

British Muslims with diabetes need more healthcare support during Ramadan

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British Muslims with diabetes may avoid attending GP surgeries to discuss fasting during the holy month of Ramadan – with potentially serious consequences for their future health, new research by the universities of Manchester and Keele shows.

The first study in the UK to explore the beliefs which influence the experience and practices of British Muslims' [diabetes](#) management found tensions often exist between observing the important religious ritual in accordance with their faith and the competing need to manage their health.

Lead author Dr Neesha Patel, from The University of Manchester, said the research - published in the journal *Health Expectations* – showed British Muslims with diabetes would like support and advice from their GP on [fasting](#) safely, providing their GP was trained, emphatic and understood the significance of Ramadan for Muslims with diabetes.

There are 3 million people in the UK with diabetes, and a further 850,000 who have undiagnosed Type 2. It is six times more common in the South Asian population and four times more common in the Bangladeshi and Pakistani groups than the general UK population. Recent figures suggest approximately 325,000 Muslims have diabetes in the UK.

Short-term risks of fasting include poor [diabetes control](#) and dehydration. Longer-term risks include a reduced quality of life and

increase in mortality.

The research, funded by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Greater Manchester (NIHR CLAHRC GM), found many saw fasting during Ramadan as a religious duty which should be fulfilled by all Muslims in spite of living with diabetes.

Some avoided telling their GP or practice nurse they were fasting. While those who did inform their GP reported that they were advised not to fast but went ahead anyway because they felt they could control their diabetes or that their GP did not understand the significance of fasting during Ramadan.

The reluctance to disclose fasting was not influenced by the ethnicity of the GP. Regardless of whether the GP was Pakistani Muslim or white British some respondents still perceived their GP to have a lack of expertise to support them effectively during fasting.

Five type-2 diabetes patients interviewed who were on insulin did not fast and perceived it as a threat to their diabetes. But some patients reported receiving pressure from their family to fast as well as guilt and embarrassment at not fasting. Some reported eating their daytime meals in secret or when other family were not in the house.

Dr Patel said: "Although the Islamic law states that the 'sick' can be exempt from fasting for one or all 30 days, the majority of Muslim respondents with diabetes do not perceive themselves as 'sick' and therefore choose to fast.

"We found many British Muslims we interviewed did not bring the topic up with their GP or practice nurse or avoided their surgery altogether that month for fear of being told not to fast.

"The reluctance to disclose fasting to GPs or practice nurses has potentially serious consequences for diabetes control and future health. Non-adherence to daily diabetes regime may result in more Muslim patients suffering the risks and complications associated with diabetes, leading to poor quality of life and increased use of NHS health services."

Professor Carolyn Chew-Graham, a Manchester GP and Professor of General Practice Research at Keele University who worked with Dr Patel on the study, added: "Our study shows the importance of considering patient experiences, especially when forming guidelines in this area and suggests a need for better training for GPs and practice nurses and with Mosques and community leaders.

"GPs and practice nurses need to ask patients if they intend to fast, and if they need information about how to fast safely. Health care professionals may also benefit from training and skills into providing culturally sensitive care, and patients also need to feel that they can discuss fasting openly in the primary care consultation."

Jenne Patel, Diabetes UK Equality and Diversity Manager, said: "People with diabetes do not have to fast during Ramadan, although many will choose to and we know that for many Muslims it is a difficult decision.

"It is concerning that this research suggests that some Muslims feel uncomfortable in talking about their fasting decisions with their doctor or practice nurse and we need to send out the message that everyone with diabetes who is considering fasting throughout Ramadan should speak to their doctor, practice nurse and their Imam, who can help people come to the decision that is right for them."

Provided by University of Manchester

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