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BACKGROUND

Muslims, followers of the Religion Islam, partake in annual Islamic fasting during the month of Ramadan. Ramadan fasting (RF), one of the five pillars (or duties) of Islam, involves abstaining from food and water for 29 to 30 consecutive days from dawn to dusk. Muslims who are healthy and above the age of puberty are required to fast (Elnakib, 2021). Although exempt, some with chronic diseases still choose to fast. Non-fasting hours occur between sunset and sunrise, during which Muslims eat and drink (Rezk, 2016).

With over one million Muslims in Canada (Stats Can, 2011), it is crucial that Registered Dietitians have the knowledge and support necessary for providing culturally appropriate and nutritionally safe care to Muslims fasting during Ramadan. Such care may increase energy and reduce potential risks that may occur while fasting (Rezk, 2016). Since unsupervised RF amongst individuals with chronic illnesses, such as diabetes, can increase the risk of complications, Muslims may benefit from dietitians' support and guidance when fasting (Diabetes Canada, 2021).

This is the first study in Canada assessing dietitians' knowledge and comfort in providing care for Muslims who fast during Ramadan.

PURPOSE

The purpose of this study is to identify Saskatchewan Registered Dietitians' knowledge and comfort in supporting Muslim clients, patients and communities who fast during the month of Ramadan.

METHODS

An online survey was distributed to Saskatchewan dietitians to collect qualitative and quantitative data from January 31st to February 22nd, 2022.

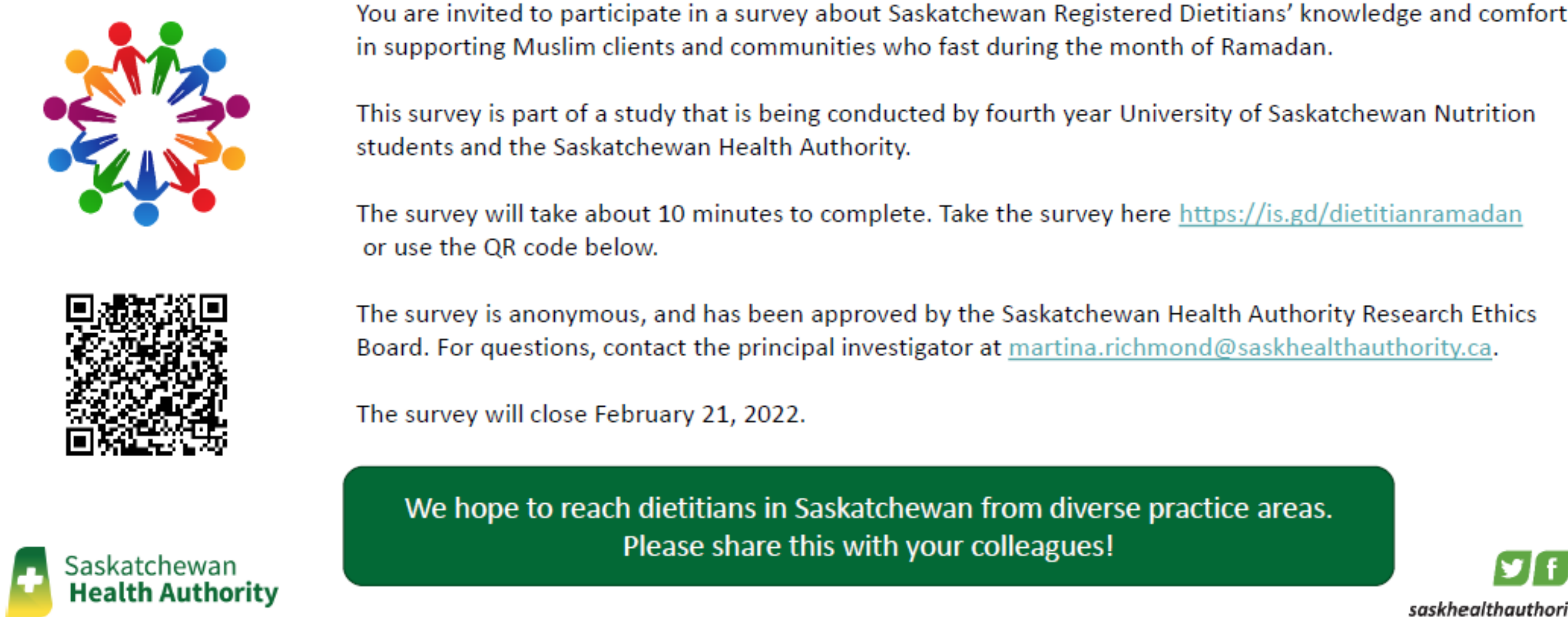
Participants were recruited via professional newsletters (e.g. Saskatchewan Dietitians Association Quarterly newsletter), social media and email distribution lists using the recruitment tool shown in Figure 1.

METHODS

Figure 1– Recruitment Tool

Are you a Registered Dietitian in Saskatchewan?

If yes, please complete our survey !



You are invited to participate in a survey about Saskatchewan Registered Dietitians' knowledge and comfort in supporting Muslim clients and communities who fast during the month of Ramadan.

This survey is part of a study that is being conducted by fourth year University of Saskatchewan Nutrition students and the Saskatchewan Health Authority.

The survey will take about 10 minutes to complete. Take the survey here <https://is.gd/dietitianramadan> or use the QR code below.

The survey is anonymous, and has been approved by the Saskatchewan Health Authority Research Ethics Board. For questions, contact the principal investigator at martina.richmond@saskhealthauthority.ca.

The survey will close February 21, 2022.

We hope to reach dietitians in Saskatchewan from diverse practice areas. Please share this with your colleagues!

RESULTS

Respondent Demographics

A total of 93 dietitians completed the survey. Years of experience varied amongst participants. Of those who responded, 33% (n=33) have been practicing for 5 years or less and 31% (n= 28) had over 16 years of experience. Most respondents practiced in Acute Care (36%, n=34) and Community/Public Health (38%, n=35). Fewer respondents practiced in Long Term Care (19%, n=18) and Food Services/Administration (14%, n=13).

Two participants identified as Muslim. Participants were also asked about their frequency of working with Muslim clients or communities during Ramadan, as shown in Table 1.

Table 1– Frequency of working with the Muslim population during Ramadan(n=93)

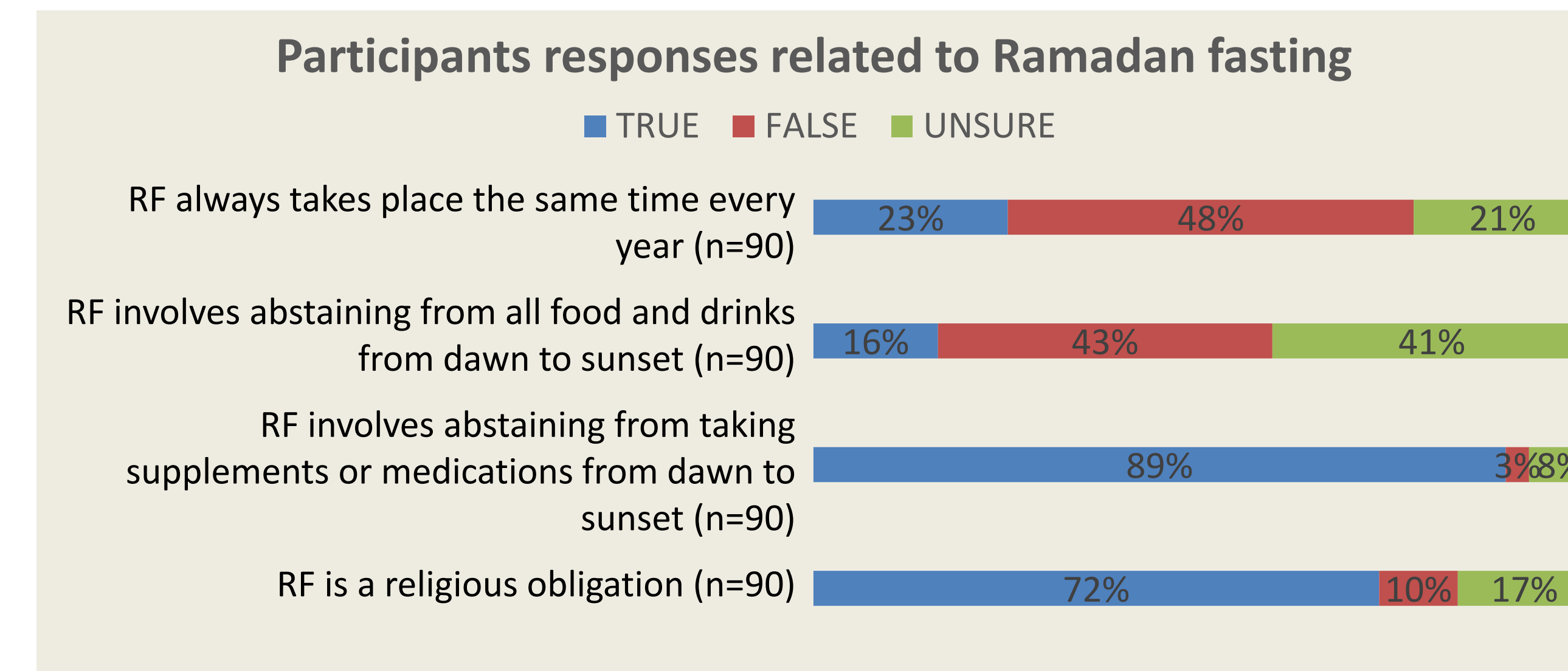
Have you had experience working with Muslim clients/communities who fast during Ramadan?	
Yes	28 (30%)
No	58 (62%)
Unknown	7 (8%)

RESULTS

Knowledge-Based Questions

Participants were asked about their current knowledge of Ramadan. Results are shown in Figure 2.

Figure 2 – Knowledge regarding Ramadan



Comfort Based Questions

Participants reported feeling uncomfortable in many areas, with 79% (n=67/85) feeling uncomfortable explaining the risks and benefits associated with RF. Similarly, over half (65%, n=55/85) felt uncomfortable assessing nutrition-related risks of Muslim clients who fast. Less than half of the participants (39%, n=33/85) felt somewhat or very comfortable practicing dietetics in a manner that promotes cultural safety for Muslim clients during Ramadan.

Participant #4 stated: "I have had very limited experiences with patients fasting during Ramadan, but do recall quickly trying to look things up before seeing a hospital patient who was fasting for Ramadan, to make sure I was practicing in a culturally safe way. I remember feeling a little lost with how to best help them, and feeling that our hospital food service isn't really geared to support them."

Education Questions

When asked about the education received on how to support Muslim clients and communities who choose to fast during Ramadan, the majority of participants felt that they did not receive adequate training from their education programs (85%, n=75/88) or their employer (90%, n=79/88). Yet, 97% (n=85/88) of participants believe understanding Ramadan is important to providing culturally appropriate and safe care. More than 50% (n=48/88) felt they did not have access to nutrition guidelines to help Muslims choosing to fast during Ramadan.

CONCLUSION

Our study identified three main findings:

1. Saskatchewan dietitians may not have adequate knowledge, tools, or resources to provide culturally appropriate care to Muslim clients or communities who choose to fast during Ramadan. This is similar to a previous study on primary care physicians' knowledge of Ramadan by Hamodat et al. (2020).
2. Saskatchewan dietitians are aware that understanding Ramadan is important to providing culturally appropriate and safe care despite feeling uncomfortable providing this care. Saskatchewan dietitians may lack comfort due to limited exposure, lack of resources, guidelines, and tools available to support Saskatchewan dietitians.
3. Saskatchewan dietitians have not received adequate training or education regarding RF. As current resources are limited, the creation of additional webinars/conference sessions, clinical practice guidelines, and enhancements to current formal dietetic education were opportunities reported by dietitians that may address the gap of comfort/knowledge that our study identified.

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