N432 Clinical Cultural Report

Muslim Culture & Maternal-Newborn Care Considerations

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Introduction

The Muslim community is a faith-driven and ethnically diverse collective that touts a highly specific set of cultural values, beliefs, and preferences. It has its own familial structure, traditions, and rulesets governing appropriate attire, gender norms, health, and diet. Comprising nearly 2 billion global members, with 3.5 million in the U.S., they represent one of the largest cultural collectives on the planet. Regionally, they are a growing subset within the population of this state, with Illinois boasting the largest per capita Muslim population in the nation. Muslims now comprise as much as 5% of the greater Chicago metro area (Muslim Civic Coalition, n.d.).

Religion

Muslims practice Islam as their religion, and which is a profoundly pervasive practice influencing all aspects of their life and unifying their culture. Daily prayer is conducted five times a day with specific edicts about how it must be performed, such as a need to face in a geographical direction toward Mecca, their holy land, whenever in prayer. Islam is a centuries old belief system that regards its practices with the utmost seriousness, and as such often finds itself supplanting governments in some parts of the world as a theocracy. As such, its rules at times transcend into laws, which taken together are known as Sharia Law (Attum et al., 2023). These laws can have significant influences on providing healthcare to Muslims. One of the most significant examples of this relates to the Islamic ethical principle of modesty. In observation of this, their culture has strict guidance on women and their privacy. With very limited exception, in practice this means the complete exclusion of male healthcare providers – particularly with sensitive or intimate aspects such as childbirth (Shahawy et al., 2015; Rassool, 2015)..

Healing Beliefs and Practices

Among the more traditional and conservative members of the Muslim community, illness may be seen as a punishment or test by their god, Allah. This may influence the way they perceive it or how they choose to treat it. For instance, some may consider it necessary to suffer through their condition with limited efforts to alleviate discomfort as a means to "atone". Alternatively, they may be compelled to manage ailments with culturally venerated treatments derived from historically accepted natural remedies and herbal medicines. Religious prayer is also considered a form of medical intervention, as are reading from the Qur'an (their holy texts), or fasting. However, for some Muslims these practices may be performed in conjunction with modern healthcare interventions as opposed to in place of, or incongruent with them. As such, healthcare providers must make space to allow and respect such wishes whenever possible. In the context of birthing, prayer is a common practice for Muslims during labor and delivery and special prayers are reserved for the newborn once delivered. Depending on the given practices of the individual- all men, including the father, may be barred from being present during the birth. Additionally, burying the placenta afterward is culturally observed by some Muslims, for whom respect for the vital role that the placenta plays is important, and therefore it is given the same ethical respect that is practiced for the body generally within the Muslim belief system (Rassool, 2015; Attum et al., 2023).

Family Life

Muslim families have very traditional views on familial hierarchy that employs a patriarchal leadership structure with extended family authority – that is to say the father of the household is generally the leadership figure within the nuclear household, but within the context of the extended family, or within multigenerational households common in immigrant Muslim families, there is significant decision making weight given to members who are the eldest. Age is a respected characteristic within the Muslim community, and grandparents play

a significant consulting role in major family decisions or life events such as the birth of a new member. Infact, given the highly gendered rulesets within the Muslim way of life, often it is a given expectant individual's mother or mother-in-law that plays the greatest role in their pregnancy and labor; often even more so than healthcare workers (Attum et al., 2023; Hasnain et al., 2011).

Communication

The notion of female modesty is so regarded within Muslim communities that often a “mahram” is appointed for medical appointments of Muslim women. This is a role fulfilled by husbands or fathers, and the expectancy is that they will accompany the woman to their appointment and act as their interface to the healthcare providers being visited – speaking for them and often making decisions for them. This can be a practice fraught with cross-culture clashes in places where cultures collide on the issue of women's rights, as the absence of agency for an adult woman is often seen very differently in Western cultures than in Eastern cultures. More than just prohibiting speech, Muslim women are also taught to refrain from eye contact or expressing outwardly when in pain or disagreement, which can have implications on efforts to provide considerate care to Muslim women as a patient (Hasnain et al., 2011; Attum et al., 2023).

Diet

The Muslim cultures many laws also extend to their dietary practice and are known collectively as “Halal”. Rules within a Halal diet include the explicit exclusion of pork products or alcohol of any kind – which can have some interesting implications in medicine when some medical products or medicines are derived from or include pig or alcohol content, or their byproducts (Rassool, 2015; Attum et al., 2023). Meat must also be blessed before its consumption is allowed. As such, hospital kitchens must be able to guarantee Muslim clients that their meat is consistent with Halal or provide ample substitutes like vegetarian options. After a child is born, there are some traditionally consumed foods and drinks associated with birth. This can include fenugreek teas, soup, and broths all believed to help with recovery from labor (Shahawy et al., 2015). While pregnant or nursing women are generally exempt, periods of fasting are a common practice that carries significant religious connotations, and some women may still engage in this despite their exempted condition or sustenance needs post-labor. When fasting, even medications are prohibited, which can influence how treatment is provided to these patients.

Core Values

Recapping some of what has been discussed so far, some examples of the core cultural values for Muslims include: Modesty – Muslim women are often required to wear long and obscuring gowns with head coverings to minimize their outward physical appearance and often will not speak with men not affiliated with their family. Prayer – practiced five times daily with specific times and characteristics for practicing. Qadr – the belief that all medical (or other) outcomes are the will of god (Hasnain et al., 2011; Attum et al., 2023). Patriarchal and Gerontocratic decision making – choices, including those in healthcare, are often made either by, or with the consultation of, the male head of the household and other elders within the family or communal faith organization, with age and gender biases playing a role. Stoicism – despite the severity of their condition, Muslim patients may underreport pain or critical symptoms that nurses need to be aware

of, believing that they must keep themselves under control and accept such suffering as either gods will, or as a test to pass. This can make it difficult for nurses to gauge how the client is tolerating the labor process or other medical events and accurately anticipate their needs.

Taken together, this can make for a complicated patient for nurses in western culture. It requires a great deal of cultural sensitivity and awareness on behalf of the nurse in western society to accommodate the healthcare of Muslim clients in a culturally respectful way. A Muslim patient going into labor will require an extensive Q&A by a female* nurse or provider, and often through their intermediary, in order to screen for all of the possible considerations – the clients preferred diet, times of prayer, medication/intervention do's & don'ts, religious-specific wishes, and much more. The Muslim client may prefer their bed oriented toward Mecca and may have specific expectations regarding their gowns (for modesty) and the care or handling of the placenta after birth (for ceremonial burial) (Rassool, 2015).

Tips/Suggestions

In the context of labor and delivery for the Muslim patient – it is likely best to simply proactively assume that the client will not want male healthcare staff to assist in any way. Nurses should also expect to conduct a thorough accounting of all of the patients' wishes as described above. When in doubt, ask! It is always better to ask, in a respectful way, than to assume. These clients have numerous and highly specific considerations that their culture imparts on the provision of their care. In the U.S. these clients often are accustomed to having to explain these to non-Muslims and won't inherently be offended by nurses requesting insight into how best to serve them in a culturally considerate way. While a quality nurse need not know all of these offhand, they should still possess a baseline awareness that a Muslim client will require a thoughtful approach and will need a nurse who goes the distance to engage the client in a way that creates a collaborative effort to identify and address all of these considerations (Shahawy et al., 2015; Attum et al., 2023; Hasnain et al., 2011).

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