

Islamic health promotion and interculturalization

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SUMMARY

Health promotion, in our analysis, appears to be as much a Western concept as one that is supported by Quranic texts (the Holy Word itself as well as the Sunnah). This insight may contribute to the further development of health promotion

in both multi-cultural Western nations as well as Islamic nations themselves. In Western nations and settings this could be achieved through a process called 'interculturalization'.

Key words: concepts; health promotion; interculturalization; Islam

INTRODUCTION

The Ottawa Charter for Health Promotion (WHO, 1986) may be criticized as being the reflection of a Western, post-Cartesian value system. Bunton and Macdonald [(Bunton and Macdonald, 1993), p. 2] assert that:

It is possible to consider health promotion as a frontier of contemporary policy and cultural change. Health promotion is now a growing part of industrialized health care systems, and is increasingly an integral part of primary care provision.

The notions of emancipation, empowerment and democratization that appear to underpin the current debates in the field may seem to be incompatible with other value systems. In this article we will demonstrate that the Islamic value system which is so often considered to be in opposition to 'Western' perspectives in fact includes many of the notions of end-of-the-millennium health promotion. Such a recognition would lead to a much-needed interculturalization of the Western health systems, including their health promotion components.

The analysis presented here is by definition limited. The Quran and related writings by Islamic

scientists of the scriptures present an all-encompassing lifestyle guide. A first attempt to describe any commensurability, or convergence, between what constitutes the foundation of life for many hundreds of millions of the world's population and a (albeit visionary and broad) vision for health promotion is deemed to be superficial. However, our remit here is to demonstrate that there are common challenges between the Quranic and Ottawa Charter perspectives on health and health promotion.

THE OTTAWA CHARTER

The establishment of the Ottawa Charter for Health Promotion in 1986 was heralded as the legitimization of a number of health principles which seemed to have only fringe validity in the years before, and specifically in the medical realm (de Leeuw, 1989a). The Charter emphasized both individual responsibilities as well as societal plights, recognized the multidimensional nature of (determinants of) health, and the range of options to improve health beyond mere behaviour modification.

Even though some authors have found that the principles of health promotion as laid out in the Charter are only revamped medical truths [e.g. (Seedhouse, 1995; MacDonald, 1998)] that should be properly applied, the acceptance of this 'new' vision has paved the way for an enormous breadth of innovative approaches to health. The *Jakarta Declaration*, accepted at the Fourth International Conference on Health Promotion (and the first of such conferences organized in a developing country; a largely Islamic one as well) emphasized the importance of involvement of all societal sectors in health promotion. Both the Charter and the Declaration consist of visionary statements regarding the development of health promotion. To the World Health Organization, and the participants in its *International Health Promotion Conferences*, the promotion of health goes beyond mere behaviour modification. Following the logo of the first conference (where the Ottawa Charter was accepted) in Figure 1, health promotion should start with enabling, mediating and advocating strategies toward an overall, integrative and intersectoral health perspective. Action areas would include the reorientation of health services to include health promotion, and the creation of supportive physical and social environments for health. These would find their foundation in community action and the development of personal skills for health. The development of healthy public policy [policies taking into account health consequences of programs in each public sector



Fig. 1: The Ottawa Charter.

(de Leeuw, 1989b)] is an inextricable part of health promotion endeavours.

ISLAMIC FOUNDATIONS OF HEALTH PROMOTION

If there is much understanding in the West about the nature of Islam, there is also ignorance about the debt our own culture and civilization owe to the Islamic world. It is a failure which stems, I think, from the straightjacket of history we have inherited. (...) But because we have tended to see Islam as the enemy of the West, as an alien culture, society and system of belief, we have tended to ignore or erase its great relevance to our own society. (...)

Islam nurtured and preserved the quest for knowledge. In the words of the tradition, 'the ink of the scholar is more sacred than the blood of the martyr'. Cordoba in the 10th century was by far the most civilized city of Europe. (...) Many of the traits on which modern Europe prides itself came to it from Muslim Spain. Diplomacy, free trade, open borders, techniques of academic research, anthropology, etiquette, fashion, alternative medicine, hospitals, all came from this great city of cities. (...)

At the heart of Islam is its preservation of an integral view of the Universe. Islam refuses to separate man and nature, religion and science, mind and matter, and has preserved a metaphysical and unified view of ourselves and the world around us ... But the West gradually lost this integrated vision of the world with Copernicus and Descartes and the coming of the scientific revolution. A comprehensive philosophy is no longer part of our everyday beliefs.

These introductory remarks at a lecture for the Oxford Centre of Islamic Studies come from a rather unexpected source: they were spoken by His Royal Highness Prince Charles (His Royal Highness Prince Charles, 1993). The integrative perspective of Islam as introduced by the Prince seems to fit the scope of the Ottawa Charter very well.

In the following, we will review to what extent the components of the Ottawa Charter are compatible with Islamic principles. In order to do so, we will first have to acknowledge the sources upon which we draw. A much broader analysis is provided by Hussein (Hussein, 1998).

Of course, the Quran is the essence of the Islamic world view. It is the word of Allah presented to mankind through His last prophet, Mohammed. According to Muslims, God (or Allah; the name of the One God does not really

matter) has regularly sent messengers and prophets to guide His people. Adam, Abraham, Noah, Moses, David, Jesus and finally Mohammed were all advocating His word. The Quran, as the last revelation, differs, however, from the Bible, the other Holy Book. Whereas the Bible requires considerable interpretation, the Quran is more a book of instruction and guidance which is considered, at least by followers of the Sunnah, a pure reflection of the Islamic truth. Sunnites believe that the Quran and the authenticated scriptures provided by companions of the Prophet (the Sunnah) provide the ultimate insights into the world and human nature. Followers of the Shia (Shiites), on the other hand, believe that both Quran and Sunnah are open to further interpretation, e.g. by Mullahs and Ayatollahs. Their interpretations have ultimately led to new perspectives on the application of the Word. Currently, it might be observed that Sunnites adhere to a more liberal world view than Shiites do; the original scriptures advocate a rather radical libertarian approach, which would, among many other Suras (Quranic verses), best be illustrated by a saying of the Prophet that '... to seek knowledge is a sacred duty on every Muslim, male and female'. Sura 58:11 actually states that 'Allah will raise up to high ranks and degrees, those of you who have acquired and been granted knowledge'.

In our current analysis we will stick to Quran and Sunnah alone. We will dissect the Ottawa Charter into its components, and review to which extent these components are congruent and commensurable with the original foundations of Islam.

The central communication modalities of the Ottawa Charter (enable, mediate, advocate) may directly be linked to three Islamic concepts/structures. The first of those would be 'Da'wah'. Da'wah literally means invitation, inviting, and calling people to know about, and practice in real life, what is beneficial to them and for the sake of their own welfare and well-being. It is a central concept in the dissemination of Islam, and pertains to health as well as spiritual matters (although true Muslims would never separate the worlds of the physical, mental and spiritual). Essential structures for this invitation of knowledge acquisition are the 'Madrassa' and 'Mosques'. Madrassa constitute the basis at the lowest units of social organization to work toward a healthful identity and governance. They are Quranic schools focusing on knowledge beyond mere study of the scriptures. Their teaching and learning capacity emphasize its application to everyday life.

Mosques, finally, are social and spiritual gathering places where enabling, mediating and advocating health matters would take place.

In the area of reorienting health services, the concept of 'Shuura' plays a pivotal role. Shuura is a process of mutual consultation between people and their leaders on the structure and development of society and its institutions; this includes the delivery of health care. The decision reached after a Shuura process is binding on the part of the ruler, e.g. the Minister of Health, or hospital manager. Generally, the 'Shari'ah' (Islamic legal framework endeavouring to establish justice) governs Shuura. Finally, 'Waqfs', the Islamic system of endowments toward social and health services, are a precondition for financing and restructuring the delivery system. Waqfs cannot be considered a form of taxation; it is a holy obligation of every Muslim to set apart pious endowments. Particularly in the past, Waqfs have been instrumental in the establishment of libraries, hospitals, academia and mosques (Fayzee, 1991).

To a religious Muslim, the creation of supportive environments is the essence of Quran and Sunnah. As Haidar (Haidar, 1984) points out:

the arrogant and reckless use of knowledge and technology is a betrayal of Allah's trust in humankind, and turns humankind into a sadistic exploiter of God's creation.

Quran and Sunnah are full of references to the obligation of people to protect the environment

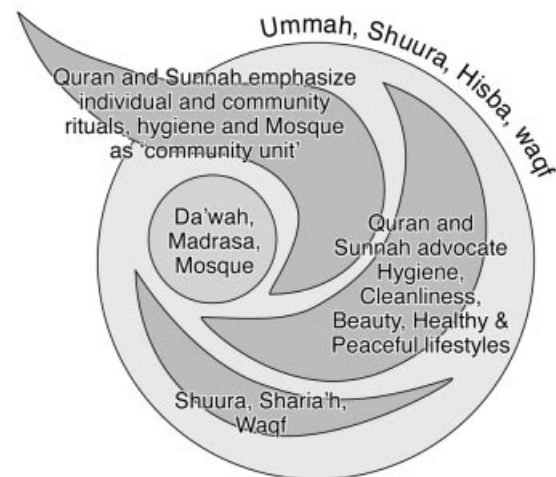


Fig. 2: The Islamic Charter.

and natural resources and to make the land beautiful:

Do not withhold from people the things that are their due, and do not mischief (corrupt or pollute) on the earth after it has been set in order; that will be best for you, if you have faith (Sura 7, verse 85).

Similarly, a strong sense of community pervades Islamic scriptures. Quran and Sunnah stress the importance of social organization through community life and mosque meetings. Individual development and acquisition of appropriate knowledge are essential components of such community life.

Structural and organizational change are central issues in the Islamic ideology, and they pose real opportunities for building healthy public policy. Important components of the ideology would be the Ummah, Shuura, Hisba and Waqf. Shuura and Waqf have been introduced above. Ummah refers to the Islamic belief that humankind should live as one unified society, not separated by ethnicity, gender, nationality, etc. Hisba is an Islamic system of accountability, usually toward an overseer of the market and public morals: 'Let there arise out of from among you a party inviting to all that is good' (Sura 3, verse 103), indicating a system of accountability through which the community designates a person or group that would monitor and guide proper procedure and decision-making. Ummah, Shuura, Hisba and Waqf together constitute the basis of political consideration for healthy public policies.

ISLAMIC HEALTH PROMOTION: AN INTERCULTURAL VISION?

The picture painted in the previous section would suggest that health promotion is already a natural and integrated part of Islamic societies. Some sense of reality should be applied, however. Even though Quran and Sunnah provide important guidance toward health promotion, much of these insights and such knowledge seem hardly applied. Handy suggests that the absence of substantial social support, solidarity and public participation in social and health matters in Islamic societies may be attributed to a failing system of Islamic governance (Handy, 1979). Such societies are, so to speak, 'torn between two lovers': globalization—demographically, economically and otherwise—has made Islamic

society an inextricable part of the global village, thus threatening original Islamic values. How precisely Islamic governance might be re-established in order to address social and health matters that no longer find their origins in the arid regions of the Islamic heartland alone is a hotly debated issue.

For health promotion, specifically, we do observe that Islam nevertheless provides more coherent foundations than many other belief systems. There is a role and responsibility for health authorities, communities (in Mosques and Madrasa) and academics (seekers of that much-prized Islamic commodity: knowledge) to apply the principles from those foundations to contemporary social and health challenges. Once the intrinsic value of health promotion has become apparent to those actors, the establishment of a unique and modern Islamic health promotion is within reach.

INTERCULTURALIZATION

Our representation of an Islamic health promotion perspective would serve two purposes. First of all, it makes clear that the values advocated in the Ottawa Charter have more universal validity than a 'Western' vision that it might appear to be at first sight. Our demonstration of this thrust may be considered as a call upon Islamic health professionals, bureaucrats and communities to seriously take up the challenges identified by the various international health promotion conferences. On the other hand, we have demonstrated that Islamic communities in countries which are not predominantly Islamic by nature may well be responsive to health promotion strategies, albeit not in their 'Western' dress.

Health systems should be responsive to various belief systems of their service populations. The Netherlands National Council of Public Health and the National Consultative Body for Health Care and Multi-Cultural Society and NWO (The Netherlands Organization for Fundamental Research) have adopted the notion of 'interculturalization' as the main thrust of future development of Netherlands' health system. With most Western countries becoming increasingly multi-cultural, their approach would suit developments in those countries as well. Interculturalization is:

... the process through which substance and organization of the health system is adapted to the

multicultural character of the population. Service delivery, in other words, will have to be adequate and equitable, no matter the ethnicity or cultural background of the clientele (NRV and OGM, 1995).

Hoogsteder (Hoogsteder, 1996) suggested a seven-stage model for the interculturalization of the health delivery system (Figure 3). His use of the word 'allochthonous' denotes a commonly held notion in The Netherlands' society that it is possible to distinguish between the autochthonous population (The Merriam-Webster's Collegiate Dictionary: *au.toch.tho.nous* adj (1805) 1: indigenous, native <an ~ people> 2: formed or originating in the place where found <~ rock> <an ~ infection>—*au.toch.tho.nous.ly* adv) and those from outside the country. [At the same time, though, semantic efforts are made to not discriminate against the allochthonous population. Autochthones are, in this effort, 'Nederlanders' (Nederlanders) and allochthones are 'Togetherlanders' (Medelanders).] Logghe investigated the degree to which health organizations in the Netherlands' province of Noord-Brabant were interculturalized (Logghe, 1998). She found that Hoogsteder's model suggests a sequential development between stages, although such a development could not be identified in reality. Much of the problems in the development of intercultural organizational change appear to relate to an inadequate recognition of other belief systems, and not to the rather techno/bureaucratic insight that organizations should adapt to interculturalization perspectives.

Logghe found in her inquiry that interculturalization is perceived to be a 'fuzzy' concept (Logghe, 1998). In its brief life, it has been conveying

notions beyond those of service delivery alone. Interculturalization, then, is interpreted from psychological, sociological, anthropological and political perspectives. In order to counter the fuzziness, Logghe proposes the 'interculturalization pyramid' (Figure 4) that would incorporate such different notions. In health and welfare organizations in Noord-Brabant she found that five constituent elements determine the feasibility of interculturalization: based on the presence or absence of an integrated intercultural organizational policy, the influx of allochthonous clients would have to go hand in hand with the appointment of allochthonous staff, management taking into account the acceptability of procedures as followed in other cultures and belief systems, and practices of care and cure that are beyond traditional Western allopathic treatment.

Western nations wishing to 'interculturalize' their health promotion perspectives would first need to identify, at a local level, where structural components of an Islamic Ottawa Charter (Figure 2) can be located. Where are mosques and madrasa? Who are considered to be spokespersons for the Islamic community? Have health issues acquired (Shuura) status on the agenda of those communities? Have there been any considerations in the realm of health promotion so far? Have pious endowments (waqfs) been made out for the purpose of health and health promotion?

CONCLUSION

At a rather superficial level, we have demonstrated that Quranic texts include much if not

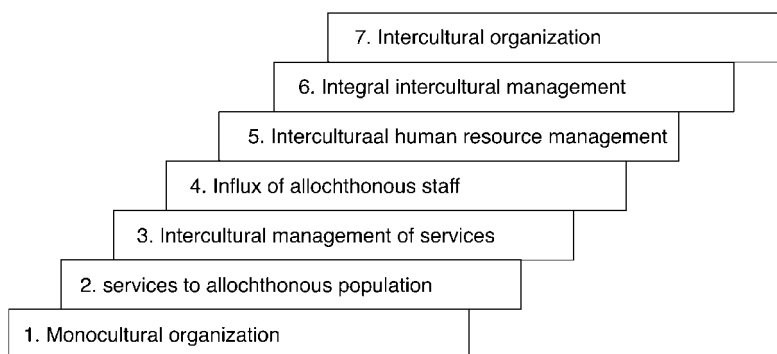


Fig. 3: Seven-stage model for the interculturalization of health system organizations (Hoogsteder, 1996).

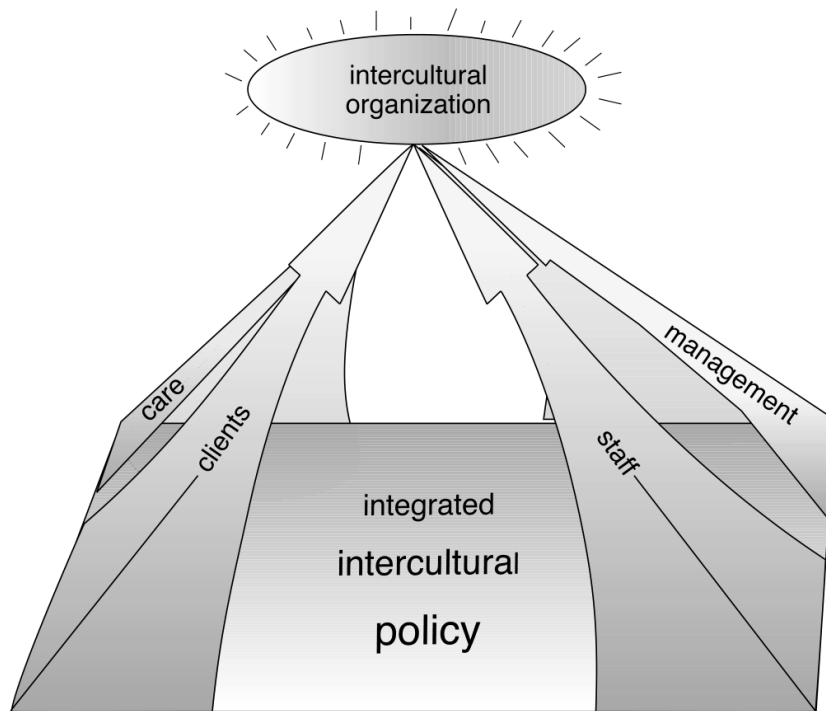


Fig. 4: The interculturalization pyramid [adapted from (Logghe, 1998) by permission of the author].

everything of the Ottawa Charter vision on health promotion. However, our extensive efforts to identify scientific and empirical evidence of Islamic 'Ottawa' health promotion have yielded minimal results. We can only speculate as to the reasons for the absence of health promotion projects and evaluations in the international literature (including texts in Arabic, sic.). In spite of this, this paper may be considered a first attempt at clarifying the value of modern health promotion insights for both Islamic nations as well as Islamic communities in Western nations. The mere clarification may contribute to further development and efficacy, through adaptation of the Ottawa Charter in Islamic nations, and interculturalization in Western nations, of the health promotion vision.

Interculturalization of course is not restricted to Western versus Islamic value systems. The approach outlined by Hoogsteder and Logghe is applicable to any minority or subcultural group, e.g. Roma people (gypsies), refugee groups and even homosexual subcultures in those societies where a need is felt to meet specific cultural issues.

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