

# MUSLIM AGED CARE



A practical guide for service providers





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Mahjabeen Ahmad  
Independent researcher and advocate  
Adelaide, South Australia

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## PREFACE AND ACKNOWLEDGEMENT

**T**he Muslim Aged Care: A Practical Guide for Service Providers is written to assist providers to 'connect' to the aged care needs of Muslims and to confidently engage in creating positive experiences for older Muslims and their families.

This work came about with the realization that there is virtually no comprehensive resource on Muslim aged care in Australia. There are, however, several Muslim-specific health care handbooks. As some aspects of aged care cross over into health care, the available health care resources are useful for aged care to some extent. Nonetheless, as an advocate for cultural appropriateness in aged care service design and delivery, I strongly felt that a separate comprehensive guidebook in the context of aged care was needed to help service providers to better understand and address Muslim aged care needs.

Without adequate knowledge of the core values, practices, traditions, and norms that are important to Muslims, it will not be possible for a provider to offer culturally appropriate care to a community whose culture is different to the dominant culture, is defined by faith, and whose members come from a wide variety of ethnic and linguistic backgrounds. This Practical Guide aims to offer service guidelines so that providers can situate Muslim aged care within a religio-cultural framework.

Although this Practical Guide is designed for aged care providers, much of the content would be suitable for disability and health care providers, too. This Practical Guide is premised on the model of holistic care that includes the four dimensions of appropriate physical, mental, social, and spiritual care. It is designed to engage readers on two levels: at the first level, it opens the 'culture door' to the Muslim worldview, and at the second level, considerations related to everyday care of Muslims are explained.

The quality of life and quality of care for older people are both diminished when choices available to them are limited. Also, much of the meaning of person-centred care or the appeal of consumer-directed care is lost if choices are not enhanced to meet diverse needs. For many years now, the identity factors to focus on for meeting the needs of diverse communities were primarily thought to be ethnicity and language; however, a significant element of identity of many people that shapes their needs is religion.

Media reports and political rhetoric regularly promote negative stereotypes that produce cultural biases against Muslims, some of which may be unwittingly picked up by service providers. It is hoped that the Practical Guide will help negate any such provider bias as well as facilitate service access and positive outcomes for Muslims.

It is important to move away from cultural determinism as people are a product of not just their culture. Many other factors have significant roles and profound impacts in shaping people, irrespective of their backgrounds. Keeping in mind personal and cultural variations, the *Practical Guide* contains only broad suggestions and generally accepted guidelines based on Islamic teachings. It is always prudent for service providers to find out from care recipients (service users) and/or their families how they want services delivered to ensure cultural appropriateness.

The contents of the *Practical Guide* are organised under headings to make it easy to locate topics. The *Guide* begins with a short exercise titled "Check Your Blind Spot". Just as we check our blind spots for safe driving whenever we are unsure about what is around our vehicles, we also need to check our cultural or diversity blind spots that may bias our thoughts, decisions, and actions.

There are nineteen chapters divided into the following three sections:

**Section One** provides information on Islam and Muslims. A critical focus of this section is the *why* --an outline of the foundational aspects or rationale of the Muslim way of life. Without an understanding of the beliefs and values that underpin this way of life, it would be challenging to design and deliver care that would be acceptable to Muslims.

**Section Two** deals with the *what* ---the specific requirements pertaining to Muslim aged care, and the *how*-- practical advice for delivering day-to-day care to Muslims. Chapters X through XVI form the heart of the *Practical Guide*; some contents are more relevant for home care, some for residential care, and some for both.

**Section Three** includes a suggested list of questions to consider for a Muslim cultural assessment and a list of key things providers need to remember for building effective relationship with individuals and the community. Section Three also includes three illustrative case studies that highlight aged care situations that may be experienced by many Muslims and their families.

The two appendices contain some texts on various aspects of Muslim religion, culture, and history which may not be particularly relevant for actual service delivery but is useful for gaining greater understanding about Muslims.

Instead of being a brief handbook, this *Practical Guide* comes as a comprehensive document. Although detailed, it is not meant to be a recipe book for providers; rather, this resource is intended to be used for assisting experiential learning.

Preparing and writing the *Practical Guide* has been a privilege for me. This Guidebook could not have been published with just my efforts. First, I express my abiding and humble gratitude to Almighty Allah for granting my wish to produce this resource.

I express my undying love and gratitude for my parents who have instilled in me the essential value of contributing positively whenever and however one can. They have always been my greatest sources of inspiration.

I am thankful to Ilsa Hampton, CEO of Meaningful Ageing Australia, for her enthusiasm and willingness to host the Guidebook on her organisation's web portal. I acknowledge Professor Mohamad Abdalla, Director, Centre for Islamic Thought and Education at the University of South Australia, for his valuable comments on the first draft. I also express my gratitude to Imam Abdulsalam Alim of Masjid Abu Bakr, Adelaide, for providing clarifications on some content matters of religious significance.

I would like to thank Magdalene Marschall from the University of South Australia for manuscript formatting. I am particularly thankful for the time Dr Jenny Webber, Program Director, Bachelor of Media Arts at the University of South Australia, has generously given to finalise the formatting and make the Guidebook ready for publishing.

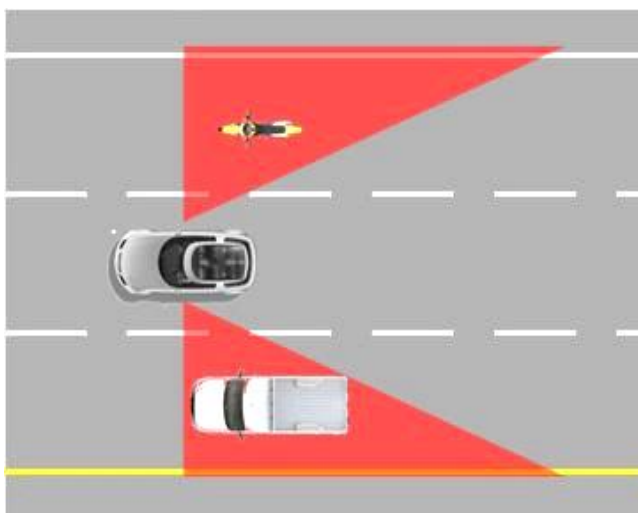
Finally, special thanks to my daughter for the design and hand-drawn illustrations and to my husband for his ongoing support for my work.

Mahjabeen Ahmad  
September 2017  
Adelaide, South Australia

[mhjbn.ahmad09@gmail.com](mailto:mhjbn.ahmad09@gmail.com)



## CHECK YOUR BLIND SPOT



This quick questionnaire is intended to help check for your cultural 'blind spot' and heighten your cultural awareness.

Directions: Please read each statement and depending on whether the statement applies to you or not, write either A to indicate 'Mostly True' or B to indicate 'Mostly not true' against each. Be candid with your responses. Where you respond with a 'B', it could signal a potential area of focus for improving your cultural awareness and cultural sensitivity to avoid future 'accidents'.

\_\_\_\_\_1. When interacting with people who have limited English proficiency, I do not judge them based on their English language skills.

\_\_\_\_\_2. I do not make assumptions about a group based on what I read in the media and hear from others until I have verified the facts on my own.

\_\_\_\_\_3. I accept that religion may be a big part of many people's identity and I acknowledge their right to practice it.

\_\_\_\_\_4. I recognise that culture and religion influence how many people respond to family obligations, ageing, aged care, illness, disease, disability, and death.

\_\_\_\_\_5. I want to make sure that people from diverse backgrounds feel comfortable in stating their needs and that I do my best to address these.

\_\_\_\_\_6. I try to learn and understand about other cultures.

\_\_\_\_\_7. I recognise that not everyone wants to identify or connect with their own culture or community.

\_\_\_\_\_8. I am aware that what is considered acceptable in terms of behaviour and social etiquette varies among different cultures.

\_\_\_\_\_9. I do not believe that accommodating special needs of people amounts to giving them preferential treatment.

\_\_\_\_\_10. I believe that some policies and practices can disadvantage people from non-dominant backgrounds.



# SECTION ONE



# MUSLIM AGED CARE: A PRACTICAL GUIDE FOR SERVICE PROVIDERS

## I. A BRIEF BACKGROUND OF ISLAM AND MUSLIMS

The word Islam means submission or surrender; it is derived from the Arabic root word *salama* which means surrendered or submitted. A follower of the religion Islam is called a *Muslim*--one who surrenders or submits to *Allah* and accepts His will; Allah is the Arabic word for the One God. The essence of Islam and its fundamental tenet is a belief in Absolute Monotheism (the oneness of God as Creator and Sustainer of the universe and everything in it).

Islam is a complete code of life for Muslims that informs, guides, and regulates their lifestyles, activities of daily living, social norms and behaviours, relationships, family life and roles and responsibilities, inheritance, aged care, health attitude and practices, and business and financial transactions to cite a few examples.

Muslims base their laws on two primary sources--the *Qur'an* and the *Sunnah*. There are two secondary sources as well; these are *Ijmaa* (consensus among Islamic scholars) and *Qiyaas* (analogical reasoning based on juridical principles outlined in the *Qur'an* and *Sunnah*). It is from these sources that Muslims find directions for their lives. The *Qur'an* is the religious text containing Allah's last message to humanity, in His exact words, revealed in classic Arabic by Archangel Gabriel (Jibril) to Prophet Muhammad (May peace be upon him<sup>1</sup>) over 1400 years ago, in Mecca (Makkah) in today's Saudi Arabia. *Sunnah* comprises of "the specific words, habits, practices, and silent approvals of Prophet Muhammad (May peace be upon him). Muslims refer to *Sunnah* for guidance and direction on issues of daily lives"<sup>2</sup> that are not explicitly addressed in the *Qur'an*. *Sunnah* also elaborates and explains the *Qur'anic* verses and provides examples for Muslims. An authentic account or reliably transmitted report of the Prophet's words or sayings is known as *Hadith*.

Judaism and Christianity have also preached monotheism (belief in the One God). Together with Islam, they form part of the Abrahamic faiths that trace their origin to Prophet Abraham; all three were born in, what is known today as, the Middle East. As Jews and Christians are considered recipients of revelations in the form of the Torah and the Gospel from the One God, they are described as "People of the Book" in the *Qur'an*. Thus, Islam shares not only the same origins but also many of the same beliefs as Judaism and Christianity. In fact, Muslims do not see Islam as a new religion, but a continuation of the religion of all the Prophets since Adam conveying the same message--a belief in, and worship of, the One God.

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<sup>1</sup> When their prophet's name is mentioned, Muslims use the phrase 'May peace be upon him' to show their respect.

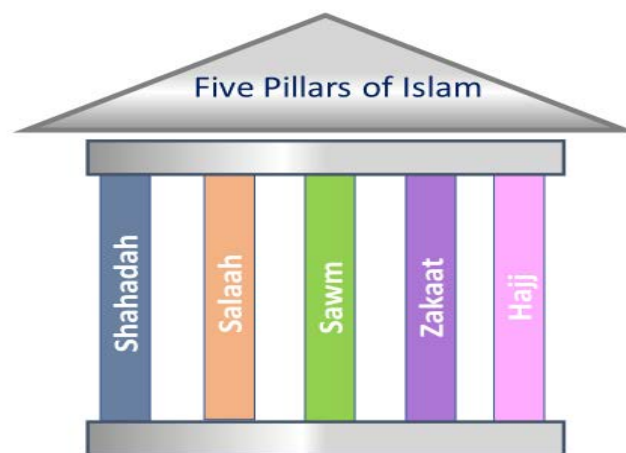
<sup>2</sup> Ahmad, Mahjabeen and Shamsul Khan, *Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia (revised and updated)*, Islamic Information Centre of South Australia (IICSA), Adelaide: 2015, p. 11.

Islam has two main sects: the Sunni and the Shi'a. This division originated in disagreements over the order of succession of leadership in the Muslim community soon after the death of Prophet Muhammad (May peace be upon him). Between 87 and 90 per cent of the world's Muslims are Sunnis while roughly 10 to 13 per cent are Shi'ites. The Shi'ites are a majority in Iran, Azerbaijan, Bahrain, and Iraq.<sup>3</sup>

Like other religious traditions, different theological schools of thoughts and various interpretations of the religious text have led to Muslims belonging to various religious groups and sub-groups within Islam. Grounded in the teachings of the Qur'an, Islamic literature on juristic differences recognises diversity as a natural phenomenon and acknowledges that social settings vary and change. Thus, Islam allows for pluralism and different or sometimes contrasting, but equally valid, interpretations of the same scriptural text.

Conversion to Islam by force is not valid; deciding to become a Muslim is a personal decision made of free will and should only be made if a person believes in Islam. Islam is a way of life for its followers around the world and requires some visible, outward signs of religious commitment. This helps explain why the presence of religion or its manifestations in the everyday life of a practicing Muslim cannot be ignored, put away, set aside, or brought out only in the privacy of one's home.

### Pillars of Islam



To be a Muslim, one is required to believe and follow the tenets of Islam, also referred to as the Five Pillars of Islam. These five pillars, embodying sacred worship rites, have remained unaltered since the time of Prophet Muhammad (May peace be upon him), and are as follows:

1. **Shahadah** or the Declaration of Faith: Believing and reciting "There is no god except Allah, and Muhammad is the Messenger of Allah".

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<sup>3</sup> Pew Research Centre, Forum on Religion and Public Life, *The Future of the Global Muslim Population: Projections for 2010-2030*, Washington, D.C.: 2011, pp. 153-154.

2. **Salaah** or prayer is the principal form of Islamic worship that is performed in a prescribed manner. There are five obligatory daily prayers offered within five specific time ranges as described below:

- i. Dawn prayer or *Salat al-fajr*: before sunrise
- ii. Midday prayer or *Salat al-dhuhr*: after the sun passes its highest point
- iii. Late afternoon prayer or *Salat al-'asr*: the late part of the afternoon
- iv. Evening prayer or *Salat al-maghrib*: just after sunset and until darkness sets in, and
- v. Night prayer or *Salat al-'isha*: when the sky is completely dark until midnight.

*Qibla*<sup>4</sup> or the direction of all prayers is towards the Ka'ba (illustrated on the right), the cubical structure built by Prophet Abraham as the first House of Worship. The Ka'ba is in Mecca inside the Holy Mosque known as al-Masjid al-Haram. When praying, Muslims must turn their faces toward the Ka'ba.



3. **Sawm** is an Arabic word for fasting as prescribed in Islam. It is obligatory for every adult, sane, and healthy Muslim. Fasting starts on the first of Ramadan, the ninth month of the Islamic lunar calendar (please see Chapter IX for an explanation of the Islamic lunar calendar). Ramadan circulates through the different seasons occurring approximately 10/11 days earlier each Gregorian year. During daylight hours in Ramadan, a fasting Muslim abstains from food and drink (including oral medications), smoking, and sex. Normal life, however, continues, such as going to work or school and carrying out other duties and obligations.

4. **Zakaat** is the compulsory charity of fixed portions from one's average annual net savings or accumulated wealth. Muslims believe that Allah is the Owner of all things and human beings are only trustees. Therefore, the poor and the needy have a right to a prescribed portion of the wealth that Allah has given them. Zakaat is different to voluntary charity that is given out at the discretion of the individual and is also highly encouraged in Islam.

5. **Hajj** or pilgrimage to Mecca is compulsory once in a lifetime for every adult Muslim who is mentally competent, is physically able to undertake the journey, can afford the expenses, meet other conditions, and fulfil the obligations of Hajj.

There are well-defined extenuating circumstances, such as physical ability or health conditions, mental health conditions, and financial situations, under which an individual is exempted from some or all the above obligations.

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<sup>4</sup> Qibla direction changes from city to city or country to country depending on the distance from the Ka'ba. An easy way to determine the direction is using a compass that is especially made for finding the Qibla direction.

## II. MUSLIMS LIVE AROUND THE WORLD<sup>5</sup>

**M**uslims are not a homogenous group. They live in different countries and regions of the world and, consequently, there is immense diversity among them.

Islam is the second largest religion in the world.

There are over 1.6 billion Muslims today and this number is expected to reach 2.2 billion by 2030. At the present growth rate, the Muslim population is expected to exceed a quarter of the projected world population in 2030.

There are 49 Muslim-majority countries. Except Albania and Kosovo which are in Europe, the rest of these countries are in less-developed regions of the world.

The Middle East-North Africa region hosts the highest percentage of Muslim-majority countries.

About three-quarters of the world's Muslims live in Muslim-majority countries; more than a fifth live in non-Muslim-majority countries located in the developing world.

About 60% of the global Muslim population lives in the Asia-Pacific region; more than half of the Muslims in this region are in South Asia.

Only about 20% of the global Muslim population lives in the Middle East-North Africa region.

Among the top ten countries in the world with the largest Muslim population, six are in the Asia-Pacific region (Indonesia, Pakistan, India, Bangladesh, Iran, and Turkey), three in the Middle East- North Africa region (Egypt, Algeria, and Morocco), and one in Sub-Saharan Africa (Nigeria).

Indonesia currently has the single largest Muslim population in the world but is expected to be surpassed by Pakistan in 2030.

Only about 3% of the world's Muslims live in non-Muslim-majority countries and regions in the developed world (Europe, North America, Australia, New Zealand, and Japan).

Most European Muslims live in eastern Europe; Russia has the largest Muslim population in the continent.

Between 2010 and 2030, the Australian Muslim population is forecast to grow by nearly 80%.

**Muslims are not a homogenous group. There is a lot of diversity within the community. This diversity makes for a rich cultural tapestry.**

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<sup>5</sup> Pew Research Centre, Forum on Religion and Public Life, *The Future of the Global Muslim Population: Projections for 2010-2030*, op. cit.



### III. MUSLIMS IN AUSTRALIA—HISTORY, DEMOGRAPHICS, AND CONTRIBUTIONS

The earliest evidence of Muslim contacts with Australia is when the Macassan (an ethnic group in Indonesia) fishermen came in the 16th century to trade with the Aboriginal people in Arnhem Land and the Kimberley in northern Australia. This contact predates European settlement in the continent<sup>6</sup> and has influenced Aboriginal culture, language, and society. The Macassan fishermen journeyed annually from the port town of Makassar in southern Sulawesi (Indonesia) to the northern coastline of Australia. They made this long and sometimes dangerous maritime voyage to catch *trepang* (sea cucumber) that was valued for both food and medicinal purposes. After being processed in Australia, the trepangs were shipped back to Indonesia, with some being traded in mainland China.<sup>7</sup>

After a long break in Muslim arrivals in Australia, the cameleers, commonly and collectively known as the 'Ghans', were brought into the country during the 19<sup>th</sup> century. They mainly came from Afghanistan, India, and Pakistan.<sup>8</sup> The first of them arrived in South Australia in the 1830s and were the founders of Islam in the continent. Australia's first mosque was built by their descendants in 1861 in Maree (then known as Hergott Springs), South Australia. Australia's first large mosque was also built in South Australia in the capital city of Adelaide in 1890.<sup>9</sup>

The cameleers were the pioneers of Muslim participation in Australia making vital contributions toward the economic growth of the country. The cameleers participated in many expeditions, including the famous land exploration journey led by Burke and Wills, to explore the continent's outback and to establish settlements. They helped to establish trade and communication routes and they and their camels were crucial in the transportation of goods and supplies to remote cattle and sheep stations. The cameleers also contributed to major infrastructure projects, such as the Trans-Australian Railway and the Overland Telegraph lines.<sup>10</sup>

Even today, the memories of the Afghan cameleers live on. The north-south cross-country rail journey running from Adelaide to Darwin, known as *The Ghan*, is a popular tourist attraction and is named after the pioneering Muslims. Originally dubbed the Afghan Express, The Ghan train's logo--- a camel and its handler---is a tribute to the contributions of the Afghan cameleers.

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<sup>6</sup> Australian Broadcasting Corporation (ABC), *ABC Religion & Ethics*, Library-Religion, Islam <http://www.abc.net.au/religion/stories/s790151.htm> (Last accessed May 30, 2017)

<sup>7</sup> National Museum Australia, *Defining Moments in Australian History, Trade with the Makasar*, Canberra, online [http://www.nma.gov.au/online\\_features/defining\\_moments/featured/trade\\_with\\_makasar](http://www.nma.gov.au/online_features/defining_moments/featured/trade_with_makasar) (Last accessed September 13, 2017)

<sup>8</sup> Islamic Museum of Australia, *Australian Muslim History*, Melbourne, online: <https://islamicmuseum.org.au/exhibitions/permanent-galleries/australian-muslim-history/> (Last accessed September 20, 2017)

<sup>9</sup> Department of Immigration and Citizenship, Australian Government, *The Australian Journey – Muslim Communities*, Canberra: 2009, p. 7.

<sup>10</sup> For more on Afghan cameleers, see Australian Government, *Afghan Cameleers in Australia*, <http://www.australia.gov.au/about-australia/australian-story/afghan-cameleers> (Last accessed September 12, 2017).

Australia's Muslim community includes first-generation migrants, subsequent generations who were born here, refugees, Aboriginal Muslims, as well as converts from other religions or no religion. A significant feature of the community is their overwhelmingly migrant character and the great cultural heritage and richness of diversity that they bring to Australia.

The Australian Muslim population has grown from 2.2 percent in 2011 to 2.6 percent in 2016 according to Census data. The actual figure may be higher; being fearful of discrimination and harassment, some Muslims may not mention their religion in official surveys, such as the Census.<sup>11</sup> The 2016 Census figures indicate that the most common non-Christian religions reported were Islam and Buddhism and that after Christianity, Islam was the second largest religious affiliation in the country.

Muslim academics, researchers, teachers, doctors, engineers, lawyers, scientists, sports players, comedians, TV presenters, novelists, parliamentarians, corporate executives, tradespeople, small business owners, and blue-collar workers, the young and the old, men and women alike have been participating in, and contributing to the Australian society; thus, continuing the legacy of their predecessors, the Afghans.

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<sup>11</sup> Guest, Annie, "Guarded Muslims 'Halve Census Figures' ", *News*, Australian Broadcasting Corporation (ABC), Updated July 18, 2011  
<http://www.abc.net.au/news/2011-07-18/muslim-population-census-fears/2798462> (Last accessed September 20, 2017).

## IV. LIVED EXPERIENCE OF MUSLIMS IN AUSTRALIA

In order to understand the Australian Muslim community better, it helps to be aware of the reality of life for them. This chapter will aid providers to better understand service access and equity issues for Muslims.

Racism and religious vilification are part of the lived experiences of Muslims living in the West, including in Australia.

- ❖ A decade-long Australian national study reveals that 48.6 per cent of respondents held anti-Muslim sentiments.<sup>12</sup>
- ❖ Muslim migrants are better educated compared to the average Australian, yet they are twice as likely to be unemployed.<sup>13</sup>
- ❖ The unemployment rate among Australian Muslims is the highest (12.1 per cent) and their participation rate is the lowest (53 per cent) among the major religious groups in Australia.<sup>14</sup>
- ❖ With 36 per cent Muslims earning less than \$400 per week and another 16.3 per cent earning nil or negative income,<sup>15</sup> Muslims are one of the most economically vulnerable groups in the country.
- ❖ An Australian National University (ANU) research found that a Middle Eastern-named applicant needs to put in 64 per cent more applications than an Anglo-named applicant to get the same number of calls for job interviews.<sup>16</sup>
- ❖ In a comprehensive study of the state of relations between Muslims and non-Muslims in Australia and knowledge and attitude toward the 'other', nearly half of mainstream Australian respondents said that they rarely or never have contact with Muslims, and only 20% have regular contacts.<sup>17</sup>

Muslims experience a form of social suffering that may not be experienced by many other groups.

They are often the targets of unfair labelling, bias, and prejudice.

Six of the nine annual Scanlon Foundation national surveys have asked questions on attitudes toward three religious groups in Australia—Muslims, Christians, and Buddhists. Over the course of these six surveys, attitudes toward Muslims have remained consistent (22%-25% negative and 11% - 14% very negative).<sup>18</sup> The 2016 survey showed that while close to 5% are 'very negative' or 'negative' towards Christians and Buddhists, a much higher proportion of respondents were ambivalent towards Muslims.

<sup>12</sup> Australian Broadcasting Corporation (ABC), "Nearly Half of Australians are Anti-Muslim: Study", *News*, Updated February 23, 2011 <http://www.abc.net.au/news/2011-02-23/nearly-half-of-australians-are-anti-muslim-study/1954194> (Last accessed July 28, 2017)

<sup>13</sup> Bitá, Natasha, "Fear and Loathing on the Home Front", *The Australian*, September 20, 2014.

<sup>14</sup> Department of Immigration and Border Protection, Australian Government, *The People of Australia: Statistics from the 2011 Census*: Canberra: 2014, p. 68.

<sup>15</sup> *ibid.*

<sup>16</sup> Martin, Peter, "Australian Bosses are Racist When it's Time to Hire", *The Sydney Morning Herald*, June 18, 2009.

<sup>17</sup> Issues Deliberation Australia / America, *Australia Deliberate: Muslims and Non-Muslims in Australia*, Final Report Summary, IDA, Austin/Texas: 2007.

<sup>18</sup> Markus, Andrew, *Mapping Social Cohesion: The Scanlon Foundation Surveys 2016*, Monash University with Scanlon Foundation and Australian Multicultural Foundation, Melbourne:2016, pp. 3 & 43

Based on the work by the Australian Human Rights Commission, it appears that Arabs and Muslim Australians are among those at a higher risk of regularly experiencing discrimination and prejudice. These experiences are consequences of what is termed as Islamophobia--the "indiscriminate negative attitudes or emotions directed at Islam or Muslims".<sup>19</sup>

Remarks made in a speech by Dr Szoke, Australia's former Race Discrimination Commissioner, helps to understand racism as it exists in Australia.<sup>20</sup> She explains that when the following happens to a community or group of people because they are different in terms of their race, colour, descent, national or ethnic origin, religion or belief, racism is taking place:

- ❖ Prejudices and stereotypes
- ❖ Name calling, taunts, or insults
- ❖ Social exclusion
- ❖ Active and direct discrimination and exclusion from services and opportunities, such as education and job
- ❖ Overseas skills and work experiences not recognised in employment situations
- ❖ Job applicants without Anglo-Saxon names but with similar qualifications as someone with an Anglo-Saxon name have trouble getting job interviews
- ❖ Hateful and abusive speeches, commentary, comments, or drawings in the media, at public rallies or assemblies, and on the internet – including e-forums, blogs, and on social networking sites
- ❖ Not telling the history of an event or the experience of a group of people in the country, such as our First Peoples and the asylum seekers or refugees.

**Racism may not always be overt; it may occur passively. It sometimes insidiously robs people of their rights and dignity.**

Dr Szoke stated:

A key feature of racism in Australia is denialism. Such denial may be a genuine response that suggests a lack of understanding that an act may be racist. However, there are also deliberate falsehoods, misinformation or evasion. Suggestions of racism may also be dismissed as an overreaction, where people think that telling a racist joke, for example, should be taken as just a bit of fun. Too often, stories start with "I'm not racist, but..."

Migration is a turning point in a person's life and for many, a major stressor. The impact on individuals will be different due to the different pre-migration, migration, and resettlement experiences. They could be experiencing loss, grief, depression, anxiety, and other emotional difficulties that come from separation from country of origin, family, relatives, friends, and support networks; changes in lifestyle and socio-economic status; loss of identity; adaptation, acclimatization, and stress of participation in an unfamiliar society; marginal living standards; and language barriers. In addition to these stressors, there is the

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<sup>19</sup> Bleich, Erik, "What Is Islamophobia and How Much Is There? Theorizing and Measuring an Emerging Comparative Concept", *American Behavioral Scientist*, 55, no.12 (2011), p. 1582.

<sup>20</sup> Szoke, Helen, *Racism exists in Australia – are we doing enough to address it?* Speech by Dr Helen Szoke, Australian Human Rights Commission, at the Queensland University of Technology, on February 16, 2012, Brisbane, Qld:2012.

ever-present threat of Islamophobia that may make the experience of trying to settle in more difficult for Muslims.

For those coming in as refugees, there may be ongoing psychological distress related to: painful experiences and life-threatening situations that have led them to flee their homelands; travelling as refugees and living in refugee camps, temporary settlements, or detention centres; the terrible uncertainty until being accepted as refugees; and the often degrading, harsh, and inhumane treatment along the way.

Just as with any other groups, there are Muslims who use violence to achieve their political objectives. The killing of any non-combatants and civilians--Muslims or non-Muslims--is clearly prohibited in Islam which is a religion of peace that teaches the sanctity of life and emphasises tolerance and harmony.

*Jihad* is a much misinterpreted and misunderstood term. The word jihad has a root verb, jahada which, in Arabic, means exerting maximum effort or struggle. It ranges from the most honourable form that is, striving for self-improvement and getting closer to Allah all the way to self-defence when life, property, homeland, or religion is attacked. Even in these situations, there are clear rules of engagement and a strict code of ethics in dealing with the enemy as well as strong safeguards to protect, for example, the innocent, the environment, and places of worship.

## V. RELIGION, SPIRITUALITY, AND CULTURE IN THE MUSLIM CONTEXT

Spirituality and religion are highly complex terms and their multi-dimensional nature makes it challenging to construct a comprehensive single definition of either terms. Nonetheless, it is important to explain them because they are often erroneously used as synonyms.

**"...religion does not equate culture, and culture does not necessarily include religion."**

Saroglou, V. and A.B. Cohen,  
"Psychology of Culture and Religion:  
Introduction to the JCCP Special  
Issue", *Journal of Cross-Cultural  
Psychology*, 42, no.8 (2011), p.1311

Simply put, religion denotes a structured or institutional system of beliefs, practices, or rituals of worship, while spirituality generally describes a feeling of connectedness with a higher power and the search for the meaning and purpose of life and life events, relationships, illness, sufferings, and death.

Spirituality in Islam is rooted in the Qur'an and the Sunnah and is tied to religion. The

individual's everyday efforts to establish, renew, strengthen, and honour his or her relationship with Allah is the fundamental principle of Islamic spirituality. Connectedness and relationships with others and the nature flow from this.<sup>21</sup> Religiosity is externally expressed through rituals and is integral to the Islamic concept of spirituality. That is why, it is problematic "to conceive of a Muslim as being spiritual without being religious".<sup>22</sup>

It is also essential to understand the association of religion with culture. The two concepts can be seen separately or as parts of a whole. One definition of culture that is useful to understand how culture and religion can sit together within a broader framework is the following:

**"Religion may (a) be part of culture, (b) constitute culture, (c) include and transcend culture, (d) be influenced by culture, (e) shape culture, or (f) interact with culture in influencing cognitions, emotions, and actions."**

Saroglou, V. and A.B. Cohen,  
"Psychology of Culture and Religion:  
Introduction to the JCCP Special  
Issue", *op.cit.*, pp. 1309-10

Cultures are about how we think the world "works": the language, knowledge, beliefs, assumptions and values that shape how we see the world and our place in it; give meaning to our experience; and are passed between individuals, groups and generations.<sup>23</sup>

<sup>21</sup> Bonab, Bagher G, Maureen Miner, Marie-Therese Proctor, "Attachment to God in Islamic Spirituality", *Journal of Muslim Mental Health*, v. 7, no. 2, (2013)

<sup>22</sup> Ahmad, Mahjabeen and Shamsul Khan, *Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia (revised and updated)*, *op.cit.* p. 35

<sup>23</sup> M Eckersley, Richard, "Culture, Spirituality, Religion and Health: Looking at the Big Picture", *MJA The Medical Journal of Australia*, v. 186, no.10 (2007) p. S54.

Religion plays a significant role in some cultures but not so much in others. In many instances, religion and culture are inextricably linked and deeply intertwined. In secular countries and societies, culture often remains unaddressed when expressed as religiosity. Since Islam shapes the culture of Muslims (details in Chapter VII), many of the cultural expressions of Muslims are, in fact, religious expressions. 'Culture', thus, has a different connotation among Muslims and the cultural aspects of aged care need to be understood from this perspective.

Khan and Ahmad note, "Although the Muslim faith is widespread covering many nations, colours, cultures, and languages, the common denominator has always been religion and a religious culture. Muslims are, therefore, a group that is defined mainly by reference to religion."<sup>24</sup>

Like any other religious groups, Muslims, too, have various levels of faith observance. There are *practicing Muslims* (those who practice Islam seriously), *cultural Muslims* (those who believe in the fundamentals of Islam and participate in some rituals and traditions, yet do not carry out religious obligations regularly), and *nominal* or *non-observant Muslims* (who were born in a Muslim family and perhaps carry a Muslim name but does not practice the religion or follow its norms and traditions).

Both religion and culture have powerful influences on how Muslims respond to the concept of aged care as aged care decisions take on cultural and religious meanings for individuals and families. For them, aged care can only work if framed within the integrated religio-cultural context which form their worldview.

"As far as ... cultural elements are different across cultural contexts, they lead to religious differences — that is, group differences in religious expressions. These may be differences between religions, denominations, or cultural groups of the same religion, as well as differences within religious groups across history." Saroglou, V. and A.B. Cohen, "Psychology of Culture and Religion: Introduction to the JCCP Special Issue", op.cit., p.1310

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<sup>24</sup> Ahmad, Mahjabeen and Shamsul Khan, *Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia (revised and updated)*, op.cit. p. 27.

## VI. MUSLIM IDENTITY

Identity is multi-faceted and intersectional in nature. There is a hierarchy of identity salience and identity salience tends to be fluid.

Muslims may identify with an ethnic group, a broader group, even the global Muslim community through pan-ethnic or transnational community affinity. Ethnicity is a key element of the identity of many Australian Muslims as they come from predominantly migrant backgrounds. However, as Muslims are essentially a faith group and not an ethnic group, religious identity is generally significantly prominent among this community.

Depending on a host of factors including life experiences and acculturation level, ethnic and national identification may change among subsequent generations of migrants irrespective of faith backgrounds. However, the continuation of religious identification is more likely to survive by way of intergenerational transmission of religiosity through parental modelling behaviour.

For more on intergenerational transmission of religion, see Vermeer, Paul, "Religion and Family Life: An Overview of Current Research and Suggestions for Future Research", *Religions*, 5, no.2, (2014), pp 402–421

Regardless of the changing prominence of discrete identity elements, both religious identity and ethnic/national identity are important aspects of a wholesome, healthy state of being for Muslims. Together, these two identity elements create a unique cultural context that makes a strong case for a religio-cultural framework to be made the cornerstone for designing and delivering 'culturally appropriate' Muslim aged care.<sup>25</sup>

As Muslims have dual/hyphenated or multiple identities, it follows that many of them would adopt, among other identity elements, both an Islamic culture and a Muslim culture--the former, a supra culture and the latter, a co-culture or subculture.

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<sup>25</sup> Ahmad, Mahjabeen, *Aged Care for Muslims: Significance of Religio-cultural Framework*, AAG's 49th Annual Conference, "Capitalising on the Ageing Dividend: Re-imagining Our Future", Canberra, 2 - 4 November 2016



## VII. ISLAMIC CULTURE — WHAT IS IT?

All aspects of a Muslim's life are constructed upon the foundation of Islamic teachings, and Muslim identity and culture are primarily rooted in Islam. Therefore, in the context of Muslims, it is critical to recognise the centrality of faith in cultural discourses. Not just non-Muslims, but many cultural or nominal/non-observant Muslims may confuse between what can truly be termed as Islamic culture and what may pass off as Islamic culture. What is culture in Islam?

In history, Islam showed itself to be culturally friendly and, in that regard, has been likened to a crystal-clear river...In China, Islam looked Chinese; in Mali, it looked African. Sustained cultural relevance to distinct peoples, diverse places, and different times underlay Islam's long success as a global civilization. The religion became not only functional and familiar at the local level but dynamically engaging, fostering stable indigenous Muslim identities and allowing Muslims to put down deep roots and make lasting contributions wherever they went.<sup>26</sup>

Culture plays a significant role in how a religion is practiced by its followers. This means that, there can be variations and elements in the practice of a faith which are cultural rather than theological. People both within and outside of a religious group must be aware that some of what goes under the name of religious practices could be culturally mandated behaviour.

Islamic culture describes cultural patterns that are based on the Qur'an and Sunnah and are generally embraced by most Muslims.

This is the space where the constructs of values, behaviour, relationships, dress code, dietary rules, gender norms etc. are determined by Islam itself. Since Islam provides the context, framework, and direction for living in this world for its followers, it is no surprise that religious values and traditions form an integral part of the diverse Muslim culture.

Islamic culture represents the traditions and customs which evolve from day-to-day practice of people following the authentic teachings of Islam. In general, when the various cultures of Muslims around the world are compared, the common features found in all countries and regions represent the core of Islamic culture, and the variations represent the basic features of Muslim cultures.<sup>27</sup>

<sup>26</sup> Abd-Allah, Umar Faruq, *Islam and the Cultural Imperative*, A Nawawi Foundation Paper, Burr Ridge, IL: 2004, <http://www.nawawi.org/wp-content/uploads/2013/01/Article3.pdf> (Last accessed July 28, 2017), pp.1-2.

<sup>27</sup> Philips, Abu Ameenah Bilal, *The Clash of Civilisations: An Islamic View*, Al-Hidayaah Publishing and Distribution, Birmingham:2007, <https://archive.org/stream/TheClashOfCivilizations-anIslamicView.pdf/TheClashOfCivilizations-anIslamicView#page/n63/mode/2up>, p. 63. (Last accessed July 28, 2017).

Like other groups, Muslims, too, belong to sub-cultures. A subculture is a cultural group within the larger main culture and that, while often maintaining the dominant aspects of the latter, also includes customs and norms that are distinct from the main culture. Muslims living in various regions and countries around the world have embraced or adopted some parts of the local culture that may be different to the Islamic culture; in a few cases, these even run contrary to the true teachings of Islam. For example, some harmful and/or criminal practices, such as female genital mutilation (FGM) and honour killings, predate Islam with no religious basis for Muslims. These are known to be practiced by people from diverse religious and cultural backgrounds living in parts of Africa, Asia, the Middle-East, and South America, including some Muslims who live in those regions.

**Not being aware of the existence of subcultures often leads to a confusion between ethnic customs and religious practices.**

It is important to note the following:

- ❖ Regardless of country of origin or language spoken, Muslims share a common bonding – their religion and religious traditions. Thus, despite the diverse backgrounds seen among global Muslims, they have one point of unity: their faith.
- ❖ Although they may follow the local or national culture, the overarching cultural framework within which most Muslims live their lives is the Islamic culture.
- ❖ For a practicing Muslim, “religion would take precedence” over any cultural norms or practices that may be at odds with core religious values.<sup>28</sup>

The rest of this chapter outlines some significant aspects of Islamic culture.

### Parents and the elderly

Muslims have a culture of strong tradition of family members caring for the elderly who are treated with great respect. The elders are recognised as a valuable resource not only for the family but also for the community because of the skills, knowledge, wisdom, and personal experiences they possess.

Traditionally, young Muslims have always lived with their parents until they got married, not when they turned 18 or found a job. Even today, many married young couples prefer to live close by, if not with, their parents.

“Islam puts a premium on filial piety”.<sup>29</sup> Regardless of whether Muslims live in ‘nuclear’ families (parents and their children), extended families, or separately, parents can expect to be taken care of by their children in old age. Being able to look after parents is seen as

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<sup>28</sup> Khan, Shamsul and Mahjabeen Ahmad, “The Case for Muslim Aged Care in the West”, *Journal of Religion, Spirituality & Aging*, v. 26, no.4 (2014), p.291

<sup>29</sup> Ahmad, Mahjabeen and Shamsul Khan, *Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia (revised and updated)*, op.cit, p.108

a special opportunity to express gratitude to them and an important route to earn Allah's Pleasure.

The Qur'an exhorts duty toward both parents; however, it particularly emphasises duty toward the mother because she endures difficulties and faces challenges that a father does not. The verses of the Qur'an that appear below<sup>30</sup> are Allah's command to treat parents with respect under all circumstances, to obey them, and to care for them in old age.

... Do not worship except Allah; and to parents do good and to relatives, orphans, and the needy. ...  
(2:83)

And your Lord has decreed that you not worship except Him, and to parents, good treatment. Whether one or both of them reach old age [while] with you, say not to them [so much as], "uff," and do not repel them but speak to them a noble word. And lower to them the wing of humility out of mercy and say, "My Lord, have mercy upon them as they brought me up [when I was] small."  
(17:23-24)

And We have enjoined upon man [care] for his parents. His mother carried him, [increasing her] in weakness upon weakness, and his weaning is in two years. Be grateful to Me and to your parents; to Me is the [final] destination. (31:14)

And We have enjoined upon man, to his parents, good treatment. His mother carried him with hardship and gave birth to him with hardship. ...  
(46:15)

Tanzil - Quran Navigator, [tanzil.net/#quran](http://tanzil.net/#quran)

## Family

Family is the most important unit in the Muslim community and is regarded as the cornerstone of a healthy and peaceful society. Stability of marriage and family life, and family honour are highly esteemed. Relationships within a family is hierarchical with carefully defined roles and responsibilities for members. Parents are accorded the highest status.

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<sup>30</sup> The first number indicates a chapter in the Qur'an; the second denotes a verse in that chapter.

A husband and a wife have complementary (not competitive) roles. The husband is considered the head of the household but with enormous responsibilities for the maintenance of his family (irrespective of whether his wife has any earnings or not). Islam stresses fair division of labour and expects the more strenuous work to be done by men because they possess greater physical strength.

The family is usually consulted for making important decisions.

Extended family systems are encouraged in Islam; this provides physical and psychological support to family members, help in caring for the young and the elderly, and transmission of values from one generation to the next. However, lifestyle changes and competing pressures of work and family in modern times have contributed to a decline of the extended family structure. Among Muslim migrants, nuclear families are quite common perhaps because family members may not have migrated together.

### Collectivistic culture

Muslims come from a collectivistic culture that values and emphasises interdependence, belonging, sacrifice, loyalty, cooperation, and group cohesion. Family comes before self and fulfilling the duties and obligations toward parents, spouse, children, or elders is expected to supersede individual wants and needs. It will be a mistake to assume that autonomy and independence is universally desirable and dependence is undesirable across cultures. In many cultures, dependency is considered normal and commonplace aspect of the human life course. It is not seen as passivity or deficiency on the part of the person needing help, but is valued as an opportunity to forge closer ties within families and communities. Dependency in old age is considered mostly inevitable as is dependency during early childhood, illness, and disability.

### Community

Community bonds are also of paramount importance, particularly for Muslim migrants for whom community connections are critical to re-establish their traditional social and cultural worlds. The community provides emotional and spiritual support, particularly during difficult times. Irrespective of ethnic roots, Muslims generally share strong fraternity with the broader Muslim community and often address other Muslims as 'brother' or 'sister' during social interactions.

There is no room for racism in the teachings of Islam. It accords equal human rights to all irrespective of backgrounds. Congregational prayers and the Hajj pilgrimage are two of the finest examples of this principle of equality when Muslims of all backgrounds stand side by side to worship Allah. Hajj is aptly called 'the great equaliser'.<sup>31</sup>

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<sup>31</sup> Almaeena, Khaled, "Compassion Starts at Mount Arafat", *Al Arabiya English*, October 3, 2014, <http://english.alarabiya.net/en/views/news/middle-east/2014/10/03/Compassion-starts-at-Mount-Arafat.html> (Last accessed July 28, 2017).

## Dress and modesty

Irrespective of gender, Muslims are required to uphold modesty in how they conduct themselves in everyday lives. Men and women are required to wear dresses that are loose-fitting and non-transparent so as not to reveal or show off the shape of their body. The extent of covering is prescribed but the style of dressing for maintaining modesty is left to personal choice. The various types of clothing that Muslims wear have been shaped by centuries of cultures of the different countries and regions where they have lived. Thus, the prevalence of the *dupatta* in Pakistan, the *chador* in Iran, the *burqa* in Afghanistan, and the *niqab* in the Middle-East among women; among men, the *thobe* in the Middle-East, the *kurta-shalwar* in Pakistan, or the shirt and trouser in the West.

It is a lesser known fact among non-Muslims that Muslim men must also cover their bodies---from navel to the knees; covering the chest and shoulder is recommended. The beard kept by many men has religious significance as it is one of the Prophetic traditions.

Muslim women need to cover their whole body except the face and hands (although some opinions favour covering the face). The *hijab*, widespread among Muslim women across the world, signifies the concept of modesty. Hijab is an Arabic word that means veil, screen, or curtain; in the context of clothing, hijab refers to the two pieces of a woman's dress, the *jilbaab* (a long outer garment that covers the entire body and hangs loose) and the *khimaar* (a headscarf that is used to cover the head and neck). However, the word 'hijab' has become interchangeable with the word 'headscarf' in the West.

The hijab is not a symbol of oppression, but far from it. Wearing it does not diminish or take away any of the rights a Muslim woman is entitled to. On the contrary, the hijab is a symbol of empowerment and dignity because it makes people value or judge a woman not because of her sexuality or superficial appearance but on her inner beauty, intellect, skills, qualifications, and the contributions she makes.

Some Muslim women may not cover their heads at all while others dress in a manner similar to their Western counterparts.

## VIII. MOSQUE AND THE IMAM

### Mosques

Mosques are the most important institution in Muslim communities, serving as a community reference point. Besides primarily functioning as places of worship, they also serve as centres of educational, cultural, and social activities. Through community volunteers, mosques carry out vital social functions, such as weekend schools, language and religious classes, hosting of community meals, celebration of important events, and a wide variety of philanthropic programs. They also provide services relating to funeral and burial.



Muslims believe mosques to be the most sacred places and treat them with respect. Mosques are non-denominational and, therefore, any Muslim regardless of his or her background may pray in any mosque. The non-denominational nature of these places of worship helps these to function as multiethnic and multicultural community centres.

Although congregational prayers are preferably performed in mosques, these prayers can be made almost anywhere else--such as at work, in health or aged care facilities, in educational institutions, or even outdoors as in a park, if these places are clean.

Largely sparse with minimal furniture, no pictures or sculptures, the mosque has carpeted floor where worshippers pray. No shoes are allowed inside.

Although there are approximately over 340 mosques across suburbs in Australia (the majority are in New South Wales, the state with the country's largest Muslim population),<sup>32</sup> many are on recycled spaces, "appropriated apartments or discrete spaces over shops, scarcely more than nondescript "prayer spaces" ",<sup>33</sup> and some on university campuses.

### Imams

Generally, mosque committees employ Imams based on their knowledge and understanding of the Qur'an and Sunnah and their ability to teach Islam. By virtue of their prestige and stature, Imams can influence and impact the community through messages, guidance, and teachings.

Worship, in Islam, is an individual responsibility. There is no religious hierarchical authority and no intermediary between Allah and his creations. Therefore, the key roles of Imams have always been to lead congregational prayers and to deliver sermons during Friday

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<sup>32</sup> Bowker, Sam, "Friday Essay: The Australian Mosque", *The Conversation*, September 23, 2016, <http://theconversation.com/friday-essay-the-australian-mosque-65101> (Last accessed July 22, 2017).

<sup>33</sup> Ibid.

and Eid prayers. Over time, their roles have expanded. They have become community leaders. They conduct religious education classes for children and adults as well as hold teaching positions in Islamic schools and colleges. They may also perform marriages (where licensed by the government to be marriage celebrants) according to Islamic rules; conduct the washing and burial procedures of deceased Muslims; help Muslims with information and advice; and serve as first-line informal mental health counsellor or marriage counsellor.

In the absence of a formal, comprehensive Muslim chaplaincy program in Australia, Imams or part-time volunteers formally and informally perform chaplaincy duties even though they may not have the necessary qualifications and training for the role. While it is not clear what Muslim chaplains should do, they are expected to perform religious rituals during life events such as birth and death, provide spiritual guidance during illnesses, offer the sick and the dying and their family members words of comfort drawn from Islamic theology, and assist in health care and end-of-life decisions.<sup>34</sup>

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<sup>34</sup> Ahmad, Mahjabeen and Shamsul Khan, *Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia (revised and updated)*, op.cit.



## IX. IMPORTANT DAYS AND MAJOR FESTIVALS

The Islamic calendar is known as the *Hijri* calendar (after the word *Hijra*—meaning emigration in Arabic) that began in 622 CE, the year Prophet Muhammad (May peace be upon him) emigrated from Mecca to Madina. As the twelve-month Hijri calendar is lunar with each month starting when the new moon first becomes visible, the Hijri calendar does not correspond to the Gregorian calendar which is based on solar year. Although Muslims commonly use the Gregorian calendar for all non-religious purposes, it is the lunar calendar that determines key dates, such as start of the month of fasting, pilgrimage, and festivals.

There are two major festivals in the Islamic calendar that are celebrated by Muslims all over the world in accordance with Islamic teachings; one is Eid-ul-Fitr and the other is Eid-ul-Adha. (Eid or *īd* is a word meaning festival or feast).

With the day beginning at sunset, Muslims begin to calculate the 24-hour period just after sundown. Thus, the 'day' marking a religious event begins the night before.

*Laylat al-Qadr* (the Night of Power or the Night of Decree) is a night of supreme significance to Muslims. This commemorates the night in 610 CE

when the revelation of the Qur'an commenced. It is not clearly specified which day of Ramadan *Laylat al-Qadr* falls but Muslim theologians agree that it is most likely to be in the last ten nights of Ramadan, with the odd nights being more likely. Devout Muslims spend these nights in worship, seeking Divine mercy, forgiveness, and salvation.

The following are the most significant religious festivals (and holidays) for Muslims:

1. Eid-ul-Fitr marks the end of Ramadan, the month of fasting. Eid ul Fitr is the celebration of having performed one of the pillars of faith—Ramadan fasting.
2. Eid-ul-Adha is celebrated on the tenth day of the lunar month of *Dhul-Hijja*. It is a three-day festival commemorating the example set by Prophet Abraham of complete and sincere obedience to Allah (Prophet Abraham's readiness to sacrifice his son Ishmael (Ismail) at the command of his Lord is referenced in the Bible, too). Eid-ul-Adha also marks the end of the pilgrimage (the Hajj); thus, a day of monumental significance for pilgrims.



On Eid days, families participate in congregational morning prayers at mosques or, following the tradition of their Prophet, in open spaces. The Eid prayer is not just a profound spiritual experience but also a very joyous time and an important part of socialising when Muslims meet and greet their families, friends, and community members. Muslim families cook and share special dishes (often traditional or ethnic food; BBQs are also common, particularly during Eid-ul-Adha); wear new clothes; and decorate their homes. They give gifts to family and friends, give charity to the poor and needy, and invite their Muslim and non-Muslim friends and neighbours to join in the celebrations.

As indicated in Chapter I, Friday is a day of special prayers for Muslims just like Sunday is for Christians. On Fridays, congregational prayers are offered at mosques at noon.



# SECTION TWO



## X. AGED CARE ISSUES: A QUESTION OF FAIRNESS AND EQUITY

To ensure that people receive quality care and support and they feel valued, it is essential to recognise, respect, and respond to people's needs in a manner that affirms their identity and provides cultural continuity.

The experiences, attitudes and beliefs of individuals and families influence expression of need and decision to access services. In turn, these can be shaped by assumptions and knowledge about what is available and its perceived suitability.<sup>35</sup>

Care decision-making takes place in a cultural context. As stated earlier, caring for one's parents, a dependent, or an older family member is a central value in Islam. Thus, Muslims often see the use of formal care services as 'outsourcing' of one's responsibilities, abandonment of one's family member, or neglecting one's duties. Because of the

While equality is a key principle of service provision, providers need to ensure equity first to achieve the goal of equality of outcomes for care recipients. Equality of treatment is not an effective response to addressing people's diverse needs when there may already exist disparity or unfair differences in access and

associated guilt, stigma, and a sense of shame or failure associated with seeking or utilising formal care services, not surprisingly, older Muslims and their families do not want to be seen to be seeking or receiving aged care services.<sup>36</sup> Even asking for information can sometimes be difficult as it may be viewed as taking the first step toward utilising services. However, migrant backgrounds, changes in lifestyles, and other factors affecting family structures are altering the care equation and

overstretching the abilities of families to look after loved ones at home. Compelling factors such as these are now forcing them to look at aged care options, albeit as a last resort.

There are real or potential barriers for Muslims to access aged care. Their low level of aged care literacy exacerbates the stress and feelings of disempowerment that accompany decisions related to accessing a system that is historically and culturally alien to them. Being a minority in a non-Muslim or secular aged care environment, they may experience cultural exclusion or isolation. In addition, providers may often lack cultural understanding of Muslim aged care needs; some of these require services to be designed and delivered differently.

A major study on Muslims in Australia<sup>37</sup> identified some structural barriers to accessing formal services:

<sup>35</sup> Australian Institute of Health and Welfare (AIHW), *Older Australia at a Glance*, 4th edition, Cat. No. AGE 52, Canberra: 2007.

<sup>36</sup> Ahmad, Mahjabeen and Shamsul Khan, *Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia (revised and updated)*, op.cit.

<sup>37</sup> Pe-Pua, Rogelia et.al., *Meeting the Needs of Australian Muslim Families: Exploring Marginalisation, Family Issues and 'Best Practice' in Service Provision*, Final Report, Prepared for the Australian Government, Department of Immigration and Citizenship, Social Policy Research Centre, University of New South Wales, Sydney: 2010, p. 61.

- *not having a care worker of the same gender*
- *language and communication problems*
- *distrust or negative perceptions of services*
- *poor quality of services*

There seemed to be a 'pressing need' for culturally appropriate aged care services.<sup>38</sup>

**Ethnic minority older people consider the following to be essential needs in aged and health care situations: language, religious beliefs and observance, cultural traditions, dietary practices, coping mechanisms, and social support.** Iliffe, S. and J. Manthorpe, "The Debate on Ethnicity and Dementia: From Category Fallacy to Person-Centred Care?" *Aging & Mental Health*, 8, no.4, (2004) p. 283-292

**Addressing spirituality and religious beliefs is an important consideration for person-centred care.** Galloway, Jo, "Dignity, Values, Attitudes, and Person-Centred Care", in Hindle, A. and A. Coates, (eds.) *Nursing Care of Older People: A Textbook for Students and Nurses*, Oxford University Press, Oxford: 2011, pp. 9-22.

Among Muslims, kinship care is at the heart of obligations toward the elderly. Because of their religious values and cultural practices and the negativity associated with securing services from providers, there is significant resistance among Muslims to put their family member in a facility even when that is warranted. It is crucial, therefore, to have appropriate home care available to them. Families would need reassurance that the elderly family member will have the opportunity and the needed support to age well in the comfort of their own homes for as long as possible, that families can continue to be caregivers, and that the service provider will be in a supportive role unless, of course, the family has other needs or preferences based on their situation or circumstance.

**"When we ignore their racial/ethnic/socio-religious backgrounds, we treat our vulnerable elders as objects . . . if we want to meet the needs of our minority/ethnic elders . . . staff should be trained in the culturally appropriate values and customs of the people they serve."** Olson, L.K., "Multiculturalism and Long-term Care: The Aged and their Caregivers", in Olson, L.K., (ed.), *Age through Ethnic Lenses: Caring for the Elderly in a Multicultural Society*, Rowman & Littlefield Publishers, Inc., Lanham, Maryland: 2001, p.16

<sup>38</sup> Neighbour, Sally, "Our High-Profile Muslim Minority", *The Australian*, February 18, 2011

## XI. MUSLIM AGED CARE AND RELIGION AND CULTURE: INSEPARABLE LINKS

The ultimate measure of your success in the provision of aged care is not the number of people you serve but the choice and quality of services you provide in an environment that is inclusive and culturally safe. Even if you may not have had any Muslim service user in the past, it is likely that you may have them in the future. It is also possible that you may have provided services to Muslims without being aware of their religious identity.

At older ages, religion may increase in importance for many people and religious preferences should be accommodated in residential aged care facilities and by service providers wherever possible.<sup>39</sup>

**“Religious citizens can be considered to be unreasonably burdened if existing arrangements make it impossible or very difficult for them to practice the basic tenets of their religion (provided these do not impose unreasonable burdens on the rest of the society)”. Laborde, C., “Secularism and Fair Treatment for Muslims”, in Dimova-Cookson, M, and P.M.R. Stirk, (eds.), *Multiculturalism and Moral Conflict*, Routledge e-Book, *Routledge Innovations in Political Theory*, Abingdon, Oxon: 2010, p. 140**

**“For those who don’t understand the weight of cultural, religious and other values these may seem to be a matter of individual choice. But for the majority of CALD individuals, service issues related to their cultural and religious values are of the utmost importance and are considered to be ‘needs’ and not ‘preferences’”.** NSW Transcultural Aged Care Service, *“Response to Productivity Commission Draft Report”*, Funded by the Department of Health and Ageing, Auspices by Sydney Local Health Network, Sydney: Undated (Online), p. 2.  
<https://www.pc.gov.au/inquiries/completed/aged-care/submissions/subdr713.pdf> (last accessed September 20, 2017)

Before going into the rest of the chapter, it is important to reiterate the following:

- ❖ Be aware that cultural and individual differences exist and, therefore, avoid a single, stereotyped approach to all Muslims; and
- ❖ Islam regulates every aspect of daily life and is a central point of reference for life situations and decisions for its followers. Seen from the Muslim perspective, meeting religious and spiritual needs is a key aspect of an overall care regime.<sup>40</sup> It is critical for service providers to recognise and respect this centrality of faith.

<sup>39</sup> Hugo, Graeme et. al., *State of Ageing in South Australia*, A Report to the South Australian Office for the Ageing, Department for Families and Communities, Government of South Australia, Adelaide:2009, p. 310.

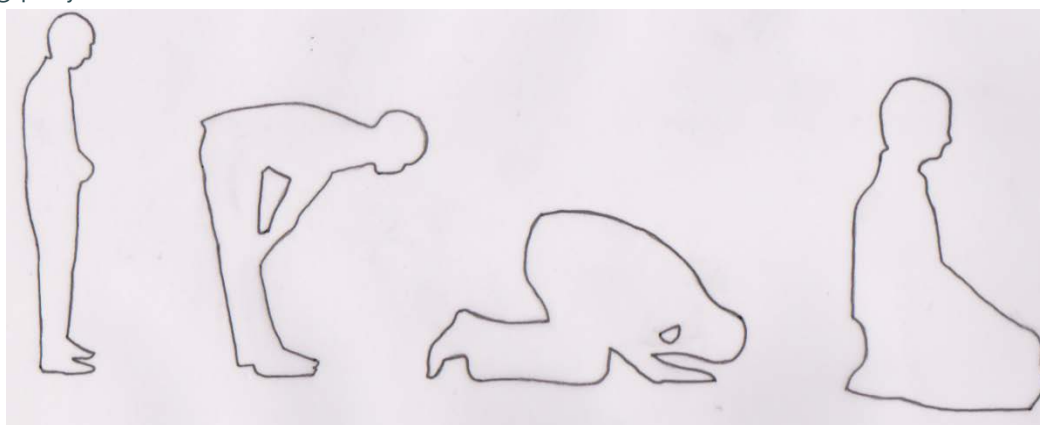
<sup>40</sup> Gilligan, Philip and Sheila Furness, “The Role of Religion and Spirituality in Social Work Practice: Views and Experiences of Social Workers and Students”, *The British Journal of Social Work*, v. 36, no.4 (2006)

The following sections explain various aspects of faith rituals and traditions of Muslims that are important in their everyday lives.

### **Prayer (*salaah*):**

#### What

Prayer and supplication establishes and strengthens direct link between Allah and the worshipper. In the context of Muslims, prayers are fixed sets of standing, bowing, prostration, and sitting during which verses from the Qur'an are recited. Prostration depicts total humility and submission before Allah and is one of the most profound moments during prayers.



Within or outside prayers, supplication can be made anytime, anywhere in one's own language; supplication is viewed as a personal conversation with Allah. For those who have difficulty in standing can say their prayers sitting; those who are too ill or weak to sit up or those who are bed-bound can say their prayers lying in bed.

#### When

As mentioned in Chapter I, Muslims pray obligatory prayers every day at prescribed times; these times are not a point in time but a time range during which prayers are offered and completed. The time varies from location to location and from day to day in different seasons and with the changes in daylight hours. In addition to these obligatory prayers, one may offer voluntary prayers at other times during the day or night. The weekly Friday noon prayer (known as *jum'a* prayer) must be offered in congregation. During the two great festivals on the Islamic calendar--*Eid-ul-Fitr* and *Eid-ul-Adha* (please see Chapter IX for details) --special congregational prayers are offered in the morning. Prayer schedules are available from local mosques.

#### Where

Although the five daily prayers may be offered at home, offering them in a mosque is recommended for men. However, congregational prayers alongside other worshippers is required of those men who have the physical ability and the means to go to a mosque; those who do not have access to transport would need assistance to facilitate the mosque visit. Women do not have to attend mosques but some may prefer to do so.



### Prayer rug/prayer mat

To having a clean place for praying, prayer rugs or mats are placed on the floor during prayers. As such, these should not be stepped on with shoes.

Although some prayer rugs may be plain, a common and distinctive feature of most is that they are decorated with some form of Islamic art or motifs. At one end is usually an image of the Ka'ba, a mosque, or other patterns, each with or without an arch. The prayer rug is placed on the ground or on the bed with the image facing toward the Qibla so that one can stand or sit on the opposite side of the image and prostrate at the other end toward Qibla.



All practicing Muslims have their own prayer rugs; however, it is a great help to have one or two at the facility for staff and visitors. In case of unavailability, a clean sheet or towel may be used.

### Prayer room/space

Accommodating the following would greatly benefit care recipients, staff, volunteers, and visitors from Muslim background and would be much appreciated:

A clean, neutral room/space would be suitable for Muslims to pray in. Where a separate Muslim prayer room cannot be made available, a corner of a multi-faith prayer room /space can be separated by a screen or panel to accommodate Muslims. The separation of space would ensure that the environment and setting satisfy certain requirements, such as removing shoes before entering, conformity to Islamic gender norms, and appropriateness of the prayer area with no religious artefact, imagery, or idol present. A separate prayer area for Muslims may be welcomed by those who need a quiet place to meditate and are not distracted by the early morning, evening, and night prayers when male Muslims are required to recite loudly.

Prayer space for men and women could be in the same room only if separated by a screen or curtain.

It would greatly facilitate prayers if ablution arrangement is available and is near the prayer space/room (more on ablution under *Physical purification in Islam* on the following page). Separate ablution facility would be needed for men and women because of Islam's emphasis on privacy and modesty and on the separation of male and female who are not related to one another.

Prayer rugs (even if the area is carpeted) and a shelf to put away the rugs after use would be useful.

For those who cannot stand in prayer, some space in the room to put a chair to enable such individuals to face the Qibla and say their prayers would be very thoughtful and much appreciated.

A prayer compass or a marker on the ceiling to indicate the direction of prayer--the Qibla--is extremely helpful. Since a Muslim offering prayer needs to face the Qibla, the orientation/layout of the room needs to facilitate this.

As shoes must be taken off before entering the prayer space, a shoe-rack outside the prayer space would be useful.

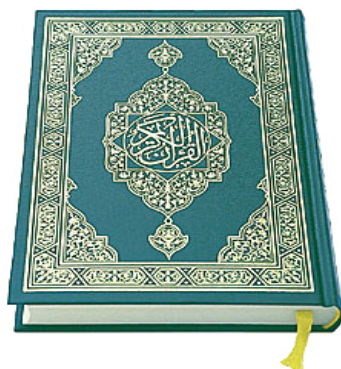
#### Consideration for one who is praying

It is important to schedule services and activities to enable one to pray without interruptions and distractions.

While praying, a Muslim cannot talk or respond to any question; they will also not be able to answer the door.

No one should walk in front of the person who is praying.

#### **The Qur'an:**



While the Qur'an is recited, it is important to observe silence and not interrupt the reader since reciting the Qur'an is a form of worship. Most non-Arabic speaking Muslims can recite the Qur'an in Arabic.

The Qur'an is treated with profound respect and must be kept high above the ground on a clean table or shelf. Nothing should be kept on top of the Qur'an. The Arabic Qur'an can

be touched only if one is clean and in a state of Wudu (please see below for an explanation of Wudu).

If the Qur'an is translated from its original Arabic, it is a translation of the meanings of the Qur'an, not the Qur'an itself. It is critical to note that a translator often acts as a mediator of meanings; thus, the quality of the translation may be affected by the knowledge, perceptions, and biases of the translator. That is why, one needs to be cautious when choosing a translated copy of the Qur'an and ensure that the translated work is by a reputed Islamic scholar and not just by someone who knows the language.

### **Physical purification in Islam:**

Islam has very high standards of cleanliness and personal hygiene. Before one can offer any obligatory or voluntary prayers or touch the Arabic Qur'an, it is compulsory to be physically clean. In addition, wearing clean clothing and ensuring cleanliness of prayer area are also important.

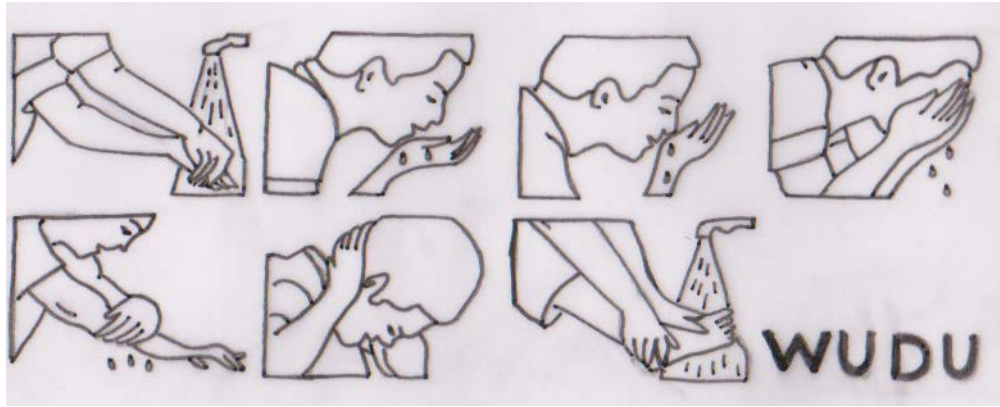
Muslims consider dog hair, saliva, and excrement as impurities that render a person's body (if touched), or clothes and the place (if soiled) unclean for prayer purposes; these would need to be purified through washing. Nonetheless, there are Muslims who love dogs and have them as pets. As dogs are valued as pets and companions in the West, not all Muslims may be forthcoming with their discomfort at having a dog next to them for fear of being judged. It is important to understand their consternation from a culturally sensitive viewpoint.

**Please be mindful about having dogs around a Muslim; ask if he or she is comfortable near a dog.**

Ritual cleanliness of the body is achieved through *wudhu/wudu* (ablution), *ghusl* (a full bath), or *tayammum* (dry ablution). Wudhu and tayammum help not only in physical purification but also in attaining mental preparation for prayers.

#### Wudhu (or Wudu)

*Wudhu* cleanses the body of minor impurities; however, if one is supplicating outside prayers, it is not essential to be in a state of wudhu.



Wudhu involves using clean water to do the following: washing the hands first, then rinsing the mouth, cleaning the nostrils, washing the face; washing the forearms up to and including the elbows, wiping and running wet fingers through the beard (for men with beard), wiping with wet hands the head from front to back, wiping behind and the front of the ears, and washing the feet up to and including the ankle. One continues to remain in a state of wudhu until it is nullified by any of the following: after passing wind; any discharge of blood or impurities from private parts (including urine and faeces); vomit; blood from mouth, nose, and ears; loss of consciousness by sleeping or fainting; and physical contact between man and woman where sexual desire or pleasure is present. When wudhu is nullified, one must do wudhu again before praying.

If socks are put on after performing wudhu, it is not necessary to take them off when renewing wudhu (provided they are clean); instead the wet hand may be passed over them and this is permissible for a maximum of 24 hours for a local resident and 72 hours for a traveller.

### Ghusl

*Ghusl* rids the body of major impurities. It involves washing the whole body and ensuring that water touches every part of it. *Ghusl* is necessary after sexual intercourse or secretion, at the end of menstruation, and after post-partum bleeding. Before burial, the body of the deceased is also given a *ghusl* (more on this in Chapter XVI).

### Tayammum

*Tayammum* is dry ablution done instead of *ghusl* or *wudhu* in situations where water is either unavailable or its use is not medically advisable. *Tayammum* is performed by striking any clean earth, clay, stone, sand, etc. with the palms of both hands, shaking the dust or sand off the hands, and lightly wiping the hands and face.

### **Fasting:**

Sawm or fasting during Ramadan (please refer to Chapter I) is passionately practiced by millions of Muslims around the world. Islam also recommends other days on which one

may observe voluntary fasting. Fasting is more than being without food and drink; it involves spiritual reflection and purification of the soul through abstinence from evil thoughts, words, and actions.

During Ramadan, Muslims are expected to spend more time than usual in prayer and meditation.

### Exemptions from fasting

For those who cannot fast during Ramadan for valid reasons, there are provisions to make up for it later as soon as one is able to fast. Depending on certain circumstances, one may also be exempted. For those with health conditions that may be aggravated by fasting, *fidyah* (feeding the poor) is compensation for not being able to fast or unable to make up the missed days of fasting.

### Meals associated with fasting

During Ramadan, the fasting Muslim will start the day with a pre-dawn meal known as *Suhr*. They will not eat or drink anything AT ALL until just after sunset when they break their fast with a meal known as *Iftar*. The time schedules for these meals are available from mosques.

Suhr and Iftar times must be maintained strictly and it is important to serve meals at the right time. It is equally important to plan meals carefully and to provide advice on sensible meal choices so that prolonged hours and days of fasting will not have a detrimental effect on the aged person. While food intake should not differ too much from one's normal diet, Suhr needs to be a wholesome meal that is filling and provides energy for the rest of the day. Following their Prophet's tradition, Muslims worldwide prefer to break their fast at Iftar with some dates and water followed by other food; dates offer an instant boost of needed energy after a day-long fast.

### Health issues during fasting

As mentioned previously, exemption from fasting is allowed under certain circumstances. A pre-Ramadan medical assessment to get advice on whether fasting would be safe is needed for those who wish to fast with a health condition. For those taking medicines, the timing and dosage may need to be adjusted upon the advice of a health professional. Although it is possible for fit and healthy older people to fast safely, it may be potentially riskier for them to fast during summer without the right medical advice and guidance.

It is permissible to break one's fast if there is any deterioration in health condition.

Diabetes Australia published a guideline titled *Diabetes and Fasting for Muslims: A Resource for Health Professionals* to assist health care staff to provide appropriate care to fasting Muslims. The link to the resource is:

<https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/8acc2df0-7edb-4174-a5b0-6d52883a6053.pdf> (Last accessed September 14, 2017)



### Changes in daily routine during fasting

As indicated previously, maintaining a nutritious, well-balanced food and fluid intake is particularly important. It is prudent to pay attention to the level of physical activity when one is fasting as energy level may be lower. Also, sleep patterns may change as fasting Muslims would need to get up long before dawn and some would want to stay up late to get more time for prayers during this auspicious month. Thus, they may want to catch up on sleep at other times.

To accommodate these changes in the daily routine, some aspects and timing of services may need to be altered during Ramadan and it is best, where appropriate, to ask about individual needs and preferences.

### What nullifies fasting?

If somebody, through forgetfulness, eats or drinks during fasting hours but ceases as soon as he or she remembers or is reminded, fasting is not nullified. Injections and blood tests and gargling (so long no liquid is swallowed) do not break fasting; however, use of ear and nose drops, suppositories, pessaries, and inhalers will break the fast.

### **Food:**

Food preferences do not just indicate an individual's personal likes or dislikes but may also have deep connections to culture and religion. Through food, Muslims express their religious commitment by following dietary laws that have their roots in the Qur'an.

### Halal and Haram

*Halal* means permitted, allowed, lawful while *Haram* means forbidden. Without adequate measures in place, it will not be possible for aged care homes to ensure that Islamic dietary regulations concerning halal and haram are met. Under this circumstance, having meals in these places may become a major source of anxiety for observant Muslims and their families. Some Muslims will eat only a vegetarian diet unless they are sure that the meat is halal. When there is doubt about halal compliance in the facility, some may want to have food brought in by family. The prospect of eating outside in non-halal cafes and restaurants causes similar concerns and, therefore, during social and recreational outings care must be taken so that either halal eating places are chosen or halal food is made available to Muslim participants.

Haram food includes:

- ❖ pork and any products or by-products of porcine origin
- ❖ animals and birds that are not slaughtered according to strict Islamic rules
- ❖ animals or bird that were injured or already dead prior to slaughter
- ❖ birds of prey
- ❖ blood (Muslims can eat only well-done cooked meat so that no trace of blood can be found when cutting or eating the cooked meat)
- ❖ alcohol or intoxicating substances, and
- ❖ food offered or sacrificed to idols.

Meat (with the exceptions above) and animal-based products become halal only if the animal is slaughtered according to Islamic rites. Meat from a non-halal certified butcher is unacceptable. Beef, chicken, lamb, goat, camel, turkey, duck, quail, etc. purchased from a supermarket is only acceptable if the packaging displays a halal certified seal such as the one illustrated here, or the seller has a halal certification. Designated Muslim organisations in Australia inspect ingredients, production, processing, preparing, handling, and storage and, if found to meet halal requirements, certify meat and prepared and packaged food by allowing the use of a seal or issue a halal certification that makes Muslim consumers confident of the product's permissibility.



Halal products are available in all major cities and many regional centres in Australia. Where these may not be available, other food cooked and served in a halal way would need to be offered to Muslims.

As for medicines, "Where choice exists, medicines containing alcohol/pork derivatives should NOT be used." <sup>41</sup> Where no other substitute is available, patients must be alerted so that they can make informed choices. However, Islam permits the use of prohibited things only for the duration of an emergency or medical need, such as for preserving or enhancing life.

#### When halal become haram

Any eating or cooking utensils, cookware, storage containers, or appliances that have been used to process, cook, serve, or store pork and alcoholic products need to be washed and cleaned thoroughly to make them safe to be used for Muslims. When pig or pig products are handled in the same physical area, extra care must be taken to keep the area separate from other ingredients and food items that are intended for Muslims. A fresh pair of gloves is needed for handling halal food if the earlier pair had touched any pork products.

**The presence of alcohol, porcine, or non-halal animal product or ingredients in fresh or packaged food makes an otherwise halal food haram. Some examples are: halal food prepared with lard or other non-halal animal fat and dripping; stock made with non-halal animal bones; gelatine sourced from non-halal animal bones; enzymes (except microbial); vanilla extract; and alcoholic liqueur. Cough syrup and mouthwash containing alcohol are to be avoided. As there is no unanimous opinion among Muslim theologians on the permissibility of rennet from animals that were not slaughtered according to Islamic rules, it is best to avoid all animal rennet (as in cheese) except from halal slaughtered animals.**

Utmost care must be taken to prevent any violation of the dietary requirements as described in the preceding paragraphs.

<sup>41</sup> Ahmad, Mahjabeen and Shamsul Khan, *Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia (revised and updated)*, op.cit., p.115

### Food practices and eating norms

Certain foods are mentioned in the Qur'an, such as date, olive, fig, pomegranate, grape, grains, wheat, and honey. Prophet Muhammad (May peace be upon him) recommended barley, cucumber, truffles, and nigella (black seed), among other food. These foods are spiritually uplifting, too, as their consumption is associated with Divine Wisdom.

Islam advises against continuing to eat until one feels full; having one-third of solid one-third of liquid and keeping one-third of the stomach empty is highly recommended. That is why, it is common among Muslims to drink water with meals.

Muslims use their right hand to eat and feed others while the left hand is used for cleaning oneself after toileting. It is, therefore, advisable that nursing staff use their right hand when administering medications and carers do the same when feeding. Use of the left hand by a carer to feed may be acceptable if cutlery is used.



## XII. CARING FOR A MUSLIM: IMPORTANT CONSIDERATIONS FOR SERVICE PLANNING

**B**e willing and prepared to offer services to your Muslim service users according to Islamic guidelines, unless they choose otherwise. Explain what can reasonably be done or offered and what the constraints are, if any.

### Family

Family is an important focal point for Muslims. Families provide physical care and spiritual and emotional support, help in making decisions, and mediate interactions with service providers.

Create an enabling environment for the family to become partners in the provision of care. Ensure that they do not feel that they have been 'displaced' by you or that you have 'taken over'. With permission from the care recipient, consult and involve family members in decision-making regarding care.

### Language and communication

Language and communication barriers impact both assessment and care and these subsequently affect the quality of care received. The amount of information given and received can be overwhelming as well.

It is generally recognised that understanding the needs and expectations of individuals and families is important. This is especially applicable to the work of those who are responsible for answering enquiries, assessing needs, or coordinating and delivering services. What is not so widely understood is the importance of *shared understanding*. Asking relevant questions to clarify that the care recipient and family have understood the nature of services and the process involved is critical for minimising the risk of misunderstanding and confusion and for enhancing care experience.

Depending on individual circumstances, the following tips may be helpful:

- ❖ Preface difficult questions with an honest explanation of why the information is needed.
- ❖ Use short, easy sentences.
- ❖ Avoid metaphors and colloquialisms.
- ❖ Explain words and concepts that are unfamiliar.
- ❖ English is not the first language of many. Speak slowly to make yourself understandable.
- ❖ Provide a non-threatening environment for people to ask you questions or to respond to your questions.
- ❖ Try to understand both verbal and nonverbal communication nuances.
- ❖ Provide service-related information in languages other than English.
- ❖ Do take time and do not rush through.
- ❖ Help in filling out paper work.
- ❖ Establish personal relationships.

## Cultural assessment

The initial assessment that takes place before commencing service could be made more useful if a cultural assessment is also included. A cultural assessment would help you in planning, coordinating, and delivering services in a more culturally relevant and culturally sensitive manner through knowing about personal history and background including migration history; religious practices; cultural traditions; linguistic needs, dietary regulations; health practices; interests or leisure activities; modesty and gender issues; and family roles in care plans. Keep in mind that a person's life experiences can have a long-term impact on their responses to assessment questions. A set of questions for a generic Muslim cultural assessment is suggested in Chapter XVII.

**A cultural assessment would help in building trust and confidence in your services.**

## Gender norms, modesty, and privacy

**Gender norms, modesty, and privacy are religiously and culturally mandated concepts. These are among the hallmarks of Muslim values and customs.**

Muslims believe in strict separation of gender outside immediate family members. Thus, unrelated men and women cannot touch or be touched by one another. Nonetheless, there are situations where the gender segregation rule can be relaxed as, in an emergency or, when the only health care professional available is of the opposite gender. In the latter case, for a Muslim woman it is important to have another female staff or family member present in the room.

For personal care, gender matching of care staff with the individual is particularly important.

During cross-gender interactions, if Muslims:

- ❖ do not want to shake hands
- ❖ feel uncomfortable being in a room without a family member present, or
- ❖ would like the door to be kept open

these need to be viewed in the context of gender norms in the Islamic culture, and not to be taken personally.

It is important for Muslim men and women to screen themselves from view when dressing or being dressed or examined. Modesty and privacy need to be observed in the bathroom as well. Exposure needs to be as little as possible without interfering with medical examination or care routines.

For home visits, service provider staff is advised to be modestly dressed.

Announcing or knocking on the door and awaiting response before entering the room is to be particularly noted by a male to give the Muslim woman time to cover herself properly. A sign on the door saying: PLEASE KNOCK AND WAIT BEFORE ENTERING would be very helpful.

It is helpful for care staff to support a Muslim woman to protect her modesty (such as keeping the hijab on and being properly covered) in the presence of unrelated males when she is unable to do so herself (e.g. when sleeping or unconscious).

Some Muslims more than others adhere strictly to these rules.

### Cleanliness and hygiene

**For ritual purification, it is essential to cleanse one's private parts with water every time after using the toilet.**

Although toilet paper is used, washing with water is still needed for purification. Therefore, a bidet, hand shower, or, at least a small water container or beaker to assist with washing would be needed. Even a bedbound person would need to have his or her private parts wiped with water whenever possible after passing urine or stool.

**It is important to keep the bed clean of urine, stool, blood, or any discharge.**

Removal of pubic and axillary (underarm) hair, trimming and keeping nails clean, and keeping teeth and nostrils clean are important parts of personal hygiene.

Alcohol-based hand rubs would not cause concern for most Muslims as it is used externally for hygiene purposes; however, some individuals and families may have concerns which are best addressed with cultural sensitivity.

**Washing hands before meals is important. This is applicable for the one who is eating as well as one who is feeding.**

To avoid impurities, dirt, or germs being brought in, many Muslims would want visitors to take off shoes before entering their house or any carpeted area in the house.

**It is advisable to ask the family if they want you to remove your shoes for home visits.**

Wearing shoe covers is an alternative in situations where there may be Workplace Health and Safety (WHS) regulations to follow.

### Social and community connection needs

Muslim community organizations hold educational and social events throughout the year. Contact them to coordinate your planned activities with one or more of these events. This will help your Muslim service users to stay with, or feel more connected to, their existing networks including their religious network. Such connections may make them feel 'right at home'; facilitating this connection will also demonstrate your support for their identity and will help to build greater confidence in your services. For overseas-born Muslims, it is important that they are supported to maintain links with their ethnic networks.

For migrants who have left their original families or extended family members behind, additional support and sensitivity in providing care during difficult times or crises becomes even more important.

It is an important cultural and religious practice among Muslims to visit the sick with the purpose of offering prayers and words of comfort and providing support to the individual and the family. That is why, it is common for families to inform relatives and friends and for many visitors to visit the sick person.

### Entertainment and social support

Recruiting volunteers from the Muslim community with similar language and ethnic backgrounds as care recipients to provide social support and companionship will greatly ease the isolation and loneliness of those who may have limited or no English proficiency and/ or may have mobility issues.

**Consider cultural, linguistic, and religious needs and preferences of service users when planning lifestyle programs, recreational activities, or support group activities. Involvement of families and community organizations could encourage participation and positively enhance the experience of the elderly.**

Activities provided as part of a person's social support services must be inclusive so that no one feels left out. Certain mainstream activities, such as going to the beach or the park, fishing, having a BBQ or art and craft sessions are suitable for, and welcomed by, Muslims. However, watching English movies or programs on TV, playing cards, or singing and dancing would exclude many because of cultural or language barriers.

Consider, too, the environment and location of each activity to make it suitable for everyone--a pub will not be appropriate for Muslims.

Planned outings to halal cafés and restaurants would be greatly appreciated. Muslim community organizations should be able to provide you with a listing of halal food places.

Ask service users which festivals and special days they would like to celebrate, how they would like to observe these occasions, and help them celebrate.

On Eid days, Muslims who live alone and refugees and new migrants who do not have social links/networks may feel lonely and sad. It would be deeply appreciated if you help them to celebrate these two joyous occasions.

Access to language-specific radio, TV, magazines, and newspapers would be beneficial. Most Muslims would appreciate cable TV channels that run religious programs (even if the transmission is in Arabic) as the Qur'an recitation, *Adhan* or call to prayers, and images from the holy sites in Saudi Arabia are telecast on these channels.

#### Carer support groups

For encouraging participation, it is important to have separate groups for men and women. Culture-specific approaches to carers may help to alleviate some of the carer stress and provide greater ease in establishing meaningful and effective communication with others in the support group.

#### Recruitment and rostering

Attracting and recruiting Muslim aged care staff could be an important part of ensuring cultural appropriateness of services. This in no way suggests that non-Muslim staff cannot be culturally competent to provide care to Muslims. However, a person born into a culture and living and experiencing that culture is understandably better placed than others to enhance the level of cultural appropriateness when caring for someone from the same background. It is useful to give Muslim staff the opportunity to identify any specific support they can provide to the care recipient.

Some Muslims may want to have care and support workers from outside their community. That way, they feel less embarrassed to accept personal care; importantly, it is a face-saving mechanism for them and their families as they may be keen not to have the community know that they have accessed formal aged care services.

Plan rostering so that care and support workers who understand what is religiously and culturally appropriate for Muslims get the opportunity to work with them.

Scheduling and rostering may need to accommodate prayer and fasting times.

## Facility design and cultural sensitivity

Certain considerations during facility design are likely to foster inclusion of people from diverse cultural backgrounds, for example, decor and interior design, orientation of rooms, food preparation area, recreational space, and outdoor layout.<sup>42</sup>

The views of Kopec and Han on healthcare facility design is significantly relevant for accommodating the needs of Muslims in aged care facilities. Regarding designing rooms, they opine:<sup>43</sup>

The complex and interwoven nature of culture and religion as they relate to one's identity is an important consideration when designing the physical environment of a healthcare setting. However, consideration of culturally appropriate visual, auditory, and tactile opportunities as parts of the overall healthcare plan is often neglected in the design of patient rooms.

Kopec and Han note that a responsible healthcare facility designer is placed

...in the unenviable position of balancing the unique needs of a single patient with those of subsequent patients who will occupy that patient room in the future. The answer to this conundrum is flexible design solutions that allow for the adaptation of patient rooms to meet the various cultural and religious beliefs and practices of each user.<sup>44</sup>

Making a case for incorporating relevant cultural and faith aspects into physical infrastructure, they state:

Given the profound effects of culture and spirituality on one's identity and subsequent behaviours, it stands to reason that a physical environment that supports cultural and spiritual beliefs would contribute positively to one's health and recovery.<sup>45</sup>

A few examples of design consideration that are specifically related to Muslims and may be relevant for residential care facilities are:

- ❖ Facilitation of prayer in one's room through layout and orientation
- ❖ A common prayer space that can be used by staff, visitors, and family
- ❖ Ablution facility (for staff, visitors, and family) and a hand shower in the resident's bathroom to wash feet
- ❖ Hand-held commode shower or bidet
- ❖ Kitchen area either designated as halal certified or clearly demarcated for halal food preparation where there is any porcine products or by-products in close proximity.

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<sup>42</sup> Aged, Community and Mental Health Division, Department of Human Services, Victorian Government, *Aged Care Residential Services: Generic Brief*, Melbourne: 2000, p. 18.

<sup>43</sup> Kopec, D.A.K and Li Han, "Islam and the Healthcare Environment: Designing Patient Rooms", *Health Environments Research & Design Journal*, v. 1, no. 4 (2008), p. 111.

<sup>44</sup> *ibid.* p.112.

<sup>45</sup> *ibid.* p.116.

### XIII. CROSS-CULTURAL COMMUNICATION: MAKING IT EFFECTIVE

One of the key steps in the provision of culturally appropriate services is to address issues around language and communication across all health care services, including aged care, dementia care, and palliative care.

Cultural differences can impact on how information is received, understood, and acted upon. Make cross-cultural communication an important part of staff training. Consider revising information and promotional materials, such as pictures, posters, symbols, leaflets, brochures, or videos to make them suitable, relevant and, importantly, aligned with the cultural values of the target

While the importance of meeting linguistic needs is most commonly recognized, it is often communication issues that do not receive due attention.

Here are some general information and advice on effective cross-cultural communication when dealing with Muslim care recipients:

#### 1. Verbal behavior: What we say and how we say it. This includes:

##### Words:

- ❖ Profanity or blasphemous comments or statements are particularly offensive to Muslims.
- ❖ Certain words e.g. 'damn', 'bloody' and four-letter words are culturally inappropriate.
- ❖ Telling jokes or funny stories are not part of conversations among people who do not know each other well. Avoid culturally specific humour.
- ❖ Expressing politeness in English relies heavily on words, such as 'please', 'excuse me', 'you are welcome' or 'would you mind'. People who do not have these expressions in their culture instead rely on tone to show politeness.
- ❖ Notwithstanding the fact that 'aged care' is a key term that is widely used and accepted within and outside the aged care sector, it has deep negative connotations for many, particularly because many people still equate it with residential care. As such, it may be prudent to soften the jarring impact by using different expressions, such as "support for your parents" or "support for our elders" (note the use of the word 'elder' as opposed to 'older'—the former denotes respect) during communication with Muslim families.

##### Greetings:

Muslims greet fellow Muslims with the standard Islamic greeting "*Assalaamu alaikum*" ("peace be with you"). The response to that is "*Wa alaikumus salaam*" ("peace be upon you as well"). In greeting non-Muslims, Muslims would commonly use similar words of greeting as the mainstream.

### Forms of addressing:

To convey honor and respect, Muslims use titles or honorifics before or after the names of superiors or elders when speaking about them or addressing them. Even within the family, some form of honorifics is used to address older members, including older siblings. Within the community, a younger person will refer to a much older/elderly person as 'uncle' or 'aunty' as a sign of respect although they may not be related. Close friends can be on first name basis while acquaintances and strangers are addressed more formally. It is important to ask the person how he or she wishes to be addressed by you.

## **2. Non-verbal behavior: What we say when we're not talking. This includes:**

### Body Language:

- ❖ Distance: Cultural norms and religious protocols govern interaction and physical contact with the opposite gender, as discussed earlier. Maintaining physical distance between men and women during standing or sitting is important.
- ❖ Eye contact: When communicating with someone who is older or holds a higher position, direct eye contact is usually minimized to show respect. Direct eye contact is also minimized between persons of opposite genders who are not related or who do not know each other.
- ❖ Touch: Unnecessary touching between members of the opposite gender is strictly forbidden. A male-to-female or female-to-male hand shake is to be avoided. Family members or same-sex friends and relatives may shake hands (a different form of handshake), hug, or kiss one another on the cheek. However, regarding greeting anyone outside the immediate family, irrespective of whether the person is a Muslim or a non-Muslim, a Muslim would want to abide by the gender norms taught in Islam.
- ❖ Gesture and posture: The thumbs-up gesture or shaking or pointing with the forefinger at someone could be regarded as disrespectful. Sitting with the sole of the feet toward someone is highly disrespectful.

### Object Language:

- ❖ Clothing: The hijab is the most visible and powerful symbol of a Muslim woman. For more on clothing, please refer to *Dress and Modesty* in Chapter VII.
- ❖ Color: White symbolizes purity. Black is not necessarily a sign of mourning; some Muslim women from the Gulf countries (for example, Saudi Arabia) mostly wear black clothing on ordinary days as well; in addition, Ka'ba—the House of Allah—in Mecca is covered with pure black silk inscribed with verses from the Qur'an that are embroidered with threads of pure gold. Green is considered to be the traditional color of Islam since it is reported to have been the preferred color of Prophet Muhammad (May peace be upon him).



- ❖ **Designs:** Drawing figures is discouraged and making statues or figurines are not allowed in Islam. Therefore, abstract designs, calligraphy, and vegetal patterns make up the three non-figural forms of Islamic art. These features of art are an integral and distinguishing part of Islamic architecture and the major decorative element on a vast array of objects that Muslims use. There are strong religious beliefs against any depiction or imagery of Allah, His Prophets, and His Angels.
- ❖ **Signs:** Notwithstanding the fact that the crescent moon has no religious significance, it has still come to be associated with Muslims. It is used as the symbol of medical and nursing care and appears on the national flags of some Muslim-majority countries.



#### Environment Language:

- ❖ **Architecture:** Religious architecture is a major part of Islamic architecture and focuses on mosques. Mosques are often highly decorated and colour and geometric patterns are the key features. The decoration is usually more in the inside, at the arched entrance, in the *mimbar* from where prayer sermons are delivered, and on the two dominant external features—the dome and minaret.
- ❖ **Use of space:** As explained previously, a separate space in one's house or in a corner of one's room is usually allocated for prayers and gender-segregated spaces for prayer and ablution are required. Unisex toilets or baths are not acceptable.

### **3. Communication style: How we prefer to express ourselves**

- ❖ Muslims are less likely to be direct in the way they speak; they are more likely to adopt a roundabout way. For example, they are likely to hesitate to give a direct "No" if they believe this might offend the other party. They may not ask questions for fear of appearing ignorant. They may also agree with persons in authority (for example, health care professionals) as these persons are held in high esteem.
- ❖ As indicated earlier in Chapter VII, Muslims value interdependency and mutual dependency. Hence, it is wise for images and messages used by service providers to highlight the family and its role in caregiving.

## XIV. DEMENTIA CARE: NOT TO BE FORGOTTEN

**L**ike other communities, many Muslims may be inclined to interpret dementia variously as a natural part of the ageing process, senility, or even mental illness. Often, there are no corresponding words to describe dementia in the many languages spoken by this diverse group. The key barriers to accessing dementia care are lack of awareness in the general Muslim community and the reluctance to acknowledge or talk about the condition.

Research suggests that as dementia advances, people are more likely to revert to their original language. A significant proportion of Muslims in Australia come from non-English speaking backgrounds; if dementia causes them to lose their English language skills and if adequate language support is not available, the quality and appropriateness of services they receive would be seriously impacted.

Cultural inappropriateness of some diagnostic assessment tools may add another layer of complexity to dementia diagnosis.

It is critical for care and support staff to be trained in the domain of spiritual care. While one cannot rightly expect a non-Muslim staff to know the Muslim prayer rituals, one would hope that he or she would remind the Muslim care recipient to pray at the appointed times (please see Chapter I for more on prayer times). Helping the dementia patient in related activities, such as undertaking ablutions prior to prayers, would be enormously helpful in the provision of spiritual care.

In the case of progressive cognitive impairment when memory, understanding, and judgment becomes significantly affected, a Muslim is absolved of all personal religious obligations. However, one would expect carers to ensure cultural continuity for the individual as part of duty of care. For example, care must be taken so that a Muslim with dementia who cannot express dietary needs is not fed non-halal food. With reference to the significance of modesty, privacy, and gender norms in the Islamic culture, at one point on their dementia journey a Muslim would start to depend on others to help them uphold these key values and the family and care staff would be expected to respond to the need for assistance.

## XV. HEALTH ISSUES: BOUNDED BY ISLAMIC BIOETHICS<sup>46</sup>

Muslims view illness and suffering variously as a form of atonement for sins; a test of faith; a trial; and an opportunity for spiritual refinement. Muslims believe that Allah greatly rewards forbearance of hardship and, therefore, the patient and the family practice patience and fortitude, increase prayers and supplication, ask for forgiveness, increase charity, and read more of Qur'an.

### Illness

Muslims believe that human beings are trustees of their body; the real and ultimate owner is Allah. As trustees, they have a spiritual obligation to look after their health and wellness. Islam teaches that there is a cure for everything and, hence, seeking appropriate treatment is highly encouraged. Muslims believe that Allah is the Ultimate Healer and view health professionals and any treatment regimen as mere agents or means to a cure.

Most Muslims use a combination of modern medicine, spiritual healing, and Prophetic medicine (treatment and healing practices approved by Prophet Muhammad (May peace be upon him)). Spiritual healing is achieved through repentance, fasting, prayers, and supplication. Among traditional Islamic remedies, the foremost is honey, a food that is mentioned in the Qur'an and considered very effective in fighting illnesses. Black cumin (nigella seed) is regarded as another powerful medicine. Olive is a blessed tree in Islam and Muslims, especially those from the Middle-East, value its oil and fruit. A source of healing many believe in is the *Zamzam* water, obtained from an ancient well in Mecca. Muslims drink this water in plentiful during their pilgrimage and carry it back home for personal consumption and to give to relatives and friends.

### Palliative care

Many Muslims themselves may not fully understand the concept of palliative care; thus, they remain unaware of related Islamic teachings. It is critical to follow the principles of Islamic bioethics and to confirm the permissibility of a specific treatment for an individual patient based on his or her situation.

Because the domain of palliative care is complex and challenging, those who may be morally conflicted about a medical situation or

**Palliative care is to be based on religious edicts and should reflect religious values. Two key Islamic bioethics principles must be maintained:**

- Seek neither to shorten life nor to prolong death.
- Uphold the sanctity of human life.

<sup>46</sup> Ahmad, Mahjabeen, *Palliative Care for the Australian Muslim Community*, South Australian Palliative Care State Conference, "Redefining the Boundaries – Palliative Care for People with Non-malignant Diseases", Adelaide, May 22, 2015 <http://www.pallcare.asn.au/upload/news-events/sa-palliative-care-state-conference/4947/Palliative%20Care%20for%20the%20Australian%20Muslim%20Community.pdf> (Last accessed July 27, 2017).

unsure about Islamic guidelines around it may want to consult an Islamic theologian or Imam.

Conversations regarding prognosis need to be in general terms because:

1. Muslims believe that only Allah knows when, where, and how a person will die.
2. The decision to reveal a serious diagnosis or grim prognosis is seen to be a family responsibility. This decision may have enormous short-term as well as long-term consequences for both patient and family. It may be seen to affect the family's efforts to protect their loved one from any further trauma or death anxiety.

Islam does not encourage keeping a terminal patient on artificial life support in a vegetative state for an extended time. Muslims believe that a Divine Will or *qadar* governs our time of death. This does not mean that all valid means of treatment must not be adopted. Islam does not see a contradiction between believing in the Divine Will and taking all necessary earthly measures. While negotiating care plan for Muslim patients, it is essential that Islamic protocols of palliative care inform the plan.

A major element in the development of an effective care plan is good communication strategy among the palliative team, the patient, and the family. Inclusion of family--their presence, involvement, and support--is essential in care constructs for delivery of culturally competent care. It is very important to keep the family informed about the progression of a patient's condition. During crisis situations and when death becomes imminent, they would want to be present and may also want to have their religious leader present. The family, with or without the Imam, becomes a critical agent or enabler to fill the last moments of a person's life with remembrance of Allah and His Infinite Mercy, with recitation of the Qur'an, and supplication for the peaceful departure of the soul.

Euthanasia and suicide are strictly forbidden in Islam as life is a sacred trust from Allah and, therefore, as with any other matter, a Muslim is expected to accept Allah's Will regarding when and how the end will come.

#### Advance medical directives

Advance medical directives are to be kept within Islamic ethical and legal boundaries.

It is a key responsibility of every adult individual to protect their rights and their family's peace by detailing their wishes for care through proper financial, legal, and medical documentation. For Australian Muslims, this must be done (1) in accordance with Islamic prescription and (2) within the framework of Australian law. Many Muslims mistakenly assume that these two are mutually exclusive; on the contrary, it is possible to combine both. Without their wishes clearly outlined in writing, there is considerable risk that their care, treatment, dying process, and other related matters may not be done in a religiously appropriate manner. Your care recipients and /or their families may need information about practicing Australian Muslim lawyers who can help draft these documents for them. This contact information is best gathered from Imams.

## XVI. DEATH AND DYING: GUIDED BY RELIGION

**M**uslims do not view death as an enemy; it is part of the overall Divine Plan that is to be accepted, not resisted.

Prayers and supplications become the number one priority for the dying Muslim and his or her loved ones. When death is imminent, it is critical for a Muslim (and most would wish to do so) to be able to utter the declaration of faith 'There is no god but Allah; Muhammad is the Messenger of Allah' in its original form in Arabic and to breathe their last while uttering these words. If the person is not in a state of consciousness or is in great distress, it is important for someone else, such as a family member, to recite this declaration near the dying person. If no family is available, the local Imam may need to be contacted.

**There are specific rituals in caring for the dead body but no formal, complicated, or extravagant rites are to be performed when a Muslim is dying.**

**Knowing about these important rituals can prevent considerable distress for both the provider and the family.**

**Cultural sensitivity during this difficult time can have a profound impact on the bereavement process.**

Dignity of both the dying process and of the deceased body need to be ensured. This means that all the guidelines in the preceding chapters must continue to be followed to the extent that those are relevant and applicable. As the body will need to be exposed and dissected for autopsy, Muslims have great concerns about it. Under Islamic rule, autopsy is only permitted when necessary, such as when required by law to establish the cause of death.

As soon as a Muslim dies:

- ❖ the eyes should be closed
- ❖ the lower jaw should be tied to the head
- ❖ the body should be straightened
- ❖ the feet should be tied together
- ❖ the whole body including the face must be covered by a clean, plain, preferably white sheet
- ❖ the body must be handled as little as possible and only by a person of the same gender, and
- ❖ no item (including religious icon) can be placed on the body.

Relatives may wish to pray near the deceased person or in a room nearby.

The body is given a ritual washing (ghusl) which is followed by shrouding in plain white unstitched cloth before burial. The body must not be washed by service provider staff.

Certain close family members or relatives can give ghusl; if they are not available or are reluctant (it may be distressing for some to participate), the local mosque will need to be contacted. Burials are performed as soon as possible after death, preferably on the same day. Mosques can arrange a full funeral and burial service. Attending the funeral of a fellow Muslim is considered as an obligation even if the deceased is not a relative.

### Grieving and Bereavement

Islam teaches that ones' life in this world will end when the soul is taken at death. Life, however, does not end with death; death is a transition from this world into the next, a transformation from one state to another. The more pious families accept the passing away of a loved one as Allah's Will and hope and pray that they will meet again in a better place in Paradise.

Muslims believe that the soul stays close to the body until burial and it is troubled by outward show of extreme sorrow, such as screaming, wailing, or chest banging; such extreme demonstration of grief is forbidden in Islam.

Personal visits to the home to offer condolences and support family members are common and start as soon as news of the death reaches people. Most families observe a three-day period of mourning for the deceased. During this period, normal life ceases for them as they mourn and pray for their loved one. Relatives, neighbours, and friends take over daily chores such as cooking or they bring in cooked food, and look after small children. It is also customary for people to go to the home of the bereaved family and participate in Qur'an recitation, prayers, and supplication for the salvation of the departed soul.

# SECTION THREE







## XVII. MUSLIM CULTURAL ASSESSMENT

**M**uslims are a minority faith group in Australia and it is important that they, like other minority groups, feel culturally safe to state their care needs no matter how 'different' these may be. These needs must be recognised and addressed in a respectful manner.

A significant first step toward positively impacting planning and delivery of culturally appropriate services is a cultural assessment conducted in a sensitive and respectful manner. Care recipients must be given the opportunity to participate in these assessments actively and fully. Once the assessment is completed, it is important to remain open to new information or cues to validate the information collected.

Unfortunately, cultural assessment is yet to become an integral part of a comprehensive assessment that covers physical, psychosocial, functional, and environmental assessments. Not all providers understand the importance of doing a cultural assessment; many do it only for residential care while others leave the assessment to the ACAT (Aged Care Assessment Team) and RAS (Regional Assessment Services) teams.

The following are important points of consideration for cultural assessments:

- ❖ It is important to make sure that the assessee has been asked about the preferred gender of the assessor.
- ❖ Allow enough time for the visit so that the person does not need to rush, or feel rushed.
- ❖ Be patient; this may be the first time the individual and/or the family is undergoing such assessments.
- ❖ Show appropriate social courtesies and engage in some "small talk" to build rapport and establish trust. Do not be just task-oriented.
- ❖ Assessments may be seen as intrusive. Therefore, only ask relevant questions and those that seek to gain better insight and to collect information that has not yet been collected.
- ❖ Avoid technical language and industry jargon.
- ❖ Check understanding by asking questions or repeating what you have said.
- ❖ Ask the care recipient and his or her family open-ended questions to get a better understanding of assumptions and expectations of support and services and any related concerns they may have.
- ❖ Even if interpreters are available, simplify forms and write at a level that will be understandable by the largest number of people possible.
- ❖ Remain nonjudgmental in attitude, expressions, and responses when the answers to the assessment questions or the conversation itself reflect values that differ from yours.
- ❖ Provide opportunity to have a trusted person of the assessee present during the assessment.
- ❖ Seek feedback about the assessment process.

Individuals and families may fear that they may be pushed to accept unwanted or unnecessary services or that the assesse may be forced into residential care. Some people, especially refugees or asylum seekers, may hesitate to disclose personal background information for reasons that include fear of discrimination and suspicions of monitoring. This, in large part, may be explained by their traumatic migration experience or their experiences in their countries of origin. These fears and anxieties cannot be dismissed but need to be understood and handled sensitively.

The rest of the chapter contains a suggested list of questions for a generic Muslim aged care assessment. Some of these questions may need to be followed up with more questions for a better understanding of needs and how best to provide support. Questions will also need to be tailored for different care situations, such as palliative care or dementia care; different care settings, such as home care or residential care; and different individual circumstances.

### **SAMPLE QUESTIONS FOR MUSLIM AGED CARE ASSESSMENT**

Knowing you and understanding your needs are important to us. We are interested to know about your needs and preferences related to your culture and faith. We would like to ask you a few questions so that we can plan and deliver services to you that are culturally appropriate.

1. How do you prefer to be addressed and greeted?
2. Which cultural or ethnic group do you identify with?
3. Who is in your major support group? Family? Extended family? Friends? Neighbours? Religious leaders? Community members?
4. How would you like your family members to be involved in your care and in decision-making related to your care?
5. How important is your religion in your daily life?
6. Are there any considerations around cultural and religious norms, practices, and needs, such as same gender care staff, daily prayer times, etc. that you would like us to know?
7. What are your needs and preferences around food (such as halal diet)?
8. Are there special practices associated with personal hygiene or cleanliness, such as using water after toileting?
9. If there times during the day or evening when you would not want to be disturbed (such as prayer times), what are those times?
10. Is there any part of your daily or weekly routine that you would like to keep the same, if possible (such as going to the mosque for Friday prayers)?

11. What religious or cultural events do you observe or celebrate (such as Ramadan, and Eid)? Is there anything we can do to help you observe or celebrate these important days?
12. If you follow any cultural or faith-based health or healing rituals or use any remedies, what are those?
13. What behaviours would you expect of care workers? For example, taking shoes off in your room or in the house?
14. What do you do on a typical day?
15. What interests or hobbies do you have?
16. What normally helps you to feel happy? What helps you to be well again after you have been sick?
17. Are there any support services available through your community?
18. Do you participate in your community activities? If so, what are those?
19. Do you participate in the broader community outside your own? If so, what activities/events would you be interested in?
20. How can we best support you to observe your faith and cultural traditions through the services we provide?

## XVIII. THINGS TO REMEMBER

- UNDERSTAND that not recognising and respecting faith and cultural identity of a person or group may make the care experience distressing for them.
- APPRECIATE that certain identity elements could be more salient for some people than others and these may change over time.
- BE AWARE of assumptions and generalisations. There are differences within and between groups; cultural differences may exist between families and within the same family.
- KNOW that not everyone identifies with their original or their parent's cultural or religious backgrounds.
- REALIZE that individuals may be at different points of acculturation. The extent to which people are willing or able to learn cultural practices of their adopted country or continue to follow those from their country of origin can vary.
- BE PREPARED to be flexible and to adapt work practices and service delivery to reflect your understanding of diversity within groups to ensure that individual needs are met.
- ENSURE ongoing communication with the individual and the family regarding care preferences and needs, and any changes.
- ENGAGE with the community and build active relationships to understand community needs and expectations and to help them see how responsive you are!
- NOTE that word-of-mouth is a key tool used in communities. Positive or negative impressions and satisfaction or dissatisfaction with services, even if experienced by one or a few people, may have a ripple effect in a small community! Seek ongoing feedback from individuals and families regarding cultural appropriateness of services provided.
- If unsure, DO NOT BE AFRAID TO ASK (in a respectful manner!).
- LISTEN with your heart and mind so that people's needs are addressed, their wellbeing enhanced, their dignity protected, and their trust in you and your services built and strengthened.
- Finally, THINK back to a time when you were the only one in a group who was different to others. How did you feel? How did others make you feel?

**People will forget what you said, people will forget what you did, but people will never forget how you made them feel.**

– Maya Angelou (American author, poet, and civil rights activist)

## **XIX. ILLUSTRATIVE CASE STUDIES**

### **CASE 1**

The Nightingales residential care facility is situated in a leafy suburb of Adelaide, the capital city of South Australia. It is home to about sixty residents, majority of who come from a predominantly Anglo-Celtic background; many of them have lived in this city all their lives. The facility is owned and operated by Sunnydale Inc.

Munazer Ali, a practicing Muslim, is one of the residents who is from a minority ethnic background. Prior to moving to the Nightingales, Ali lived at home with Salma, his wife of 43 years. They have one daughter, Asma, who lives with her husband and four children in regional Western Australia.

For the last several years, Salma has not been doing very well in terms of her physical health. When Ali's care needs increased and his wife was no longer able to look after him at home, the family, very reluctantly, decided to move him into an aged care facility.

There is no Muslim residential care facility or nursing home in Adelaide. Therefore, the family did not have much choice in selecting a provider. A friend of Asma recommended the Nightingales; the friend's mother-in-law was a resident there and the family was pleased with the care and support given to her until she passed away.

Ali's family met with the Nightingales Residential Services Manager Irene Trump, and she assured them that cultural sensitivity is one of their key strengths, that they acknowledge and respect the diversity of people's backgrounds, and that they provide culturally appropriate aged care. Irene was also careful to point out that care workers and staff at the facility come from widely diverse cultural backgrounds.

Ali moved to the Nightingales a few weeks later. Salma was now alone in the family home and Asma decided to take her mum to live with her. Asma visits her father once every two months and brings her mother with her whenever Salma can travel.

Time passed. Weeks turned into months and months into years.

About three years ago, Ali was diagnosed with dementia.

Last month, a new care worker was hired at the facility who is a German-born Muslim. On her first day at work, Sofia met Ali and came to know that he was a fellow Muslim. She suspected that Ali was the only Muslim resident there.

One day, Sofia was walking through the dining area when she saw Ali biting into a ham sandwich that he picked up from the table. Sofia immediately took the sandwich from Ali and gave him a biscuit instead. Sofia became worried that Ali's cognitive abilities was deteriorating to the point where he no longer remembered to follow the Muslim dietary law of halal (permitted/allowed) and haram (forbidden/prohibited). She felt that she needed to talk to Afia Hassan, the only Muslim manager at Sunnydale.

Afia was very surprised to know that there was a Muslim resident in one of Sunnydale's facilities. Ever since she joined the organisation, she sought to find out if there were any Muslim residents so that she could ensure that they were receiving care that was culturally appropriate. She was told that Sunnydale does not have a database that captures cultural identity or cultural background of its customers or staff except for country of birth and primary language spoken.

After knowing about Ali, Afia asked Preeti Agarwal, the registered nurse (RN) at Nightingales, for Ali's care plan. What she saw made Afia extremely upset. There it was in bold letters the information that was critical to appropriate service delivery: that Ali was a practicing Muslim, that he says his prayers regularly, that he likes to go to the local mosque for the Friday congregational prayers, and that he eats only halal food.

Afia then met with other staff and care workers and quickly realised that Ali's care plan was just sitting in the folder and not acted upon. Except for his health care needs, there was no indication that his cultural, religious, or social needs were attended to. To her dismay, Afia found during her conversations with the care staff that they did not even know how to support Ali. Afia wondered if his needs were invisible or ignored because he was the only Muslim at Nightingale.

## **CASE 2**

Munise Amanet, a Uyghur Muslim woman in her late 70s, loves spending time with the local Uyghur community, attending community events, and keeping up with community news. She is an observant Muslim and enjoys going to the local mosque where she can also catch up with her friends after prayers.

She has no family and, after her stroke that left her wheelchair-bound, she had to move into residential care.

On a sunny spring morning, Munise sits in front of the television in the lounge of the facility. She looks vacantly at the screen that has an English entertainment channel on. All around her are English-speaking residents, some of whom are chatting with each other. Munise's English language skills are basic.

Every week, when she sees the priest coming in and taking the residents to the chapel inside the facility, Munise's heart cries out to go to the mosque. She does not feel comfortable expressing this yearning, fearing that it would be too much to ask. She confided in a friend who occasionally comes to visit from interstate. Her friend assured Munise that addressing cultural and spiritual needs is an important part of service obligations and that she would talk to the Residential Services Manager. Munise's spirits lifted and she eagerly looked forward to some good news.

Days later, when the friend came in to visit, Munise knew from the look on her face that it was not good news.

The friend was told by the Manager that the facility cannot cater to all the needs of every resident. The Manager cited time and resource constraints as a major reason for not being able to cater for Munise's cultural and social needs and asked the friend to look for a volunteer community member who would be happy to take Munise to the mosque.

### **CASE 3**

Yasir Khan is a centenarian and his wife is 84. They have a large tight-knit family of three sons, two daughters, eight grandchildren and two great-grandchildren. Yasir and his wife live in a modest rented accommodation in the outer suburbs. His middle son Hamid, wife Silma who teaches at the local school, and their only child live in the next street. As two other sons and one daughter live interstate and the other daughter lives overseas, it is Hamid and Silma who are more involved in the day-to-day care of Yasir and his wife.

Yasir is a pensioner with very limited financial assets but receives a lot of support from his children. They take turns to visit their parents and care for them. Although all the children were determined to continue to provide care in this way, daughter-in-law Silma was beginning to experience the stress of caregiving.

Yasir was becoming increasingly frail and began to require frequent hospitalisation. Silma contacted the Diamond Group, a mainstream aged care service provider, to find out about services and how to access them. She spoke to Miriam Haddad, Team Leader of Customer Access, to set up a time to meet and discuss options. A day before the appointment, Yasir was taken to the hospital with a serious infection.

With the new school term fast approaching, Silma did not know how to juggle her teaching and administrative workload and increasing caring responsibilities. Silma became very worried that without the right support in terms of nursing care and equipment, it would be a nightmare when her father-in-law is discharged from the hospital. She was quite beside herself and called to cancel the appointment with Miriam. Miriam calmed her down and assured that help is available under the aged care system. She asked if it would be okay to visit Yasir at the hospital. Silma seemed to find a lifeline.

A couple of days later, Miriam visited the hospital and met with the nursing staff. Yasir's infection was under control but his overall health condition had deteriorated. Except for the daughter who lived overseas, all his children were there. Miriam spoke to the family and discussed the high level of care that Yasir would be needing from then on and what support can be made available by the aged care provider. She assured the family that they would continue in their caring roles and would be consulted at every stage of service planning and delivery. Daughter Nadia seemed very relieved to know that a transition care plan can be put in place before the hospital discharge and that it would help ease the situation for everyone. Miriam offered to work with the family during the transition care period to develop a home care plan that would suit Yasir's high care needs.

Throughout the following weeks, Miriam liaised with Silma and the family to plan and coordinate services. Soon, Yasir was home. The Diamond Group respected the family's desire to continue in their caring role and made them partners in care. The family was still hands-on with personal care while equipment and nursing care were provided through the Diamond Group.

About three months after his last visit to the hospital, Yasir's condition took a nose-dive and he was rushed to the hospital in the middle of the night. The doctors were blunt: he needs to be in palliative care and cannot go home. The family was shattered. They said that they would do all that is needed to ensure that their husband and father can live out the last days of his life at home surrounded and being looked after by them. They explained that filial piety was a religious edict and they take it seriously. Following the teachings of their religion, the children viewed looking after their parents as a blessing and a privilege. They also explained how crucial it is for a patient and his or her family to seek Allah's Help, Mercy, and Forgiveness and to pray as much as possible during palliative and -end-of-life care. They explained that for the patient, praying and reciting the Qur'an or, in the case of inability, listening to recitation has untold psychological and spiritual benefits. When the patient is unable to engage in worship owing to severity of health condition, the family provides spiritual care. These can be done easily at home. But in a hospital or hospice environment? The family had serious doubts.

The hospital was not convinced that letting Yasir go home would be in his best interest.

The family contacted Miriam who went to the hospital and spoke to the medical staff. She convinced the hospital that Diamond Group could coordinate and provide needed services if Yasir returned home.

Miriam once again worked closely with the family, her organisation, and health professionals to help put in place a palliative care plan that would enable Yasir to return home, receive the medical support he needed, give his family the opportunity to continue to care for him and be with him, and importantly, receive spiritual care from his family.

Yasir passed away three weeks after returning home one last time. His family wrote a thank-you letter that read:

Dear Miriam,

It is with a heavy heart that I write this note to let you know that Dad passed away last Thursday.

Because of your hard work, we could give dad the loving care and dignity that he deserved.

The services we received from you have been excellent and we remain grateful for your invaluable support during this difficult journey.

Dad had a very good and caring team around him and we feel blessed. Please pass on our heartfelt thanks to all your staff.

Kind regards.



# APPENDIX



## APPENDIX A: INFORMATION MEDLEY

### Articles of Faith

There are six fundamental beliefs or articles of faith that every Muslim is required to adopt:

1. One God: There is no other god besides the One God. He is the Omnipotent and the Eternal, the Creator, Cherisher, and Sustainer of all things. He has authority and sovereignty over all things.

2. Angels: Allah created from light celestial genderless beings called angels. Each angel has been given a function by Allah. They worship and obey Allah and do not commit sins.

3. Scriptures or Holy Books: Allah gave scriptures to some prophets. The Qur'an mentions the Torah (Tawrat) given to Moses, the Psalms (Zabur) of David, and the Gospel (Injil) given to Jesus. Qur'an is the final scripture and was revealed to Prophet Muhammad (May peace be upon him).

4. Prophets and Messengers: Allah sent prophets and messengers to all nations of the earth to convey His Message to peoples and teach them how to worship Him and live life according to His Will. The first among prophets (also the first human) was Adam and the last, Muhammad (May peace be upon him).

5. Day of Judgment: One day, the universe and everything in it will end. Allah will then bring back to life all human beings and gather them on the Day of Judgment, also known as the Day of Reckoning. Those who lived on the whole a 'good' or moral life according to Allah's commands will be rewarded with life in Paradise. Those who lived a 'bad' life or did not believe in Allah or rejected His prophets' teachings will be punished in Hell. After human beings are resurrected on the Day of Judgment, they will have eternal life in the Hereafter.<sup>47</sup>

6. Destiny: Allah decrees everything. Nothing happens without His knowledge and command. He has full knowledge of the past, present, and future. However, human beings are made free agents to choose between good and bad and there will be consequences or rewards in the Hereafter for actions and choices made in this life based on a person's intentions. Any time before death, if a person truly repents and stays away from evil, Allah may forgive him or her.

### Prophet Muhammad (May peace be upon him)

Prophet Muhammad (May peace be upon him) was born in 570 CE in Mecca, Saudi Arabia. At the age of 40, Allah's message was first revealed to him. He did not preach a new message; like all prophets before him he taught absolute Monotheism---belief in the

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<sup>47</sup> Ahmad, Mahjabeen and Shamsul Khan, *Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia (revised and updated)*, op.cit.

Oneness of God and the sacred obligation of human beings to worship Him. He was persecuted for preaching and so were his family and those who accepted and followed his teachings. When their lives were in grave danger, he and his followers were forced to leave Mecca in 622 CE and emigrate to Madina (then known as Yathrib), leaving behind their homes and belongings, in some cases, even their families. There, in Madina, they established the first Muslim community.

Prophet Muhammad (May peace be upon him) preached for a total of 23 years until his passing away in 632 CE. During this time, he transformed a pagan idol-worshipping Arabia into a society that strongly believed in Absolute Monotheism. With his passing away, the message of Allah to mankind was complete.

Muslims love and revere their Prophet in a way that is often not understood in the West. He is the role model for them and holds a special place in their hearts. Any disparaging comments about him deeply hurt the religious sensibilities of Muslims.

### Religious Hierarchy?

There is no religious hierarchy (especially among Sunnis) and, therefore, no single religious authority in Islam. No individual, except for Prophet Muhammad (May peace be upon him), has the final say on religious matters. There are, of course, Sheikhs who can provide guidance. Unlike the self-styled and misguided people who claim to be Sheikhs, genuine Sheikhs are scholars who spend years studying the religion from reputed teachers or institutions. These Sheikhs are regarded as knowledgeable enough to understand and interpret Islamic teachings and to share this knowledge with the community.

The Australian National Imams Council (ANIC) appoints the Grand Mufti of Australia. His role is largely ceremonial. The necessity of creating this position arose from the enormous diversity among Australian Muslims that makes it difficult to have one person or organisation represent to the outside world, such as to the government and the media, the community's views or standpoints on socio-political issues.

### Women and their rights in Islam

Men and women are equal in the eyes of Allah with different roles and responsibilities in the family and in the society. Islam protects the dignity of women and gives full rights to her to express her views and opinions, own and inherit property and retain that right after marriage (her husband has no right to appropriate her property, income, or wealth), enter any contract in her own name, operate a business, have education, choose her husband, keep her own surname when married, divorce her husband in case of neglect or ill treatment, and remarry. In the event of separation, the wife's rights continue to be protected under Islamic law.

Islam views marriage as a contract between husband and wife. This contract is framed under Islamic values and those who enter it must understand the clauses and give their consent. Forcing a woman into marriage is not Islamic.

*Khadijah, wife of Prophet Muhammad (May peace be upon him) was a renowned and successful business woman who had employed Prophet Muhammad (May peace be upon him) before their marriage to look after her growing business need.*

### Celebrations

Free day-long festivals to mark the two annual Eid are held in cities across Australia and are organised by leading Muslim community organisations. The annual day-long Al-Salam (Peace) Festival is held on the last Saturday of January in Adelaide. It is a free event organised by the Islamic Society of South Australia (ISSA) and is aimed at attracting people from all backgrounds and ages to come and experience the variety and beauty of Islamic and Muslim culture and tradition. At the Al-Salam and Eid festivals, one can experience and enjoy a diverse range of multicultural food, art including calligraphy, traditional henna, Bedouin tent, devotional songs and much more and can browse through stalls selling scarves, traditional dresses and other items of clothing, and prayer rugs among many other products.

### National Mosque Open Day

Mosques in Australia hold Open Days to help dispel common misperceptions that exist in the broader community about Muslims and their faith and to help build social cohesion. The Lebanese Muslim Association (LMA) in Sydney had organised the first National Mosque Open Day in 2014 and since then, it has become an annual event in Australia. Mosques representing each state and territory participate by opening their doors to welcome Australians from all backgrounds. Visitors can enjoy a guided tour of the mosque and learn about Muslims, their faith and culture, and have queries answered during a Q&A session with Imams and other learned panellists.

## Appendix B: MUSLIM CONTRIBUTIONS FROM HISTORY'S PAGES<sup>48</sup>

Islamic civilisation flourished and incredible advances in the field of knowledge and social institutions were made in the Muslim world from the 8<sup>th</sup> to the 16<sup>th</sup> centuries. Islam's 'Golden Age' came to a halt after that when the Islamic world underwent several tumultuous events that contributed to its political and economic decline. Among the major events were Mongol invasions, the capitulations of the Ottoman Empire (one of the most powerful during the 15<sup>th</sup> and 16<sup>th</sup> centuries and existing for more than 600 years until 1922) to Western interests, the corruption of Muslim rulers, and the rise of European imperialism.



The following paragraphs provide some stellar examples demonstrating the richness of Islamic civilisation and culture that have had a profound impact on the rest of the world:

*Islam's Prophet Muhammad (May peace be upon him) popularized the use of toothbrush around 600 CE. This was in the form of a twig from the Miswak or siwak tree (Latin Name: Salvadora persica), reputed for its medicinal benefits and serving the dual purpose of cleaning teeth and freshening the breath. The World Health Organisation (WHO) has recommended Miswak as an effective tool for oral hygiene. Ingredients like Miswak are used in modern toothpastes.*

*Following their Prophet's example, many Muslims use Miswak instead of the modern-day toothbrush and toothpaste.*

Umar Ibn Al-khaṭṭāb, the second Caliph (*khalīfah* or successor and refers to a religious and political leader of the Muslim community), had introduced aged pension and disability allowance during his rule (634—644).

<sup>48</sup> U.S. National Library of Medicine, *Islamic Culture and the Medical Arts*, Maryland, USA: 1994.  
Encyclopaedia Britannica.

Sterns, Olivia, "Muslim Inventions that Shaped the Modern World; Inside the Middle East", *CNN*, January 29, 2010.

During the eighth and early ninth centuries until the 11<sup>th</sup> century, Muslim rulers ran a gigantic project that encouraged and supported scholars to translate scientific works from ancient Egyptian, Roman, Greek, Byzantine, Chinese, Indian, and Persian sources into Arabic and to write commentaries on them. The works of these scholars in mathematics, medicine, physical sciences, and philosophy were subsequently translated into Latin from Arabic so they could be made accessible to Europe.

*In 859, two Muslim women established the world's first degree-granting university—the University al-Qarawiyyin—in Fez, Morocco.*

Abū Mūsā Jābir ibn Ḥayyān is regarded both as the father of Arab chemistry and the founder of modern chemistry who worked in the 8<sup>th</sup> and 9<sup>th</sup> centuries.

Abū Bakr Muhammad ibn Zakariyyā al-Rāzī, one of the giants in medicine, was a Muslim physician born in 865 whose medical manuals were influential even during the Renaissance and were still being translated in Europe into the 17<sup>th</sup> century. He is credited to be the first person to identify the use of alcohol as an antiseptic.

Ibn Sīnā, known as Avicenna in the West and regarded as the 'prince of physicians', was the greatest of all Muslim clinicians. Born in 980, he produced the most famous of all medical books ever written—the Cannon of Medicine—which was a masterpiece in Europe for more than six centuries. Probably his most revolutionary contribution was the introduction of the concept of holistic care for patients by combining psychological care, medicine, and diet.

*The Ahmad ibn Tulun Hospital, forerunner to the modern-day concept of hospitals with wards and teaching centres, was founded in 872 in Cairo. Tulun hospital provided free care to anyone in need.*

*Observatories built as early as the 9<sup>th</sup> and 10<sup>th</sup> centuries by Muslims are regarded as the true predecessors of the modern observatory.*

A dissertation on how the human eye works by Al-Hasan Ibn Al-Haytham (known as Alhazen in the West) who was one of the world's most influential early physicists became the basis of modern optical theory.

Muslims made major contributions to mathematics, introduced the concept of zero, and introduced algebra. The modern numerals 1, 2, 3... are sometimes called 'Arabic' numerals in the West because they were introduced to Europeans by Arab merchants. The astronomer, mathematician, and geographer Muhammad ibn Mūsā al-Khwārizmī is regarded as the father of algebra for his immense contribution to the subject. In fact, the word 'algebra' is adopted from the title of his celebrated work *Al-Jabr wa al-Muqabalah*.

Ibn Khaldun, a Muslim thinker who lived in the 14<sup>th</sup> and 15<sup>th</sup> centuries, is recognized as the founder of sociological sciences and one of the greatest historians of all times. Under Muslim rule (711-1492), Spain had become a major centre of learning in the world and was unrivalled for its civilisation and wealth.

Among the musical instruments that Muslims introduced in Europe are the lute and the *rahab*, a forerunner of the violin. Modern musical scales are also believed to have been developed from the Arabic alphabet.

Around the year 1000 the celebrated Muslim surgeon Abū al-Qāsim Khalaf ibn al-'Abbās al-Zahrāwī, who is called the 'father of surgery', published a 1,500- page illustrated encyclopaedia that was to be used as a standard medical reference in Europe for the next 500 years. He is reported to have performed the first caesarean operation. Among the most significant inventions credited to him are the syringe and the forceps.

Hospitals established in early Islamic society set a new example for the rest of the world. These hospitals served several purposes: a centre of medical treatment, convalescent home, mental health institution, and retirement home offering basic care and maintenance to the aged and infirm who did not have any family to look after them. These hospitals were truly secular, admitting patients regardless of religious belief, race, social class, or financial status. The first humane psychiatric hospital was built by Muslims 300 years before such facilities were built in the West. For reaching services to people in remote or rural areas, ambulant or mobile hospitals were carried on camel's back. In addition, there were special homes for two vulnerable groups in the society: old women and orphans.

Muslims made seminal contributions in the fields of arts and science through original works as well as translation, preservation, and expansion of ancient knowledge and learning both from the East and the West.



## **About the Author**

Mahjabeen Ahmad is an independent researcher and advocate for cultural appropriateness in care settings for the Muslim community in Australia. Since migrating in 2010, she has been engaged with mainstream groups and peak bodies to argue for understanding cultural diversity in a more inclusive manner that recognizes and respects faith identities of people. Through her writings, publications, submissions to the government, and presentations in various forums and conferences, Mahjabeen has been advocating the critical importance of addressing care needs that are born of faith traditions and practices, and for the cultural appropriateness of service design and delivery. She has also worked hard to help build awareness about aged care services and improve aged care literacy among the Muslim community in South Australia.

Mahjabeen worked as Project Manager of an Australian federal government-funded Muslim aged care project.

In March 2017, she received recognition of her work when she was awarded the South Australian Governor's Multicultural Awards for the most outstanding individual achievement in aged care.



# NOTES



## NOTES



