https://plscustomer.phsa.ca/> or see **Appendix 1** of this handbook for how to access Interpreters.

Feedback about Interpreter Services

Lower Mainland Interpreter Services Customer Service Committee is responsible for ensuring that the Interpreter Services is operating to expected levels and meeting quality standards for all Lower Mainland Health Authorities. **Fraser Health Diversity Services is responsible for providing feedback to the Customer Service Committee on any service issues within Fraser Health.** If you have a very

positive or adverse experience with an interpreter, or have any feedback to share, we would like to hear about it. Please contact diversity.services@fraserhealth.ca

Translation Services

Providing printed information and educational material to your patient/client/resident in a language they can understand is important in the provision of care and for supporting adherence to prescriptions/care plans. Fraser Health staff can have **approved** patient education material translated into various languages that meet your patient population's needs through Diversity Services. Please visit the Fraser Health Diversity Services intranet website to get a document translated (under "Translation Services"), or click [here](#).

Other Resources from Fraser Health Diversity Services

Please contact Diversity Services (diversity.services@fraserhealth.ca) or look on our [Intranet website](#) for:

- Diversity Competency Standards (what does it mean for an individual health care provider to be diversity competent?)
- Further training in diversity competency (including online modules, in-person workshops, community handbooks and other educational events)
- Information for patients on access to Interpreter Services at Fraser Health
- Information on translating patient education materials into languages other than English
- Cue Cards in 60+ Languages (including Arabic, Urdu, and Farsi), which have been developed to assist health care providers with their patients/clients/residents who have English language difficulties.
- "Point to language cards" that allow patients to indicate which language they speak so that an appropriate interpreter can be requested.

Specific Information on Islam

Islam is a faith that is practiced over a billion people world-wide, living in most of the countries around the world. The way any faith is practiced is determined by a wide range of factors including the traditions of the community, the languages spoken there, the social and economic status of the followers, any many more. So, we should not be surprised to know that there is incredible diversity in the way Islam is interpreted and practiced around the world. The Muslims served by Fraser Health are just as diverse.

Based on Fraser Health's [diversity competency standards](#), providing diversity competent care for a Muslim would require a) understanding some of the general beliefs, values and practices common to most Muslims, b) understanding more specific beliefs, values and practices of the Muslim sub-group from which the patient comes (e.g. Sunni, Ismaili, etc.), and of course, c) the ability to communicate with a patient to understand her individual values and beliefs and the way these might impact her care plan.

Many observers note that in Western contexts a strong understanding of what Islam is about does not exist.

In this section, we offer some descriptions that characterize the beliefs, values, and practices that are common to most Muslims.

Who are Muslims?

- There are over 1.3 billion Muslims in the world today from all cultures, races, and geographic origins
- There are large Muslim populations in South Asia, North Africa, and the Middle East
- There are also significant but smaller Muslim populations who originate from the former Soviet Union, Western European, and the Pacific Islands
- There is a growing number of White Canadian converts to Islam as well
- Only about 18 per cent of Muslims are Arab (i.e., those who identify as Middle Eastern or North African). While the terms “Arab” and “Muslim” are sometimes used interchangeably, this is not accurate.

What is Islam?

The Basics

- Islam is a religion that started in the 7th Century CE in present-day Saudi Arabia
- We call those who practice Islam *Muslims*
- All Muslims subscribe to the *shahada*, which is the proclamation that there is:
 - **One God (Allah)**, (*Allah* is the Arabic word for God) and that
 - Prophet **Muhammad** is God's last Prophet

- **Muhammad** is seen as an ideal example of living God’s guidance. He is regarded as the most prominent figure in Islam. Muslims usually refer to him as “Prophet Muhammad” and say the words “peace be upon him” or “peace be upon him and his progeny” after they say his name
- The **Qur’an** (sometimes spelt *Koran*) is the central religious text of Islam that Muslims believe is the word of God as revealed to Muhammad
- Muslims trace their origins to **Judeo-Christian practices** and beliefs (i.e. Abrahamic tradition), while acknowledging, respecting, and revering such figures as Adam, Eve, Noah, Abraham, Moses, Mary, and Jesus. Muslims refer to some of these figures as “Prophets.”
- There are two basic sects or denominations in Islam – **Sunni** and **Shia**
- Sunni traditions place authority on Islamic political and academic leaders, and not entirely on Muhammad’s progeny
- Shia traditions believe Ali (Muhammad’s cousin and son-in-law) and his progeny as a spiritual guides and teachers
- The main Shia branches are **Ithna Ashari** (main denomination in Iran, Iraq) and **Ismaili** (around the world)
 - **Ithna Ashari** believe the chain of Imams (guides/teachers) from Ali was disrupted
 - **Ismailis** believe the chain of Imams (guides/teachers) continues, and the present Imam is the **Aga Khan**
- The notion of Imams
 - For Sunnis, Imams are considered a leader of prayer and/or a community leader attached to a **mosque** (Muslim place of worship) or congregation
 - For Shias, Imams are considered a spiritual guide for the age and time
- Other denominations of Islam that are important in the Lower Mainland include **Ahmadiyya** Islam, and **Sufism** (more spiritual denomination).

Religious Scripture and Shariah

Qur’an

- The **Qur’an** (sometimes spelt *Koran*) is the central religious text of Islam that Muslims believe is the word of God as revealed to Prophet Muhammad
- Qur’anic scripture is written in the Arabic language, while translations and transliterations are widely available in many other languages
- Some of the things the Qur’an emphasizes and discusses are:
 - Monotheism (idea that there is one God)
 - Basic beliefs of Islam which include the existence of God and life after death

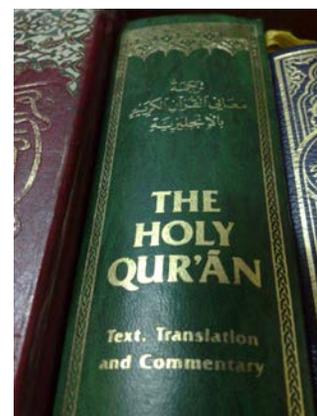


Photo Courtesy of: یراز صبیح (Creative Commons)

- Narratives from Jewish and Christian scriptures
- Legal and ethical issues
- Historical events of the prophet's time
- Self-reflection
- Muslims may use the Qur'an's contents as a guide on how to conduct their daily lives



Photo courtesy of Roel Wijants (Creative Commons)

Hadeeth and Sunnah

- Aside from the Qur'an, "Hadeeth" and "Sunnah" are sources of information where Muslims/Community Leaders may go for decision-making
- **Hadeeth** is a narration about the life of Muhammad and what he approved and did not approve
- **Sunnah** is a compilation of the values, customs, and mannerisms of Muhammad

Shariah

- "Shariah" is a **code of living** and **set of laws** that Muslims might adopt as part of their faith, based on the Quran, Sunnah and Hadeeth, and centuries of debate and interpretation by Islamic scholars
 - It covers:
 - Faith (e.g. obligations as being part of the faith)
 - Ethics (e.g. moral values)
 - Behaviours (e.g. rules around financial transactions)
- "Shariah law" might be formally instituted as the law in certain countries and enforced by the courts. But, the way Shariah law is applied from country to country can **vary widely**.
- In Canada, Shariah is not formally enforced by the courts, but might be used by Muslims to make decisions regarding:
 - Financial transactions
 - Inheritance
 - Endowments
 - Marriage, divorce and child care
 - Foods and drink
 - Hygiene and purification
 - Dress code

Key Things that are Important to all Muslims

As discussed, the Muslim population is diverse, and the practice and interpretation of Islam varies across different sub-populations, and across individuals. However, there are key things that universally important to Muslims, and, generally, they are the following:

1. The **belief in one God**, and Prophet Muhammad as being God's last Messenger
2. **Praying**, possibly at multiple times during the day
3. Giving a required amount of **charity** per year
4. **Fasting** during different times of the year, and/or during the Islamic month of Ramadan
5. **Pilgrimage** – usually to the Holy City of Mecca (for the purpose of visiting the Ka'bah) a minimum of once during a Muslim's lifetime (if he or she is able to do so on the basis of health and financial means), but may also include pilgrimage to Jerusalem, or a pilgrimage in more spiritual terms.

Important Practices that You May Encounter

Levels of religious observance vary within the Muslim population, as with any religious group. The following are religious observances that are considered most in-line with most Muslim traditions and beliefs. Again, it is important to remember that not all people who consider themselves Muslim will follow the religious observances in the same way or to the same degree. **Have a conversation with your patient/client/resident to understand what is important to him/her to help you provide culturally sensitive care** (please see Module 2: Cultural and Religious Literacy on [CCRS](#) for a brochure of questions).

Ablution and Prayer

Ablution

- “Ablution” is the act of washing oneself. In religious terms, it usually refers to a ritual purification
- In preparation for prayer, Muslims usually engage in a cleaning ritual called **wudhu**. The process entails washing different parts of the body with water such as the hands, mouth, face, arms, top of hair and top of feet
- If someone wants to pray, they must perform ablution after urination, defecation, or passing wind
- A full bath is required after menstrual and post-natal bleeding to pray. The full bathing process is known as *ghusul*.
- **If washing with water or taking a bath is medically contra-indicated**, an alternative purification method called *tayammum* can be performed
 - The procedure placing both hands on matter like a stone or sand, and the patient symbolically washes



IMPORTANT PRACTICAL TOOL

Importance of Cleanliness

- Patients/clients/residents may want a small water container (bidet) to assist with washing after using the washroom (urination/defecation)
- Cleanliness is also a very important element during prayer. Since some patients may need to pray in bed, the area should be clean and free of any stool, urine, blood, or discharge
- A container of water may be requested for patients to wash the hands before and after meals and use, along with the bed pan.

Prayer

- Performing daily prayers may be viewed as an important and/or mandatory ritual for a Muslim patient/client/resident
 - **Sunni** Muslims may take short blocks of time to pray **five times** a day – during the early morning (before sunrise), the early afternoon, the late afternoon, shortly after sunset, and at night
 - **Shia** Muslims may combine some of the prayers and pray three times a day
 - **Shia Ismaili** Muslims usually pray formally twice a day
- These prayers involve physical yogic-type movements (see “Prayer Movements” below), while reading certain verses from the Quran in Arabic. The prayers can take between 5-10 minutes.
- In the process, Muslims **stand in the direction of the Kaaba** ((considered the house of God) which is located in the city of Mecca (Saudi Arabia)) which in the Fraser Health region, is located roughly **North-East**
- **Patients who are physically or medically restricted** to bed can pray while sitting or lying down
- Prayer takes place individually or within a congregation
- Prayers are generally performed on a **prayer mat** or **any clean surface**
 - Patients may place a sheet or article of clothing upon which to rest the hands and head while praying
- Women might wear a **head scarf (hijab)** while praying

Prayer Movements

Prayers might include various movements, as follows:

1. Standing while reciting (audibly or silently) verses from the Quran (Islam's religious scripture)



2. Bowing with the hands on the knees



3. Prostrating on the ground with the forehead, nose, hands, knees, and toes touching the floor



4. Sitting on the ground with the feet folded under the body



IMPORTANT PRACTICAL TOOLS

Accommodating the right to pray

To understand whether your patient/client/resident needs to pray, you can try asking this question:

“Are there any spiritual practices that you need to do while in our care?”

- Health care providers can help accommodate patients with prayer by providing a secluded, clean, and quiet space to pray, if possible ((i.e. an interfaith chapel, empty room)
- Patients, clients and residents who may have difficulty performing the prayer movements can sit and pray

What do I do when my patient is praying?

- Let your patient/client/resident complete their prayer, do not try to speak with them while they are praying or walk in front of them
- Keep in mind that during home visits, your patient/client might take a while to respond to the doorbell if they are praying

Prayer Mats

- Muslim patients may use prayer mats to pray. Please do not step on these or push them away with your feet as they are meant to be a clean area for people to pray.

Friday Congregational Prayer

- Fridays are the day for religious congregation for Muslims, where they pray, listen to a sermon
- by a member of the congregation or imam (religious leader), and meet with people in their communities
- Patients (and Muslim co-workers) may want to attend Friday congregational prayer at their local mosque or community centre (or even within the healthcare facility if there is a Friday congregational prayer organized)



IMPORTANT PRACTICAL TOOL: Friday Prayers

- If it is deemed safe, provide your patient /resident with a pass to attend Friday prayers if they are on your ward
- Some patients might want to **avoid having health related appointments** on Friday afternoons so they can attend the Friday Prayer
- You might want to refer clients to a space for prayer (ie an interfaith chapel, empty room) for longer meetings or events.

Appearance

Hijab

- “Hijab” usually refers to modesty in clothing for Muslims, wherein both sexes are required to dress modestly in the presence of non-family members of the opposite sex
 - A **man** is required to cover his body from the navel to the knees
 - The *hijab* for **women** is commonly represented as a religious mandate of wearing loose clothing to cover all parts of the body – overall modesty – but usually refers to the covering of the hair with a headscarf
- Some Muslim women choose not to wear a head scarf at all
- Some Muslim women choose to cover their whole bodies wearing the *niqab*
- Interestingly, there are ongoing debates among Muslims about the theological basis and degree to which it is important to follow these practices



IMPORTANT PRACTICAL TOOL: Hijab and Dressing Modestly



- **Knock on your patient's door/curtain area** to give them time to fix or wear their hijab or be covered when you need to talk to them
- In the acute care setting, your patient might feel more comfortable **wearing loose or larger hospital gowns** that cover their legs and arms as well
- Some women may feel uncomfortable about removing the hijab in **surgical** procedural settings. One way of accommodating patients is by using a **surgical head and neck covering** that allows a woman to maintain the wearing of the hijab without compromising hospital policy.
- In some cases on **mental health units**, some staff may feel that a patient wearing the hijab poses a safety concern. Discuss with the patient and/or family what might be more appropriate
- Please see the section on "Gender Interactions/Rules" for more information

Fasting

Purpose and Routines

- Fasting may be viewed by Muslims as both a physical and spiritual exercise
- Generally, the purpose is to teach "self-restraint", and so those fasting will restrain themselves from food, water, any sexual activity, smoking, etc. during fasting hours A day of fasting commences before dawn and ends minutes after dusk
- Generally, it is common to wake up early for a pre-dawn meal before fasting during the day, and to eat a meal after dusk
- Some Muslims choose to "break" their fast with dates and/or milk (traditional in some cultures)
- Mandatory fasting is typically observed by **some** Muslim denominations during the Islamic month of *Ramadan* (which is 29-30 days long and based on a lunar calendar).
 - Ramadan falls at a somewhat different time each year

- Contact diversity.services@fraserhealth.ca to find out when Ramadan falls during the North American/solar calendar year
- Some Muslims choose to also fast outside of the month of Ramadan, on other holy days

Who Fasts?

- Generally, those who have reached puberty, are able-bodied, and are healthy (physically and mentally) fast during this month
- However, there are certain populations who face health issues and life circumstances which excuse them from fasting (although they may choose to fast anyways). The list includes:
 - Pregnant women
 - Women who have given birth, up to 40 days following child birth
 - Women who are breastfeeding
 - People with mental health issues
 - People with chronic illnesses, particularly diabetes, that require medication
 - People who are acutely unwell, and for whom fasting would further compromise health
 - Women who are menstruating
 - Elderly individuals who may be too frail to fast
 - People who are travelling or are on extended journeys away from home
 - Children

Procedures that may pose as issues during Fasting

Letting your patient know about any of the following treatments/medications/procedures will help them make informed decisions while they are fasting.

<p>Muslim scholars and health care providers see the following treatments/medications/procedures as “breaking” the fast</p> <ul style="list-style-type: none"> ● Nose drops, nose sprays, inhalers ● Injections ● Suppositories and pessaries 	<p>Muslim scholars and health care providers view the following treatments/medications/procedures as those which <u>do not</u> “break” the fast:</p> <ul style="list-style-type: none"> ● Mouth washes or gargling, as long as the liquid is not swallowed ● Blood tests ● Medications absorbed through the skin (i.e., creams, ointments) ● Eye drops ● Oxygen and anaesthetic gases ● Nitro-glycerine tablets that are taken sublingually
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IMPORTANT PRACTICAL TOOLS: When is Fasting Appropriate for your Patient/Client/Resident?

Diabetic Patients:

During Ramadan, food and drink are only allowed at night. Extended gaps between meals, decreased physical activity, and higher intakes of carbohydrates mean diabetics may experience large swings in blood glucose. **It is important for those with diabetes to discuss their health concerns with a health professional and receive tailored advice.**

Generally:

If you are concerned about your patient's/client's/resident's health and well-being if they are fasting, have a conversation with them about your concerns. For example, discuss why you are concerned and possible accommodations.

Dietary Restrictions and Traditions

- Muslims see certain foods are permissible (*halal*), while others as prohibited (*haram*)
- In general, consuming **pork** and **alcohol** is **prohibited** in most Muslim denominations (although adherence varies across individuals)
- “**Halal Meat**” also refers to meat that has undergone a specific method of slaughtering as per Islamic law. Some Muslims may only eat halal meat, some may not.
- Some Muslims will only eat a vegetarian diet unless they are sure the foods are completely halal. Some may want to have food brought in from their homes.
- Alcohol, and liquid medicines that contain alcohol are **not** generally allowed, although they might be accepted if there is no alternative

The table below lists permissible and prohibited foods (although not all Muslims may adhere to this).

Table 1: Foods Suitable for Muslim Patients

Permissible (<i>Halal</i>)	Prohibited (<i>Haram</i>)
Meat and by-products	
<ul style="list-style-type: none"> - Chicken, beef, lamb, goat, etc that are slaughtered according to Islamic dietary law - All seafood - Eggs 	<ul style="list-style-type: none"> - Pork and all related products, including lard, salami, pepperoni, bacon, ham, etc. - Foods that contain blood or blood by-products

- Beans, lentils, nuts	- Meat from animals not slaughtered according to Islamic dietary law
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Milk and Milk Products

- Milk, yogurt, cheese, cream cheese and plant-derived milk products that are free of pepsin - Ice cream made with <i>halal</i> -approved gelatin or without animal fat	- Products made with animal fat or alcohol, including alcohol-based vanilla extract, lard, gelatin, pepsin, etc.
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Fruits and Vegetables

- All fruits and vegetables	
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Breads and Cereals

- All breakfast cereals, breads, cakes, biscuits, rice, and pasta that do not contain animal-based products, including gelatine	- Pasta sauces that contain wine or other alcohol-related ingredients - Rice cakes, biscuits, cakes, etc. made with animal fats
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Fats and Oils

- Butter, vegetable margarine - All vegetable oils - Mayonnaise	- Lard, suet, dripping, and other animal fats
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Beverages

- Coffee and tea - Soft drinks, soda water, and mineral water - Water, fruit juice, and cordial	- Alcohol and beverages that contain any alcohol content
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Other

<ul style="list-style-type: none"> • Soups made with vegetables and/or halal meat • Desserts made with vegetable by-products, halal-gelatin, and alcohol-free vanilla extract • Spices • Pickled vegetables • Sugars and jams • Honey <p><i>*Note: According to Islamic tradition, pure honey is considered to have medical properties that fight against illnesses</i></p>	<ul style="list-style-type: none"> • Gelatin • Lipase (commonly found in cheeses) • Pepsin (commonly found in cheeses)
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Adapted from the Queensland Health, "Health care providers' handbook on Muslim patients"

Guidelines & Considerations When Providing Care to Muslims

It is important to keep in mind that the Muslim population is diverse. Religious practice and observance can vary based on ethnicity, age, sex, geography, educational background, etc. The concept of patient-centred care reminds us of the importance of being mindful, conscious, and curious about this diversity and focus on the **individual's** personal beliefs, practices, and patient care preferences in health settings.

Worldview on Health & Illness

- As in any population, views on health, illness, and its causes, varies within the Muslim population
- Generally, Muslims might believe that God is a healer, and if one was to get better, it is because God wills it to happen, or permits it to happen
- **Treatment planning** with Muslims might include acknowledging that God heals illness and the treatment itself is a means to the cure, not the cure itself
- Muslims might view illness as the will of God or as a test from God (or might be expected to view it this way)
- The Quran provides dietary laws and laws for appropriate social behaviour. A Muslim who follows these different laws might view themselves as living correctly and healthily.

Family

- Family plays an important role in the lives of Muslims, as in many other cultural/religious communities
- In health care settings, decision making might be viewed as the collective responsibility of family members. Hence, your patient/client/resident might bring in family members (e.g. elders) to discuss health-related prescriptions and actions, etc.
- For some Muslims who have immigrated to Canada, the use of family as a support system might be lost due to migration. Hence, your patient/client/resident might lack this important cultural support.



IMPORTANT PRACTICAL TOOLS: Omission of Information

Presence of Relatives - Omission of Information by Patient: It is important to note that sometimes it is better to have a discussion with a patient/client alone, without the presence of family members. Reasons for this may be that the patient/client may feel uncomfortable, in some capacity, to tell the healthcare provider their full medical history (e.g. sexual health history) in the presence of family members. Let your patient know this, and try to find accommodations for them to speak in private where they feel safe.

Developing Rapport

- Health care providers should consider that sometimes traditional Middle Eastern, North African, and South Asian Muslims may be used to a style of health care where relationships between health care providers and patients are given more importance than they are in North America, where health care interactions tend to be more task-oriented and brief
- Task-oriented interactions (that by nature are performed quickly) are sometimes misinterpreted by patients and their families as intrusive to privacy and rude
- Spending time sharing in "small talk" prior to intrusive questioning is recommended as an act of courtesy and hospitality
- One way for health care providers to develop rapport with patients and families is by setting a preoperative visit a day prior to surgery/delivery to ask questions over a longer period of time
- It may also be useful to involve a cultural broker of sorts, someone who can help the patient/client/resident to understand the culture and style of health care provision in British Columbia.

Gender Interactions/Rules

- Generally in Islam, there are rules around gender interaction, which include guidelines defining modest behavior. These guidelines vary by denomination and cultural group. Some Muslims may adhere to these rules strictly while others may not.
- Generally, these rules in the context of healthcare are the following (although, again, this varies across individuals):
 - Patients might feel very uncomfortable exposing their bodies or having physical contact with a healthcare provider of the opposite sex. Patients might feel most comfortable interacting with a same-sex health care professional when undergoing medical assessment or treatment (e.g. when providing injection treatment to a female patient, the healthcare provider should also be female)
 - Patients might ask that a relative be present during when the healthcare provider is of another gender
 - For important private conversations that need to occur with your patient, please see the section on "Family Involvement"
 - If there is a language barrier between the healthcare provider and the patient/client, it is advisable to request a **same-sex Interpreter**. This can be especially important in small communities where the patient and interpreter may know each other or share mutual friends and colleagues.
 - Patients might feel more comfortable in hospital rooms where the other patients are of the same gender (e.g. matched gender rooms)
 - Muslim women who wear hijab may want some time to put on or fix their hijab when you are visiting them in the hospital setting, and so knock before you enter (please see section on Appearance - Hijab)
 - **Drop-Ins at the Home:** If you need to do a home visit, please let the patient know ahead of time so they can be dressed to their comfort, and/or make accommodations to have a family member/another person present for the visit

- **Generally, don't take it personally** if a patient/client/resident does not want to shake your hand, sit in a room alone with you, or would like the door open while you speak. These are probably due to cultural gender norms and rules that are important to your patient/client/resident and what they feel comfortable with.



IMPORTANT PRACTICAL TOOLS: Accommodating a Request for a Same-Sex Health Care Provider

If it is not possible for a patient to be examined by a health care provider of the same sex: Health care providers should clarify the reason as to why the patient's request cannot be met. For example, female patients wishing to deliver their baby with only a female gynecologist and female nurses present should be reminded this request cannot always be met, and receive a respectful explanation of why this cannot occur. Possible alternate ways to help accommodate the need can also be discussed. Listen and be empathetic.

Examples may include...

"I understand that it is important to you to have a female health provider. We want you to feel as comfortable as possible while we care for you, but unfortunately we do not have enough female staff to accommodate your need. Is there anything else we can do to make you feel more comfortable? For example, maybe before the healthcare provider comes into your space, can they knock? Or maybe you'd like an extra gown, or one of your family members present during an assessment?", etc.

Hospital Visits

- Muslims may see visiting family and friends in the hospital as a social and religious obligation. Health care providers should anticipate many visits.
- During visits, family and friends talk with, pray for, and give gifts to the patient
- It is important to discuss the official visiting hours and make accommodations as needed to accommodate and minimize the disturbance to health care staff and/or other nearby patients.

Maternity Services

Family Involvement

Given the diversity among the Muslim population, expectations and customs around birthing vary. What is common among Muslims is the emphasis on the family unit as a source of support for the mother and newborn child.

- Generally, males/fathers/husband's participation involves blessing the birth (although these roles are not solely reserved to men)
- The blessing of the birth entails carrying out the following traditions:
 - Washing of the child
 - Reciting the 'call to prayer' in the baby's ears

- Unless the newborn requires immediate medical attention, health care providers should allow this ritual to take place, which usually takes no more than five minutes

Traditional Practices

Some common and uncommon practices that follow the birth of a child can include:

- **Removing the infant's hair seven days after birth** (this can be delayed if the child requires a longer hospital stay)
- Saying "*mashaAllah*" (what God wills) when holding the newborn as a way of warding off evil
- Some Muslim people place a **chewed/softened date** on the palate of the infant shortly after birth. This practice is fairly uncommon, but sometimes does occur.
- **Honey** is sometimes used as a substitute for the chewed/softened date, but health care providers should respectfully advise parents that feeding honey to infants below the age of 12 months is **not recommended** and is associated with increasing the risk for infant botulism
- Sometimes, women may choose to **bury the placenta** after birth as it is considered part of the human body

Breastfeeding

- In Islam, women are recommended to breastfeed the child for up to **two years**

Circumcision

- Circumcision is performed on male children. The timing of this varies, but must occur before puberty. The practice is usually carried out by a physician (and there are physicians in the Lower Mainland who specialize in this).

Miscarriage, Intra-Uterine Death, or Still-birth

- Generally, Muslims may believe that a fetus has a soul 120 days after being conceived, implying that the fetus should be considered a person
- Therefore, the fetus should be treated according to standards and considerations of preoperative death
- Muslim parents may want the option of burying the baby

Sexual & Reproductive Health

Female Genital Cutting (FGC)/Female Genital Mutilation (FGM)

- FGC/FGM is the term used to refer to the removal of part, or all, of the female genitalia. There are four categories (see footnote²).

² According to the World Health Organization, there are four categories of FGC/FGM:

1. **Type I - Clitoridectomy**, which involves the partial or total removal of the clitoris;
2. **Type II - Excision**, in which the clitoris and the labia minora are partially or totally removed, with or without excision of the labia majora;

- Supporters of FGC/FGM justify this practice as a way to: maintain female hygiene, curbing women’s sexual activity, preservation of virginity or a symbolic mark of womanhood
- The teachings of the Qur’an **do not** support (or mention) female genital cutting/mutilation. However, FGM/FGC it is a cultural practice within some Muslim populations (but is **not solely** practiced in Muslim populations)
- *Where is it practiced?*
 - It is practiced extensively in Africa (in more than 28 African countries)
 - It is common in some countries in the Middle East (Egypt, Oman, Yemen and the United Arab Emirates)
 - Occurs with a small Muslim sect, the Daudi Bohra in India
 - In North America, it occurs mainly among immigrant communities from the above mentioned areas of the world
 - The prevalence of FGC/FGM ranges from 5% to 97% among women in countries where it is practiced. With increasing ease of travel, migration and movement of refugees both regionally and globally, FGC/FGM is no longer a localized issue but has become a matter of global concern, even though in epidemiological terms, its major impact remains in developing countries.
- *How is it practiced?*
 - The type of procedure, the age when it is performed, and the prevalence in the community and the socio-cultural and economic factors which support its continuation vary widely across the communities that practice FGC/FGM
- FGM/FGC is a **criminal offence** in Canada, as outlined in the *Criminal Code*
- There is a growing concern over the number of women and girls who are returning to their countries of origin to undergo the procedure. This is often due to familial pressure and cultural expectations.
- There is increasing fear over the possibility of “underground” procedures being performed here in Canada by trained or un-trained medical personnel
- Leading international agencies, conventions and declarations (i.e. WHO, UNICEF, UN Women, *The Convention of the Elimination of Discrimination Against Women, the Convention on the Rights of the Child, the UN Declaration on the Elimination of Violence Against Women*) and other Muslim organizations in Canada (e.g. Canadian Council of Muslim Women) view FGC/FGM as a form of **gender-based violence** and a **violation of human rights** as it violates the rights of girls and women to their natural sexuality and bodily integrity
- Long term physical, psychological and emotional implications for its victims including:
 - Shock
 - Anxiety
 - Hemorrhaging
 - Damage to the organs surrounding the clitoris and labia
 - Chronic infections (e.g. urinary tract infection)

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3. **Type III - Infibulation**, which involves narrowing the vaginal opening through the creation of a covering seal;
 4. **Type IV - All other harmful procedures** performed on the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping and cauterizing

- Intermittent bleeding
- Abscesses and small benign tumours of the nerve
- Tetanus
- Infertility
- In some cases, death



IMPORTANT PRACTICAL TOOLS: FGC/FGM

Important Findings in the Literature:

- Practitioners attending Somalian births in Canada have been found to lack knowledge of FGC/FGM and to manifest unprofessional attitudes towards these women (Chalmers & Omer-Hashi, 2002)

Important Practical Tools at the Patient-Provider Level:

Clinical Management - Modification of Antenatal Care in Women with FGC/FGM

- Women with FGC/FGM require sensitive antenatal care – for in-depth guidelines around clinical issues (e.g. modification of antenatal care in women with type III FGM), please see “Management of Pregnancy, Childbirth and the postpartum period in the presence of female genital mutilation” by the World Health Organization (insert link: http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.2.pdf) for full and in-depth information.

Communication – Talking to Your Patient about FGC/FGM

- **Be knowledgeable about FGC/FGM** and its different types so that you avoid asking your patient embarrassing questions, blame them for FGM, or convey any signs of misapprehension to your client – these may cause them to feel shamed and they may avoid seeking future antenatal care (or future health care in general)
- Relate to the women in a **non-judgmental, sensitive, and empathetic manner**; build a rapport with clients and provide information about the appropriate care during pregnancy, and after childbirth. **Privacy** is very important when discussing this issue.
- **Careful explanations** should be given about any intimate examination considered necessary and consent should be obtained, including those that your patient may want to include (e.g. family members or friends).
- Let your patient/client know that FGC/FGM is harmful practice, and the long-term physical, psychological and emotional implications of it.
 - The **antenatal period** provides an ideal opportunity for health workers to promote education on the health consequences of FGC/FGM. This may raise awareness of the risks associated with the procedure, may change attitudes toward the practice, may help to discourage women/couples from submitting their own daughters and granddaughters to FGC/FGM, as well as reduce demands for having FGC/FGM done again after the delivery of a baby. However, be aware that it may not necessarily produce behaviour change.
- Sometimes, a **harm reduction approach** is taken to FGC/FGM, but Fraser Health Diversity Services and other organizations (e.g. Canadian Council of Muslim Women) believe that **such a practice legitimizes and reinforces the practice’s patriarchal and sexually violent worldview**

Communication for Social Change

- The most effective communication as a means to empower communities involves a series of shifts from traditional communication strategies:
 - From designing and delivering messages to facilitating and encouraging dialogue, which implies sharing ideas rather than making judgmental statements or labelling practices as “wrong”;
 - From focusing on individual behaviour to focusing on collective social change;
 - From focusing on social problems to appreciating cultural richness and facilitating a process of cultural change;
 - From expert-driven solution to community-driven solutions, which involves engaging communities in the identification of existing structures and appropriate solutions

For more information on social change around FGC/FGM, please see *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting* developed by UNICEF. It can be found here: http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf

Abortion

- Muslims generally view abortion as sinful, and induced abortion after 120 days (4 months) of gestation to be a mortal sin, unless the pregnancy poses a serious threat to the health and life of the mother

Contraception

- The use of oral contraceptives, intrauterine devices, diaphragms, spermicides, and condoms are generally permitted in Islam
- Non-reversible forms of contraception might be viewed as forbidden and unlawful, unless there was a medical necessity (this view varies across Muslim populations). Examples include vasectomies and tubal ligations.

Assisted Reproductive Technologies

- The use of assisted reproductive technologies are generally permitted in Islam

End of Life Issues

Beliefs on Death and Dying

- Generally, Muslims believe that death is predestined by God and is followed by judgment and an afterlife
- Muslims may see death of a loved one as a test for the dying person, the family, and communities
- Muslims may be expected to receive and cope with death with prayer, remembrance, and patience, although this varies across individuals
- The process for the dying patient may be seen as an extraction of the soul by angels

Care for the Dying

- It is common for family members to surround their dying loved one with prayer and the recitation of the Quran
- Family members will often stay by the side of the dying patient and remind him/her to say the *shahada*, which is the declaration of faith (that there is no god but God and Muhammad is his Messenger)

Health Care Decisions and Care Planning

- Use of a resuscitation apparatus that maintains normal health may be accepted, although this varies according to the individual and family

- It is the family and/or patient's role to decide whether to disconnect a life support system or resuscitation apparatus even if the functioning of organs (e.g., heart) are still artificially maintained

Rituals Undertaken During and After the Dying Process

- Muslims are expected to help ease the process of dying for their loved one by gently encouraging him/her to say the *shahada* (declaration that there is no god but God and Muhammad is His Messenger)
- As a cultural superstition (that may not be practiced widely), some Muslims may remove/cover statues or pictures that portray living creatures from the room of the dying relative or friend because of the belief that the angel of death does not come near environments with statues and photographs. Removing statues and pictures is seen as a way to enable death to come more quickly, which helps to ensure that there is no unnecessary anguish or suffering. This practice varies across individuals and sub-populations within Muslim communities.
 - Muslims may ask for pictures to be taken down if they need to pray

Following death of a friend or loved one, special rituals may be undertaken:

- The body should be handled very gently and as little as possible
- The deceased person should only be touched by members of the same sex
- Modesty is to be preserved at all times during the washing of the body (*ghusul*) and subsequent shrouding with a white sheet (*kafan*)
- The deceased person's eyes are closed while the lower jaw is bandaged
- The deceased person's joints are flexed and the body is straightened
- Prior to burial—which should preferably take place within 24 hours—the body is taken to a community mosque, where Muslims pray for the deceased person
- The body is then taken to a Muslim cemetery where the deceased is **buried** in a coffin lined with soil
- Cremation is usually not done in Islam; usually the body is buried

Autopsy

- Some Muslims dislike autopsies and body embalming procedures, as these are viewed as procedures that disfigure bodies that belong to God
- The general Islamic tradition is for the whole body to be buried as soon as possible after death
- If you feel that an autopsy should be done, it is important to have a respectful discussion about this with your patient's family

Transplants, Organ Donation, and Blood Transfusion

Transplants and Organ Donation

- There is no agreement among Muslims about whether organ donations and transplants are permissible. It is up to the individual/family.

Blood Transfusion and Blood Donation

- In Islam blood donation and blood transfusions are allowed under the condition that the transplantation is from a living donor. The same applies to non-singular organs (e.g., a kidney) that are not essential for the survival of the donor.

Mental Health & Well Being

Views on Mental Health Issues

- There are a variety of beliefs in regards to the etiology and the care needed for mental health issues:
 - Overall Muslims view of mental illness is holistic in nature. Along with bio-medical views of mental health, there might be a strong emphasis on spiritual inclusion as well as community belonging
 - Specifically, some might see mental health issues as more of a spiritual issue rather than a medical one (e.g. mental health issues are a ‘test’ for the individual, a ‘spiritual disconnect’ with God, ‘fate’, a ‘punishment for past sins’)
 - Muslims might also associate mental health issues with non-spiritual dimensions such as genetics, environmental issues, etc.
 - **ASK** your patient/client/resident their view on mental health and well-being, as not everyone will have the same understanding or point of view
- Generally, Muslims might believe that God is a healer, and if one was to get better, it is because God wills it to happen

Important Points to Consider in the Realm of Mental Health and Treatment

Stigma and Shame

- “Social stigma” is the extreme disapproval (or discontent with) a person or group who carry a certain characteristic (by other members of that group)
- As with many communities, generally, mental health issues carry social stigma and shame in the Muslim community, and so it might not be discussed openly or well understood
- Due to social stigma, some Muslim patients may not initiate contact with mental health professionals or know how
- In some cases concerned family members may be the ones who make initial contact with mental health professionals

Barriers to Accessing Mental Health Care

- Research has suggested that Muslim communities currently underutilize mental health services due to lack of information about existing services
- Language barriers are an issue when seeking care

Symptoms

- Research shows that some forms of mental health issues among Muslims are likely to show up as vague physical symptoms (somatic symptoms). Thus, patients may prefer the use of somatic medications rather than taking part in psychotherapy.

Appropriate Health Care Providers

- Studies have shown that Muslims might go to a family doctor as their first point of contact when it comes to mental health issues

Types of Treatment

- Studies have shown that:
 - Muslims may be more likely to use **CBT** (Cognitive Behavioural Therapy) instead of other psychoanalytical approaches
 - Muslims might be drawn away from secular-based counselling methods because it is not entirely relevant to their culture or religious point of view
 - Women might be more likely to go to counselling
 - Men might be more likely to take medications
- **Prayer** is an important aspect in the lives of many Muslims and is especially helpful as a way of coping with stress, grief, and anxiety. Muslims may increase the frequency of prayers, fasting, reading of the Qur'an, or other religious activities as a way to cope and/or cure mental health issues.
 - Muslims may view prayer as a way to promote healing, and may actively seek medical care and lifestyle modifications as complimentary approaches
- Due to the collectivist nature of Muslim culture (i.e. where relationships with other members of the group and the interconnectedness between people play a central role in each person's identity), hospital settings may be a traumatic place for people as they are separated from their loved ones who generally provide support
 - Some best practices that healthcare providers use is to:
 - Admit the patient for the shortest amount of time as possible
 - Ensure that the patient does not feel isolated by accommodating more family conferences and visits

Other Explanations Held by Muslims about Mental Illness

- There are alternative opinions among some Muslims about mental health problems:
 - Magic and the evil eye (i.e., some Muslims may believe they can be inflicted with maladies and problems as a result of malevolent individuals)
 - Jinns (i.e. spirits that may be causing the health issue). E.g. Mental health issues might be interpreted as jinn possession by a patient.
 - Psychotic symptoms such as voices might be interpreted as whispers of the devil
 - As a result of these beliefs, some Muslim people choose religious approaches, including seeking the help of faith healers (Imams), while others choose biomedical methods, or a combination of both methods, to address mental health symptoms.

Islamophobia in the Context of Mental Health and Well Being

- **What is Islamophobia?**

- The term can be described as ‘prejudice against Muslims’, but specifically, it can be thought of as unfounded hostility towards Muslims, or a fear or dislike of all or most Muslims
- According to Islamophobia, some of the prevailing attitudes and beliefs towards Islam are:
 - Islam is monolithic and cannot adapt to new realities
 - Islam does not share common values with other major faiths
 - It is a religion that is inferior to other religions – it is archaic, barbaric and irrational
 - Islam is a religion of violence and supports terrorism
 - Islam is a violent political ideology
- Islamophobia is not a new phenomenon, however it has intensified since 9/11

- **How does Islamophobia Affect Mental Health, Well-Being and Treatment?**

- Islamophobia has been shown to be an added stressor to the mental health of Muslims in Canada, especially Muslim youth and newcomers
- Studies have shown that the impact of Islamophobia on Muslims in North America include symptoms of **post-traumatic stress disorder** such as: physical or emotional symptoms (94%), anger (94.1%), fatigue or exhaustion (79.4%), feeling anxious or fearful (73.5%), and difficulty sleeping (68.6%).
- **When it comes to treatment**, Muslim patients might feel reluctant to go to healthcare providers who are not Muslim out of fear of being misunderstood, stereotyped, discriminated against, or that their religion is to be blamed for their mental health (or other health) issues
 - This may lead to:
 - Early drop out of sessions
 - Taking too long to seek help
 - Families isolating other family members who have a mental health issue to protect them (or what they see as protection)
 - Mistrust of the health system
 - E.g. not fully comply with treatment

A Focus on Refugee Populations and Mental Health

- Per year, 1,000 refugees come to British Columbia, and the majority of them settle in the Fraser Health region
 - Approximately 80% of refugees that come into the Fraser region are Muslim and are likely from areas such as Iran, Iraq, and Somalia, and it is anticipated that large numbers of Syrian refugees will be arriving as well
- Mental Health issues for refugees are complex, and is becoming an increasing area of concern for Muslim community organizations and healthcare researchers and providers

- Please see: <http://refugeehealth.ca/> for in-depth information on healthcare coverage, guidelines and tools, community resources, patient handouts and cultural profiles.

Substance Use

Illicit Drugs, Alcohol, and Smoking

- The faith strongly prohibits the consumption of alcohol, the use of recreational drugs and gambling, although, as with most populations, usage varies across individuals
- The Quran and the prophetic teachings do not specifically prohibit the smoking of cigarettes, they do give behavioural guidance that discourage its use

Seeking Help and Recovery

- Some Muslims may feel reluctance about approaching a Muslim healthcare provider due to the **stigma** associated with having a substance use issue, particularly with alcohol and drugs, as there is a strong emphasis on them being prohibited in the religion. Hence, a patient may prefer to see a health care provider who is not Muslim to feel more comfortable.

Home Health

Respecting Prayer Spaces

- Since Muslim people often pray on carpeted areas, health care providers should ask if shoes should be removed. If removing shoes violates workplace health and safety measures, alternatives should be explored, including wearing plastic shoe covers or bringing an alternate pair of shoes that have not been worn outside.
- Health care providers should avoid stepping on prayer rugs as it is common for Muslims to use the rugs only for prayer and not as walking space
- Health care providers should avoid standing directly in front of a praying patient. This means that while working, health care providers can primarily stand behind or at the sides of the patient. If it is necessary to stand directly in front of the patient, health care providers should keep a minimum distance of about 2 meters.

More Information

- Please refer to other sections of this guidebook (e.g., Appearance, Ablution and Prayer, and Religious Scripture) for more information on Muslim religious customs that may be encountered during home care visits.

Health Promotion & Prevention

- Muslims may view health promotion and prevention through health practices from the Qur'an and Sunnah (teaching of Muhammad). They are listed below, but it is important to note that adherence to these varies across individuals:
- Health promotion and prevention practices may include abstinence from:

- Alcohol
 - Excessive eating
 - Illicit drugs
 - Sexual promiscuity
 - Pork products and their derivatives
- Health promotion and prevention practices may include:
 - Prayer
 - Cleanliness
 - Fasting
 - Ablution
 - Having healthy links with the Muslim community (i.e. social well-being)

Screening, Immunization, and other forms of Health Prevention

- There are no Qur’anic verses, prophetic teachings, or jurisdictions that prohibit necessary immunizations and screenings

Sexually Transmitted and Blood Borne Infections (STBBI)

- STIs and BBI’s are highly stigmatized and hardly discussed in the community setting
- Be sensitive and emphasize to your patient that any discussions you have with them are confidential and private, and without judgment

Muslim Resources and Organizations

Organization	Supports Available in relation to health services	Contact Information
BC Muslim Association	<ul style="list-style-type: none"> ● Funeral and burial services for Muslims ● Organize seniors events (teas/lunches/field trips) 	<p style="text-align: center;">www.thebcma.com</p>
Muslim Food Bank	<p>Services offered:</p> <ul style="list-style-type: none"> ● The preparation and distribution of food hampers that are catered to specific dietary needs (vegetarian and religious dietary restrictions) for 	<p style="text-align: center;">www.muslimfoodbank.com</p>

	<p>families (do not need to be Muslim)</p> <ul style="list-style-type: none"> • Mentorship, education and counselling (e.g. career guidance, skills and knowledge development, addiction, behavioural challenges and mental health issues) 	
315 NISA Muslim Women's Helpline	<ul style="list-style-type: none"> • North American Muslim Women's helpline • Trained counsellors available • Confidential • Toll Free Service 	<p>www.315nisa.com</p> <p>Tel: 1.888.315.NISA</p>
Straight Path Men's Recovery House	<ul style="list-style-type: none"> • Located in Surrey, BC • Abstinence-based long-term supportive recovery home for men aged 19 and over (minimum program length is 90 days) 	<p>www.nzf.ca/OurWork/StraightPathRecoveryShelter</p> <p>straightpathrecovery@nzf.ca</p>

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Appendix 1: How to Contact Interpreter Services

Language interpreting services are available throughout Fraser Health at no cost to the program department.

Requests for interpreting services are processed at the PHSA's Provincial Language Service.

FRASER SOUTH and NORTH

(Surrey, Delta, Langley, South Surrey/White Rock) and Fraser North (Burnaby, New Westminister, Coquitlam, Port Moody, Port Coquitlam, Maple Ridge)

Non-urgent interpreter services should be booked via the online booking system on the [Provincial Language Services website](#).

Interpreters needed within *2 hours* can be requested over the phone by calling the number below:

Telephone: 604-297-8400*

Fax: 604-708-2148

*please note that these phone numbers are not used for Emergency Departments or other specialized programs that have been given access to the specialized phone interpretation service

FRASER EAST

(Abbotsford, Mission, Chilliwack, Agassiz, Hope)

Interpreters in this region are always requested by phone. **Non-urgent** interpreter services should be booked by calling the numbers below:

Abbotsford/Mission

Telephone: 604-870-3769*

Fax: 604-854-8033

Chilliwack/Agassiz/Hope

Telephone: 1-877-889-8886*

Fax: 604-854-8033

*please note that these phone numbers are not used for Emergency Departments or other specialized programs that have been given access to the specialized phone interpretation service

Urgent interpreter services (phone interpreters) can be accessed by calling:

Telephone: 604-297-8400

Toll-free: **1-877-228-2557**

SIGN LANGUAGE

Requests for sign language interpreters are processed by the Western Institute for the Deaf and Hard of Hearing.

For **non-urgent** sign language interpreter needed anywhere in the Fraser Health region please pre-book at:

Telephone: 604-736-7012

Toll-free: 1-877-736-7012

If a sign language interpreter is needed in an **urgent situation**, please call:

Telephone: 604-736-7039

Long Distance: 1-877-736-7039