



Practice and Awareness of *Salat* Obligation during Hospital Admission among Female Muslim Patients in Obstetrics & Gynaecology

^aNurul Mutmainnah Yusof, ^aFatimah Abdul Aziz, ^aKamarul Bahyah Mustafa*, ^aMokhtar Awang, ^bAbdul Rahman Abdullah

^aObstetrics and Gynecology Department, Kulliyah of Medicine, International Islamic University Malaysia (IIUM), Pahang, Malaysia.

^bObstetrics and Gynecology Department, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia.

Abstract

The study was a simple random sampling cross-sectional survey conducted among Muslim female in-patients in Obstetrics and Gynecology, aimed at measuring the prevalence of obligatory *salat* performed, and to identify the factors associated with non-compliance, as well as offering solutions in an effort to assist them in performing *salat*. Of the 100 patients recruited, only 36% performed the five times a day obligatory *salat*, 38% did not performed *salat* at all and 26% performed *salat* only occasionally. There was a significant difference in *salat* performance for those with different awareness and adherence to *salat* obligation pre-admission, different basic knowledge on *salat* during illness, and different supportive surroundings in the ward. No association noted between patient's physical disabilities to *salat* performance. In conclusion, instilling basic knowledge of *salat* to our patients is important in improving their *salat* performance. Guidance from ward staff, improvement of *salat* facilities and patient's education on *salat* during illness may improve future commitment to *salat*.

Keyword: *salat during admission, salat in hospital, salat during illness, prayer in hospital*

Abstrak

Kajian ini merupakan kajian rawak keratan lintang mudah yang dijalankan di kalangan pesakit wanita Islam dalam Obstetrik dan Ginekologi, yang bertujuan untuk mengukur kelaziman solat wajib yang dilakukan, dan mengenal pasti faktor-faktor yang berkaitan dengan ketidakpatuhan, serta menawarkan penyelesaian dalam usaha untuk membantu mereka dalam melaksanakan solat. Dari 100 orang yang direkrut, hanya 36% melakukan solat wajib lima kali sehari, 38% tidak melakukan solat sama sekali dan 26% melakukan solat hanya sekali-sekala. Terdapat perbezaan yang signifikan dalam mendirikan solat bagi mereka yang mempunyai kesedaran yang berbeza dan kepatuhan kepada kewajipan solat sebelum berada di dalam wad, mempunyai pengetahuan asas yang berbeza mengenai solat semasa sakit, dan sokongan persekitaran yang berlainan di wad. Tiada kesinambungan yang diperhatikan di antara kecacatan fizikal pesakit untuk menunaikan solat. Kesimpulannya, dengan menanamkan asas pengetahuan berkaitan dengan solat kepada pesakit kami adalah penting dalam meningkatkan prestasi solat mereka. Panduan daripada kakitangan wad, memperbaiki kemudahan solat dan pendidikan pesakit pada solat semasa sakit boleh meningkatkan komitmen terhadap solat pada masa hadapan.

Kata kunci: *Solat semasa di wad, solat di hospital, solat semasa sakit, solat di hospital*

Introduction

Obligatory *salat* is prayers which should be performed five times a day by all Muslim. It is one of the five

pillars of Islam. It should be performed regardless of any medical condition. The only exception is when the patient is unconscious or mentally challenged. For female patients, further exception includes during menstruation (*haidh*) or post-partum (*nifas*). The physical rituals of *salat* may be performed differently depending on the severity of patient's condition (Siti Ainiza, 2007). Walid (2007) quoted a research conducted by *Persatuan Pengguna Islam Malaysia* (Malaysian Islamic Consumer Association) in 2006

*Corresponding author:

Kamarul Bahyah Mustafa
Obstetrics and Gynecology Department, Kulliyah
of Medicine, International Islamic University
Malaysia (IIUM), Pahang, Malaysia
Email: kamarul_bahyah@iium.edu.my

found that only 20% of Muslim patients performed their obligatory *salat* during ward admission. Apart from proving the Muslims' obedience towards the religion, *salat* is also beneficial for mental and physical health (Reza et al., 2002). These have been affirmed both in the Quran and the hadith.

"Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured" (The Qur'an 13:28)

In the text by Hakak et al. (n.d.), the Prophet Muhammad (s.a.w.) said:

"verily, there is a cure in salat".

Despite being the main pillar of Islam, a lot of Muslims still fail to perform *salat* especially during hospital admission. Since negligence of *salat* performance during hospital admission is a known problem in our hospital settings, it is essential to objectively measure its prevalence, to identify the associated factors and to offer appropriate solutions in order to overcome the problem. However, there are only few studies done on patients' practice and awareness on this *salat* obligation. Furthermore, most of the studies are not properly reported or published for future reference. Thus, this research is also an effort to provide more references and views on this particular problem. The main objectives of this study include, to

measure the prevalence of female Muslim patients who do not practice *salat* during hospital admission. It also aims to evaluate the awareness and adherence of female Muslim patients to the obligation of *salat*. The study will identify factors associated with failure of *salat* performance. It will gather suggested solutions to overcome failure of performing *salat*, from patients' own perspective.

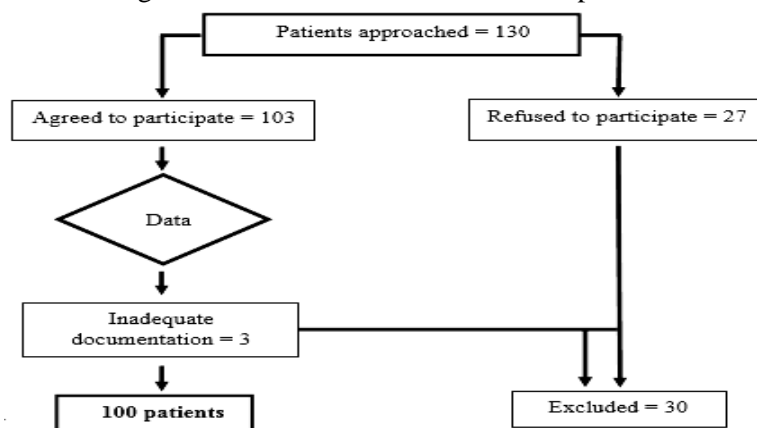
Materials and Methods

Study Design

This study was a cross-sectional survey conducted among female Muslim patients of Obstetrics and Gynecology (O&G) wards of Hospital Raja Perempuan Zainab II (HRPZ II), Kota Bharu, Kelantan, Malaysia. This hospital is the biggest general hospital in Kelantan. The study was conducted for five weeks from 11th July 2012 until 17th August 2012 during final year medical student elective posting. Simple random sampling was used in which all female Muslim patients in O&G wards admitted during the period were included. 100 patients were recruited. (Figure 1)

Inclusion criteria include all Malaysian Muslim female who had been admitted for at least 6 hours. Exclusion criteria include patients who are menstruating, postpartum patients who are still having *nifas*, critically ill and unconscious patients, or patients who refuse to participate in the study.

Figure 1: Flow chart for recruitment of patients



The study was conducted using a questionnaire record form (in Malay language). Questions were read and completed by the respondent herself. The questionnaire record form was divided into 4 sections:

1. The first section covered data on socio-demographic backgrounds and personal history. It looked into certain important aspects of

respondent's background including age, occupation, living area, income per capita and education history.

2. The second section enquired about the disease or problem which leads to hospital admission and how it limits patient's routine ability.

3. The third section enquired about respondent's basic knowledge of *salat* and practice before admission.

4. The fourth section asked on *salat* performance during admission. It also gathered respondent's opinion on solution of the problems.

Validity and Reliability

a. Training

Prior to data collection day, a training session was conducted in order to:

1. Train researchers on approach techniques.
2. Standardize method of recording collected data.
3. Time estimation for task completion.

b. Pilot Test

A pilot test was conducted prior to data collection. The aims of the pilot test were as follow:

1. To familiarize researchers with appropriate approach techniques.
2. To identify any problems that may arise from questionnaire during data collection.

c. Questionnaire Record Form

After the pilot test was conducted, the questionnaire record form were checked and validated by experts: lecturers from the Integrated Islamic Medical Programme (IIMP) committees, International Islamic University Malaysia.

Study Variables

a. Physical Disabilities

Physical disabilities were divided into 4 groups which are normal abilities, mild disabilities, moderate disabilities and severe disabilities. It was categorized based on respondent answer in Question 9 and 10, as follows:

1. Normal: Self ambulating **and** illness did not restrict her daily activity
2. Mild: Self ambulating **but** illness do restrict her daily activity
3. Moderate: Need some assistance for ambulating (wheelchair, crutches, etc.) **but** illness did not restrict her daily activity OR bedridden **but** illness did not restrict her daily activity
4. Severe: Bedridden **and** illness do restrict her daily activity

b. Awareness and Adherence to Salat Obligation

Awareness of *salat* obligation was divided into 3 groups which are good awareness, moderate awareness and poor awareness. It was categorized based on respondent answer in Question 12, in which an assumption was made that the more consistent patient's 5 daily *salat* before admission, the better was her awareness of *salat* obligation:

1. Good: Performs 5 daily *salat* regardless it were performed early or later, in congregation or not.
2. Moderate: Performs *salat* only 3 to 4 times daily.
3. Poor: Performs *salat* only 1 to 2 times daily OR not performing *salat* at all

c. Basic Knowledge on Salat during Illness

Basic knowledge on *salat* during illness was divided into 3 groups namely good knowledge, moderate knowledge and poor knowledge. It was categorized based on respondent answer in Question 14, 15 and 16, as follows:

1. Good: Patient knows about *salat* obligation during illness **and** how to perform it.
2. Moderate: Patient knows about *salat* obligation during illness **but** did not know how to perform it.
3. Poor: Patient did not know about *salat* obligation during illness **and** did not know how to perform it

d. Patient's Supportive Surroundings in Ward

Patient's surroundings in ward were divided into 3 groups: good surroundings, moderate surroundings and poor surroundings. It was categorized based on respondent answer in Question 17 and 18 as follows:

1. Good: Patient had been reminded about *salat* obligation **and** being told on how to perform it.
2. Moderate: Patient had been reminded about *salat* obligation **but** not being told on how to perform it.
3. Poor: Patient had **not** been reminded about *salat* obligation **nor** being told on how to perform it

Data Analysis

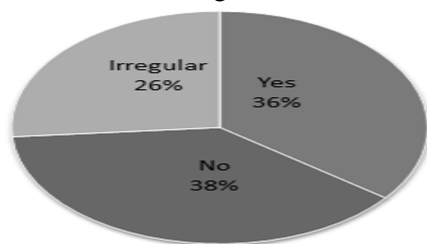
Statistical analysis was done by using SPSS software for Windows, version 19.0. Frequency distribution was used to determine the prevalence of performing *salat* in ward and its associated factors; status of employment, education level and economic status. Hypothesis was tested by using Chi Square Test for

proportion and count. Significance level was determined at p value of < 0.05 .

Results

Of the 100 patients recruited, only about one-third (36%) of patients performed the five times a day obligatory *salat* in ward, while another one-third (38%) did not performed *salat* at all. The rest 26% of the patients performed *salat* occasionally. These alarming figures are shown in Figure 2. Table 1 shows the socio-demographic characteristics of the participants. The mean age was 31.20 year old. About half of the participants (48%) had a low socio-economic status. Majority of the participants (64%) completed secondary school, while more than 25% completed tertiary level of education. More than half of the participants (61%) were unemployed. Table 2 shows factors that influence *salat* performance in ward.

Figure 2: Percentage of female Muslim performing *salat* during admission



There were significant differences in *salat* performance for those with different basic knowledge on *salat* during illness, different awareness and adherence to *salat* obligation pre-admission and different supportive surrounding in the ward. 50% of the participants who had good basic knowledge of *salat* during illness were performing the obligation regularly, while another about 25% performed it irregularly. For those who had poor basic knowledge

of *salat*, more than half (64%) of them were not performing *salat* at all. Almost half (45%) of those with good awareness and adherence to *salat* obligation pre-admission would perform their *salat* regularly. In contrast, nobody with poor *salat* awareness and adherence; is regularly performing their *salat*. Other than that, study revealed that almost 90% of those with good supportive surroundings in ward were performing *salat* whether it was done regularly or not. Half of those with poor supportive surroundings turned out to be not performing *salat* at all.

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Table 1: Sociodemographic Profile of female Muslim patients

	Mean	SD	No.	%
Age (years)	31.20	7.98		
Economic Status				
Low			48	48.0
Moderate			32	32.0
High			20	20.0
Education level				
No formal education			3	3.0
Primary Level			7	7.0
Secondary level			64	64.0
Tertiary level			26	26.0
Employment				
Unemployed			39	39.0
Employed			61	61.0

Table 2: Factors Influencing Performance of Salat during ward admission

	Performance of <i>salat</i> in the ward				Irregular		p Value*
	Yes		No				
	No.	%	No.	%	No.	%	
Awareness and Adherence to <i>Salat</i> Obligation**							
Good	31	43.7	26	36.6	13	18.3	0.049
Moderate	4	21.1	7	36.8	8	42.1	
Poor	0	0.0	5	50.0	5	50.0	
Physical Disabilities**							
Normal	25	32.9	29	38.2	21	27.6	0.791
Mild	10	41.7	9	37.5	5	20.8	
Knowledge on <i>Salat</i> During Illness							
Good	29	50.0	15	25.9	14	24.1	0.004
Moderate	5	18.5	14	51.9	8	29.6	
Poor	1	7.1	9	64.3	4	28.6	
Supportive Ward Surroundings**							
Good	11	64.7	2	11.8	4	23.5	0.000
Moderate	7	31.8	8	36.4	7	31.8	
Poor	17	28.3	28	46.7	15	25.0	

*Chi-square test, significant level is taken at $p < 0.05$.

**Total n=99 is due to missing data

Table 3: Patients' suggestions for improvement of *salat* performance during ward admission

Suggestions	No.	%
Facilities Improvement <ul style="list-style-type: none"> • Provide a comfortable, clean and larger room in ward for patients to perform <i>salat</i> • Ablution/<i>wudhu</i> area nearby. • Provision of praying costumes • Provision of assistance in performing <i>wudhu</i> such as water spray and facility for <i>tayammum</i> 	28	41.2
Patient's Education on <i>Salat</i> during Illness <ul style="list-style-type: none"> • Briefing session on <i>salat</i> obligation during illness in ward. • Provide guidance, such as religious officer or trained staff to help them regarding certain issues that complicates their <i>wudhu</i> and <i>salat</i>. • Provide simple pamphlet on obligation of <i>salat</i> during illness at every bed and also paste poster regarding it on the wall. 	26	38.2
Ward's Staff Role <ul style="list-style-type: none"> • Ward's staff should advise or at least asking patient about <i>salat</i> and offer help. • Ward's staff should be trained on basic knowledge on <i>salat</i> during illness and therefore can guide the patient. • Make an announcement or '<i>azan</i>' during each <i>salat</i> time to alert and remind patients and their caretaker 	14	20.6

Discussion

This study showed that only about one third of the patients in O&G wards of HRPZ II performed all the five obligatory *salat* during their ward admission. If we total up this figure to those who performed it but in irregular manner, the total percentage will be 62%, which are far better than the finding of a research conducted by Persatuan Pengguna Islam Malaysia in 2006, where only 20% of warded Muslim patients performed their obligatory *salat* (Walid, 2007). The study also found that basic knowledge on *salat* during illness, awareness and adherence to *salat* obligation pre-admission; and supportive surrounding in the ward were significantly associated with *salat* performance. More than 50% of participants with good basic knowledge on *salat* during illness regularly performing their *salat*, while more than 60% those with poor knowledge tend to not performing the obligation. In other words, instilling basic knowledge to each and every Muslims is important in improving their *salat* performance. This is consistent with a revelation in Al-Quran which says:

“It is only those who have knowledge among His slaves that fear Allah” (The Qur’an 35:28).

This also showed that being ignorant was one of strong determining factor in non-compliance to *salat* practice. In our study, almost half of participants who had good awareness and adherence to *salat* obligation pre-admission will eventually performing it regularly during admission, while nobody with poor awareness and adherence was performing *salat*. The results were already expected as for a Muslim to be able to establish the five daily *salat*; he must first establish and maintain a relationship with Allah SWT, one that is regular and consistent. Allah said:

“This is the Book about which there is no doubt, guidance for those conscious of Allah. Who believe in the Unseen, establish prayer, and spend out of what We have provided for them.” (The Qur’an 2:1-2).

Thus, those who regularly performing their 5 daily *salat*, should be able to consistently performing the *salat* in any circumstances including during their illness and hospital admission.

With regards to patients’ supportive surroundings in ward, the prevalence of *salat* performance was higher among those with good supportive surroundings compared to those with moderate and poor surroundings. This shows that reminder from ward staffs or family members; and their guidance on how to perform the *salat* can influence the patients. However, the results from our study could not conclude

any relationship between being physically disabled and performing *salat*. We found that numbers of participants with normal and mild physical disabilities were distributed almost equally in all groups who performing *salat* or not. We can see that, this current practice is not in accordance to the Islamic teaching that during illness, *salat* is still an obligation, the method of which depends on patient’s physical condition.

From patient’s perspective, most of their suggestions focus on the improvement of facilities and patient’s education on *salat* itself. The other suggestion is to strengthen ward’s staff role in encouraging and building up patients’ awareness. Collectively, all of these three suggestions for solutions will provide a comprehensive environment internally and externally to improve the prevalence of *salat* performance. An important strength of our study was that we were able to describe the prevalence of *salat* performance of patients during admission in O&G ward, which has not been done or published before in our clinical practice. This allowed us to study the factors that influenced the failure of *salat* performance. We also managed to collect patients’ suggestion on our role and service to overcome this issue. Given the nature of this epidemiological study, we have recognized several limitations. Firstly, we acknowledged that this study was relatively small with 100 respondents. Secondly, the questionnaire record form was solely based on our first experience on this kind of study. Thus, there are a lot of improvements can be made in order to study more factors associated with failure of *salat* performance.

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