

## Out of Hours

# Culturally-sensitive health education for Muslims with diabetes

The importance of delivering culturally-sensitive health care is well recognised. A Cochrane Review showed that culturally-sensitive health education on diabetes had at least short-term positive effects on glycaemic control, as well as knowledge of diabetes and healthy lifestyle.<sup>1</sup> Provision of culturally and ethnologically-perceptive diabetes education has also been recommended by the National Institute for Health and Care Excellence.<sup>2</sup> Research has shown that practitioners sensitive in their approach when discussing patients' religious commitments in clinical practice may enhance healthcare outcomes.<sup>3</sup> The READ programme, based in Brent, London, found that Ramadan-focused education can empower patients to change their lifestyle during Ramadan and encourage safe fasting.<sup>4</sup>

This article aims to familiarise primary care practitioners with some key health-related teachings from the Holy Quran. These teachings can be grounded in some well-established educational theories to impart a powerful message to our Muslim patients who have diabetes, to both initiate and sustain positive health behaviours.

### CULTURAL AWARENESS IN DIABETES EDUCATION

The American Diabetes educators described two structural layers of cultural sensitivity; surface and deep. Surface structure involves matching intervention materials and messages to observable, 'superficial' characteristics of a target population, whereas deep structure requires competent understanding of the cultural, social, historical, environmental, and psychological forces influencing health behaviours in the proposed target population.

Surface structure may increase receptivity or acceptance of messages, but it is the deep structure that improves the actual effectiveness of the education.<sup>5</sup>

The greater centrality of religion in the lives of Muslims than for the other main religions is well recognised. The fourth Policy Studies Institute (PSI) survey of race relations in Britain indicated this with 74% of Muslims, 46% of Sikhs, and 43% of Hindus responding that religion was 'very important' to them, compared with 11% of white members of the Church of England.<sup>6</sup> These facts provide a strong argument for healthcare practitioners to develop cultural competencies.

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### KEY HEALTH MESSAGES FROM THE HOLY QURAN

In Islamic theology, the soul is considered to be the most important portal of human learning. Allah is seen to be the ultimate reason for learning and behaviour change (Quran 96:5). The existence of a soul is sometimes described as the reason for complete behaviour change seen in pilgrims of Hajj (for example, smoking and alcohol cessation).

Awareness of some health messages from the Holy Quran may help primary care practitioners engage Muslim patients with diabetes and deliver health education in a meaningful and effective manner. For example, the Quran promotes self-help ('Indeed, Allah will not change the condition of a people until they change what is in themselves.' Quran 13:11); warns against harmful addictions ('... make not your own hands contribute to your destruction ...' Quran 2:195); and promotes healthy eating and discourages over indulgence ('Eat of the good things we have provided for your sustenance, but commit no excess therein, ...' Quran 20:81).

### CULTURALLY-SENSITIVE HEALTH EDUCATION IN THE CONTEXT OF ADULT LEARNING THEORIES

The humanist theory of learning emphasises that learning is motivated by a need for self-actualisation, that is, the desire to achieve one's full potential.<sup>7</sup> According to the cognitive theory of learning, role model observation is an important component of adult learning.<sup>8</sup>

The Holy Quran and Prophet Muhammad are seen as a source of guidance and a role model among Muslims and can be used to facilitate positive lifestyle changes. The behaviourist theory of learning is often used in matters relating to addiction and this theory suggests that learning occurs due to external environmental stimuli. Smokers

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are unable to smoke during fasting hours and can later be encouraged to build on the willpower used during the duration of the fast and attempt to delay or avoid the resumption of smoking after the completion of fast.<sup>9</sup> Diabetes outcomes are known to be poorer in patients of South Asian origin. A culturally-sensitive approach to diabetes education may improve self-efficacious behaviours in this cohort of patients, and lead to improved outcomes.

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