Attitudes and beliefs of Muslim mothers towards pregnancy and infancy

A R Gatrad

Muslims form the second largest religious group in the UK. Their commitment to religion is deep rooted and adherence is taken seriously. It is therefore important for others to have some basic knowledge of their religious and cultural beliefs. Some pregnant second generation Muslim girls are deviating from their strict upbringing as a result of the influence of the host culture, resulting in a relaxation of some of the principles of Muslim life discussed below.

Antenatal care
Although over 20 000 Muslim babies are born annually in the UK, some Muslim mothers are still reluctant to attend antenatal clinics as they fear internal examinations from male doctors and there is less privacy. They are also often told by midwives that they have too many children and in addition feel that waiting times are excessively long. In a study by Watson the waiting times in antenatal clinics were the longest for Bangladeshi mothers.²

Pregnancy can lead to financial and housing difficulties as well as a changed relationship with parents, relatives, and friends. Although help from a social worker would be invaluable in such circumstances this is sadly lacking. A study in Bradford has confirmed very low referral rates for Asian mothers to the social services department. It was felt by the nurses in antenatal clinics that Asians needed less social services support because of extended family relationships and they indicated wrongly that these women (the majority of whom were Muslims) were less likely to want help.³ Link workers have, however, partly redressed the situation. They are employed by hospitals and social services to facilitate in depth communication between patients and health care professionals enhancing understanding in relation to health needs, taking into account the cultural and social environment of the patient. Such support to Asian mothers can only improve communication and attendance at antenatal clinics. According to a controlled study from Birmingham the presence of Asian link workers was related to a critical increase in the mean birth weights of babies born to Pakistani mothers of nearly 230 g.⁴

The link work programme was part of the Asian mother and baby campaign set up by the Department of Health in partnership with Save the Children Fund to improve the health and well being of pregnant Asian mothers and babies. It certainly helped in reducing the level of stress⁵ and highlighted the need to lengthen dressing gowns in antenatal clinics/maternity wards; provide facilities for private prayers; more appropriate hospital food; greater guidance about hospital procedures; health education leaflets about local services in the relevant languages; and 'Asian women only' parentcraft classes in a more suitable community setting – these being presently generally poorly attended as this concept is totally foreign and thought to be culturally unsuitable.

Fasting during Ramadan
During this month no food or drink is taken from dawn to dusk. Religiously, fasting requires the existence of normal physical and mental bodily functions to make it a successful exercise in spiritual discipline. If these conditions are not fulfilled, for example, because of illness requiring ingestion of important medications, then a person is exempt and can 'make up' fasts when in better health. Though the Muslim religion exempts pregnant mothers, many of them opt to fast during the first three to four months of their pregnancy and some even beyond this period. It is believed that extra blessings are showered upon the mother and baby if she observes these fasts at the appropriate time. During the fasting month of 1994, 37 pregnant Muslim mothers at the Manor Hospital, Walsall were interviewed and 32 were fasting – eight of these during the last trimester and 10 during the second. Interestingly, fasting has been shown not to affect the mean birth weight of babies at any stage of pregnancy. There is a non-significant increase in the prevalence of low birth weight among babies who were born at full term when Ramadan had occurred during the second trimester.⁶ Pregnant Muslim mothers often report that their babies are not active during the day but after breaking their fast, normal activity is resumed. A mother often breast feeds during a fast but it would be permissible for her to forgo and compensate later.
Birth and the postnatal period
People from different cultures respond to pain in different ways. There is no basis in the calculus that Asian women in labour have a lower pain threshold. They need the same sympathy and support from midwives as other women. If shaking around the genital area is necessary on a Muslim patient, this should be done by a person of the same sex. Extra anxiety partly results from intimidating surroundings and from a failure to communicate sufficient information about procedures in the labour ward. Labouring mothers prefer to have an older female such as their mothers or mothers-in-law in attendance, rather than their husbands, although there is no religious reason why the husband should not be present.

Intrauterine growth retardation is likely to be caused other than by maternal smoking as Muslim mothers rarely smoke. It is the religious custom and duty towards the newborn that the first words a baby hears are those from the Holy Qur'an, known as The Azan and Takbir. These are uttered in both ears by the father or any pious Muslim. As this only takes a few minutes, Muslim parents appreciate it if this is permitted once the baby has been cleaned and washed. Although it is a dying religious custom, some families give honey to newborn babies to lick. This is usually done by a very well respected person—the belief being that some good qualities of that person will be transmitted to the baby.

Generally, the birth of a boy is welcomed much more than that of a girl, as boys tend to remain with their parents and carry on the business and family name. Certain sections of Muslim communities are expected to give a large dowry when their daughter marries and therefore, for some mothers, the birth of a girl may lead to depression. Religiously, however, there is no preference between boys and girls—in fact women are thought to be more important in the propagation of religion in the home.

Soon after birth some babies may have a black string tied around their neck or wrist. This is called a 'Ta-weez'. As the Ta-weez bears a prayer it should be handled with respect during practical medical procedures. It should not be removed or broken except during emergency treatment. A Ta-weez is believed to protect the baby from illness and spells from an 'evil eye'.

One should be vigilant in detecting jaundice and particularly cyanosis, as these conditions can easily be underestimated in Asian babies. Some babies have a blue discoloration over their buttocks and back (Mongolian blue spots) which should not be interpreted by the unwary as bruising of a non-accidental or accidental nature.

Most Muslim mothers traditionally stay in bed for a few days after delivery. This is quite different from the 'get up and go' policy in most postnatal wards where mothers are encouraged to mobilise quickly. Muslim mothers, in the interest of modesty, sit or lie down with their legs crossed—this may encourage thrombosis and a simple explanation to the mother is important.

The toilet pan in Muslim homes is often an Asiatic one, that is, low and flush with the floor. Thus, one has to squat in order to use the toilet. It is not easy to adjust from a squatting position to the sitting one used in hospital toilets. This can lead to constipation, which in turn can lead to problems of uterine contraction (involution) in nursing mothers.

As it is customary to stay indoors for about six weeks after delivery some mothers will miss their postnatal and child health clinic appointments. It is possible that this custom emanated from the fact that babies and mothers in India were vulnerable to severe infection and even death soon after birth, so it was deemed safer to stay at home.

A nursing mother usually has very high energy foods. Of particular interest is the mixture of herbs and nuts cooked in wheat and ghee (a purified form of butter). Muslim women believe this helps backache, improves milk flow and even decreases the usual postnatal discharge. There is emphasis on chicken soup. This special diet lasts for 40 days after birth. Hot water bottles are often used over the lower abdomen to help the postnatal contraction of the uterus.

On the seventh day after birth, or soon after, it is a religious custom that the baby's head be shaved. On this day the newborn is named, often by one of the members of the extended family, and a sheep or goat slaughtered. This is the 'Akika' ceremony. The hair that is removed is either buried or thrown into a running stream. It is believed that such 'uterine hair removal will protect the baby and family from tragedies.

In the home environment babies are often massaged with oil to keep them active and healthy. Mothers are offended if such harmless customs are criticised by professionals.

All Muslim male babies are required by religion to be circumcised. This is usually performed within a few weeks of birth. If hypospadias is noted at birth, Muslim parents must be specifically advised against circumcision. Circumcision is usually carried out by a Muslim general practitioner at a current cost of between £40 and £60. It is done under a local anaesthetic, often by the plastic ring method (Plastibell). This practice gives the Muslim child his identity and is also hygienic. Furthermore, when a child is older and offers prayers, no urine is 'held up' in the foreskin to soil his clothes and thus nullify his prayer. Circumcision of girls (also known in the UK as female genital mutilation) is practised by some Muslims from the Sudan and Egypt. There is no Islamic recommendation or objection regarding this practice.

Breast feeding
Islamic law allows breast feeding for up to two years. Breast feeding is positively encouraged by religious teachings. Although many Muslim mothers may want to breast feed, there may not be enough privacy in hospitals, particularly from male attendants. Some
Breast feeding in Walsall

<table>
<thead>
<tr>
<th>Group</th>
<th>Original No of mothers</th>
<th>No (%) breast feeding</th>
<th>No working</th>
<th>Mean duration of breast feeding (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British/European Muslim</td>
<td>685</td>
<td>137 (20)</td>
<td>406</td>
<td>6</td>
</tr>
<tr>
<td>Gujarati</td>
<td>36</td>
<td>10 (28)</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Pakistani</td>
<td>181</td>
<td>48 (27)</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Bengali</td>
<td>82</td>
<td>25 (30)</td>
<td>3</td>
<td>11</td>
</tr>
</tbody>
</table>

From the PhD thesis of Dr R A Gatrad: Department of Health Sciences, University of Wolverhampton, 1994.

mothers consider bottle feeding fashionable and better than breast milk as their babies often will put on more weight. In spite of this, a study in Walsall (table) showed that Muslims breast feed their babies more commonly than white British/European mothers. At the end of the first year after delivery four mothers were still breast feeding – these were all Bangladesis. This could partly be as a result of culture and partly because this group of Muslims is the least westernised of the Asians and prolongs breast feeding, as they or their mothers did in their homelands. Very few Muslim mothers went out to work compared with white British/European mothers.

Breast milk from a Muslim mother can be given to another baby but (when older) that baby and his or her mother should be told of this. In religious law, children who receive breast milk from the same person are classed as blood brothers and sisters, and therefore, when of age, cannot marry each other.10 Many mothers do not feed colostrum believing it to be harmful to the baby. There is no religious basis in this belief. They may give sugar and water instead, before commencing breast feeding on the second or third day. The mother often eats food without spices as these are thought to pass through breast milk and cause dysuria in the baby.

In a study by Evans et al the mean duration of breast feeding of Asian babies born in Britain was five weeks in 1976 and for their previous sibling born in the Indian subcontinent it was 42 weeks.11 There appears to have been an improvement in the duration of breast feeding but the percentage of mothers breast feeding presently is not that different. In the study of Evans et al Asians were taken as a group and thus the inclusion of Sikhs would skew the results as they are less orthodox and more of the women go out to work. There are no published data on ‘token’ breast feeding, that is, bottle feeding but occasionally putting the baby to the breast (particularly during the night), which is not uncommon among Asians, especially Muslims.

Weaning

Apart from the Bangladeshis, for whom prolonged breast feeding is the norm, most Asian families change from an infant formula to ‘doorstep’ (cows’) milk at about 5–6 months.12 This is contrary to the Department of Health recommendations.13 Until recently many paediatric formulas have contained animal fat, so were rarely given to Muslim babies. Many commercial baby foods contain meat products that are not Halaal (this is an Arabic word meaning ‘permitted’ – that is, the animal should be slaughtered in a specific way that includes a mention of certain religious words). This decreases the choice available when weaning, so that foods such as puddings and custard are given in excess. A long term diet of these is not nutritionally adequate and leads to a ‘sweet tooth’ and tooth decay. Furthermore, there may be difficulties when reweaning from such foods onto suitable family foods. Fish foods are acceptable. Most Muslim babies in the UK progress to ‘Indian foods’ in a pureed form after chewing is established. Chilli is introduced in the baby’s diet usually after the first birthday.

Death and bereavement

It is a common nursing practice to hand over a stillbirth to its mother. I have observed that Muslim mothers do not wish to hold their dead baby and, indeed, find the taking of photographs of stillbirths a little obscene. This is because figures or statues that represent the human form are prohibited in Islam. Muslims also believe that the placenta should be buried as it is part of the human body.

Muslims are always buried, never cremated. Muslim parents may be made anxious because of certain beliefs; for example, if a baby has died in utero, and if no immediate delivery is effected, the mother may believe that she herself is going to die. According to religion, prolongation of life by artificial means such as a life support machine would be strongly disapproved of, unless there was evidence that a reasonable quality of life would result.14 Ideally, the face of the baby that has died should be turned towards Mecca, but in hospital turning the face to the right side should suffice. The arms and legs should be straightened and the eyes and mouth closed. A baby dying at or before birth has to have a name.

Postmortem examinations are not allowed by religion because the body is considered sacred and belongs to God.15 This of course is overridden when the law of the country demands it. Furthermore, it is a religious requirement that the body be buried as quickly as possible; this is particularly important as embalming is prohibited. When a Muslim patient dies it is a religious requirement that the corpse be ritually bathed by the relatives before burial. It may take up to half an hour to wash and drape the body in a simple white shroud that is in three pieces. Gloves are usually worn and a sponge used. A stillborn baby will not require a full funeral service and in theory does not have to be buried in a cemetery. Neither the ritual wash nor the usual shrouding is necessary in such cases.

There are special funeral committees designated to collect death certificates and to make arrangements for funerals in order to take the worry off immediate family members. The coffins are kept by the community and are very simple wooden boxes with no decorations. Many purpose built mosques in the UK have a cold storage room to preserve the body.
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Normally, the involvement of funeral directors would mean abandoning the body to them and allowing them to handle the body, which is considered sacred. Thus it is common practice that they are not involved and a family car or van is used to carry the deceased to the cemetery.

Although burial in the UK is in a wooden coffin, Muslims prefer to bury their dead without this. Some local authorities in the UK, for example, Banbridge and Dewsbury, allow this practice. Muslim women never attend funerals even if a female member of the family or a baby has died, but they can visit the grave at other times.

A Muslim wife is expected to stay within her home for up to 4-5 months after the death of her husband. This is important in establishing that pregnancy was progressing before his death.

Consanguinity and genetic counselling

As a result of consanguinity, prenatal testing and genetic advice are of particular importance in Muslim families. The concept of genetic counselling is alien and great efforts have to be made to explain its relevance. It will take many years for patterns of marriage to change. It is difficult enough to explain genetic principles in normal circumstances let alone to someone who does not fully understand English! It is difficult to convey to ‘healthy carriers’ that they do not have a disease but can possibly pass it on. The carriers often feel that the onset of disease in themselves is imminent!

Consanguinity is a highly emotive subject. There is no doubt that this results in an increased frequency of inherited diseases, for example, thalassaemia. Culturally, it is practised because the families are well known to each other and wealth is kept within these confines. Islam does not encourage or discourage cousin marriages. Babies born to consanguineous Pakistani Muslim parents in Birmingham were on average 80 g lighter than those born to unrelated parents.  

Pakistanis have a much higher incidence of multiple malformations, possibly genetically determined and partly related to high maternal age. The excess of malformations of the gastrointestinal tract and the high stillbirth rate among Indians does not occur among the Pakistani Muslims. There is an increased incidence of a severe form of congenital heart disease (the asplenia/polysplenia syndrome) in consanguineous Pakistani marriages.

A recent study by Bundey and Alam has shown that the offspring of consanguineous parents had a threefold increase in postneonatal death and serious chronic disease compared with Europeans. The occurrence of autosomal recessive diseases was 25 times greater in the offspring of consanguineous Pakistani couples than in other groups, and such off-spring had a one in 10 risk of dying or mental retardation. They concluded that 60-70% of this risk is attributable to inbreeding. In the generation of Pakistanis reproducing at present, about 75% are in a consanguineous marriage, and about 55% are married to first cousins (B Modell, CIBA Foundation meeting, 1991). This contrasts with their parents, about 75% of whom are in consanguineous marriages but only about 30% are married to first cousins. The proportion of cousin marriage is likely to fall in future but presently the absolute number among the Pakistani community appears to be increasing.

A carrier of a recessive gene who marries a first cousin has a 12.5% chance of having another carrier (B Modell, CIBA Foundation meeting, 1991). Certain families continue to have more children in spite of previous handicapped children because they do not understand and often reject genetic advice as they feel that such matters ‘are in the hands of Allah’.

There is a higher incidence of deafness among Muslim children. This may well be related to consanguinity. Any hearing defect can affect speech development and these children may be underachieving as a result of a handicap that could be improved.

Contraception

Procreation is a basic object of marriage in Islam and therefore any action that has the effect of curtailing or stopping this process is not acceptable. The only method of contraception religiously allowed is the rhythm method at times of illness or debility. If a mother’s health is threatened by continuation of a pregnancy, then abortion is allowed before 16 weeks’ gestation. There is no other circumstance, including that of the carriage of a decidedly abnormal baby, where this is allowed. Family planning, for example, with the pill, intrauterine device (coil), etc., is acceptable only for spacing children if it is reliably determined that the mother’s health will suffer greatly by frequent pregnancies. It is widely believed, particularly by elderly Muslim women, that the pill leads to infertility. Vasectomies are never allowed. Pregnancy in an unmarried Muslim girl is a cardinal sin of the highest order and therefore one meets this very rarely. A pregnant Muslim girl may be sent back to the Indian subcontinent to deliver her baby, as continued pregnancy in a single girl affects the family image and she can be made an outcast. Promiscuity is not tolerated in a Muslim girl.

Adoption and fostering

If a Muslim child is to be fostered or adopted this needs to be with a Muslim family. Although legally a child can be adopted and change its name, religiously he must still retain the surname of his real parents. In reality there are many cases where an unplanned baby in a large family is fostered by a Muslim childless couple, often close relatives, who subsequently adopt the child. Any suggestion of a Muslim child being placed with a non-Muslim family would be opposed very strongly by the Muslim community.

In response to the patient’s charter, which states that ‘there should be respect for privacy,
dignity, religious and cultural beliefs, purchasing health authorities are stipulating improvements in cultural awareness among the staff of provider hospitals. To this end cultural awareness groups should be set up in hospitals to ensure that the following sections are introduced in a policy statement that incorporates multiracial and multicultural perspectives: communication strategies, catering arrangements and dietary advice, religious needs, hygiene and grooming, awareness of hospital procedures, improving recreation facilities, reviewing visiting arrangements for patients, and arranging workshops on cultural education for staff in all departments.