

TRANSCULTURAL MEDICINE AND OBSTETRIC AND GYNECOLOGICAL CARE FOR MUSLIM WOMEN

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LEARNING OBJECTIVES

- ❑ To gain an understanding of healthcare providers' perceptions of their interactions with transcultural medicine and the challenges they face in providing culturally appropriate patient-centered care.
- ❑ To learn how differences in conceptualizations of disease and cure can lead to unmet expectations between patient and the health care provider.
- ❑ Understanding Muslims women's shared religious beliefs about healthcare needs and challenges such as, the need for medications that meet Islamic lawful requirements.

TRANSCULTURAL MEDICINE

- ❑ **Transcultural medicine** is the knowledge of medical and communication encounters between a health care provider of one ethnic group and a patient of another
- ❑ Culture shapes individuals' notions of health, perception of illness, beliefs about health risks, adherence to doctors' recommendations, expectations of the provider–patient relationship and health outcomes.

TRANSCULTURAL MEDICINE

- ❑ **Cultural conflict** and ethical challenges can arise from competing value systems.
- ❑ For example, a patient might view cervical cancer screening as a challenge to modesty, whereas the clinician might view this procedure as essential to disease prevention.
- ❑ Assessing the cultural values and practices around health and healing within patients' specific ethnic, racial, and religious communities is important for enhancing community health.

TRANSCULTURAL MEDICINE

- ❑ For some communities, religious beliefs, practices, and values form an integral part of their cultural identity.
- ❑ With regard to interactions with the health system, religion can inform expectations of health care providers, to guide medical decision making, and influence adherence to medical treatment.
- ❑ For some patient populations, their religious values serve as an **important alternative entry point, beyond the biomedical model**, for **developing and articulating meanings of health and understanding health practices and choices.**

MUSLIMS IN THE UNITED STATES AND HEALTH CARE

- ❑ The largest group of Muslim immigrants in the US is from South Asian countries (33%), followed by the Middle Eastern countries (25%).
- ❑ Muslims, regardless of their country of origin and ethnic and cultural diversity, have in common a religious thread that impacts the entire spectrum of their health-related beliefs and practices (sexual norms, reproductive health, and maternal and child health issues).

BACKGROUND

- ❑ With the growing number of refugee Muslim patients in Sacramento, there is a greater need for obstetrician-gynecologists (ob-gyns) to understand the unique cultural and religious needs of Muslim patients.
- ❑ Issues that might arise in the obstetric and gynecologic care of Muslim women, including the patient-physician relationship, modesty and interactions with male health care providers, sexual health, contraception, abortion, infertility, and intrapartum and postpartum care.

CHALLENGES FOR HEALTH CARE PROVIDERS

- ❑ Department of OB/GYN seeing a larger Muslim refugee patient population on labor and delivery and in clinic.
- ❑ Residents and faculty interested in learning more and providing more culturally competent care to Muslim Women.

APPROACH

- ❑ Needs assessment of residency program (survey residents and faculty)
- ❑ Demographic survey sent to the Muslim women population in Sacramento
- ❑ Focus groups with Refugee women in Sacramento

SHIFA COMMUNITY CLINIC

TIMELINE

Jan 27 – May 1
Survey administered

- **Jan 20 - Feb 1**
 - Collect survey for UC Davis OB/GYN department
 - Recruit sample focus group from volunteers
 - Develop questionnaire for focus group (adjust after survey results)
- **Feb 1 – Feb 28**
 - Finalize questionnaire using survey results
 - Host first focus group with sample group
 - Begin recruitment of volunteers for other focus group
 - Contact IMANA for expert help
- **March 1 - March 31**
 - Host remainder of focus groups
- **April 1- July 30th**
 - Review data and prepare presentation
 - Complete study for publication

SETTINGS AND PARTICIPANTS

Convenience sample of health care providers and Muslim women

- ❑ Survey (cross-sectional):

 - UC Davis Ob-Gyn total of 66 (faculty: 35 and residents: 31)
 - Muslim women (online self-administered survey and in person attending COVID vaccine clinic at Shifa Clinic from March 7, 2021, to April 11, 2021: Responses: 172 responses of 355)

- ❑ Focus groups: April 13, 2021

 - 2 focus groups

 - Arab 13

 - Afghan 12

- ❑ Budget (\$1000)

DEVELOPMENT STEPS

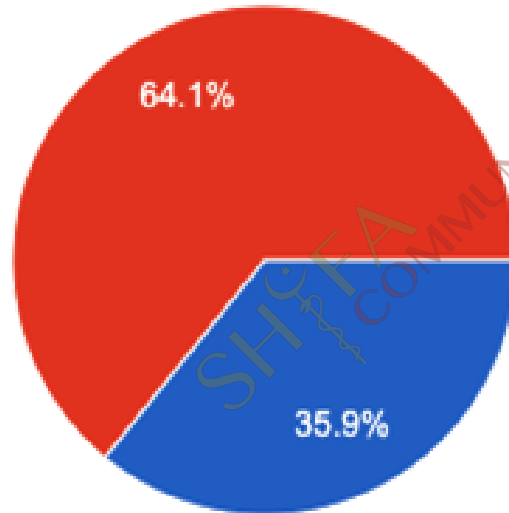
- ❑ Demographic survey: sent out to Sacramento Muslim Community via mosques, Shifa Clinic Vaccination Clinic, Community Centers, Sacramento Muslim Women Facebook Group, Personal advertising
- ❑ Focus groups: 2 focus groups with refugee women from Arabic speaking countries (Syria and Iraq) and Women from Afghanistan
- ❑ Literature Review
 - Demographic survey questions (administered to 250)
 - Focus group questions

SURVEY OF UC DAVIS OB/GYN RESIDENCY PROGRAM

Are you a

39 responses

- Resident
- Faculty member



Overall Response Rate: 69.6%

39 Responded

56 Total

Faculty Response Rate: 74.8%
(26 Responded of the 35 (Total))

Residents Response Rate:

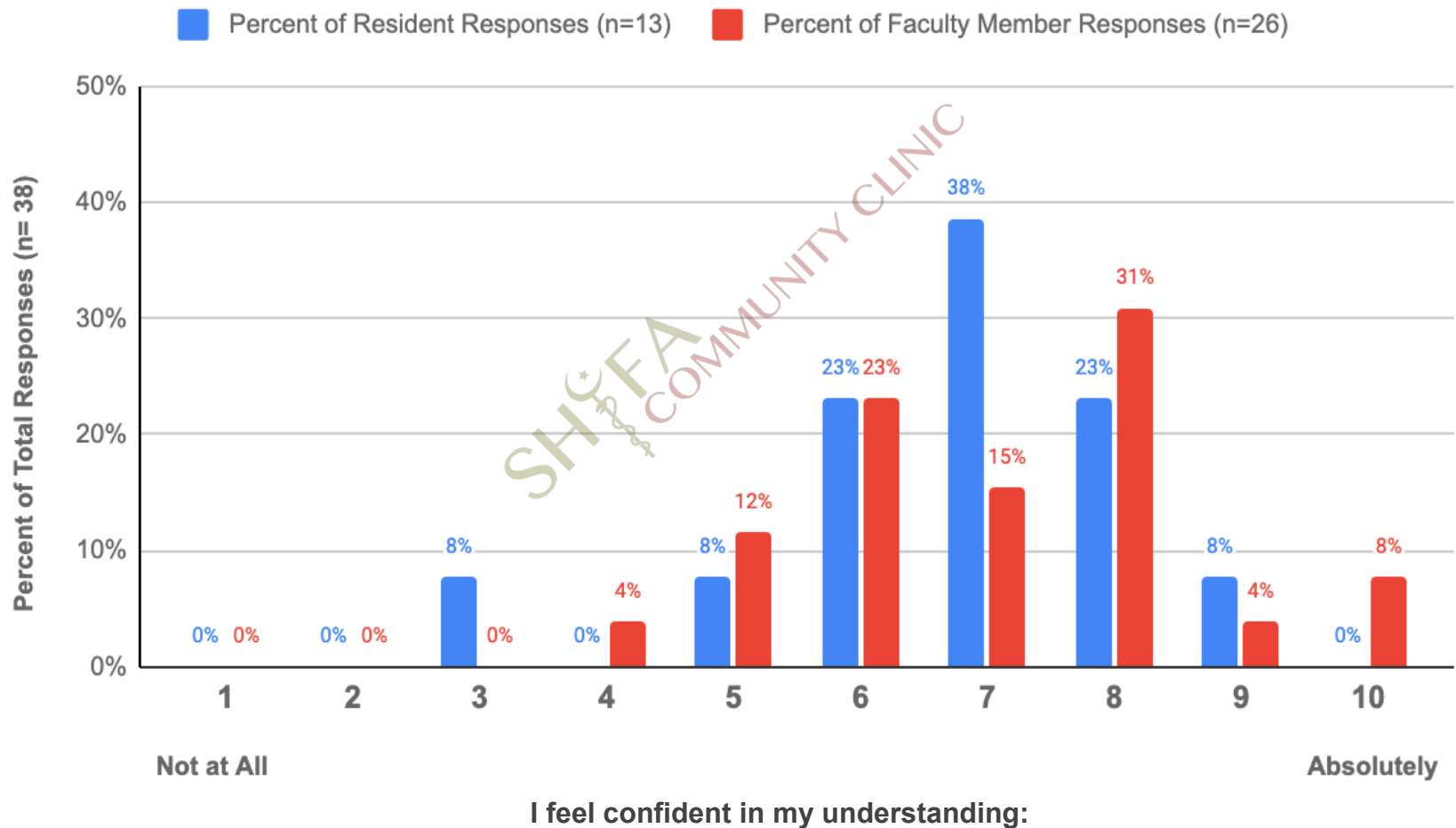
61.9%

13 Responded

21 Total

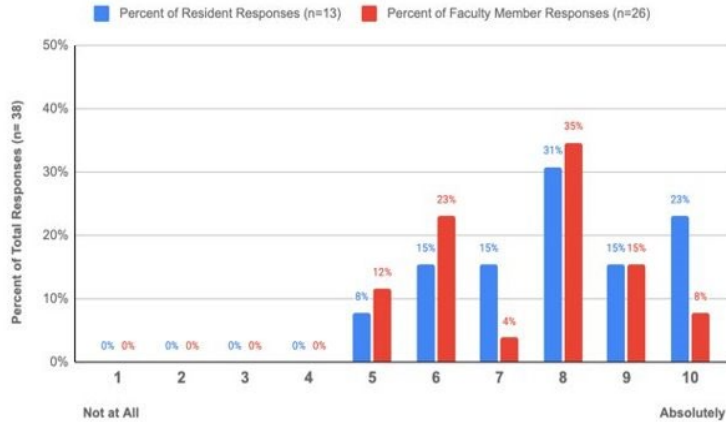
UC DAVIS OB/GYN SURVEY RESULTS

Using respectful and appropriate language with Muslim patients in a healthcare setting.

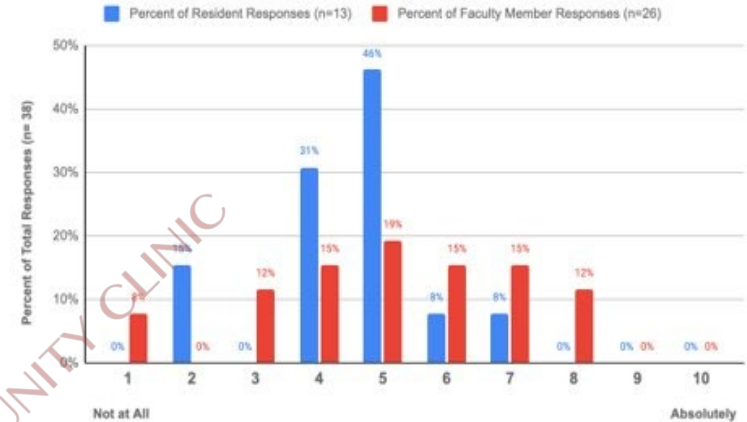


UC Davis Ob/Gyn Survey Results

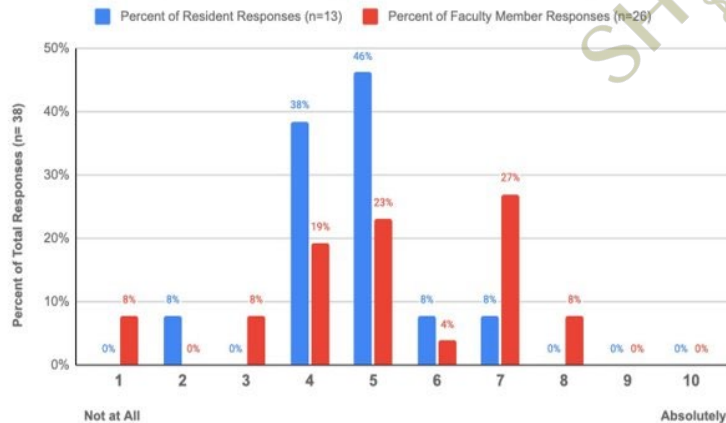
Working with Muslim patients in a healthcare setting.



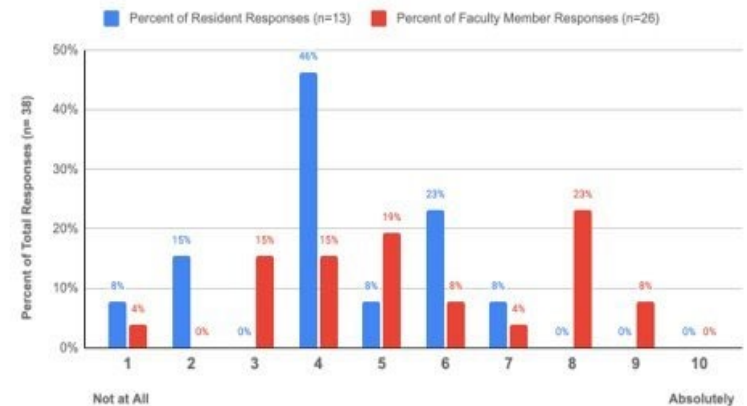
The experiences of Muslim women accessing Ob/Gyn care.



The experiences of Muslim patients with the healthcare system.

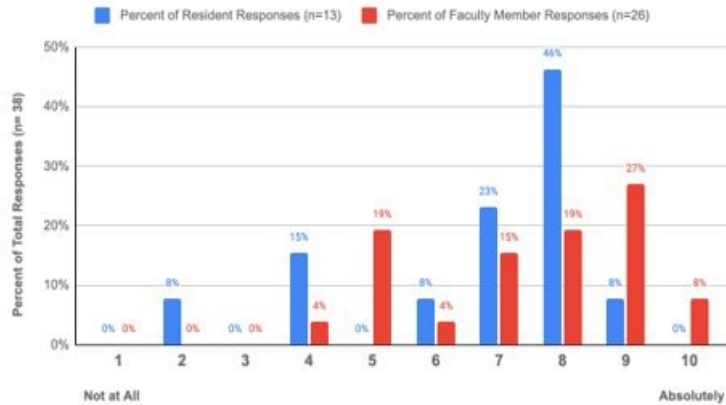


The restrictions some Muslim patients may have with some medications and/or food/drink items.



UC DAVIS OB/GYN SURVEY RESULTS

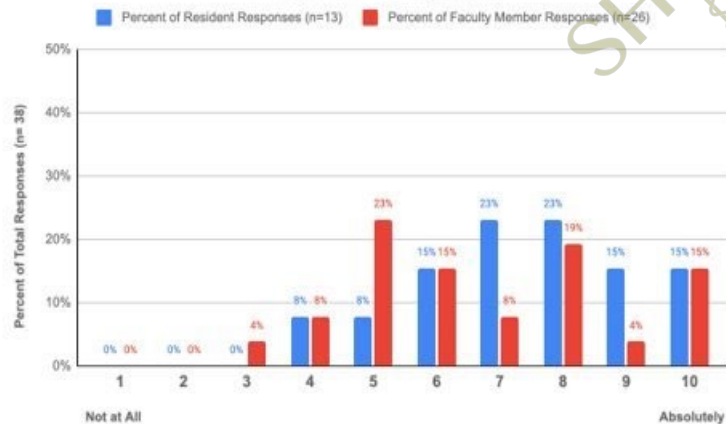
Preforming a physical exam (pelvic exam, breast exam, pap smear, cervical exam, etc) on women wearing a hijab (headscarf).



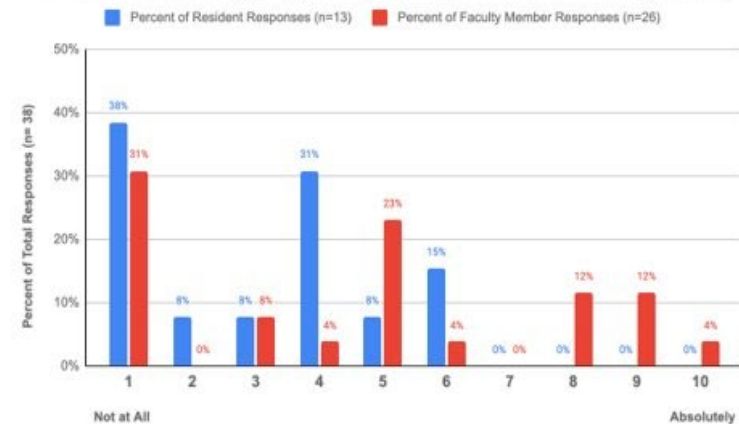
Cultural and Religious restrictions that may intersect with comprehensive Ob/Gyn care of Muslim patients.



I interact with Muslim patients



I have had education regarding working with Muslim women in an Ob/Gyn setting



HEALTH CARE PROVIDERS' SURVEY SUMMARY

- ❑ All surveyed residents and faculty have had experience working with Muslim patients in a healthcare setting.
- ❑ About 70% of residents surveyed reported low awareness on restrictions some Muslim patients have with medications and/or food and drink.
- ❑ About 50-70% of residents and faculty have had little to no prior education regarding working with Muslim women in Ob/Gyn setting, however all have performed a physical exam on a woman wearing a hijab.

“Helping patients who refuse male care, making sure both mom and baby are safe on L and D.”

“How to address the issue with male physicians as we do not always have a female attending on staff.”

“GREAT TOPIC!!!! definitely will fill a need”

Do you have any questions or topics you would like us to address regarding Ob/Gyn Care for Muslim patients?

“role of the spouse in making decisions; how to address suspected abuse”

“ways to help make patients feel more welcome and respected, obgyn care for Muslim women”

“The only time I feel at odds is when I am asked by the patient to ask the husband to make a decision in her immediate care.”

“Helping patients who refuse male care, making sure both mom and baby are safe on L and D.”

MUSLIM WOMEN'S SURVEY

- Age (18 years and older)
- Do you identify yourself as practicing Muslim?
- Race/ethnicity?
- What language do you speak fluently?
- What is your country of birth?
- Length of residence in U.S. (for foreign born)?
- What is your relationship status?
- What is the highest level of education you've completed?
- What is your living accommodation? (alone, with family, partner)?
- Do you have health insurance?
- Are you sexually active?
- How many children do you have (including deceased and stillbirths, if any)?
- Have you been diagnosed with any Gynecological Health Issues (*such as endometriosis, polycystic ovarian syndrome, gynecologic cancer, uterine fibroids, or others*)?
- Have you seen gynecologist in past 2 years?

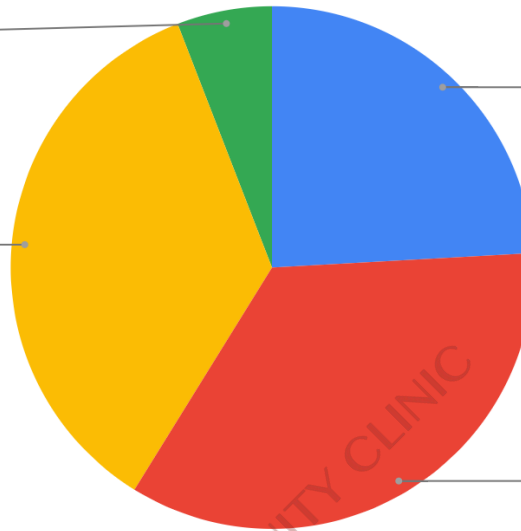
Age

56 and older
5.9%

18-29
24.1%

30-42
35.3%

43-55
34.7%



Ethnicity

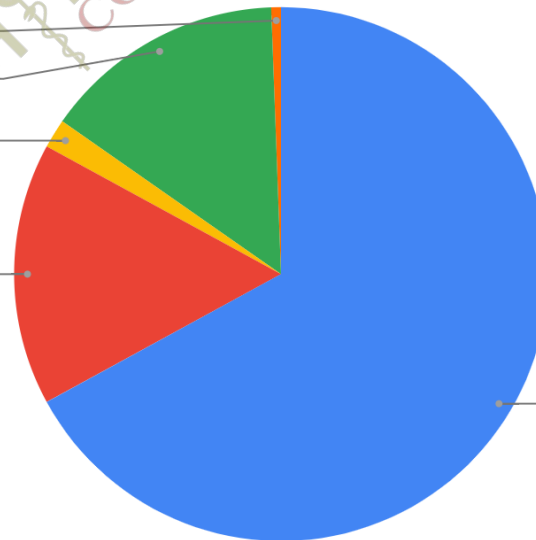
Persian
0.6%

Middle Eastern or Arab
14.7%

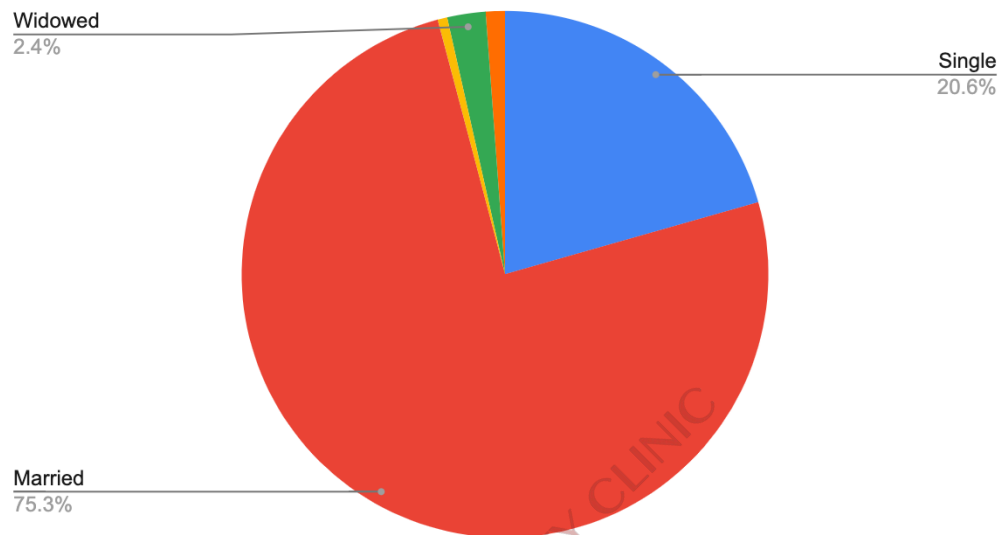
Multiple/Mixed
1.8%

Other
15.9%

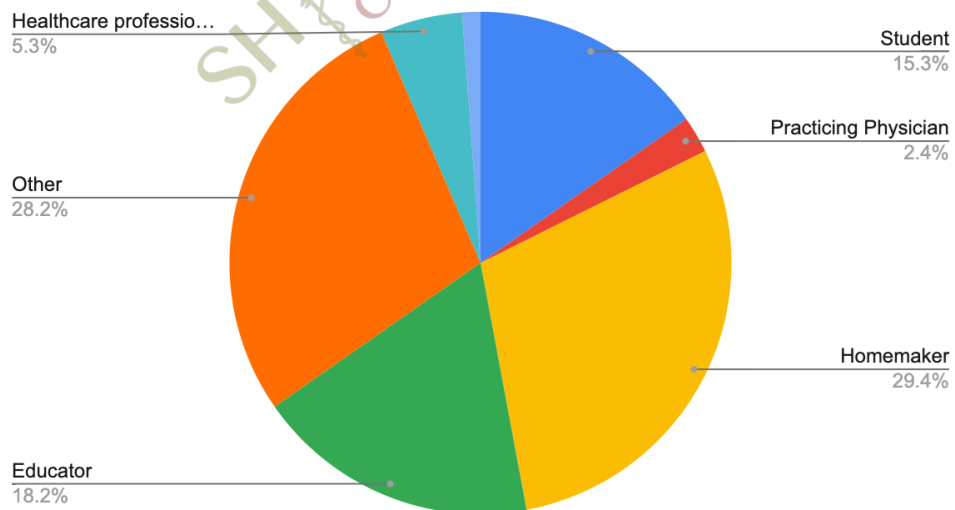
South Asian (Indian,...)
67.1%



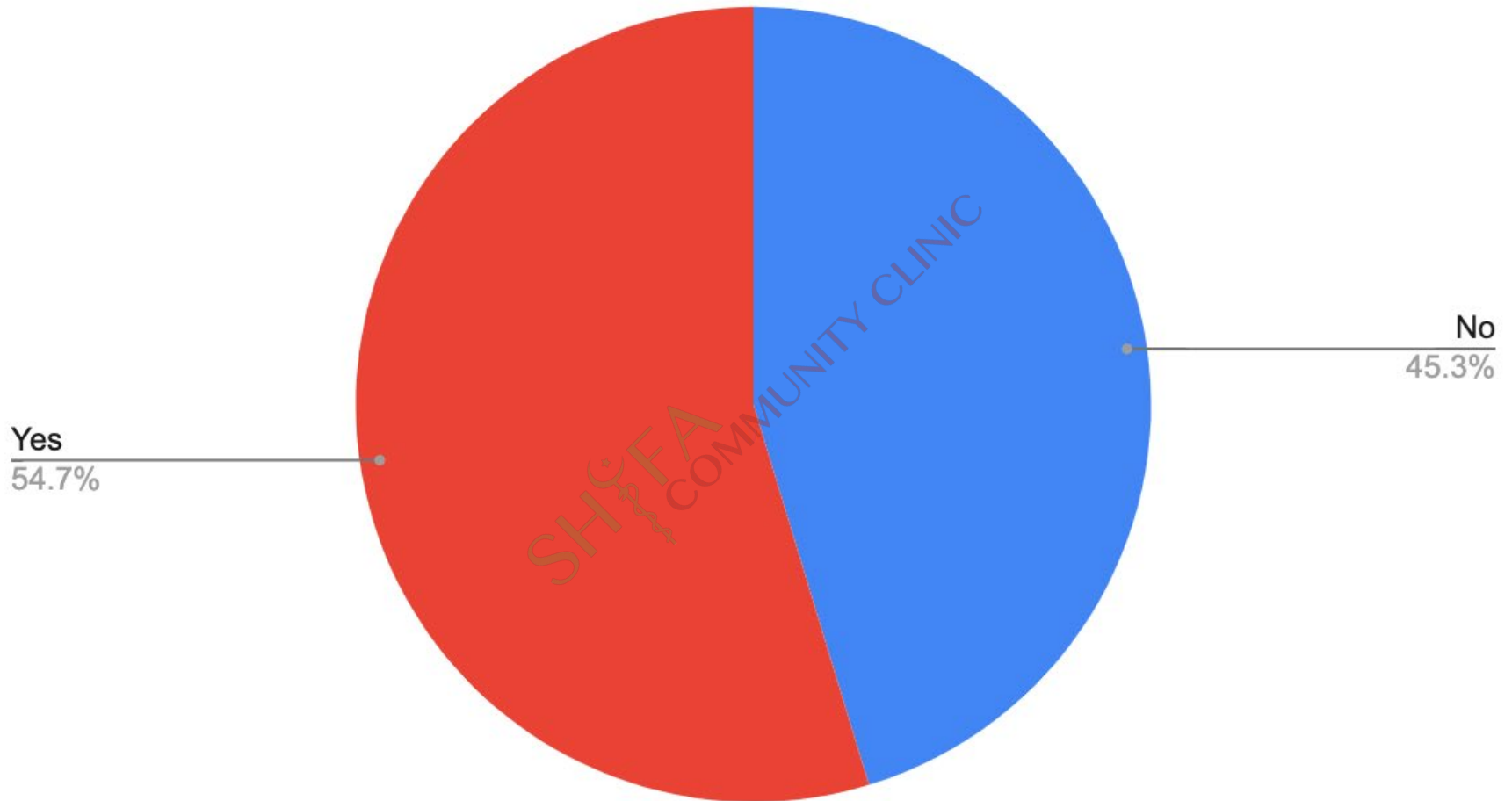
What is your relationship status?



Occupation

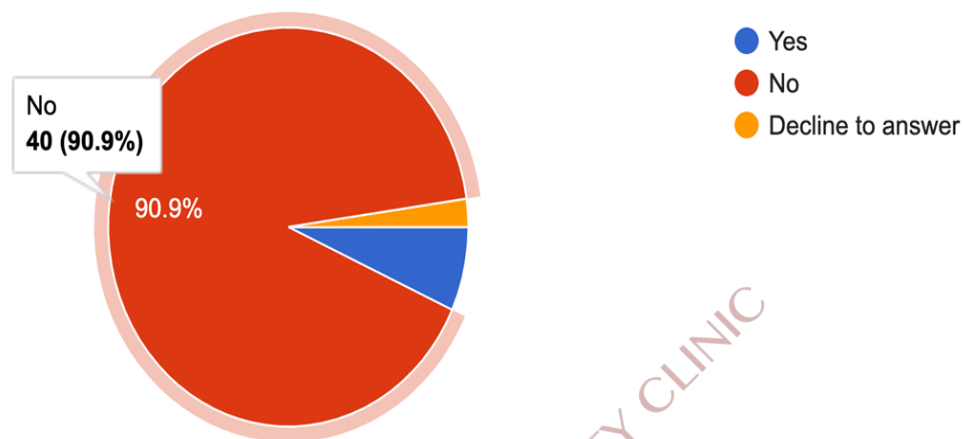


Have you seen a gynecologist in the past 2 years?



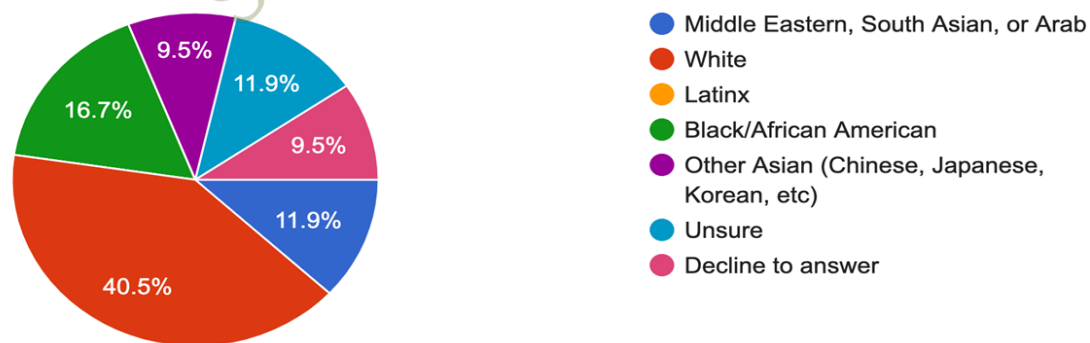
Have you experienced racism, implicit bias or any microaggressions from your Ob/Gyn provider?

44 responses



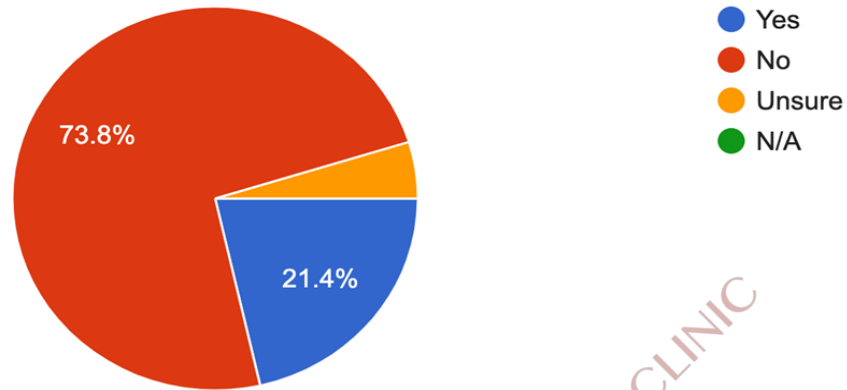
What is the race of your Ob/Gyn provider?

42 responses



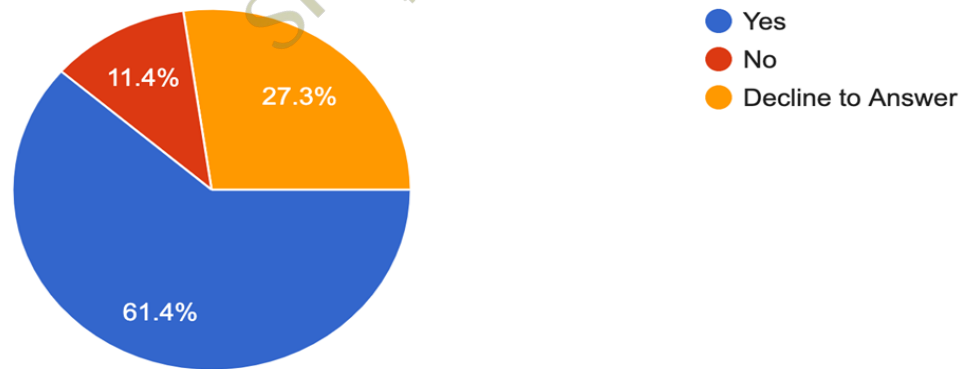
Do you have any fears going to the Ob/Gyn?

42 responses



Would you feel more comfortable going to a Ob/Gyn who identified as Muslim?

44 responses



MUSLIM WOMEN'S SURVEY SUMMARY

- ❑ Average age of respondents ranged from 30-55 years
- ❑ Over 90% of surveyed Muslim women reported to have a positive overall experience with their OB/GYN
- ❑ 22% of respondents reported having fears when seeing an OB/GYN

MUSLIM WOMEN'S SURVEY SUMMARY

- ❑ 40% of Muslim women reported to have a non-Hispanic, White Ob/Gyn provider
- ❑ 40% had MESA, Latinx, Black, or Asian providers
- ❑ 90% had never experienced racism or microaggressions, so these fears may stem from modesty and communication concerns

“Treat us like everyone else, be mindful of your culture and ask questions.”

“Privacy.”

“Should be women doctor.”

What is one thing you would like your Ob/Gyn provider to know about caring for Muslim women?

“Some people are more sensitive..”

“Not to be checked by male doctors in their team.”

“Being a practicing Muslim I want my niqab and awrah not to be compromised.”

FOCUS GROUPS

Focus groups were held at SALAM Islamic Center

- ❑ Group 1: refugee women from Syria and Iraq (13 participants)
- ❑ Group 2: refugee women from Afghanistan (12 participants)
- ❑ Community leader from each group lead focus groups
- ❑ Translator were available (Arabic, Dari and Pashto)
- ❑ Focus group information was recorded and transcribed
- ❑ 50 \$ gift cards

FOCUS GROUP QUESTIONS (OPEN ENDED QUESTIONS)

- Briefly describe an experience with an OB/GYN: that you feel was positive and that you feel was negative
- In your experience, what factor(s) make it most difficult for you to obtain quality OB/GYN care?
- List three ways to ensure provision of culturally sensitive healthcare to Muslim women
- What qualities make a good OB/GYN provider?
- Have you or other Muslim women you know experienced any system-related barriers, for example: insurance, transportation issues, interpreter issues
- How do you describe the role of your spouse, partner, in your OB/GYN care and visits?
- Do you have any fears going to the Ob/Gyn? If so, what are they?
- What is one thing you would like your Ob/Gyn provider to know about caring for Muslim women?

FOCUS GROUPS (SIMILAR THEMES)

PROVIDER PREFERENCES

- All preferred women providers, not necessarily from same race/ethnicity or religion

Understand that Islam allows male providers in case of an emergency and non availability)

- Preferred providers speaking the same language

PROVIDER EXPERIENCES (POSITIVE/NEGATIVE)

- Overall positive experiences with doctors (friendly respectful overall good people)
- Doctor's did not explain the results (language barrier)
- Were sent to ED for urgent testing with less explanation

SIMILAR THEMES ACROSS GROUPS

PRIVACY AND MODESTY

- Too many people in the exam room
- Exposure issues: covering and clothes, draping
- Privacy issues during breast and pelvic exam
- Fear of being watched/recorded
- Female translators (not comfortable with a male translator for Ob/Gyn care: prenatal care, postpartum, fertility, sexuality, contraception)

PROVIDER QUALITIES

- Considerate, compassionate, respectful, accommodating Muslim women's needs and preferences and willingness to listen

SIMILAR THEMES ACROSS GROUPS

COMMUNICATION

- Translators not translating accurately: miscommunication due to wrong dialects
- Translators in Dari, Pashto
- Female translators (not comfortable with a male translator for Ob/Gyn care: prenatal care, postpartum, fertility, sexuality, contraception)
- OK to have the spouse to translate if female translator is not available.

SIMILAR THEMES ACROSS GROUPS

Communication Continued

- Using strong terminology, such as still birth, cancer, and death, when the doctors do not have all the information
- Concerns that OB/Gyn providers using negative connotation words like cancer, still-born, deaths.
- They are providing information prematurely with out full information
- We don't think doctors should use these terms unless it they are sure of it
- If doctor gives them bad news, they should be reassuring and a source of hope for them, and work with them to solve the problem

DIFFERENCES THEMES ACROSS GROUPS

ARAB WOMEN EXPRESSED FRUSTRATION WITH SYSTEM ISSUES

- Insurance authorization
- Cancellation of appointments (insurance/translator issues)
- Request for specialty care (takes long time to see specialist)
- Miscommunication leading to multiple visits to the lab and appointments

ROLE OF PARTNER/SPOUSE

- Partners as a part of their decision making especially in Ob-Gyn care (contraception, fertility etc.)
- They trust their spouse more in communicating health information from providers than they did with translators.

DIFFERENCES THEMES ACROSS GROUPS

AFGHAN WOMEN

- Expressed concerns about “halal/haram” medications
- Prefer female translator
- Reservations expressing concerns when their spouse was around
- Did not trust their partner to make an appropriate healthcare decision for them
- Requests for more mental health resources (challenges with children/husbands)/PHQ2 and PHQ9 ????

SUMMARY

- Overall satisfied with care
- Female provider
- Translators (preferred female)
- Privacy and modesty
- Unmarried women may not agree to pelvic examinations, unless it is life-threatening
- “Halal and haram” medications

Summary

- Overall Arab women are comfortable having partner in the room and trust their partner for health information than a male translator
- Afghan women had trust issues with having partner make their healthcare decisions
- Afghan women requested mental health resources due to challenges with children/husbands

CONSIDERATIONS

EMERGENCY CARE

Male physician: Muslim women prefer gender-concordant care except when emergency intervention is required

PRIVACY AND MODESTY

Male doctors may have to communicate through a spouse
(e.g. *If a male healthcare professional is asking questions to a female patient while her partner is in the room and the patient is not responding, the healthcare professional should ask the patient if she would prefer her partner to speak on her behalf*).
This should not be considered offensive by the healthcare provider.

Considerations

EXPOSURE AND CHAPERONE

During an interview and physical exam, it is desirable to have a female healthcare provider

If a person of the opposite gender is interviewing and performing exam, have a female staff member in the room and the general rule of thumb is to minimize the exposure and tells the patient of the reasoning for removing any articles of clothing

MODESTY

Minimizing eye and physical contact between a healthcare provider (e.g. a female patient may avoid eye contact or shaking hands with a healthcare professional).

This should not be interpreted as lack of trust or a sign of rejection, as in Muslims, this is a sign of modesty.

DOMESTIC VIOLENCE

- Islam prohibits the mistreatment of women
- Women may not be open to discuss domestic violence due to cultural backgrounds
- Should be addressed in a sensitive manner, preferably by a female provider or in presence of a female interpreter, to increase patient trust with provider

DIETARY RESTRICTIONS AND RAMADAN

ISLAM PROHIBITS

- alcohol
- non-Halal foods such as pork or products derived from pigs

DURING RAMADAN THE FOLLOWING ARE EXEMPT FROM FASTING

- Sick patients
- Women who are pregnant, menstruating, or nursing
- Chronically ill or elderly in whom fasting is unreasonable are also exempt.
- Any ill patient requiring any type of medication to improve health (oral, IM, Sub-Q, IV) warrants breaking the fast

MEDICATIONS

- Medications that contain gelatin or pork-based ingredients are forbidden. Instead, use gelatin-free alternatives such as antibiotic liquids or halal gelatin tablets
- Islam permits the use of any drug in a life-threatening situation
- In an emergency, when alternatives are not available, the drug may be used, however this should be explained to the patient.

Comprehensive List of Haram Ingredients & Medications

Porcine Derived Medications

- Creon (pancreatin): Contains porcine pancreatin formulated as enteric-coated (acid-resistant) mini-microspheres within gelatin capsules
- Curosurf (poractant alfa): A natural surfactant, prepared from porcine lungs
- Defitelio (defibrotide): Produced from porcine intestinal mucosa
- Fluenz Tetra nasal spray (influenza vaccine): Contains porcine (Type A) gelatin
- Fragmin (daltaparin sodium): Produced from porcine-derived heparin sodium
- Hypurin Porcine (insulin): Porcine-derived insulin
- Nutrizym 22/Pancrease HL/Pancrex (pancreatin): Enzymes (lipases, proteases and amylases) derived from porcine pancreas

Ethanol Derived Medications

- Daktarin oral gel (miconazole): Alcohol 7.59mg/g
- Diazepam 5mg/ml solution for injection: Ethanol 96% 100mg/ml
- Amitriptyline hydrochloride 25mg/5ml and 50mg/5ml oral solution: Approximately 10.5mg ethanol per 5ml
- Co-trimoxazole for infusion 16mg/80mg per ml: 13.2 % vol ethanol (alcohol) per 5ml
- Priadel liquid (lithium citrate): 211mg ethanol 96% per 5ml

Bovine Derived Medications

- Hypurin Bovine (insulin): Bovine-derived insulin.
- InductOs (diboterminal alfa): Contains bovine (Type 1) collagen
- NovoSeven (eptacog alfa): May contain trace amounts of mouse IgG, bovine IgG and other residual culture proteins (hamster and bovine serum proteins)

Other Haram Ingredients

- Alcohol (Ethanol)
- Vanilla Extract
- Wine/ Wine Vinegar
- Dough Conditioners
- Brewer's Yeast Extract
- Gelatin/ Kosher Gelatin
- Capsules
- Lecithin
- Pork and all by products (Ham, Pork Sausage)
- Lard, Animal Fat & Shortening
- Animal Based: Enzyme, Fatty Acid, Monoglycerides, Glycerides, Glycerol/Glycerin, Hormones, Pepsin, Phospholipids, Diglyceride
- Collagen (Pork)
- Hydrolyzed Animal Protein
- Human Body Parts (eg. Hair)

Find more info at ShifaClinic.org

REPRODUCTIVE HEALTH

- Abortion in Islam is prohibited except in cases of incest, rape, and if the life of the mother is threatened
- A fetus is considered a human being after 25 weeks gestation
- No restrictions on amputations, biopsies, blood transfusion.
- **Contraception: Islam permits use of reversible contraceptive methods**

SPECIAL CONSIDERATIONS

CIRCUMCISION

- Female genital mutilation (circumcision) is forbidden in Islam.
- Islam does require males to be circumcised.

EMERGENCIES

- Even most orthodox Muslims recognize that in a medical emergency, saving a patient's life takes precedence over finding a female healthcare provider.

ACKNOWLEDGEMENTS

Khadija Soufi, MS2

Khoban Kochai, MPH

Anne Kjemtrup, DVM

Rima Karzoun

Rashim Hakim

Dana Hazem

Reeta Asmai