

Muslim Communities' Healthcare Needs and Barriers

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ABSTRACT

Despite being nearly a quarter of the population, Muslim communities' unique healthcare needs are largely unmet. In this literature review, we highlight the largely unsatisfied and growing healthcare needs of Muslims by examining the unique illnesses that Muslims are commonly susceptible to because of their religious or socioeconomic conditions. We examine their vulnerability to diabetes, vitamin D deficiency, and vaccine-preventable illnesses. We also analyze the numerous healthcare barriers present in developing, Muslim-majority countries and in developed countries in the West. Drawing from published studies, we emphasize the importance of government investment in healthcare and cultural awareness in health workers to address barriers and ensure Muslims' equitable access to care. We explore the complexities of healthcare access and delivery for Muslims, particularly in contexts where religious practices intersect with medical requirements. We also highlight gaps in current research, urging further investigation into unexplored areas such as broad, global studies and the involvement of religious leaders in Muslim communities.

Introduction

Rapid advancements in medical science and healthcare infrastructure define the modern era. In this environment, ensuring equitable access to healthcare is a critical concern. Health disparities have been studied extensively over the past few decades, revealing differences shaped by socioeconomic status and cultural beliefs, among other factors. One demographic where health disparities are most apparent is the Muslim community. This literature review delves into the pressing need for healthcare within Muslim communities while shedding light on the multifaceted barriers that impede their access to quality healthcare services.

Muslims adhere to the religion Islam, a major Abrahamic religion. They comprise nearly a quarter of the world's inhabitants, estimated at over 2 billion individuals (Kettani, 2010). Despite this community's religious and cultural diversity, a shared emphasis on holistic well-being is rooted in Islamic teachings. Achieving effective healthcare delivery within Muslim communities is a complex undertaking that requires culturally sensitive care that balances these cultural/religious norms with socioeconomic challenges.

This literature review aims to critically examine the multifaceted dimensions of healthcare needs and access within Muslim communities. By synthesizing existing research, we will explore the pressing need for healthcare, understand underlying factors that contribute to healthcare disparities, and highlight potential strategies to dismantle barriers and foster inclusivity.

Need for Proper Healthcare in Muslim Communities

Muslims constitute a minority of the world's population, but many are genetically or environmentally predisposed to several deadly illnesses (King et al., 1993; Shah & Afzal, 2013). These include diabetes, vitamin D

deficiency, and many vaccine-preventable illnesses, like polio and measles. Because of this, they have a unique need for healthcare services, that as of now, are largely unmet.

Diabetes in Muslim-Majority Areas

Diabetes mellitus, a chronic metabolic disorder characterized by elevated blood glucose levels, has reached epidemic proportions worldwide (Lam & LeRoith, 2012). However, the burden of diabetes is particularly pronounced in Muslim-majority regions of the Middle East and North Africa (MENA). Arabs have a relatively high rate of diabetes occurrence, 14%, and most cases of diabetes in the region remain undiagnosed (King et al., 1993; Majeed et al., 2014). Majeed et al. reported in 2014 that of the 34 million people in the MENA region with diabetes, nearly 17 million were undiagnosed and at a high risk of complications.

Some cultural and religious practices within Muslim communities uniquely promote diabetes mismanagement and healthcare underutilization. For example, the observance of fasting during the holy month of Ramadan presents a unique challenge for individuals with diabetes, as they need to carefully manage their blood glucose levels while abstaining from food and drink during daylight hours (Benaji et al., 2006).

Muslim Women and Vitamin D Deficiency

Research has shown a high susceptibility to vitamin D deficiency as one of the most prominent healthcare inequities affecting Muslim women. Cross-sectional research conducted on a group of 119 Muslim women aged 20-65 years old revealed that 55% of the women selected had evidence of high bone turnover, a symptom of vitamin D deficiency (Diamond et al., 2002). Furthermore, 68.1% of the study's participants had "severe" vitamin D deficiency, with levels less than 30 nmol/L.

Another study demonstrated that many Muslim women believe they are getting enough vitamin D, but are in fact deficient (El Sammak et al., 2011). They evaluated the levels of vitamin D in a group of young Muslim women who resided in the Eastern region of Saudi Arabia. Upon reviewing the detected levels of vitamin D in blood samples, findings demonstrated that there was still a high prevalence of vitamin D deficiency, despite 90% of the participants reporting adequate consumption of dairy products, and 65% reporting having exposure to the sunlight (El Sammak et al., 2011).

Because exposure to UVB radiation in sunlight is required for the synthesis of vitamin D in the body, lack of sunlight can lead to deficiency (Wacker & Holick, 2013). Muslim women are especially vulnerable to vitamin D deficiency because of the modest clothing required by their religion, as shown in Fig. 1. In a study on female Irani students, researchers determined that the prevalence of vitamin D deficiencies was 55% for students who wore Muslim-style clothing that covered their body except for the hands and face (Buyukuslu et al., 2014).



Figure 1. The burqa is an outer garment worn by some Muslim women that covers the entire body and limits exposure to sunlight.

Vaccine-Preventable Illnesses in the Muslim-Majority Countries

In recent years, rates of vaccine-preventable diseases have increased in many Muslim-majority countries in the East. The Muslim countries of Pakistan and Afghanistan are the only countries where the virus polio remains endemic (Maishman, 2022). In 2013, Pakistan reported that polio cases increased to 91, a 57% jump from the year prior (Mehboob, 2014). In Malaysia, measles infections increased by 350% in 2016 to 873 new cases (Aziz, 2016).

The main reason for this is an increase in parents denying the vaccination of their children. In Saudi Arabia, 80% of parents stated that they do not trust the swine flu vaccine and refused to have their children inoculated against the illness (Otaif, 2009). Parents avoid vaccinating themselves or their children primarily because they view it as religiously impermissible (Wong & Sam, 2010). Islamic law forbids the use of medicines with ingredients from certain sources, primarily among which is the pig. Many Muslim parents hold the opinion that vaccines include porcine substances, rendering them inappropriate for their families. Furthermore, as recently as 2018, no Islamically-approved vaccines were accessible (A. Ahmed et al., 2018). Studies in Malaysia have shown that the Islamic permissibility of a vaccine is the most important consideration for people determining whether or not to take it, with over 65% of participants strongly emphasizing that the vaccine must be Islamically approved (Wong & Sam, 2010).

In addition, Islamic extremist groups in Pakistan, Afghanistan, and Africa have targeted local polio vaccination efforts, claiming that the vaccines contain pig fat and are a plot by the West to sterilize Muslims (Andrade & Hussain, 2018). For example, in 2022, two police officers guarding vaccination workers were killed by militants over distrust of the polio vaccine (Maishman, 2022). Incidents like this illustrate the intricate challenges faced by vaccination initiatives in certain Muslim-majority regions, where misinformation and mistrust can be weaponized to obstruct vital public health interventions.

Perception of Healthcare Among Muslims

A stark contrast is apparent when comparing the perception of healthcare and the barriers faced in accessing it in Muslim communities to other communities around the world. As shown in the previous section, Muslims have a unique need for proper healthcare services because of their religious and environmental situation. However, they may not receive proper care because of varying cultural beliefs that contribute to challenges in accessing and utilizing healthcare services.

Conflicts with Modesty

Modesty plays a large role in the Islamic faith. The religion requires women to cover their bodies when in public, except for the hands and face (see Fig. 1). Although the restrictions are eased when seeing a doctor, many Muslim women still feel uncomfortable when seeking healthcare. A survey of Muslim women conducted in the Chicago area established a link between religiosity and not visiting a doctor (Vu et al., 2016). The study found that, of the 250 women surveyed, 53% reported delaying seeking healthcare if there were no female doctors who could see them. Individuals with higher self-reported religiosity and modesty levels were more likely to exhibit this behavior. Furthermore, Islamic mandates on gender and modesty have been shown to negatively influence the practice of breast cancer screening among Asian Muslim women (Rajaram & Rashidi, 1999).

Healthcare professionals may not be sensitive to Muslim women's need for modesty and frequently are unaware of the discomfort this form of bodily exposure may bring. To promote healthcare in the Muslim community, healthcare providers can increase the number of female staff to help women feel at ease. Similarly, the introduction of new hospital gowns that provide more privacy has been shown to increase patient comfort (reviewed in Laird et al., 2007). Actions like these help encourage more Muslim women to seek care because it will not come into conflict with their modesty.

Religious View of Healing

Muslims may also delay seeking healthcare because of a religious view of healing. In a study in southeast Michigan, participants reported a belief that healing comes from divine intervention, accessed through prayer and recitation of Islam's holy scripture (Padela et al., 2012). Nearly all participants noted God's direct role in accessing healing, describing religious rituals as a path to better health. As a result, Muslims may not seek healthcare because they think prayer is enough to help them. When combined with other negative associations with healthcare, this can be detrimental to proper healing.

In addition, the researchers also found that the leader of a mosque, the Imam, plays a key role in promoting healthcare in the Muslim community. Individuals sought help from him as a substitute for psychiatrists, counselors, and other vital healthcare providers. Again, the same pattern emerges where Muslims are disincentivized to seek proper care if they think a substitute exists in the community. Imams should not be used solely by individuals; instead, their Islamic perspective should be used in conjunction with scientific healthcare to provide culturally sensitive care to Muslims. Healthcare providers can help Imams educate their community about the necessity of professional care.

Limitations of Healthcare Platforms for Muslims

Despite a clear need for better, culturally aware healthcare in Muslim communities, healthcare advancements in these regions have lagged behind their Western counterparts.

In the Muslim World

While each Muslim-majority country is diverse from the rest, certain commonalities can be identified that have impeded the progress of their healthcare platforms. Many of these countries are low-income, developing nations where enough budget is not allocated to the healthcare sector (Maeseneer et al., 2008). For example, the healthcare budget in Pakistan recently hit an all-time low (J. Ahmed & Shaikh, 2008). The allocation of funds toward healthcare, including modern medical facilities, equipment, and training for healthcare professionals, often lags behind other priority areas. Furthermore, disseminating healthcare knowledge to the public is often limited by radical Muslim groups (Andrade & Hussain, 2018). To compound this, many developing Muslim countries face a shortage of doctors because of the mass emigration of healthcare workers to developed countries, especially to the West (Senewiratne, 1975). As a result, access to quality healthcare services is often compromised, especially for Muslims of a lower socioeconomic status.

In the Developed World

Although the developed world allocates more funding to healthcare, Muslims in these countries face systemic issues in the healthcare system that prevents them from seeking care.

While healthcare systems in the West often prioritize inclusivity, there can be a cultural disconnect when it comes to understanding the specific needs of Muslim patients. Insufficient knowledge about Islamic practices, beliefs, and dietary restrictions among healthcare providers can hinder effective communication and care provision. If a healthcare institution does not provide a place to pray, serve Islamically permissible food, or take gender preferences into account, Muslim individuals may be deterred from seeking care (Tackett et al., 2018).

Addressing Barriers

More developed Muslim-majority countries are taking steps to promote healthcare among their citizens. The Saudi Arabian government's vision for 2030 presents an anticipated expenditure of \$71 billion over the course of five years. With the introduction of new models for the healthcare sector, the government has anticipated a growth rate of 12.3% in the development of healthcare infrastructure. This plan is expected to improve existing services, retain skilled healthcare workers, and improve the well-being of Muslims in the region (Chikhaoui et al., 2022). Similarly, Pakistan and Malaysia are taking steps to improve vaccine uptake by targeting anti-vaccine groups and emphasizing the Islamic permissibility of the treatment, respectively (Andrade & Hussain, 2018; "Eleventh Ordinary Session of the European Council for Fatwa and Research," 2017).

Developed nations can improve healthcare for Muslims by observing the modesty and privacy requirements of Muslim women and paying special attention to the diet and gender restrictions of the patient (Goodman et al., 2015). In addition, providing space for prayers and serving permissible food also encourages Muslims to seek care (Tackett et al., 2018). By including the leaders of Muslim communities, like Imams, healthcare providers can comfort Muslim patients by encouraging them to simultaneously seek healing through God (Padela et al., 2012; Tackett et al., 2018).

Discussion

Importance of Proper Healthcare for Muslims

Culturally aware healthcare recognizes the diverse needs, beliefs, and practices of Muslim patients, ensuring that their care aligns with their cultural values and religious sensitivities. Such an approach not only enhances patient satisfaction and trust in healthcare services but also contributes to improved health outcomes. When considering that Muslims make up nearly a quarter of the global population and are uniquely susceptible to a variety of illnesses because of their beliefs and socioeconomic conditions, it becomes clear that more effort needs to be invested in addressing barriers that lead to healthcare inequity.

Gaps in Current Research

Despite the growing recognition of the importance of healthcare access for Muslims and the need for culturally sensitive medical services, there are notable gaps in the current literature. While several studies have explored healthcare disparities and barriers faced by Muslim communities, there remains a scarcity of comprehensive and cross-regional analyses that delve into the intricate interplay between culture, religion, and healthcare access. Furthermore, nearly a fifth of Muslims live in countries where they are the minority and are underrepresented in the few broad, global studies that have been published. Additionally, many existing studies often focus on specific aspects, such as maternal health or infectious diseases, leaving broader issues like mental health, chronic diseases, and overall healthcare system evaluations understudied. Moreover, much of the existing research on culturally sensitive care within Muslim-majority regions surveys the population, hindering the analysis of its real-world effects. The lack of longitudinal studies and the absence of standardized tools for measuring cultural competence in healthcare further contribute to the gaps in the literature.

Areas of Further Research

Addressing these gaps is crucial for informing policy decisions, healthcare provider training, and the development of culturally responsive interventions that can enhance the overall healthcare experiences and outcomes of Muslims. Experimental data analyzing the role of religious institutions and Imams in promoting healthcare access and awareness in Muslim communities could reveal untapped resources for spreading health information. Overall, these avenues of research hold the potential to catalyze meaningful improvements in healthcare access and quality for Muslims, fostering more equitable and inclusive healthcare systems.

Conclusion

This literature review underscores the undeniable necessity for equitable and culturally aware healthcare within Muslim communities due to their unique healthcare needs. The multifaceted barriers examined in this review, encompassing cultural norms and socioeconomic challenges, illuminate the pressing need for holistic and comprehensive healthcare solutions. As this review has revealed, addressing these barriers requires an effort that encompasses policy reforms, healthcare provider training, community engagement, and research initiatives that delve deeper into the unique challenges faced by Muslim communities. By embracing cultural awareness and religious sensitivity, healthcare providers in developed countries can encourage healthcare-seeking behavior among Muslims. In developing, Muslim-majority countries, governments can work to improve their healthcare systems and effectively disseminate healthcare knowledge. Ultimately, the path forward involves a collaborative effort between the government, healthcare systems, and the Islamic communities they serve to foster an environment where Muslims receive care that ensures their well-being.

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