

Religious beliefs shape health care attitudes among US Muslims

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The perceived role of God in illness and recovery is a primary influence upon the health care beliefs and behaviors of American Muslims, a first-of-its-kind study has discovered. Outreach and education efforts by the health care community can help address Muslim concerns and improve health care quality in this rapidly growing population, the report recommends.

The traditional Ramadan fasting occurring this month is but one of many facets of the Islamic faith that might influence a patient's [health behaviors](#). But few studies have comprehensively examined how religious beliefs and cultural attitudes across the different sub-communities within the American Muslim community shape a Muslim patient's experience.

"The idea was to talk about the health care values of American Muslim patients and the challenges they face inside the [health care system](#)," said Aasim Padela, MD, MS, assistant professor of medicine and director of the Initiative on Islam and Medicine at the University of Chicago. "The findings can guide us as we move forward on accommodating these patients and others."

For the report, "Meeting the Healthcare Needs of American Muslims," researchers interviewed people who share Islamic faith from a variety of ethnic backgrounds to gauge how their faith influences behaviors and the cultural obstacles they face within the health care environment.

Muslims are one of the fastest-growing minorities in the United States, with an estimated 7 million Americans identifying as Muslim and more than 2,000 active mosques in the country according to the Council on American-Islamic Relations. Muslims also are the most diverse religious group in the United States, with contingents of Arab origin, of South Asian (predominantly Indian and Pakistani) origin, and African-Americans.

To assess the common health care values of this diverse religious community, Padela and colleagues conducted several focus groups in southeastern Michigan, home to one of the largest Muslim-American communities in the United States. More than 100 men and women participated in 13 focus groups organized through mosques chosen to represent each of the community's ethnic backgrounds.

"We looked at American Muslims as a conglomerate and asked what was common," Padela said. "We wanted to talk to each of these three large groups, which we know comprise the majority of American Muslims, and look at what's similar in terms of health care challenges and beliefs. What we found as similar is something we can attribute to their faith."

One significant area of overlap was in the assignment of responsibility to God for health, disease and healing. Illnesses ranging from influenza to cancer are attributed by many Muslim-Americans to the influence of God, with some describing illness as "a disease of fate."

"Most participants perceived illness through a religious lens as predestined," the authors wrote, "a trial from God by which one's sins are removed, an opportunity for spiritual reward, a reminder to improve one's health, and sometimes a sign of personal failure to follow Islam's tenets."

These views were accompanied by a holistic view of healing involving a

combination of spiritual and medical agents. The health care role of imams, the spiritual leaders of the Muslim community, was frequently discussed.

"God also says to take care of your body and that means you have to go to people in this world," Padela said. "Doctors are a part of that, but only a part. Imams play a big role in healing, in the sense that they help you understand disease and illness."

Though imams are often consulted by patients for advice during illness, Muslim chaplains are a rarity in the American health care system. Improving communication between hospitals and community imams would help Muslim patients address spiritual concerns during times of serious illness and educate imams on how to counsel their patients on medical issues, Padela said.

Other recommendations in the report for [health care](#) institutions included cultural sensitivity training for staff, providing halal food and prayer space for Muslim inpatients, and building partnerships with mosques to create health awareness campaigns targeting the community.

"In this community in Michigan, Muslims aren't a new group, they've been there for a long time," Padela said. "There is an undercurrent of 'we've been there and asked for these things, but the onus is always on us. They don't come meet with us.' "

"If hospitals go to the community and have that mutual learning process, it will help the community and help the patients at the bedside," Padela said.

More information: "Meeting the Healthcare Needs of American Muslims" was published in June by the Institute for Social Policy & Understanding, located in Washington, DC. It is available for download

at ispu.org/GetReports/35/2110/Publications.aspx

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