



# Exploring the Barriers and Facilitators for Religiously Observant Muslim Women in the Irish Healthcare System, and Suggestions for Improvements

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## BACKGROUND

The Muslim population in Ireland is rapidly increasing with over 63,443 Muslims living in Ireland in 2016, with further growth since. To provide a safe, effective and inclusive healthcare service for religiously observant women in the Muslim community, research-based knowledge of their needs and experiences is essential. Furthermore, they can assist the healthcare service to achieve its goal of inclusion through suggestions for improvements.

## STUDY AIM

- To explore the barriers and facilitators for religiously Observant Muslim Women in the Irish Healthcare System
- To document participants suggestions for improvements

## METHODOLOGY

**Study Design:** Qualitative study co-designed with the Cork Migrant Centre, the Study of Religions Dept. UCC, and the support of Discover Islam Ireland

**Participants:** 21 Religiously observant Muslim women in Ireland ranging between the ages of 18 to 60 years of age

**Data Collection:** 1-1 Online Interviews

**Data analysis:** Thematic Analysis with the use of NVivo 12

**Ethical Approval:** Granted by the School of Public Health Social Research Ethics Committee

## FINDINGS

### 1. Barriers and Challenges faced by Muslim women:

- Stereotypes, Privacy Issues, Discrimination, Language Barriers

### 2. Lack of Key Resources and Facilities to Accommodate Muslim women including:

- Appropriate Clothing, Prayer Facilities, Halal Food Options, Health Insurance Packages, Translation Services

### 3. Inclusion of Muslim women differs between Individual and Institutional levels:

- There are strong attempts by individual Health Care Workers to provide appropriate care but many lack knowledge and understanding of Islam in health settings.
- Irish health services are new to many users so lack of familiarity can have a negative impact on experiences.
- Lack of Inclusion at Institutional Level is reflected in lack of resources and staff knowledge.

### 4. Range of Experiences:

- Over 50% reported negative experiences in the healthcare system.
- Lack of Change and/or Adaptation in the System for Muslim women over time.



## DISCUSSION

From the study data, it is evident that there are a number of barriers and recommendations stated below which can be reviewed and implemented:

### Examples of Inclusive Practices in other Healthcare Systems and Countries, Suggested by Participants

- In the NHS (UK), Muslim women may wear headscarves in operating theatres.
  - In Malaysia, Muslim women have the option to stay in all-female wards.
  - Other countries provide health insurance suitable for Muslim women.
- In Malaysia and Qatar, there are prayer rooms available for Muslim patients.
  - In Qatar, disposable prayer mats and sleeves are provided.
  - In Canada, healthcare providers are striving to be inclusive of all.
- In Qatar, there are arrows on the ceilings within healthcare settings pointing to the direction of Mecca to inform people of the direction to pray.

## Acknowledgements

We would like to thank Nura Abdullahi of Cork Migrant Centre, Dr. Rachel Woodlock of the Study of Religion Dept. UCC and Waheed Uddin of Discover Islam Ireland, for their support with the study design and implementation.

## CONCLUSION

- As highlighted in this research, there is further work required in order to improve the Irish healthcare system for Muslim women.
- The recommendations made by the research participants and the researcher along with existing suggestions need to be implemented into the Irish healthcare system.
- The needs and requirements of Muslim women should be included in health-related policies and guidelines.
- It is fundamental that the religious needs and preferences of Muslim women are taken into consideration and respected within the healthcare system in Ireland.
- This study highlighted the recommendations made by the research participants which need to be addressed by government bodies and the Irish healthcare system.
- In conclusion, health is a basic human right and people should not be discriminated against based on their religious status. Hence, the beliefs and needs of Muslim women must be made a priority within the Irish healthcare system.

### Participant Recommendations

- Allowing headscarves in operating theatres
- Supply of disposable sleeves and suitable garments
  - More robust surgical hijabs
- Provision of translators and prayer rooms
  - Disposable prayer mats
  - Access to foot baths
- Arrows pointing in the direction of Mecca
  - Receive guidance from Imams
- Segregated wards for males and females
  - Choice to a female healthcare provider
- Availability of suitable healthcare insurance packages
  - Education for healthcare professionals regarding Muslim women and Islam
- Suggestion boxes at healthcare facilities.