Culture, Religion, & Healthcare in the Gulf Countries

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GEOGRAPHY

Map of Middle East & North Africa
OVERVIEW OF GULF COUNTRIES
Kingdom of Saudi Arabia (KSA)

- Capital city: Riyadh
- Someone from KSA: Saudi
- Population: ~29 million
- Economy: Oil-based
- Primary Religion: Islam (Sunni)
- Language: Arabic
- Home of Mecca and Medina, the two holiest sites of Islam

The United Arab Emirates (UAE)

- Capital: Abu Dhabi
- Someone from the UAE: Emirati
- Population: ~8 million
- Economy: Oil-based
- Primary Religion: Islam (Sunni)
- Languages: Arabic, Persian, English

Kuwait

- Capital: Kuwait City
- Someone from Kuwait: Kuwaiti
- Population: ~4 million
- Economy: Oil-based
- Primary Religion: Islam (Sunni)
- Languages: Arabic, English
Qatar

- Pronunciation: “cutter” (NOT kah-TAR)
- Capital: Doha
- Someone from Qatar: Qatari
- Population: ~2 million
- Economy: Oil and gas
- Primary Religion: Islam (Sunni)
- Languages: Arabic, English

COMMON MISPERCEPTIONS

Common Misperception #1
“Everyone from Gulf countries is wealthy”

<table>
<thead>
<tr>
<th>Country</th>
<th>GDP per capita, 2013 (US$)</th>
<th>Unemployment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi Arabia</td>
<td>$52,800</td>
<td>11.2%</td>
</tr>
<tr>
<td>United States</td>
<td>$54,800</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Common Misperception #2

“Everyone from Gulf countries is well-educated and speaks English”

Less than half of the population in Kuwait, Qatar, and Saudi Arabia speaks English; slightly higher percentage in the UAE

Source: English Language Proficiency Index 2014

Common Misperception #3

“Women from the Gulf are powerless in their homes and societies”

Growing numbers of women are joining the workforce and pushing for equal rights

Saudi woman driving despite ban

ISLAM
Islam & Healthcare Provision

- Meals must be *halal*

- Ramadan
  - Holiest month of Islam
  - Muslims fast from sunrise to sunset for entire month
  - Also refrain from smoking and sexual relations
  - Food and drink served before dawn and after sunset
  - In 2015, will occur from June 17th to July 17th

An iftar banquet at hotel in Riyadh, Saudi Arabia. *Iftar* is the evening meal after sunset during Ramadan and often consists of a *TON* of food and celebration with family and friends.
• **Prayer**
  – Devout Muslims pray five times a day facing Mecca
  – Must wash before prayer and pray on clean surface like a rug
  – Women and men must pray separately
  – **Avoid disturbing someone in the middle of prayer**

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**Islamic Prayer Apps**

- iSalam Qibla Compass for iPhones
- Prayer Times & Qibla for Google Devices

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**Call to Prayer (video)**
The Qur’an ("curr-AHN")

- Holy book of Islam
- Believed to be the word of God as revealed to the Prophet Muhammad (PBUH)
- Provides guidance and legal advice to followers
- Should be kept in a safe, clean place
- Ask permission before holding or touching it
- Do not interrupt someone when they are reading from it
- Many Muslims listen to recordings of verses of the Qur’an (click image to play)

Death & Dying

- Islam does not require treatment if it simply extends the final stages of a terminal illness
- It is customary for families to recite verses of the Qur’an over the body of a dying or deceased patient
- The body of the deceased should be handled respectfully and by someone of the same sex
- Families will make arrangements to have the body washed, shrouded, and buried according to Islamic guidelines as soon as possible
- Providers should offer bereavement services, but families may prefer to mourn privately

Common Religious Phrases in Arabic

- Assalmu aleikum ("Peace be upon you" / "Hello!")
- Insha’allah ("God willing...")
  – Kind of like “knock on wood”
- Masha Allah (roughly, "Look what God has made!")
- Alhamdu lillah ("Praise God!" or "Thanks be to God!")
Culture & Healthcare Provision

• Personal relationships are important
• Husband/father or male elder may act as spokesperson for family (and woman may be okay with that)
• Many families in the Gulf have full-time nannies—day-to-day child rearing may be unfamiliar
• Significant stigma around mental health

Popular Regional Food & Drinks

- Dates (they make great gifts, too!)
- Tea ("ahwa")
- Kabsa (Saudi rice dish)
- Bread ("khubz")
- Luqaimat (fried dough)
- Ma’amoul (date-filled cookies)
Modesty

- Muslim women often cover their hair and/or faces in the presence of men they are not related to
  - May be religious choice or mandated by their government (Saudi Arabia)
- When women travel overseas, they may choose not to cover themselves

![Abaya](image1)
![Niqab](image2)
![Hijab](image3)

<table>
<thead>
<tr>
<th>Common Inpatient Concerns</th>
<th>Suggested Ways to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Punctuality a problem”</td>
<td>Highlight the importance of arriving on time to appointments and rounds; encourage parents to set reminder alerts on their phones</td>
</tr>
<tr>
<td>“Treat nurses like nannies”</td>
<td>Kindly, but firmly, tell parents that nurses are medical providers; offer to teach parents how to change diapers or connect them with babysitting services in the area</td>
</tr>
<tr>
<td>“Language barriers”</td>
<td>Use interpreters</td>
</tr>
<tr>
<td>“Parents very demanding”</td>
<td>Emphasize early on staff’s availability and roles; ensure parents understand how to make appointments and how to advocate for their children in an appropriate manner</td>
</tr>
<tr>
<td>“Cultural barriers”</td>
<td>Ask families questions about what their cultural and religious needs are (see next slide) and try to be as accommodating as possible; be sensitive to the fact that they are in an unfamiliar environment in undesirable circumstances</td>
</tr>
</tbody>
</table>

Preliminary Questions to Ask Patients from the Gulf

- If Muslim:
  - Have you found a comfortable place to pray?
  - Are there any foods you cannot eat?
  - Do you want me to put a sign indicating that male staff should knock before entering?
- Do you need any spiritual counseling or support?
- Do you need an interpreter?
- Do you need assistance finding suitable restaurants/prayer services/grocery stores/etc in the area?
HEALTH

Leading Causes of Death in Arab World

<table>
<thead>
<tr>
<th>1990</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower respiratory infections</td>
<td>Ischemic heart disease</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>Stroke</td>
</tr>
<tr>
<td>Diarrheal diseases</td>
<td>Lower respiratory infections</td>
</tr>
<tr>
<td>Stroke</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Pre-term birth complications</td>
<td>Road injury</td>
</tr>
</tbody>
</table>

Source: Mokdad et al (2014)

Overweight & Obesity

<table>
<thead>
<tr>
<th>Country</th>
<th>% Men Overweight or Obese</th>
<th>% Women Overweight or Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi Arabia</td>
<td>69.0</td>
<td>74.2</td>
</tr>
<tr>
<td>UAE</td>
<td>66.1</td>
<td>60.6</td>
</tr>
<tr>
<td>Kuwait</td>
<td>74.5</td>
<td>84.3</td>
</tr>
<tr>
<td>Qatar</td>
<td>75.7</td>
<td>78.5</td>
</tr>
<tr>
<td>United States</td>
<td>70.9</td>
<td>61.9</td>
</tr>
</tbody>
</table>

Source: Marie Ng et al (2014)
Adult Diabetes Mellitus (2013)

Birth Defects

<table>
<thead>
<tr>
<th>Countries with Highest Prevalence of Birth Defects (per 1,000 live births)</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudan</td>
<td>82</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>81.3</td>
</tr>
<tr>
<td>Benin</td>
<td>77.9</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>77.0</td>
</tr>
<tr>
<td>Palestinian Territories</td>
<td>76.6</td>
</tr>
<tr>
<td>UAE</td>
<td>75.9</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>75.2</td>
</tr>
<tr>
<td>Iraq</td>
<td>75.2</td>
</tr>
<tr>
<td>Kuwait</td>
<td>74.9</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>74.9</td>
</tr>
</tbody>
</table>

Possible Explanations for Health Trends

- Rapid urbanization
- People plugged into technology
- Fast food restaurants are status symbols
- Extreme outdoor temperatures
- Limited access to sports and exercise activities (women and girls exercise separately)
• Marriage among close relatives (especially among royal family and rural communities)
  – Around 40-50% of marriages in Gulf countries
  – Associated with increased birth defects frequency and risk for autosomal recessive disorders (compared with babies born from non-consanguineous unions)
  – Pre-marital genetic screening now mandatory in the UAE, Kuwait, Saudi Arabia, Qatar, and other Middle Eastern countries
    • Couples often free to marry regardless of results
    • Six-year study in Saudi Arabia found that rates of sickle cell disease and beta-thalassemia declined after national pre-marital screening program took effect  Source: Ziad Ahmed et al (2011)

Projected Increase in Healthcare Demand in Gulf Countries through 2025

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>% Increase in Demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>419</td>
</tr>
<tr>
<td>Cancer</td>
<td>275</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>241</td>
</tr>
<tr>
<td>Maternal and Perinatal</td>
<td>205</td>
</tr>
<tr>
<td>Conditions</td>
<td></td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>142</td>
</tr>
</tbody>
</table>


Healthcare in the Gulf Countries

• Shortage of beds and healthcare professionals (esp. nurses)
• Specialty care lacking
• Doctors and nurses often come from other countries
• Governments often send residents abroad for especially complex cases

Source: Ministry of Health 2010-11; CH 2012
Nursing in the Gulf

• Dependency on expatriates to fill nursing jobs
• Nurses come from all over the world and many do not speak English or Arabic
  • e.g., approx. 10,000 nurses from 103 countries work in the UAE
• High turnover rates
• Competency levels vary
• Nurses generally not well-respected

Differences between United States and Gulf Countries

<table>
<thead>
<tr>
<th>United States</th>
<th>Gulf Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care extremely costly</td>
<td>Health care (including prescription drugs) mostly free for all nationals</td>
</tr>
<tr>
<td>Big emphasis on specialization</td>
<td>Specialty care lacking</td>
</tr>
<tr>
<td>Most people have insurance</td>
<td>&lt;10% of people have insurance</td>
</tr>
<tr>
<td>Complaints about cost of health care services and administrative hassle</td>
<td>Complaints about quality of care and long waiting times</td>
</tr>
<tr>
<td>Largely native health workforce</td>
<td>Largely expat health workforce</td>
</tr>
<tr>
<td>Nurses valued members of medical team (esp at BCH!)</td>
<td>Nurses undervalued</td>
</tr>
</tbody>
</table>

Source: Mourshed et al.

Acknowledgments

Eva Gómez
Manar Al Jazzaf
Professor Barbara Gottlieb
QUESTIONS?