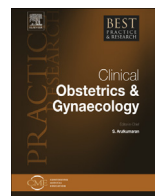




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Culture and religious beliefs in relation to reproductive health

Jonna Arousell, MSc, PhD Student ^{a, *},
Aje Carlbom, PhD, Associate Professor in Social Anthropology ^b

^a Department of Women's and Children's Health (IMCH), Uppsala University, Sweden

^b Faculty of Health and Society, Malmö University, Sweden

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An increasing number of contemporary research publications acknowledge the influence of religion and culture on sexual and reproductive behavior and health-care utilization. It is currently hypothesized that religious influences can partly explain disparities in sexual and reproductive health outcomes. In this paper, we will pay particular attention to Muslims in sexual and reproductive health care. This review reveals that knowledge about devout Muslims' own experience of sexual and reproductive health-care matters is limited, thus providing weak evidence for modeling of efficient practical guidelines for sexual and reproductive health care directed at Muslim patients. Successful outcomes in sexual and reproductive health of Muslims require both researchers and practitioners to acknowledge religious heterogeneity and variability, and individuals' possibilities to negotiate Islamic edicts. Failure to do so could lead to inadequate health-care provision and, in the worst case, to suboptimal encounters between migrants with Muslim background and the health-care providers in the receiving country.

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Introduction

In this chapter, we will offer a review of theoretical and practical dimensions of sexual and reproductive health-care delivery within a health-care system characterized by an increased religious

* Corresponding author: Jonna Arousell, Department of Women's and Children's Health, International Maternal and Child Health, Uppsala University, Akademiska Hospital, SE-751 85 Uppsala, Sweden. Tel.: +45 50 30 52 74; Fax: +46 40 665 81 00. E-mail address: jonna.aroucell@kbh.uu.se (J. Arousell).

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and cultural diversity. The review draws on recent contributions in sexual and reproductive health research. Accordingly, we will seek to illustrate salient tendencies and particular areas of controversy surrounding cultural and religious aspects of reproductive health care. Our contribution is far from exhaustive, but rather highlights current dimensions of interest.

The first part of this paper will provide a general overview of the implications of cultural and religious aspects for reproductive health patterns and disparities in health care. Following this, we will discuss the complexity and controversies in Islamic perspectives and Muslims' relation to reproductive health in particular, and their relevance for clinical practice, in detail. Based on these reflections, in the last section of the paper, some limitations in contemporary research on culture and religious beliefs in relation to reproductive health, which may result in less sufficient health-care delivery, have been described. As will be shown, contemporary portrayals of Muslims are often skewed and simplified. There is, in addition, a notable lack of empirically based studies on the Muslim experience of sexual and reproductive health-care matters, thus weakening current evidence for improved efficient health-care delivery. Accordingly, we will propose that future research efforts must acknowledge religious heterogeneity and variability, as failure to do so could lead to inadequate health-care provision and insufficient outcomes in health.

Disparities in reproductive health care

Clinical and public health research across the world have continually reported on how patients, primarily women, with immigrant background face challenges in obtaining sufficient levels of health care in secular health-care settings. Further, it is evident that women with migrant background face greater disparities in health [1–5] due to linguistic, cultural, and socioeconomic factors [3,4,6–8]. Yet, other studies suggest that, for example, increased perinatal and maternal morbidity among foreign-born women cannot be explained by cultural or specific religious factors [9–11]. Although still an under-communicated aspect of health disparity research [12,13], an increasing number of research publications acknowledge the influence of religion on sexual and reproductive behavior and health-care utilization [8,14–20]. Within all major religious traditions, Judaism, Christianity, Islam, Hinduism, Sikhism, and Buddhism, scholars have in one way or another reflected upon the meaning of sexuality, providing frameworks for good and bad sexuality, characteristics of male and female sexuality, and family planning strategies. Thus, religion cannot be easily separated from sexuality and reproductive health [21]. In common for all major religions is that they offer a distinct belief system, which aims to guide devout followers in sexual and reproductive health matters [22]. Yet, it is also acknowledged that religion may have a more or less profound influence on the real-life practice of devout people, a fact also illustrated in several research contributions showing that personal interpretations of any faith tend to vary from very liberal to conservative and traditional [23–27]. It is difficult to elaborate on sexual and reproductive health matters in light of all major religious traditions within the scope of one article. Hence, we will focus on the intersection between Islam and sexual and reproductive health care. Given various events around the world in the last decades, where Islam has been in the forefront of much international attention and media coverage, the interest in knowing and understanding the practice of Islam in different arenas has inevitably increased.

How does Islam influence devout Muslims' sexual and reproductive health?

Currently, there are different hypotheses on how Islamic devotion is believed to shape individuals' sexual and reproductive health and health-related behaviors. A first line of arguments, primarily expressed in epidemiological literature, focuses on risk factors for morbidities caused by Islamic practices [12]. For instance, a study conducted among pregnant Muslim women in the Netherlands revealed that women's adherence to Ramadan fasting during early pregnancy could lead to lower birth weight of newborns [18]. Researchers in the field subsequently urge for large-scale studies that could investigate the potential perinatal morbidity and mortality, as well as initiatives for health-care providers to gain access to research-driven information on helping pregnant women to make well-informed decisions regarding fasting during the month of Ramadan [18,28]. Other risk factors that

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