

Spring 2016

Religion as a Social Determinant of Health in Muslim Countries: The Implementation of Positive Health Promotion

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Religion as a Social Determinant of Health in Muslim Countries:
The Implementation of Positive Health Promotion

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Spring 2016

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Abstract

This study was conducted in order to understand the relationship between religion and promotion of health systems within Muslim countries. The religion in focus is Sunni Islam. Notably, religion is also inexplicably tied to tradition and culture within a country; this is a key fact to be understood. In addition, all countries in focus, MENA countries, do not have a separation of religion and state. Therefore, there is also a political component to religion, which is also imperative to understand when implementing and improving health systems within the countries in question. When further developing health systems in MENA countries religion and religious practices and beliefs must be taken into account in order for any improvement to be positive and sustainable. This study attempts at utilizing Islamic texts such as the Quran and Sunnah as sources of uncontested answers to health problems and in doing so employing religious leaders as future spokespersons within their communities for increased positive health promotion.

Preface

As an International Studies and Healthcare double major, I have always been interested in viewing health from a global perspective. I have also always had the desire to learn about Muslim societies, which is why I spent my Fall 2015 semester studying in Morocco. One of the most apparent cultural aspects you notice instantaneously in Morocco is how pervasive religion is in every day life: in speech, in actions, in politics and in health. I chose this research topic because I felt it was important to understand how such a devout every day life affects the way people perceive, receive and understand health care. Essentially combining my two academic passions.

Morocco and other non-secular countries do not govern their countries the same way Western societies do; therefore it would be obvious that a Western style health system would not be the most beneficial for these countries. Yet, somehow this is how they are being implemented. My goal of this study was to show how one could utilize religion, which is evidently important for the people of these societies, to promote more positive and effective health care.

I felt as if this was a very nice wrap up to my year of study abroad, a reflection and application of all I have learned in Morocco and Switzerland.

Acknowledgements

I would like to thank first and foremost my family for allowing me to spend a year abroad, learning and experiencing new cultures and being able to expand my mind. I could not have done any of this without you.

Next, I would like to thank all lecturers, professors and our academic staff at SIT for their help and guidance in the process of doing this research.

A huge thank you to all professionals who allowed me to interview them for this research, nothing would have gotten done without you as well.

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Introduction – History of the Relationship between Religion and Health

There is an ongoing debate today on whether religion has a positive or negative effect on health. In order to answer this question, one must understand the relationship between the two. If you trace back the history of health, there is a clear and distinct relationship between it and religion. Religious beliefs and practices for centuries, before technology and modern medicine, provided answers to unknown health problems. Religious beliefs provided a framework for explaining disease and suffering that was larger than medicine alone could offer at the time.¹ It helps with the coping and frightening experiences of illness.² Humans through the ages have drawn on specific values of diverse religious traditions in caring for the body and the religious perspectives have informed both treatment of disease and provision of health care.³ All religions have a long history of complimenting medicine from ancient and medieval times all the way through to modern medicine. Up until very recently, spirituality was linked with health care⁴ and physical disease was understood largely in religious terms.⁵

Tracing all the way back to Egyptians, Mesopotamians, and people of the Indus Valley one can see that treatment was a mix of spiritual ceremonies and herbal remedies.⁶ Even Hippocratic medicine in Greece was about achieving a balance of bodily fluids or

¹ Ferngren, Gary B. "Medicine and Religion." *Johns Hopkins University Press*

² Koenig, Harold G "Religion and Medicine I: Historical Background and Reasons for Separation" *The International Journal of Psychiatry in Medicine* (38: 3, 2001) 385-398

³ Ferngren, Gary B

⁴ Puchalski, Christina M "The Role of Spirituality in Health Care" *Baylor University Medical Center Proceedings* (14: 2001), 352

⁵ Koenig, Harold G, 386

⁶ Koenig, Harold G, 387

humors, and treating illness by means of astrology, magic, and herbs.⁷ Mental and physical illness were not distinguished from one another and both were believed to be caused by evil spirits, demon possession or other spiritual forces.⁸ Clergy members and monks also acted as doctors and were sought out for treatment.⁹ The belief that religion and health were inextricably linked lead to compassionate care, which involves serving the whole person including physical, emotional, social or spiritual care.¹⁰ Through this, came the creation of hospitals and a longstanding tradition of charitable medicine.¹¹ It was a Buddhist prince who created the first permanent hospital, in China.¹² Physicians, who were also religious figures, were in charge of running these hospitals and other medical facilities. It wasn't until the 15th century where certification of doctors was required, marking the start of the separation of religion and healthcare.¹³

If you look at the ethical foundations and sacred law structures of Christianity, Judaism and Islam one can understand the culture and value systems by examining the bases of cultural expression and ethical codes. All religions have a code of health conduct and ethics. It is clear that in all three religions of the book there is a high priority placed on health and human life, which must be understood in order to gain comprehension of the relationship between religion and health as a whole. In Judaism, the bioethical inquiry is a subset of Halacha or Jewish sacred law. It represents a comprehensive guide to

⁷ Koenig, Harold G, 387

⁸ Koenig, Harold G, 387

⁹ Koenig, Harold G, 387

¹⁰ Puchalski, Christina M, 352

¹¹ Ferngren, Gary B

¹² Koenig, Harold G, 387

¹³ Koenig, Harold G, 387

human life regulating all aspects of behavior through assigning moral values to actions.¹⁴ In the case of healthcare, it allows for deviation from the normal regulations in cases of dire need and emergencies due to 3 main principles in Jewish medical ethics: human life has infinite value, aging, illness, and death are part of natural life, and the improvement of patients quality of life is a constant commitment.¹⁵ Value of life and care takes precedent here over following exactly the rules and regulations of the law. Catholicism has medical ethics as well as Canon law, which are a complex set of positions based on scripture, writings, papal encyclicals and reflections.¹⁶ Canon law is the body of laws and regulations developed or adopted by the church for the governing of the catholic organization and the faith community.¹⁷ The two basic values within Catholic bioethics are human dignity and that life should be maintained as far as possible. The value of human life is beyond human evaluation and authority and the interconnectedness of each individual enjoins Catholics to promote a just social order.¹⁸ As Islam is the focus of this study, the relationship between health and the religion will be delved into much deeper in the analysis section of this paper. For now it is important to understand that Islam “represents the cumulative tradition spanning 14 centuries, which the Muslims, those who carry out the actions of submitting to God, develop and adapted in diverse ways to varied times, places, and contexts.”¹⁹ Essentially, Islam has a little bit of both religions of

¹⁴ Padela, Aasim Ilyas “Medical Ethics in Religious Traditions: A Study of Judaism, Catholicism, and Islam” *Journal of the Islamic Medical Association of North America* (38:3, 2006), 108

¹⁵ Padela, Aasim Ilyas, 109

¹⁶ Padela, Aasim Ilyas, 110

¹⁷ Padela, Aasim Ilyas, 110

¹⁸ Padela, Aasim Ilyas, 111

¹⁹ Padela, Aasim Ilyas, 111

the book that came before it, Judaism and Christianity, and has built upon the two to have an extremely comprehensive understanding between health and their faith.

Religion and spirituality form the basis of meaning and purpose for many people and have throughout history.²⁰ There is a clear and distinct separation during modern times of religion and health. Nevertheless religion gives experiences meaning, which in turn provides a sense of purpose and direction in life,²¹ which is essential when it comes to the understanding and perception of health. There are psychological, social, behavior and physiological mechanisms by which religion may influence the development and course of various diseases. This study will attempt to uncover this relationship between Sunni Islam and health: how Islam promotes health through its texts and practices, how the reality does not reflect these sacred teachings, and an explanation of why that is looking at the sociopolitical dimensions of health in the region. Finally, I will make policy recommendations for how Muslim countries can create more positive health promotion.

²⁰ Ferngren, Gary B

²¹ Koenig, Harold G, 385

Research Methodology

In this study it was important to understand the relationship between health and religion as a whole throughout history. Initially I started out with reading publications explaining this: “Religion and Medicine I: Historical Background and Reasons for Separation” and “Medical Ethics in Religious Traditions: A Study of Judaism, Catholicism, and Islam.” After this search, I focused in on Islam itself. I focused on publications that gave me an understanding of what Islamic texts say about health, specifically finding verses in the Quran that talk about health and hygiene: “Health-Promoting Verses as Mentioned in the Holy Quran.” This was key to shaping the rest of my analysis. This led me to read about Islamic health promotion and interculturalization, in order to understand the dichotomy between health, religion and cultural practices in Islamic societies, “Islamic Health Promotion and Interculturalization” by Evelyne D. Leeuw, as well as understanding Islamic bioethics, “Islamic Bioethics as an Extended New Element in Health Technology Assessment” by Hafizah Besar Sa’aid. Next I researched statistics in MENA countries, looking at life expectancy, hygiene, lack of alcohol use, even breastfeeding and of course reproductive health. In my final analysis section I discussed the importance of the sociopolitical aspects of health as it relates to religion and why it has been affecting health in a negative way.

Finally, in order to make policy recommendations, I found publications that explained how one could utilize religious leaders to promote positive health changes in conjunction with the information I found from Quranic verses: “Partnering with Religious Communities for Children.” I utilized various UN texts from the WHO and

UNICEF about health promotion and faith based community organizations. I also utilized the practices of NGO's here in Geneva such as ADPH.

The majority of my sources as stated above are secondary sources besides face-to-face interviews with professionals in the field. Data was obtained by various searches through Google scholar and PubMed. Utilization of the UN publications was also essential to research. Formal and informal interviews were obtained via email communication. Some interviewees were professionals who came to speak with us during lectures, some were found just through various researches of organizations here in Switzerland. Collection of data was very thought out. Because there is not much on the specific topic, it was necessary to search about three different topics and combine information as found. Topics searched were: what Islam says about health, general understanding of health systems in MENA countries, and what these countries are currently doing as far as health promotion. Questions for interviews were chosen based on the person's specific profession.

My interviews were with Nezha Drissi the founder of Althea, Badia El Koutit the founder of ADPH, Dr. Mohammed Mohamedou of the Geneva Center for Security Policy, and Dr. Astrid Stuckelberger a Senior Lecturer and Researcher at the Institute of Global Health at the University of Geneva.

Analysis

Islam and Health

As we have seen, there is a long history between religion and health, and Islam is no exception. Explicitly stated in sacred Islamic texts, such as the Quran and Sunnah, are verses discussing health, hygiene, nutrition, alcohol use and even breastfeeding promotion. Islam has ethical considerations when it comes to health as well as offering intrinsic foundations of health promotion.²² Islam, arguably, provides more coherent foundations than many other belief systems when it comes to health.²³ In addition to the texts, there is Shari ‘a law, which are writings that aim at “expounding the moral values attached [to health] and the permissibility of using certain medical technologies and interventions based on Islamic legal and ethical principles.”²⁴ These three texts are imperative to study in order to understand the relationship people have with healthcare. In addition to texts, there is Islamic bioethics to also be considered. In the Islamic world, ethical and sociological values become more prominent, especially when it comes to health.²⁵ Ethics highlight a patients perspectives and views, and Islamic bioethics are measured on principles very different from Western style ethics. Western ethics tend to derive more on human reasoning and experience as the judge between right and wrong,

²² Aboul-Enein, Basil H. “Health-Promoting Verses as Mentioned in the Holy Quran” *Journal of Religion and Health* (55:3, 2014), 821-829

²³ Leeuw, Evelyne D “Islamic Health Promotion and Interculturalization” *Health Promotion International* (14:4, 1999), 347-353

²⁴ Padela, Aasim Ilyas, 112

²⁵ Sa’aid, Hafizah Besar “Islamic Bioethics as an Extended New Element in Health Technology Assessment (HTA) Framework” *ResearchGate* (2012) 1-13

whereas Islamic bioethics are based on the religious notions of good and evil. They are based on duties and obligations, such as to preserve life and seek treatment, although rights of God, the community and the individual are featured, “life must be valued and cherished.”²⁶ There are numerous philosophical traditions but it still embraces a religious worldview and bases its judgments mostly on religious texts.²⁷ Thus, religious texts, laws, and ethics must be understood in order for any kind of health promotion and policy changes to be made, “One can easily see how any discussion of Islamic medical ethics must [also] include discussion of the Shari ‘a”²⁸ and the Quran and Sunnah.

Islam does not separate man and nature, religion and science, mind and matter, and has preserved a metaphysical and unified view of oneself and the world around us. There is a comprehensive philosophy of physiology that is not part of the health belief system in the West anymore, but is essential for Muslims.²⁹ The Quran and the Sunnah or Mohammed’s Hadiths are the holy texts to be followed without question. If you combine theology with healing in order to understand a health system, it is essential to also understand cultural factors arising from religious beliefs and practices that can have a profound impact on health. It is important to explore the faith of Islam and the value of health in Islam through its teachings.

In Islam, the practice of washing hands, cleanliness and personal hygiene is highly emphasized in the texts. In fact, it is placed in such high regard that Islam permits the use of any substance, even including alcohol based hand sanitizers, as a means to

²⁶ Sa’aid, Hafizah Besar, 7

²⁷ Sa’aid, Hafizah Besar, 5

²⁸ Padela, Aasim Ilyas, 112

²⁹ Leeuw, Evelyne D 347

reduce illness and contribute to better health.³⁰ It states, “Truly, God loves those who turn unto Him in repentance and loves those who purify themselves through bathing, cleaning and washing.”³¹ Your body is the extension to both the physical and spiritual aspects of Islamic life, “cleanliness is indeed next to Godliness”.³² For Muslims, the body is where your soul lives, your body does not belong to you, it is the house of your soul, so you are required to take care of it.³³

The Quran also discusses a healthy diet and the important role of nutrition. In fact there are eighteen verses specific to this topic. It focuses on fruit consumption with a progressive focus on plant based dietary patterns, “Then, eat of all fruits, and follow the ways of your Lord made easy for you”³⁴ and “It is He who produced gardens... and date palms, and crops of different shape and taste and olives, and pomegranates, similar in kind and different in taste. Eat of the fruits when they ripen.”³⁵ The Quran also stresses the importance of limiting caloric intake by avoiding excess,³⁶ “Eat and drink, yet not in excess, for the Lord loves not those who commit excess.”³⁷ This is noteworthy as many MENA countries are now facing the double burden of nutrition: obesity and malnutrition. There can be a strong association between this and the reduction of risks of major chronic diseases. In conjunction with diet, the Quran also promotes physical activity.

³⁰ Aboul-Enein, Basil H, 822

³¹ Sura Al-Baqara (*The Cow*) 2:222 (The Noble Quran. (1993) Medina, Kingdom of Saudi Arabia: King Fahd Complex for the Printing of the Holy Quran)

³² Aboul-Enein, Basil H, 822

³³ Interview with Nezha Drissi (Founder of ALTHEA, Advisor to SIT Global Health Development Policy) Interview by Perri Goldstein on April 7th at Warwick Hotel Geneva

³⁴ Surat An-Nahl (*The Honey Bees*) 16:69 (The Noble Quran)

³⁵ Surat Al-An'am (*The Livestock*) 6:141 (The Noble Quran)

³⁶ Aboul-Enein, Basil H, 823

³⁷ Surat Al-A'raf (*The Heights*) 7:31 (The Noble Quran)

Alcohol use is probably the most widely known health aspect discouraged by the Quran but there is good reason for it. The risk of alcohol related diseases such as liver cirrhosis, cancer, and cardiovascular disease is significantly decreased through this lifestyle promotion.³⁸ It states, “They ask you about wine and gambling. Say: In them are great sin, and also some benefits for mankind. But its sin outweighs the benefits.”³⁹ The Quran even has its own understanding of the cardiovascular system and its role in a persons well being. How the system is vital to maintenance of health is dually recognized.⁴⁰ Described as “an organ of intelligence, emotions and an important part of the body capable of being harmed”⁴¹ emphasizes Islam’s view on health as a heart-body-mind model, which incorporates the soul as an added component.

Possibly the most unknown of the Quran’s health teachings is its promotion of women and children health, specifically breastfeeding. It is widely accepted as part of healthy postnatal care that women breastfeed, for the “nutritionally and physiologically benefits the woman and the child.”⁴² As supported by the World Health Organization, mothers are encouraged to breastfeed their children for the first two years of age, and exclusively for the first six months.⁴³ The Quran also encourages this: “Mothers should breastfeed their children two complete years for whoever wishes to complete the nursing period.”⁴⁴ This is considered imperative to caring for ones children, something extremely

³⁸ Aboul-Enein, Basil H, 826

³⁹ Surat Al-Baqara (*The Cow*) 2:219 (The Noble Quran)

⁴⁰ Aboul-Enein, Basil H, 823

⁴¹ Aboul-Enein, Basil H, 823

⁴² Aboul-Enein, Basil H, 823

⁴³ L. Lhotska, “Breastfeeding and Nutrition” Lecture on March 16th, 2016, Ecole-Club Migros, Nyon Switzerland

⁴⁴ Surat Al-Baqara (*The Cow*) 2:233 (The Noble Quran)

cherished in Muslim culture. A Hadith even states, “It is a grave sin for one to neglect a person whom he is responsible for sustaining”⁴⁵ when discussing the health of children.

What Health Really Looks Like In MENA Countries

It is clear now that positive health practices are intrinsic to being a practicing Muslim, but much of the knowledge and insights of the Quran and Sunnah towards health promotion are not applied.⁴⁶ MENA countries still face the triple burden of disease: non-communicable diseases, infectious diseases and trauma, despite the fact that nutrition and hygiene are so highly promoted. Tobacco use is rampant. Life expectancy is low, maternal and early childhood mortality are high.

Life expectancy in MENA countries span from 64.26 in Yemen to 79 in Lebanon.⁴⁷ Most countries average from 74-76 years of age. Mortality rates for children under five years of age average 43 per 1,000 live births.⁴⁸ Maternal mortality is some of the worst in the world averaging at 216 deaths per 100,000 live births which is a little under double of what it is in the United States.⁴⁹ Immunizations are low for DPT⁵⁰ and Measles⁵¹ and most people severely lack proper sanitation.⁵² For a culture and religion that inherently cares about health one would think these facts would be much different.

⁴⁵ Partnering with Religious Communities for Children." *UNICEF* (2012): 29-65.

UNICEF. UNICEF

⁴⁶ Leeuw, Evelyne D, 349

⁴⁷ “Life Expectancy Middle East” *World Life Expectancy*

⁴⁸ “Health Data” *The World Bank*

⁴⁹ “Health Data” *The World Bank*

⁵⁰ “Immunization, DPT (% of children ages 12-23 months)” *The World Bank*

⁵¹ “Immunization, Measles (% of children ages 12-23 months)” *The World Bank*

⁵² “Improved Sanitation Facilities (% of population with access)” *The World Bank*

The MENA region is currently suffering from the triple burden of death and disability: communicable and infectious diseases and trauma, which are common causes of death in middle to low income countries, are still prevalent, compounded with a rise in non communicable diseases from our ever globalizing and urbanizing world. As seen before, the Quran dictates that hygiene and sanitation are of utmost importance. Percentages of the population with access to proper sanitation vary throughout the region but not one country is at 100%: in Afghanistan it is as low as 32% of the population whereas in Algeria it is 88% and Egypt has made its way to 95%.⁵³ Death by diarrheal disease has increased by 69% since 1990.⁵⁴ MERS, a disease specific to the Middle East region is still rampant as well.⁵⁵ Nutrition is also highly emphasized in the Quran yet people in the region suffer from chronic metabolic diseases and micronutrient deficiencies.⁵⁶ There are extreme deficiencies in vitamins and minerals such as iron, folates, vitamin C and E, which are all obtained through proper diets.⁵⁷ These deficiencies can exacerbate infections and other health problems already in place and stunt the growth of children.⁵⁸

⁵³ “Improved Sanitation Facilities (% of population with access)” *The World Bank*

⁵⁴ “In Middle East and North Africa, Health Challenges Are Becoming Similar to Those in Western Countries” *The World Bank*, The World Bank Group, (2013)

⁵⁵ “Introduction to Infectious Diseases” *Baylor College of Medicine*, Baylor College of Medicine

⁵⁶ Fahed, Akl C et al “Diet, Genetics, and Disease: A Focus on the Middle East and North Africa Region” *Journal of Nutrition and Metabolism* (2015), 1

⁵⁷ Fahed, Akl C et al, 2, 11-12

⁵⁸ Fahed, Akl C et al, 1

MENA countries also suffer from the double burden of nutrition: obesity and malnutrition.⁵⁹ Even though it states in the Quran to explicitly avoid excess and encourages physical activity, obesity rates in MENA countries are ever rising. Obesity is nearing epidemic proportions with some of the highest rates in the world.⁶⁰ The largest obesity rises among women are found in Egypt, Saudi Arabia, Oman and Bahrain.⁶¹ In Egypt 50% of women are obese and in Kuwait 55.2% of women are.⁶² The overall prevalence of obesity in Morocco is 13.5% and the percentage of the population that is just overweight is 30%.⁶³ Heart disease is the leading cause of death and disability in the Arab world with high blood pressure coming in second.⁶⁴ Heart disease has increased 44% since 1990.⁶⁵ Stroke and diabetes are also causing more premature deaths and disability than ever before.⁶⁶ Diabetes has increased 87% since 1990.⁶⁷ Preventable risk factors include a proper diet. Yet despite the fact that obesity and overweight rates are rising, there are still high levels of child malnutrition. 30% of children in Egypt below

⁵⁹ Pierre-Louis et al “Overview” *Public Health in the Middle East and North Africa: Meeting the Challenges of the Twenty-First Century* (Washington DC: World Bank, 2004) 1-23

⁶⁰ Semlani, Amina “Obesity and Traffic Fatalities Endemic to Arab World” *Aljazeera*, Aljazeera Media Network (2013)

⁶¹ “Obesity Rates in MENA Countries Staggeringly High” *Gulf Times* (2014)

⁶² Semlani, Amina

⁶³ El Rhazi, K et al “Prevalence of Obesity and Associated Sociodemographic and Lifestyle Factors in Morocco” *Public Health Nutrition* (14:1, 2010) 160-167

⁶⁴ Semlani, Amina

⁶⁵ In Middle East and North Africa, Health Challenges Are Becoming Similar to Those in Western Countries”

⁶⁶ In Middle East and North Africa, Health Challenges Are Becoming Similar to Those in Western Countries”

⁶⁷ In Middle East and North Africa, Health Challenges Are Becoming Similar to Those in Western Countries”

five are stunted whereas in Yemen it is 60%.⁶⁸ When diet and nutrition are so important culturally and religiously, one must try to understand the reasoning behind these trends.

Another aspect of health lacking in MENA countries is women's health. Despite the fact that women's health is highlighted in the Quran as important, women lag so far behind men in access and care in the region. 10 million women who give birth every year in MENA countries experience some kind of complication and 1 million of these women suffer from a serious injury that may lead to permanent illness.⁶⁹ This is not only harmful to the women, but to their children, families and society as well. There is poor quality of health services and lack of education on reproductive health issues, which are compounded by social and economic conditions and gender roles. Three out of every five maternal deaths occur in just four countries in the region: Egypt, Iraq, Yemen and Morocco,⁷⁰ although Morocco has taken steps to reduce this rate and has achieved the reduction of mortality by 75% by the year 2015.⁷¹ Yemen and Iraq have some of the highest levels of maternal mortality in the world at 300 deaths per 100,000 births.⁷² There is a complete absence of good medical care before and during pregnancy and after delivery. There is a lack of skilled personnel who can recognize and treat complications including female physicians, who some women in the region will only see.⁷³ In addition, there is a lack of public awareness of the importance of medical care during this time period despite numerous texts stating women who are carrying another life inside of them

⁶⁸ Semlani, Amina

⁶⁹ Roudi-Fahimi, Farzenah "Women's Reproductive Health in the Middle East and North Africa" *Population Reference Bureau* (2003), 1

⁷⁰ Roudi-Fahimi, Farzenah, 1

⁷¹ "Reducing Maternal Mortality Morocco: Sharing Experience and Sustaining Progress" *UNFPA* (2011): 1-8 *UNFPA Arab States*, Ministry of Health Morocco, 2011

⁷² Roudi-Fahimi, Farzenah, 1

⁷³ Roudi-Fahimi, Farzenah, 2

are of utmost importance to protect, “As for mothers, Islam has made for them a beautiful world, in which everyone must respect and revere them.”⁷⁴ Postnatal care is even lower than pre and antenatal including identifying and treating childbirth related injuries and illnesses and promoting breastfeeding. Despite the fact that it states mothers must breastfeed in the Quran and also states “the reward of a woman, from the time of pregnancy until birth and breastfeeding, is the same as the reward of one on the path of Allah.”⁷⁵

Where is the disconnect between Islamic health in theory and health in practice? Why is life expectancy low and maternal mortality rate high? Why is there still the triple burden of disease? To answer these questions one must look at the sociopolitical dimensions of health in MENA countries.

Sociopolitical Dimension of Health: Why It Is Affecting Health in a Negative Way

“The health status of a population is influenced by many activities outside the health sector.”⁷⁶ The sociopolitical aspect of MENA countries societies is an imperative dimension to understand because it directly affects the health of their populations. MENA countries, not including Turkey and Israel, which are secular, have some variation of a non-secular government. Essentially religion affects politics, economics and social life in this region. Everything always goes back to religion.⁷⁷ The political dialogue that affects

⁷⁴ “Chapter 6: Pregnancy” *Al-Islam*

⁷⁵ “Chapter 6: Pregnancy” *Al-Islam*

⁷⁶ Pierre-Louis et al, 5

⁷⁷ Interview with Dr. Mohammed Mohamedou (Geneva Center for Security Policy)
Interview by Perri Goldstein on April 21st, 2016 at the Geneva Center for Security Policy

health policy is in turn also religious policy.⁷⁸ However, religion is also intertwined into culture and traditions. It is a documented demonstrable fact that the reason for this is historical: the three monotheistic or religions of the book were born in this region.⁷⁹ Therefore, it must be understood that it is the way of life, a sense and a presence that religious rituals inform everything. Yet, what is being practiced and implemented is not always strictly religious. There have been interpretations or a “customization of Islam,” a politicization of it⁸⁰ that has been distorted. In practice there is actually a distinct separation between culture and traditions and what is really the religion.

In this region of the world patriarchy is the culture and the traditional way of life; it is not inherently Islam, but this has always been the dominant social structure. This patriarchy uses religion, rather picks and chooses teachings, to keep people, mainly women, down,⁸¹ which is a large reason why women’s health is so underserved. It has utilized religion in a power relationship, stating facts or creating laws by borrowing the authority of the Quran or Allah, essentially using the vernacular of up above to grant themselves authority.⁸² And these traditions affect health.⁸³ For example, women are told they cannot be touched by a male doctor,⁸⁴ which leads them to make a choice: either not go to the doctor at all or face scrutiny. This is helping no one. The Profit stated that for pregnant women or anyone with a medical condition that while fasting during Ramadan,

⁷⁸ Interview with Dr. Stuckelberger (University of Geneva Global Health) Interview by Perri Goldstein on April 7th, 2016 Starbucks in Gare Cornivan

⁷⁹ Interview with Dr. Mohammed Mohamedou

⁸⁰ Interview with Dr. Mohammed Mohamedou

⁸¹ Interview with Nezha Drissi

⁸² Interview with Dr. Mohammed Mohamedou

⁸³ Interview with Badia El Koutit, (Founder of ADPH) Interview by Perri Goldstein on April 11th at ADPH office in Geneva

⁸⁴ Interview with Badia El Koutit

they should listen to their bodies and not fast if they are feeling weak. But, religious leaders have convoluted these teachings so that people are afraid to follow their body.⁸⁵ This type of relationship towards women, towards their obligations, rights, and bodies is very much something that is tradition, not Islam.⁸⁶ But, the lines have become blurred. When so much energy is focused on keeping those in power where they are and upholding tradition, little is left for social goods and services for the citizens of a country. This has led to health being a very low priority.

There has been neglect to health systems because of this sociopolitical way of governing a country. MENA countries have some of the lowest levels of government spending on healthcare in the world.⁸⁷ Between the years of 2006 and 2011 only 8.2% of budget was spent on healthcare, resulting in many citizens paying for their care out of pocket.⁸⁸ This forces people to forego care or face impoverishment due to their medical expenses. The way health systems are financed has important implications for access to services, equity, and efficiency, quality of care and for health outcomes.⁸⁹ In this case, access is difficult, socioeconomic status dictates your quality of care and health outcomes. There is no social insurance system to protect the population of a country.⁹⁰ Fairness and accountability are extremely relevant to healthcare. People need to be protected against unexpected and impoverishing expenses and be able to rely on a system

⁸⁵ Interview with Nezha Drissi

⁸⁶ Interview with Dr. Mohammed Mohamedou

⁸⁷ “Fairness and Accountability: Engaging in Health Systems in the Middle East and North Africa” *Open Knowledge World Bank* (2013)

⁸⁸ “Fairness and Accountability: Engaging in Health Systems in the Middle East and North Africa”

⁸⁹ El-Jardali, Fadi et al “Eliciting Policymakers’ and Stakeholders’ Opinions to Help Shape Health System Research Priorities in the Middle East and North Africa Region” *Health Policy and Planning* (25:1, 2009), 15-27

⁹⁰ ⁹⁰ El-Jardali, Fadi et al

that will give them quality care while still being treated with respect regardless of their station in life, literacy rate, who they know or their gender. This absence of substantial social support, solidarity, and public participation in social and health matters is attributed to a failing Islamic government system.⁹¹ If citizens cannot trust or they fear their government, the health outcomes of the population are going to suffer.

⁹¹ Leeuw, Evelyn D, 350

Discussion: How to Combat This

Many aspects of society and the government must change in order for there to be a fair, accountable, effective and efficient health system. Health must be made a priority by those in power. Patient needs must be met therefore there must be an awareness of what those needs are as well as an increase in health care workers, doctors and nurses.⁹² Health is affected by other determinants such as education, sanitation, agriculture, environment and infrastructure.⁹³ However, as a policy maker or health worker, it is unrealistic to combat all of these problems at once. Here, I propose a solution tailored specifically towards MENA countries, one that works within the society as it is right now and will hopefully enable people to increase control over and to improve their health. MENA countries must “develop a more dynamic process for the planning, implementation and evaluation”⁹⁴ of their health policies utilizing their religion. There must be an emphasis on explanations of health that encompass their social and environmental influences.⁹⁵

As we have seen, Islamic texts have many health promoting verses. If religious leaders presented this information and worked in tandem with health practitioners, health educators, dieticians, physicians and other health professionals they could provide a comprehensive understanding of positive health for Muslim populations. People follow

⁹² “Fairness and Accountability: Engaging in Health Systems in the Middle East and North Africa” (2013)

⁹³ “Fairness and Accountability: Engaging in Health Systems in the Middle East and North Africa” (2013)

⁹⁴ Pierre-Louis et al, 12

⁹⁵ “Reconsidering Community-Based Health Promotion: Promise, Performance, and Potential”

and trust their religious leaders⁹⁶; therefore we must train local and regional members of the Mosque to help educate their community members on their health rights utilizing the Quran. Non-state actors can play a crucial role in the delivery of health services⁹⁷ in these countries and communities. It is the role and responsibility for communities of Mosques and Madrasa's to apply the principles from the foundation of their religion to combat contemporary and social health challenges.⁹⁸ There is grave importance of community prevention efforts in public health practice and for planning the next generation of health promotion programs.⁹⁹ The establishment of a unique and modern Islamic health promotion is within reach.

Recommendations include these leaders to provide booklets that contain Quranic verses connected to health, healthy lifestyles, and behaviors,¹⁰⁰ as well as incorporating messages and information about healthcare into worship services, religious festivals and religious rites.¹⁰¹ Religious communities can also organize support groups to provide health education and information about where to seek health services, educate medical and social work practitioners about blending appropriate medical, religious and cultural practices into their work, and contribute to national health policy development through advocacy to help clarify misconceptions about harmful traditional practices of health being part of religious teachings.¹⁰² They have the opportunity to significantly influence

⁹⁶ Interview with Nezha Drissi

⁹⁷ El-Jardali, Fadi et al, 20

⁹⁸ Leeuw, Evelyne D, 351

⁹⁹ Merzel, Cheryl and Joanna D'Afflitti "Reconsidering Community-Based Health Promotion: Promise, Performance, and Potential" *American Journal of Public Health*, (93:4, 2003), 557-574

¹⁰⁰ Aboul-Enein, Basil H, 824

¹⁰¹ "Partnering with Religious Communities for Children"

¹⁰² "Partnering with Religious Communities for Children"

their citizens in a positive way by delivering effective health promoting messages and recommendations for adopting a healthy lifestyle. Faith based health promotion interventions and programs could serve as a strong influence in shaping a better health system in MENA countries.

This has started to happen in some countries. Combatting HIV/AIDS can be more difficult than normal in MENA countries due to the taboo surrounding sex in general. Admitting to having HIV/AIDS is extremely shameful and as a result people generally refuse to seek out care, thus exposing the population to the epidemic by inaction.¹⁰³ Morocco has undertaken an active campaign to prevent the spread of HIV through increased condom use. The price of condoms was lowered and they were made readily available in primary health care centers and store enabling people to buy them without having to answer questions about their identity or marital status.¹⁰⁴ They were advertised through religious communities who helped create media campaigns adapted to promote condom use while also not offending certain other populations within the country.¹⁰⁵ By going through religious leaders and communities, it became more widely accepted, understood, and also promoted positive health practices and behaviors.

UNICEF and Algeria Ministries of Religious Affairs and Health launched a series of training sessions in 2009 for murchidates, or women preachers, on promoting and protecting the health of women and children.¹⁰⁶ More than thirty murchidates have been trained in a program targeting 300 women preachers throughout the country.¹⁰⁷ This

¹⁰³ Pierre-Louis et al, 12

¹⁰⁴ Pierre-Louis et al, 12

¹⁰⁵ Pierre-Louis et al, 12

¹⁰⁶ “Partnering with Religious Communities for Children” 32

¹⁰⁷ “Partnering with Religious Communities for Children” 32

program seeks to introduce participants to principles of communication for behavioral change, providing them with essential information on the health of mothers and children and highlighting the role of communication in promoting health.¹⁰⁸ In addition to this, before UNICEF announced Egypt polio free, they requested the Grand Mufti to issue an important fatwa that encouraged and mobilized caregivers during the undertaking of the intensive polio campaigns.¹⁰⁹ It is extremely possible, plausible and imperative that policy makers and health workers alike work in conjunction with religious leaders in health promotion as to prevent the misuse of religion when it comes to health practices. “Without engaging with religious communities and leaders, the enduring taboos and prejudices that work against equality and rights for women [and all citizens] cannot be addressed.”¹¹⁰ Collaborative engagement with religious communities can contribute to all aspects of programming including advocacy, service provision, coordination and policy development.

This strategy has even been implemented in Western countries for immigrants to help integrate them into society. Here in Switzerland the organization ADPH partners with the local mosque in Geneva to discuss health practices. They have created round table discussion as information sessions for women and men about physical and mental health as well as education.¹¹¹ Badia El Koutit, the founder of ADPH has said that

¹⁰⁸ “Partnering with Religious Communities for Children” 32

¹⁰⁹ “Partnering with Religious Communities for Children” 32

¹¹⁰ “Partnering with Religious Communities for Children”, 52, Quote by Thoraya Obaid in ‘A Discussion with Thoraya Obaid, Executive Director of the UNFPA’ an interview by Katherine Marshall of the Berkley Center for Religion, Peace, and World Affairs, November 24th, 2010

¹¹¹ Interview with Badia El Koutit

dialogue has really helped people understand their health rights and has allowed people to feel comfortable enough to go get health treatment.

Utilizing religious leaders, of course, can have its drawbacks. There is sometimes unfortunately and sometimes fortunately, a lot of room in Islam for interpretation. Even though the Quran, Sunnah and other texts can promote positive aspects of society it also enables the proliferation of readings, you can have any extremist come in with a fatwa of their own.¹¹² The way society is set up, patriarchal with high levels of illiteracy, there are very few people who can prevent this from happening. The instrumentalization of religion has opened the door for extremism.¹¹³ The potential for misinterpretation in translations of texts by religious leaders is why there needs to be training to educate them on how to use their religion and texts in a positive way when it comes to health, as we have seen done in Morocco, Egypt and Algeria. If this can be achieved, it can make a major difference in not just the health of populations but in their education and empowerment as well.

¹¹² Interview with Dr. Mohamedou

¹¹³ Interview with Dr. Mohamedou

Conclusion

An investment into health is an investment into a country's future. A healthy population reduces poverty, increases the labor force and in turn productivity and competitiveness for a country, it safeguards and ensures a healthy future generation. MENA countries have lagged behind in terms of health and that needs to change in order for there to be positive development. In the last fifteen years the region has seen enough tragedy, wracked with civil war, political upheaval and economic instability. As has been discussed in this paper this can be turned around. Religion has been used to create these negative aspects of society but there is potential for positive effects of religion on health. It can have an impact on disease mortality and morbidity, behavior, lifestyle, and increase the capacity for people to cope with medical problems.¹¹⁴ Structural and organizational changes are central issues in the Islamic ideology and they pose real opportunities for building healthy public policy in MENA countries.¹¹⁵

Religion must be integrated in any further health policy in the region because of its pervasiveness in all aspects of society. "Individuals can not be considered separately from their social environment and context and... programs incorporating multiple interventions extending beyond the individual level have the potential to be more successful in changing behaviors"¹¹⁶ when it comes to health. Islam inherently aims to

¹¹⁴ Allegranzi, Benedetta et al "Religion and Culture: Potential Undercurrents Influencing Hand Hygiene Promotion in Health Care" *American Journal of Infection Control* (37:1, 2014), 821-829

¹¹⁵ Leeuw, Evelyne D, 352

¹¹⁶ Merzel, Cheryl and Joanna D'Afflitti, 562

reduce harm to its people; one of its core objectives is to maintain life.¹¹⁷ While society is complex and many determinants affect the health of a population, it is unrealistic to aim to fix all of the problems. That is why it is imperative to focus health interventions that fit into society as it currently stands. Engaging religious leaders and communities by using the actual Islamic texts allows for complete positive health promotion. In the fact that it does not deviate from Islam, it actually upholds Islamic values, it appeases extremists within a society while also allows for sustainable development of a healthy population.

Hopefully one day there can be improved coordination between governmental bodies, religious leaders and ministries of health to improve other aspects of the health system such as financing, insurance, and quality of services. Engaging with multiple government and nongovernmental actors should be the next goal, capitalizing on global and regional power to tailor the most appropriate and feasible health solutions.¹¹⁸ Since MENA health systems are in their early stages of reform, “the region [can] avoid repeating some of the mistakes made by OECD countries in their quest for universal access, higher quality, and efficiency,”¹¹⁹ and this idea is something truly exciting.

¹¹⁷ Ghouri, Nazim, “Influence of Islam on Smoking Among Muslims” *BMJ* (2006), 291-294

¹¹⁸ “Fairness and Accountability: Engaging in Health Systems in the Middle East and North Africa”, 15

¹¹⁹ “Fairness and Accountability: Engaging in Health Systems in the Middle East and North Africa”, 15

Abbreviations List

ADPH	Association pour la Promotion des Droits Humains
DPT	Diphtheria, Pertussis and Tetanus
MENA	Middle East and North Africa
MERS	Middle East Respiratory Syndrome
NGO	Non-Governmental Organization
UN	United Nations
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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