



# Working with Muslim families and disability

*Child Women and Family Service*

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## Introduction to Islam

Islam means true submission or surrendering to Allah (God). The followers of Islam are called Muslims. Muslims follow the Qur'an and the tradition of Prophet Mohamed (peace be upon him) (pbuh)).

Islam is a complete way of life that impacts on every part of life such as eating, sleeping, working and playing. It is a code of life that affects spiritual, intellectual, personal, family, social, economic, political and global understandings. This Islamic code of life is based on the unity of God and the core values of compassion, justice and humanity (Isgandarova 2011).

In order to get closer to Allah, Muslims must live in accordance with Allah's laws. All practices such as prayer, fasting, charity, and pilgrimage are intended and performed to help meet this goal. On the other hand, Muslims are required to be involved fully in community activities and in meeting the needs of their families. Working and studying are considered acts of worship as all these activities contribute to the advancement and betterment of society.

The five pillars of Islam, which are the foundation of life for a Muslim are:

1. Belief in Allah, the One God and in the Prophet Muhammad who is His Last Messenger.
1. Daily prayers or Salaat.
2. Fasting during the month of Ramadan.
3. Zakaat or almsgiving: 2.5% of a person's wealth is given annually to the needy.
4. Hajj, which is the great Pilgrimage to the Kaabah, the House of Allah in Mecca for those who can afford to.

It is important to note that individuals within faith based communities do not always act in accordance with the teachings of their faith. The actions of individual Muslims do not necessarily represent the practice of Islam. Muslims worship and practice their faith in various degrees, some are very strict with their practice while others are moderate. In spite of how one practices Islam, all Muslims agree unanimously on the core fundamental beliefs and practices of Islam.

## The Muslim community in New Zealand

The Muslim community in New Zealand is diverse.

The 2006 census recorded 36,072 people affiliated with Islam in New Zealand. Of these, 55% were Asian and 30 % were Middle Eastern, Latin American or African. Seventy seven percent were born overseas, mainly in Southern Asia and the Middle East.

In the Auckland region, there were 23,685 people affiliated with Islam in 2006, which was 66% of the total New Zealand Muslim population. In the Auckland region, 62% of Muslims were Asian and 27% were Middle Eastern, Latin American or African. In other words, 74% of New Zealand's Asian Muslims lived in the Auckland region and 59% of Middle Eastern, Latin American and African Muslims.

Muslims are a relatively young population. In 2006, 27% were under 30 years of age, and only 3% were 65 years or older.



## Islamic perceptions of health

A person is conceptualised as the combination of four interacting parts:

- mind (Aqal)
- body (Jism)
- self (Nafs)
- soul/spirit (Ruh).

All four parts interact continuously to maintain balance in the body. When the balance is interrupted, illness occurs.

## The western health system and medicine

The prophet Mohamed (pbuh) strongly encouraged Muslims to seek treatments in times of sickness. Some of his key messages are included in the following quotations from the Qur'an and Hadiths (reported from Prophet):

- "There is no disease that Allah has created, except that He also has created its remedy." *Volume 7, Book 71, p558.*
- "Taking proper care of one's health is the right of the body." *Bukhari as-Sawm 55, an-Nikah 89, As-siyyam 183-193, Nisai.*
- "The Prophet not only instructed sick people to take medicine, but he himself invited expert physicians for this purpose." *D.o.H. p50, As-Suyuti's Medicine of the prophet p125*

Muslims are encouraged to seek treatment when ill and any refusal to do so is regarded as self neglect. If a person dies because they fail to seek treatment, it is considered as if that person committed suicide which is forbidden in Islam.

As well as medical treatment, a Muslim patient may also participate in spiritual healing. All methods of Islamic spiritual healing are derived from the Qur'an and the traditions and actions of Prophet Mohamed (pbuh).

Spiritual healing techniques involve the energy field that exists around a person and which interpenetrates the physical body. This field is intimately associated with the health of the human being.

It is common for Islamic spiritual healers to recommend that their patients use a combination of both spiritual healing and western medical practices.

Regardless of the medical treatment or the spiritual healing practice used by Muslims, they believe that the only true healer is Allah himself and anything else is an act of mediation. As all cures come from Allah, there is no harm in accessing any form of treatment as long as it is not unlawful (against Islamic law).

## The role of the family

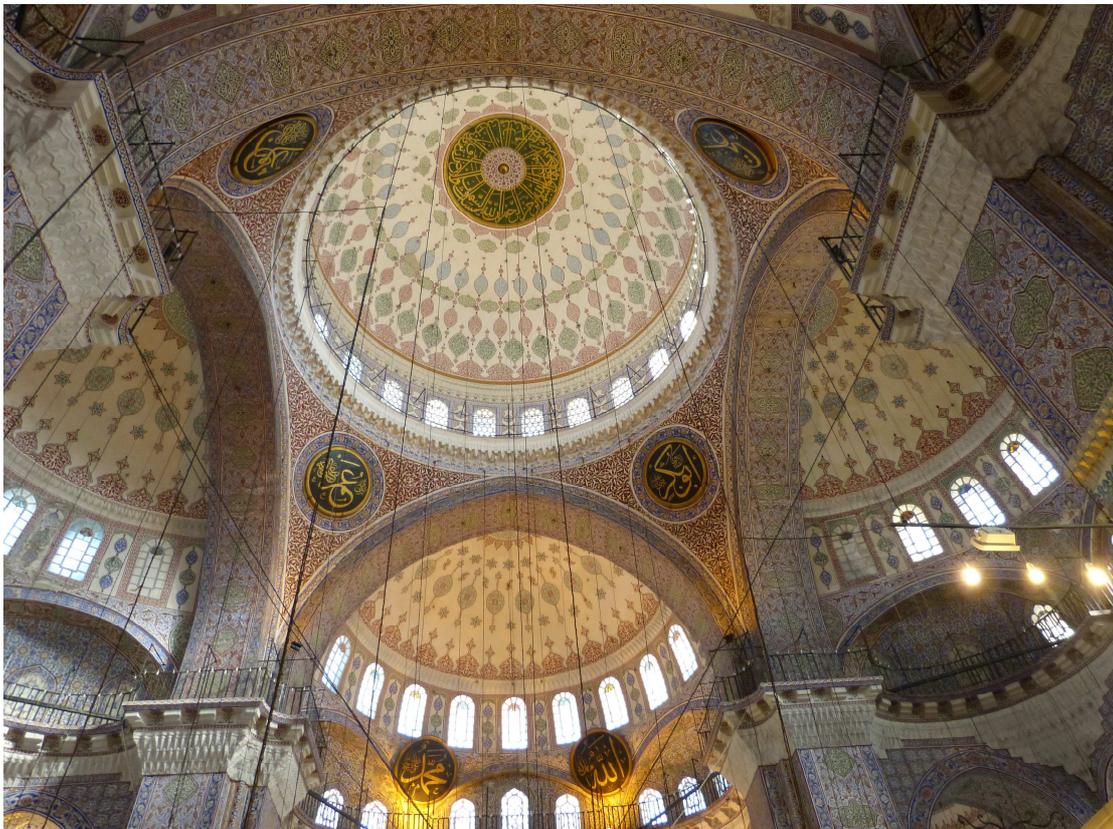
A defining feature of Muslim society is the importance attached to the family - the family unit is the cornerstone of society.

Elders are respected on the basis of their life experiences and hierarchical position in the family and community.

Family members are seen as interdependent in contrast to the western concept of individual independence.

The family's priorities may differ from those of the health service and it is important to include the wider family, and particularly the decision maker, when developing care plans.

It is also important to determine who the main carer of the disabled person is and not make assumptions.



## The role of imams and community leaders

An imam is in an Islamic leadership position. Imams play a pivotal role in a Muslim community. The imam may be involved in visiting the sick and praying for them. It is usual also for Imams to advise and assist on issues affecting individuals and the local community, for example domestic violence, family disputes, and other issues such as racism.

The imams visit prisons to counsel Muslim prisoners. They play an important role in their rehabilitation and ensure that they are not abandoned by fellow community members.

It is usual for Muslims to seek advice or help from the imam, and the imam may be the first point of contact for a family after receiving a diagnosis of disability.

Imams can play an important role in reducing stigma and encouraging the family to remain connected to their community. They may also help in encouraging the family to use a health or disability support service, provided the service is appropriate for a Muslim to use.

Community leaders can also provide helpful support for the family and reduce isolation by linking them back into the community. Community leaders can promote and advocate for inclusion and participation of all people including those with disabilities.



## The Islamic perspective on disability

There are a number of aspects of Islam that are helpful for families coping with disability.

Muslims believe that everything that happens in life, whether good or bad, is from Allah. This is understood as fate (qadr) and acceptance of fate is an important part of a Muslim's daily life. In addition, Islam encourages people to be patient and steadfast in times of hardship.

Having a family member with a disability could be seen as a test of faith, an elevation or higher rank in piety or an opportunity to acquire sustenance (rizq) by caring well for the person.

Islam is a social system and inclusion in community is important. In addition, the community has a responsibility to care for the sick and needy. Visiting the sick is highly recommended and it is a religious duty. Being visited while sick is one of the essential rights of a Muslim.

Islam encourages people to accept difference and not to reject or look down on those who are different.

If disability is discovered during pregnancy and if the doctor suggests abortion, according to Islamic law, abortion is permissible only during the first three months. It is not permissible to abort a child after four months of pregnancy.



## Cultural perspectives on disability in Muslim communities in Auckland

Waitemata DHB Child Development Service, working with other DHBs and agencies, has hosted a number of seminars about disability attended by Muslim parents and community leaders. We have learned much from their feedback and discussions.

Cultural views can and often do differ significantly from the Islamic perspective of disability; stigma and shame are often very big issues for families. Cultural views of disability vary among the different cultural groups within the Muslim community.

In many home countries, the word 'disability' means physical disability. An intellectual disability or mental health issue is not seen as a disability. The person might be labeled 'crazy' or possessed by a 'jinn' (spirit) but would not be regarded as having a disability. This difference in terminology can cause confusion.

Disabilities acquired through accident or war may be seen as more acceptable than those a person is born with.

In some cultures, having a physical disability is not seen as an issue, while someone with an intellectual disability or a mental health problem would be hidden or even locked away.

In some cultures, people with physical disabilities are also hidden from the community. One attendee at a seminar shared the story of a family resettled in New Zealand who she had known and frequently visited in their African home country. It was only when she visited the family in New Zealand that she learned that they had an adult daughter who was physically disabled. This disabled young woman said "I know your voice but I have never met you", because she had been kept hidden from visitors.

The cause of disability is also viewed in many different ways, for example: the result of the sinful actions of the parents or of ancestors; a curse from God; a source of shame; a blessing; or a test of faith.

According to some cultural views in home countries, disabled people are sometimes perceived as having the power to "infect" others with the same affliction and are therefore avoided.

The understanding and attitude of many community leaders towards disability, particularly those working in the health or social services sectors, has changed since coming to New Zealand, as have the attitudes of those who have lived in New Zealand for some time. However, other members of the community, and particularly older family members tend to hold traditional cultural views about disability and they are also often the decision makers.

## New Zealand's approach to disability

New Zealand has a well developed policy framework for disability. The New Zealand Disability Strategy 2001 envisions a fully inclusive society. It is based on the social model of disability which focuses on inclusion and removing barriers.

In the social model, disability is something that happens to people with impairments when society is built without including all people.

New Zealand adopted the United Nations Convention on the Rights of Persons with Disabilities in 2008 and ratified it in 2009. These rights ensure that people with disabilities can:

- be treated fairly and equally, with respect and dignity
- be safe and protected from hurt
- make their own decisions
- have a good life
- be involved in their community and society.

For more information on the Disability Strategy or the United Nations Convention visit <http://www.odi.govt.nz>.

Many families from culturally and linguistically diverse backgrounds, particularly those new to New Zealand, are not familiar with the social model of disability, the New Zealand Disability Strategy or the UN Convention on the Rights of Persons with Disabilities.

It has been our experience that parents of children with disabilities and their wider families find learning about the New Zealand perspective on disability very empowering. It offers them a positive way to think about disability and supports them to be assertive and proactive in caring for their family member.

It is also important for families to understand that in New Zealand disabled people have rights.



## Tips for working with Muslim families

Building trust is most important in order to engage the family and should be the main focus of early encounters. The family is a very important part of a Muslim's life, so it is important to include the wider family.

Be respectful of the family dynamics and remember that they will likely be different from those in most western families. Find out who the decision maker is and include this person in discussions early on if possible. Sometimes the decision maker lives offshore.

Also find out who the main carer is, and include the decision maker and the main carer in the development of care plans.

Avoid making generalisations and stereotyping people. It's best to ask if you don't know.

Remember that the family's goals for their child (or other disabled family member) may be different from the goals of the health or disability support service. A good approach is to learn what the family's goals are and support these while negotiating to have the service's goals agreed to as well. Gaining informed consent is important.

You may be able to understand the family's expectations better by asking how the situation would be managed in their home country.

Health services may not have been available in their home country or they may have been organised differently, so how services work may need to be explained (sometimes many times). Because disability support services are often not available in their home country, people may not understand their purpose. They may need help to understand the roles of agencies e.g. Taikura Trust (NASC).

Remember to explain your role and the role of others involved in treatment, therapy or care. Be prepared to do this more than once.

Disability support services are sometimes refused because the family expects to care for the family member themselves. It might be helpful to remind the family that it's alright to accept support from others.

It is good to acknowledge that any religious methods of treatment (as long as they are within New Zealand law) can work well alongside western methods, and that any form of treatment is from Allah.

Finding a culturally appropriate carer can be difficult. It is not unusual to find that a family has been assessed as eligible for carer support, but cannot find anyone to take up the role. Individualised funding can be helpful for this.

Participation and inclusion of disabled children in activities and in the community is an issue for some families.

If offering a respite care service, be sure that religious requirements are accommodated. Provision of halal food and provision for prayer are two important considerations.

For adults, rehabilitation plans need to include provision for performance of religious duties, especially prayer. Providers should do their best to accommodate patients who want to attend the Friday congregational prayers.



## For further information

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