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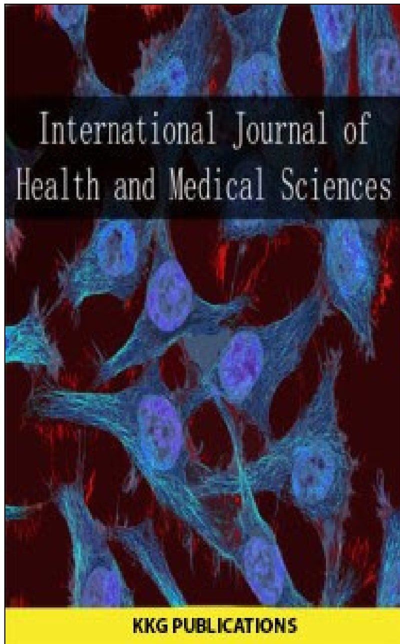

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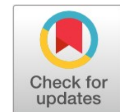

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REPRODUCTIVE HEALTH AMONG BANGOEBADAE MUSLIM WOMEN: CERVICAL CANCER CARE

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Abstract. Few studies have examined Muslim women's perceptions of barriers and their possibilities in cervical cancer care. The purpose of this study was to explore the attitudes from the perspective of Thai women of their experience of reproductive health in cervical cancer care. A qualitative methodology was chosen, and open-ended interviews were carried out with ten Muslim women. The interviews were audio-recorded and transcribed verbatim; after that, a manifest content analysis was carried out. Three main themes connected to the aim of the study were found: "Personal construction of health care providers," "Understanding reproductive health" and "Culturally congruent context of reproductive health". The most prominent findings in this study are that health care providers adapted to be developing holistic care intervention consisting of improved nursing care for reproductive health, meaningful relationship care, and social relative of reproductive health. Furthermore, this finding might be possible to be transferred and considered in Muslim women similar settings. Health care providers should also concern cultural care available with her husband in support of reproductive health care among Thai Muslim women.

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INTRODUCTION

Health was defined by the World Health Organization as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Reproductive health addressed the reproductive processes and functions and systems at all stages of life [1].

Reproductive health, therefore, implied that people were able to have a responsible, satisfying and safe sex life and that they had the capability to reproduce and the freedom to decide if, when and how often to do so [1]. Over the centuries, midwives had provided most reproductive care. Women, through experience and handed-down knowledge, had cared for women in their community [2].

Therefore, midwives working on the front lines of patient care were strategically positioned to engage women in a discussion about reproductive life planning [3].

The incidence of cervical cancer was increasing steadily. The steady increase in coverage of the world's population by cancer registration has been accompanied by developments in standardization of registration methodology, definitions and coding [4]. The National Cancer Institute of Thailand said that cervical cancer is the most common cancer among women in Thailand whose ages range from 30 to 60 years. Number of new cervical cancer patients by southern region showed 5.4 percent of new cervical cancer patients in 2009 [5]. According to the issues of reproductive health in Thailand southernmost province as Yala require specific actions that support improved monitoring and reporting of reproductive health.

LITERATURE REVIEW

Cervical Cancer

The incidence in Thailand of cervical cancer is rising continuously and causes the highest number of deaths of all cancers in Thai women. This study aims to explore the perspective of Thai women of their experience of reproductive health in cervical cancer care. The study, the information served, obtaining knowledge and cervical cancer detection advice are significantly related to cervical cancer [6]. Women in community can provide knowledge to each other to concern cervical cancer screening [7]. In addition, Muslim women had been perceived to hold beliefs of health about the prevention and risk of cervical cancer [8].

Muslim Women

The beliefs of Muslim women are defined as the role of women within the religion of Islam. Moreover, within Islam women are believed to be genetically inferior to men and men are taught this belief. According to the Koran, Surah 2:228

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states that men have a "degree" over women [9]. In addition, Muslim women are expected to stay at home, raise the children, and hide themselves under layers of cloth to avoid male attention. The covering of women's bodies, particularly with the veil, is considered a symbol of patriarchal domination [10]. Muslim women's specific religious and cultural needs, such as the need for same-gender providers, dietary restrictions, special needs during fasting, and personal hygiene issues are related to daily prayers [11].

Muslim Women's Cultural Background

The Muslims of the 3 border provinces pay attention to cultural background of Muslim culture. They strictly practice their religious teaching, and do not easily accept other cultures which they think are not correlated to their religion [12]. [13] explained spiritual ways of knowing and contributing to learning in life-threatening illness and Muslim cultural context. Spirituality became the centering process as the women turned inward and became conscious of their soul [14]. Moreover, cultural background assumes an important role in the way people make meaning of suffering and illness, and spiritual beliefs may have an impact on how they cope with the illness [15].

Therefore, cultural neutrality supposed that healthcare providers could ignore their own perspectives that were shaped by their particular living and working contexts and any religious beliefs they might hold [16].

The Reproductive Health as the Theoretical Framework

It is important to identify the reproductive health of Muslim women to perceive their own care of reproductive health. Because reproductive health is lifelong period status that has impact on their health. Reproductive health affects women's capacity to access and use services during pregnancy and childbirth or otherwise maintain good maternal health [17].

From major concept and definition, [19] mentioned that health is referred to as a state of well-being or restorative state that is culturally constituted, defined, valued, and practiced by individuals or groups and that enables them to function in their daily lives [18]. Therefore, cultural care patterns refer to health that enables to function in daily lives consisting of social structure factors such as religion, politics, economics, cultural history, life span values, kinship and philosophy of living; and geo-environmental factors, as potential influencers of culture care phenomena [19].

METHODOLOGY

A Feminist Approach

A feminist approach, a female perspective to phenomena under investigation, is used in this study. It focused on the experience, ideas and feelings of women in their social and historical context [20]. Therefore, the feminist approach in building a relationship was based on the principles of connection [21].

[22], [23], [24] as well as others stated that there were the pioneers who helped to direct the focus on women's interests and ideas [20]. [25] state that it points at the concerns and experiences of a particular group of women.

Feminist approach and methodology provide the structure of the theoretical framework. [20] stated that the feminist approach to research gave women the opportunity to voice their concerns and interests and was not merely concerned with the technical details of data analysis.

Demographic Characteristics

A total of 10 informants were selected to participate in the study and in the semi-structured interview. Demographic information is presented for the informants. Illustrative quotes are presented from both the general information about personal characteristics of survey participants and comments of reproductive health. Demographic characteristics of the participants are presented. The Muslim women in the study were aged between 24 and 54 years. All the women live in Bangoebadae community with their families. Most of them have joined the screening of cervical cancer every year and every two years.

The participants were picked using two sampling techniques. The techniques were convenience sampling and snowball sampling technique. The first technique was a convenience sampling which used opportunities to ask the Muslim women in this town who might be useful for this study and easy to access. Secondly, a snowball sampling technique was used. Muslim women who were already in the study were asked to refer other Muslim women who fulfilled the inclusion criteria.

Data Collection

Semi-structured interviews were conducted with the Muslim women by face to face interview or interview using skype. The aim of the study was operationalized in an interview guide with a focus on the issues or topic areas to be covered and the lines of inquiry to be followed. Questions explored perspectives of Thai Muslim women of Thailand's southernmost province who live in Bangoebadae community, who care for their experience of reproductive health in cervical cancer care. The interviews were made using an interview guide based on the research question. It was conducted with Muslim women in Thai and Malay through the use of a bilingual translator. Interview occurred until saturation was reached, depending on the participants, took an hour and a half to carry out in the Thai and Malay.

The length of time for an interview depends on the

participants, the topic of the interview and the methodological approach [20]. A place for interviewing could be without interruption. In the community, interviews are often interrupted by children or spouses and by the visits of friends or relatives [20]. The interview discussions were audio-recorded and transcribed verbatim; field notes were also taken to aid with analysis.

DATA ANALYSIS

The interviews of Muslim women informants of the experience of reproductive health were transcribed and analyzed thematically. All the interviews were transcribed verbatim in Thai then translated to English in order for the author to maintain the details and meaning. [26] mentioned that changes to language occurred during the process of translation. Moreover, [27] stated that when a translator performed a translation, they translated not only the literal meaning of the word, but also how the word related conceptually in the text. The author conducted qualitative content analysis, in which patterns or themes within the data were identified, analyzed and reported [28]. Transcribing interviews and field notes are the initial steps in preparing data for analysis. When reading transcripts and writing memos, should also collect a series of pithy quotes, which are representative of the thoughts of the participants and the phenomenon [20]. Through organizing and sorting data, reread and search for identifying underlying concepts. Then illustrate the use of concepts and analysis of an interview text and a text based on observations [29]. Data collection was by interviews, and four open-ended questions were analyzed. Every word or phrase was written in the transcript [30]. Trustworthiness, a qualitative content analysis relied on credibility. Research finding should be trustworthy and must be evaluated in relation to the procedures used to generate the findings [29]. Credibility is that the participants be aware that the findings are true in their own social context. [31] stated that a mechanism to demonstrate credibility or internal consistency was to show that the textual evidence was consistent with the interpretation.

Ethical Consideration

Ethical approval was obtained from Boromrajonani College of Nursing, Yala. The participants were provided with both verbal and written information about study. The description included an explanation that the participants could ask question about the research and receive satisfactory answer, withdrawal at any time without giving a reason, give permission for audio recording and without the participants' names being disclosed [20]. The interview which was recorded by a recorder would be destroyed after the interviews were analyzed, the confidentiality of participants was guaranteed.

RESULTS

The analysis of manifest content led to four themes which include satisfaction with the way of caring, personal construction of health care providers, culturally congruent context of reproductive health and understanding of reproductive health, and cultural contexts. Each theme was divided into sub-categories as shown in table 1.

TABLE 1
MAIN THEME CATEGORIES AND SUB-CATEGORIES

Sub-category	Category	Theme
Untrustworthy	Health care providers barrier	Personal construction of health care providers
Class differences		
Reproductive health care deficiency		
Facilitating reproductive health for healthy outcome		
Supportive of reproductive health	Reproductive health care encounter	Culturally congruent context of reproductive health
Providing benefit reproductive health		
Facilitating reproductive health for healthy outcome		
Culture of reproductive health care	Cultural care barrier	
Supportive cultural pattern		
Influencing social structure		
Social relative of reproductive health		
Encourage reproductive health cultural care	Encouraging cultural care of reproductive health	Understanding reproductive health and cultural context
Improve nursing care for reproductive health		
Value with gender and class difference		
Meaningful relationship care		

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DISCUSSION

Personal Construction of Health Care Providers

This finding would describe cultural care theory. This is highly important in the congruent care, the health care providers should be able to care for, and communicate with patients who belong to a different culture [32]. This study supported personal construction of health care providers and stated that health care providers would liaise with immigrant communities to establish an improved system of professionally trained, gender-concordant translators doing that has been shown to improve the quality of care for those with limited language skills [33].

Culturally Congruent Context of Reproductive Health

The current findings would describe culture care theory. This theory showed that Muslim women viewed cultural context of reproductive health. These findings were consistent with those of the study conducted both of Somali and Bangladeshi women [34].

This study reported on health issues related to fasting during Ramadan in a Canadian population. As reported in a previous study, culture, religion, and migration status impacted on women's maternity health care needs and could not be ignored or separated from other factors that determine women's health [35], [36].

Accordingly, Islam plays an important role in decision-making related to prenatal testing. Muslim women believe that Allah has given mankind a mind in order to think with and make decisions that one should seek treatment and use facilities available. Therefore, Muslim women feel Islam encourages everything that is considered important for an individual's well-being.

Understanding Reproductive Health and Cultural Context

As reported in a previous study, [34] stated that the women agreed that they did not want health care providers to specifically advise them against fasting, but were interested in receiving advice that would help maintain their health during the fasting period. Moreover, [11] stated among religion-specific and culture-specific patient needs, those related to modesty, prayers and fasting, and family involvement in health management plans were noted particularly.

CONCLUSION

Muslim is the second largest religions group of Thailand. A detailed assessment of women's circumstances in southern part of Thailand focuses on the Muslim majority province of Yala. The findings have both negative and positive dimensions that is explicit encouragement to improve reproductive health among Muslims in all these areas. These findings expand through Thai Muslim women living in Sweden's view. Reproductive health confronting Muslim women considers the facts and therefore the findings of this study realize the satisfaction of reproductive health care and reliability of characteristics of health care providers has been presented. In providing reproductive health care to Muslim women, it promoted to culturally congruent context of reproductive health that it includes to encourage reproductive health cultural care, improve nursing care for reproductive health, value with gender and class difference and meaningful relationship care. Results from such future studies may inform the majority of health care providers to approve the cultural care context of reproductive health and to concern that cultural care is available with her husband in support of reproductive health care among Thai Muslim women.

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