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.
Acknowledgements and Contributions

This handbook was created and is authored by Fraser Health Diversity Services (FHDS). FHDS provides training and education on diversity competency, along with other services. This handbook is meant to be one educational tool to help Fraser Health staff, physicians, and volunteers provide diversity sensitive care to Muslims. Click here to find the handbook online (on the Fraser Health Diversity Services Intranet website under “Resources”). Feel free to print this resource for you and your team. For further information, training, help, and/or to provide feedback, please email diversity.services@fraserhealth.ca or call 604-587-4486.

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In learning about providing diversity competent care to patients/clients/residents from a certain community (e.g. religious communities or ethnocultural 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 are 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 is shaped and changed by influential environmental factors (e.g. political environment, economic environment, social environment, etc.) and by the personal experiences one has had during their lifetime. Individuals within a community will interpret and practice their religions and cultures differently from one another. In the case of religious communities, the degrees and types of religious observances will vary. This approach helps us to 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 to, 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.

This emphasizes the importance of practising patient-centered care, of which diversity-competent care is an integral part. Some components of diversity 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.
- Seeing each patient as a unique individual, within the context of their cultural and/or religious background.
- Recognizing how our values and beliefs are shaped by our own dimensions of diversity, which ultimately affects 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”.

An Important Note on Cultural and Religious Literacy and Diversity Competent Care
Purpose of this Handbook

There is great diversity in the way that Islam is interpreted and practiced. The goal of this handbook is to help healthcare professionals provide better care to Muslims in the Lower Mainland by increasing their understanding of the diversity that exists within the Muslim community. 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. It contains important information on Islam; 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”. You can sign-up by searching for the title of the workshop on CCRS, or by following the link below:

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 taken into account for effective communication between the caregiver and the patient/client/resident/family:

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

Being aware of these three areas will aid you in better fulfilling your duty of meeting your patient’s healthcare needs and planning appropriate treatment. Further, taking these elements into account will help ensure your patient understands their care plan, 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, knowledge, etc. of a given group of people. This handbook will help you provide culturally-sensitive care to Muslims. We will not go into topic of culture in detail, since there are many resources available on the Fraser Health Diversity Services website defining what culture is and how culture affects health. For more information, please email diversity.services@fraserhealth.ca.
**Health Literacy (of your Patient/Client/Resident or their 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 at CarolA.Wilson@fraserhealth.ca

Fraser Health also has a patient education resource catalogue containing patient education materials that meet health literacy standards.

Please visit the Patient Education website (https://patienteduc.fraserhealth.ca) 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. Some Muslims are monolingual (speaking only one language), some are bilingual (speaking two languages), and others are multilingual (speaking more than two languages).

Common languages spoken in Lower Mainland Muslim communities are:

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

Other languages spoken by smaller Muslim populations in the Fraser Health region include (but are not limited to): Amharic (spoken in Ethiopia), Nepali (spoken in Nepal), and Albanian (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. Interpretation is the facilitation of spoken language between two or more persons who do not share a common language by conveying the information exchanged as accurately as possible. Requests for interpreting services 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, untrained multilingual volunteers and/or 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. If using a staff member, keep in mind that they must speak the same dialect as the patient/client/resident.

Providing medical interpretation is complex and can create harm if not done properly. For guidelines on deciding how and when a professional interpreter should be used, please visit the Provincial Language Services Catalogue and Guidelines webpage.

Important Note

Even in large urban centres, some cultural/religious groups are fairly small. The patient/client/resident may know, or share friends/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 Interpreter Services.

Feedback about Interpreter Services

The Lower Mainland Interpreter Services Customer Service Committee is responsible for ensuring that Interpreter Services is operating to expected levels and meeting quality standards for all of the 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 meant 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 by over a billion people world-wide 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, and many more. It should not be surprising that there is incredible diversity in the way Islam is interpreted and practiced around the world. The Muslims served by Fraser Health reflect this diversity.

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?

- We call those who practice Islam 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 Europe, 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.
- All Muslims subscribe to the shahada, which is the proclamation that:
  - There is One God (Allah)
    - Allah is the Arabic word for ‘God’
  - The Prophet Muhammad is God’s last Prophet
• **Muhammad** is seen as an ideal example of living according to 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. Muslims believe it 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 that the progeny of Muhammad’s cousin and son-in-law, Ali, are spiritual guides and teachers.

• There are two main Shia branches: **Ithna Ashari** (the 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. Muslims believe it 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 (the idea that there is one God),
  - Basic beliefs of Islam, which include the existence of God and life after death,
• 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.

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.
  o 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:
  o Financial transactions
  o Inheritance
  o Endowments
  o Marriage, divorce, and child care
  o Foods and drink
  o Hygiene and purification
  o 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 individuals. However, there are key things that are generally important to Muslims:

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 to 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 Kaaba) 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 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 head 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:
  - Tayammum is the procedure of placing both hands on matter like a stone or sand, and the patient symbolically washes.
Above

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 Qur’an 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). In the Fraser Health region, it 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.

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.
Prayer Movements
Prayers might include various movements, as follows:

1. Standing while reciting (audibly or silently) verses from the Qur’an
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, or an 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 or walk in front of them while they are praying.
• 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 unit/ward.
- Some patients might want to avoid having health related appointments on Friday afternoons so they can attend the Friday Prayer.

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. However, it 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.
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).

IMPORTANT PRACTICAL TOOL: Hijab and Dressing Modestly

- Knock on your patient’s door/curtain area to give them time to fix/wear their hijab, or to 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.
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, or you can search on Google.

- 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 Ramadan.
- 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 illness
  - 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.

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<thead>
<tr>
<th>Muslim scholars and health care providers see the following treatments/medications/procedures as “breaking” the fast:</th>
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<tbody>
<tr>
<td>Nose drops, nose sprays, inhalers</td>
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<tr>
<td>Injections</td>
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<tr>
<td>Suppositories and pessaries</td>
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</tbody>
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<tr>
<th>Muslim scholars and health care providers view the following treatments/medications/procedures as those which do not “break” the fast:</th>
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<tbody>
<tr>
<td>Mouth washes or gargling, as long as the liquid is not swallowed</td>
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<tr>
<td>Blood tests</td>
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<tr>
<td>Medications absorbed through the skin (i.e., creams, ointments)</td>
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<tr>
<td>Eye drops</td>
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<tr>
<td>Oxygen and anaesthetic gases</td>
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<td>Nitro-glycerine tablets that are taken sublingually</td>
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Dietary Restrictions and Traditions

- Muslims see certain foods as permissible (halal), while others as prohibited (haram).
- In general, consuming pork and alcohol is prohibited (including any foods made with alcohol or pork by-products) in most Muslim denominations (although adherence varies across individuals).
- “Halal Meat” 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. There is a symbol that people can look for when they are purchasing halal meat. It looks like this:

![Halal symbol]

- 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 if they are staying in the hospital.
- Alcohol and liquid medicines that contain alcohol are not generally allowed, although they might be accepted if there is no alternative.

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/client/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.
The table below (Table 1) lists permissible and prohibited foods. It’s important to note that some Muslims may not adhere to this, or might adhere to some dietary practices, and not others. Ask your patient, client, resident, or their family to understand their personal dietary needs and practices. You might want to ask a dietitian to help you in this process, in case some of this information is too technical and detailed for your practice.

**Table 1: Foods Suitable for Muslim Patients**

<table>
<thead>
<tr>
<th>Permissible (Halal)</th>
<th>Prohibited (Haram)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meat and by-products</strong></td>
<td></td>
</tr>
<tr>
<td>- Chicken, beef, lamb, goat, etc., that are slaughtered according to Islamic dietary law</td>
<td>- Pork and all related products, including lard, salami, pepperoni, bacon, ham, etc.</td>
</tr>
<tr>
<td>- All seafood</td>
<td>- Foods that contain blood or blood by-products (e.g. blood pudding)</td>
</tr>
<tr>
<td>- Eggs</td>
<td>- Meat from animals not slaughtered according to Islamic dietary law</td>
</tr>
<tr>
<td>- Beans, lentils, nuts</td>
<td>- Canned beans, peas and lentils containing pork</td>
</tr>
<tr>
<td></td>
<td>- Any meat and meat alternative dish prepared with alcohol, pork products or animal shortening</td>
</tr>
<tr>
<td></td>
<td>- Some Muslims might not each shrimp</td>
</tr>
<tr>
<td><strong>Milk and Milk Products</strong></td>
<td></td>
</tr>
<tr>
<td>- Milk, yogurt, cheese, cream cheese and plant-derived milk products that are free of pepsin</td>
<td>- Products made with animal fat or alcohol, including alcohol-based vanilla extract, lard, gelatin, pepsin, animal rennet, lipase, pure or artificial vanilla extract or whey.</td>
</tr>
<tr>
<td>- Ice cream made with halal-approved gelatin or without animal fat</td>
<td></td>
</tr>
<tr>
<td><strong>Fruits and Vegetables</strong></td>
<td></td>
</tr>
<tr>
<td>- All fruits and vegetables are permissible (except those prepared with the above prohibited products).</td>
<td></td>
</tr>
<tr>
<td><strong>Breads and Cereals</strong></td>
<td></td>
</tr>
<tr>
<td>- All breakfast cereals, breads, cakes, biscuits, rice, and pasta that do not contain animal-based products, including gelatin</td>
<td>- Pasta sauces that contain wine or other alcohol-related ingredients</td>
</tr>
<tr>
<td></td>
<td>- Rice cakes, biscuits, cakes, etc. made with animal fats</td>
</tr>
<tr>
<td><strong>Fats and Oils</strong></td>
<td></td>
</tr>
<tr>
<td>- Butter, vegetable margarine</td>
<td>- Lard, suet, dripping, shortening, and other animal fats</td>
</tr>
<tr>
<td>- All vegetable oils</td>
<td></td>
</tr>
<tr>
<td>- Mayonnaise</td>
<td></td>
</tr>
</tbody>
</table>
**Beverages**

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

**Other**

- 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
  
  *Note: According to Islamic tradition, pure honey is considered to have medical properties that fight against illnesses*
- Gelatin
- Lipase (commonly found in cheeses)
- Pepsin (commonly found in cheeses)
- Chocolates/candies made with alcohol or artificial vanilla extract
- Sweeteners: chocolate liqueur

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 the causes of illness, vary 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 Qur’an 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.

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

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.
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 health care 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 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 health care 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, 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 it is what they feel comfortable with.
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 or food 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, the participation of males/fathers/husband is blessing the birth (although this role is not solely reserved for men).
- Blessing the birth entails carrying out the following traditions:
  - Washing the child, and
  - 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

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 health care 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?”
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 fetus.

**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 footnote 2).
  - Supporters of FGC/FGM justify this practice as a way to: maintain female hygiene, curb women’s sexual activity, preserve virginity, or a symbolic mark of womanhood.

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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;
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.
• 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?
  o It is practiced extensively in Africa (in more than 28 African countries).
  o It is common in some countries in the Middle East (Egypt, Oman, Yemen and the United Arab Emirates).
  o Occurs with a small Muslim sect, the Daudi Bohra in India.
  o 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?
  o The type of procedure, the age when it is performed, 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:
  o Shock
  o Anxiety
  o Hemorrhaging
  o Damage to the organs surrounding the clitoris and labia
  o Chronic infections (e.g. urinary tract infection)
  o Intermittent bleeding
  o Abscesses and small benign tumours of the nerve
  o Tetanus
  o Infertility
  o 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, change attitudes toward the practice, 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 this type of education 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](http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf)
Abortion

- Muslims generally view abortion as sinful, especially if the abortion occurs after 120 days (4 months) of gestation. However, it is considered permissible in the religion if 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 is 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 the death of a loved one as a test for the dying person, the family, and the community.
- Muslims may be expected to receive and cope with death through 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.

Health Care Decisions and Care Planning

- It is the family’s 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.

Care for the Dying

- It is common for family members to surround their dying loved one with prayer and the recitation of the Qur’an.
- 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).
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 might 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, the Muslim 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 and community belonging.
  - Specifically, some might see mental health issues as more of a spiritual issue 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, stressful environments, 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. See this brochure that provides questions that can help you understand the beliefs of your patient/client/resident when it comes to mental health (or any other health-related issue): [http://www.fraserhealth.ca/media/Understanding-beliefs-culture.pdf](http://www.fraserhealth.ca/media/Understanding-beliefs-culture.pdf)
- 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 of, or discontentment with, a person or group who carry a certain characteristic.
- As with many communities, mental health issues may 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, or may not know how to, initiate contact with mental health professionals.
- 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 a 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 cultural 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, readings of the Qur'an, or other religious activities as a way to cope with and/or cure mental illness.
  - Muslims may view prayer as a way to promote healing, and may actively seek medical care and lifestyle modifications as complementary approaches.

- Due to the collectivist nature of the 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.
  - If a patient has to stay in a hospital, some best practices that healthcare providers use are 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 the cause of mental health problems:
  - Magic and the evil eye – Some Muslims may believe they can be inflicted with maladies and problems as a result of malevolent individuals.
  - Jinns (spirits that may be causing the health issue) – 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, mental health symptoms may be addressed in different ways. Muslims may choose religious approaches (including seeking the help of faith healers, called Imams), biomedical methods, or a combination of both methods.

**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 about 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 that 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 health care providers who are not Muslim out of fear of being misunderstood, stereotyped, discriminated against, or that their religion will 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
  - Patients may 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 Syria.
- Mental Health issues for refugees are complex, and are becoming an increasing area of concern for Muslim community organizations and health care researchers and providers.
- Please see: [http://refugeehealth.ca/](http://refugeehealth.ca/) for in-depth information on health care coverage, guidelines and tools, community resources, patient handouts, and cultural profiles. The following website [https://www.porticonetwork.ca/web/rmhp](https://www.porticonetwork.ca/web/rmhp) also has webinars are offered by the Refugee Mental Health Project through Canada’s Mental Health & Addictions Network (CAMH).
Substance Use

Illicit Drugs, Alcohol, and Smoking
- Islam strongly prohibits the consumption of alcohol, the use of recreational drugs, and gambling; although, as with most populations, usage varies across individuals.
- Although the Qur’an and the prophetic teachings do not specifically prohibit the smoking of cigarettes, they do give behavioural guidance which discourage it.

Seeking Help and Recovery
- Some Muslims may feel reluctant about approaching a Muslim health care 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 feel more comfortable seeing a health care provider who is not Muslim.

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 BBIs 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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Supports Available in relation to health services</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC Muslim Association</td>
<td>• Funeral and burial services for Muslims&lt;br&gt;• Organize seniors events (teas/lunches/field trips)</td>
<td><a href="http://www.thebcma.com">www.thebcma.com</a></td>
</tr>
<tr>
<td>Muslim Food Bank</td>
<td>Services offered:&lt;br&gt;• The preparation and distribution of food hampers that are catered to specific dietary needs (vegetarian and religious dietary restrictions) for families (do not need to be Muslim)&lt;br&gt;• Mentorship, education, and counselling (e.g. career guidance, skills and knowledge development, addiction, behavioural challenges, and mental health issues)</td>
<td><a href="http://www.muslimfoodbank.com">www.muslimfoodbank.com</a></td>
</tr>
<tr>
<td>315 NISA Muslim Women’s</td>
<td>• North American Muslim Women’s helpline</td>
<td><a href="http://www.315nisa.com">www.315nisa.com</a></td>
</tr>
<tr>
<td>Helpline</td>
<td>Tel: 1.888.315.NISA</td>
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<td>----------------------------------------------</td>
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<tr>
<td>• Trained counsellors available</td>
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<tr>
<td>• Confidential</td>
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<tr>
<td>• Toll Free Service</td>
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<tr>
<th>Straight Path Men’s Recovery House</th>
<th><a href="http://www.nzf.ca/OurWork/StraightPathRecoveryShelter">www.nzf.ca/OurWork/StraightPathRecoveryShelter</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Located in Surrey, BC</td>
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<tr>
<td>• Abstinence-based long-term supportive recovery home for men aged 19 and over (minimum program length is 90 days)</td>
<td><a href="mailto:straightpathrecovery@nzf.ca">straightpathrecovery@nzf.ca</a></td>
</tr>
</tbody>
</table>

www.nzf.ca/OurWork/StraightPathRecoveryShelter
References

13. Mughees A. An understanding of the beliefs of Muslim patients will aid healthcare workers to provide optimal care for them. World of Irish Nursing & Midwifery. 2006.
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**

Fraser South (Surrey, Delta, Langley, South Surrey/White Rock) and Fraser North (Burnaby, New Westminster, 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, or by going to http://pls.phsa.ca/Interpreting/.

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