The Effect of Colostomy and Ileostomy on Acts of Worship in the Islamic Faith

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Purpose: The aim of this study is to determine the impact of colostomy and ileostomy on Muslim patients' acts of worship.

Design: Cross-sectional, descriptive study.

Subjects and Setting: The research setting was a stoma therapy unit of a 500-bed capacity training and research hospital in Ankara, Turkey. The study sample comprised 150 patients with colostomies (40.7%) or ileostomies (59.3%); their mean age was 51.6 ± 12.9 (mean $\pm$ SD), more than half (60.7%) were men, and 84.7% were married.

Methods: Participants were queried about specific religious practices following ostomy surgery including those related to *salat*, fasting and pilgrimage. Data were collected using forms specifically designed for this study; respondents were interviewed either face-to-face or via telephone. Descriptive statistics were used to characterize the influence of a fecal ostomy on specific religious activities.

Results: Participants reported decreasing the frequency of daily and Friday prayers (25.2% and 22.7%, respectively) or stop practicing these activities all together (12.0% and 14.0%, respectively). Respondents tended to increase the frequency of acts of absolution while reducing acts of fasting. Perceptions of cleanliness, central to performance of *salat* within the Islamic faith emerged as a central concern.

Conclusions: Ostomy surgery influences multiple religious acts practiced by Muslims. Awareness of the potential impact of a fecal ostomy on religious acts within the Islamic faith, combined with specialized education about spiritual practices delivered by the WOC nurse or a knowledgeable resource person is strongly recommended for all persons following ostomy surgery.

Introduction

Creation of a fecal ostomy (ileostomy or colostomy) influences multiple dimensions of health related quality of life (HRQOL), including body image, self-esteem, social, recreational activities, and relationships with friends and family.⁷⁻⁹ A stoma also may influence spiritual and religious activities. One of the religious groups most affected by a stoma are Muslims. The worship rituals of Islam are rigidly defined. Acceptance of a stoma within the Islamic culture is challenging owing to 2 main factors: 1.) the high value placed on privacy in relationship to bowel and bladder elimination, and 2.) the belief that the involuntary flatulence and excretion of fecal effluent via the ostomy renders certain acts of worship invalid.¹⁰⁻¹³

There are 5 major expressions of an individual's Muslim faith, performing the *salat*, fasting, giving alms, expressing testimony, and going on pilgrimage to Mecca.¹⁴ *Salat*, fasting and going on pilgrimage are especially likely to be negatively affected by an ostomy. Fasting is an act of worship which starts by expressing the intention to fast at early dawn (sunrise); it requires total avoidance of food, drink, and sexual acts until sunset, a period of as long as 16 hours.¹⁵ Fasting may lead to liquid electrolyte imbalances in ileostomy patients and constipation in those with colostomies.¹⁶ Limited evidence suggests that Muslim persons tend to interfere with performance of the *salat*, whether it is practiced at home or with a congregation in the mosque.^{10,17,18}

Muslims perform the *salat* 5 times daily. The *salat* is an act of religious worship that is accompanied with special bodily movements and prayers. For the *salat* to be valid, the worshiper's body and clothes, and the place where the *salat* is performed must be clean. Before the *salat*, worshippers perform ablution. Islamic law defines ablution as washing some body parts duly with water (like the face, hands, and feet) and wiping over some other parts with hands wet with water (neck, lower arms). Ablution is mandatory to perform prayer, to circumambulate the Kaaba, to perform recitation prostration, and to touch the Quran. Contact

with bodily effluents, including feces, flatus, stool, semen, or blood invalidates the cleanliness required when performing the *salat*.^{14,15} The Turkish Directorate of Religious Affairs has declared that having a stoma does not prevent ablution and prayer, and gas or excrement discharge into an ostomy pouch does not invalidate worship. Nevertheless, research reveals that many Muslims living with an ostomy find that discharge from a fecal ostomy interferes with their perceptions of achieving adequate cleanliness prior to performance of their *salat*.¹⁸ For example, a study of men with fecal ostomies found that passage of flatus or discharge of effluent into the ostomy pouch (common when worshipping in the knee-elbow position) was the primary reason for avoiding attendance at Friday prayers, and other researchers have observed that passage of audible flatus or odor from the ostomy pouch is likely to prevent men from performing acts of worship with a congregation¹⁹⁻²². Separation from their congregation may lead to withdrawal and avoidance behavior, and deterioration in interpersonal relationships and overall quality of life.²³

Another Muslim act of worship negatively affected by a stoma is the pilgrimage to Mecca or *Hac*. The Islamic term *Hac* is defined as visiting the Kaaba in the city of Mecca and other places in the surrounding area that are considered holy. Such a visit occurs within a circumscribed time frame and must be accompanied by completion of specific rituals and ceremonies.^{24,25} Clearly, WOC nurses should have knowledge of the potential impact of a fecal or urinary ostomy on the religious acts of Muslim patients. The aim of the study was to investigate the effect of a colostomy or ileostomy on Muslim patients' worship acts and habits.

Methods

A cross-sectional, descriptive design guided data collection and analysis. The study was conducted in adult patients cared for in the Stoma Therapy Unit of a 500-bed training and research hospital in Ankara, Turkey. The stoma unit was established in 2007 and is the only

public hospital unit in Ankara dedicated to care of persons with ostomies; 2 certified wound-ostomy care nurses are based on this unit.

The target population comprised 655 adults with fecal ostomies who received services from the Stoma Therapy Unit in Ankara; 473 of the ostomies were classified as temporary and 182 permanent. The study sample comprised those patients seen in the unit between October 1 and December 31, 2012. Inclusion criteria were: having an ostomy for at least 2 months, ≥ 18 years of age, and able to provide answers to data collectors. Study procedures were reviewed and approved by the Ethics Board of the Türkiye Yüksek İhtisas Hospital, Ankara. Patients were informed about the study and their oral consent to participate was obtained.

Study Procedures

Data were collected between October 1 and December 31, 2012 using 2 forms, a patient characteristic form and a worship evaluation form. The patient characteristic form queried socio-demographic features (9 items) and stoma related characteristics (9 items). The worship evaluation form comprised 15 items that queried performance of *salat* (6 items), ablution (3 items), fasting (3 items), pilgrimage (3 items) and 1 item related to provision of worship related training in the post-operative period.

The forms used to collect data were designed for the study. In order to evaluate the content validity and feasibility of these forms, we conducted a pilot study with 10 persons with ostomies cared for in a stoma therapy unit of a different university hospital, Ankara. Minor changes were made after pilot test. Data collection forms were administered to patients by the researcher. The researcher introduced herself, explained the purpose of the study, and completed the questionnaires during a verbal interaction carried out via a face-to-face (n=58) or telephone interview (n=92).

Data Analysis

Data were analyzed via SPSS (Statistical Package for the Social Sciences, Chicago IL) software program version 20. Descriptive statistics were used to analyze outcomes of this descriptive study.

Results

The study sample comprised 150 patients cared for in our Stoma Therapy Unit. Demographic characteristics of participants are summarized in Table 1. Their mean age was 51.6 ± 12.9 (mean $\pm$ SD), more than half (60.7%) were men, 84.7% were married, and 2.7% stated they lived alone. Slightly more than one-third (36.0%) were retired. Of the participants, 36.7% have low income (739,80 ₱ - 919,48 ₱) and 10.0% have an upper range incomes (2,995,040 ₱ or higher

Just under half of participants (46.7%) underwent ostomy surgery to manage colorectal cancer, and 59.3% underwent creation of an ileostomy. More than half of the ostomies in our sample (58.7%) were classified as temporary, and 65.3% reported living with a stoma for 3 to 12 months. The majority of participants (61.3%) reported receiving worship-related education following ostomy surgery. Most stated they were trained by a WOC nurse (94.5%), and 88.0% found the training sufficient.

Table 3 summarizes the impact of an ostomy on performance of acts related to *salat*. Thirty six percent stated daily performance of *salat* had not changed after ostomy surgery, 22.7% stated that their performance of *salat* had decreased; 14.0% had stopped performing the *salat* completely; and 2.0% said they had started to perform the daily *salat* at home. Slightly more than half of respondents (50.8%) reported no change in participation in Friday prayers in the mosque, and 25.2% stated they reduces participation in Friday prayers after surgery. The vast majority (78.9%) stated that passage of flatus or fecal effluent into their ostomy pouch did not exert a negative effect on the validity of their *salat*. Table 4 presents findings related to patients' performing ablution after ostomy surgery. Slightly less than half

of respondents (48.0%) reported an increase performance of ablution, and 93.0% stated they consistently required ablution before performing their *salat*. Nevertheless, 20.7% stated they did not feel sufficiently clean prior to starting the *salat*, and 21.3% reported that they considered ablution to be invalidated if gas or feces discharge from their stoma during performance of their *salat*.

Table 5 summarizes the influence of ostomy creation on fasting and pilgrimage related activities. Although 76.0% of participants stated they fasted every year before ostomy surgery, only 8.0% continued after creation of a stoma. The majority of respondents (72.7%) stated they did not find living with an ostomy acted as a barrier to going on pilgrimage. Concerns related to pilgrimage included difficulty performing ablution at each *salat* time, and fear of ostomy pouch leakage and subsequent inability to engage in worship.

Discussion

We found that ostomy surgery creates challenges for multiple religious practices within the Islamic faith including those related to ablution and performance of the *salat*, fasting, and pilgrimage. More than half of participants reported an increased number of ablution (cleansing) activities after ostomy surgery, and 93.0% stated that they performed ablution before each *salat*. Despite a directive from the Turkish Directorate of Religious Affairs, 20.7% of respondents stated they did not feel clean enough when beginning the *salat* and 21.3% indicated a persistent belief that a discharge of gas or fecal effluent invalidates their ablution (Table 4).

Persons practicing the Islamic faith use the term “excuse” to describe any condition present at *salat* time that invalidates ablution.³⁰ A worshipper with a excuse must perform ablution at each *salat* time for as long as the excuse lasts. Following successful ablution the worshipper can perform as many *salat* acts as he or she wishes.¹⁴ We found that while participants tended to perform more ablutions following ostomy surgery, they also tended to

continue daily *salat* that we attribute to the specific education focusing on acts of worship within the Muslim faith following ostomy surgery. The strength of this conclusion is strengthened by the findings of Hussein and Fadl'in²² who conducted a study with 28 persons with ostomies and reported that only 58.3% performed a single ablution before engaging in *salat*, and 37.5% described the need to empty their ostomy pouches several times before achieving ablution.

The advantages of specific education are also reflected in the findings of Çavdar and colleagues¹⁴ who evaluated 66 persons with ostomies at 3 facilities without a WOC nurse. They reported that their participants reported inadequate information about their religious practices and expressed a desire for additional counseling in this area. Similarly, Khan and colleagues²⁰ investigated health related quality of 100 Muslims with ostomies who received specialized training after surgery. Contrary to the researchers' expectation, they found that participants had higher scores on spiritual life when compared to other HRQOL domains.

We found that the most significant changes in faith-based acts following ostomy surgery related to annual fasting, which declined from 76.0% to 8.0%. In addition we found patients in the nonfasting group had significantly higher albumin levels (4.15 ± 0.49 versus 3.27 ± 0.25 , $p=0.001$) than patients in the fasting group. Similarly, Çavdar and colleagues¹⁷ reported that 87.9% of their subjects fasted regularly before ostomy surgery as compared to 43.9% after surgery. In contrast, Altuntaş and colleagues³¹ evaluated the impact of fasting on 14 subjects who fasted during Ramadan as compared to 42 participants who did not. They found no negative nutritional outcomes apart from a decrease in serum prealbumin. They found patients in the fasting group had significantly higher albumin levels (4.6 ± 0.2 versus 4.1 ± 0.4 , $P = 0.001$), prealbumin levels (27.6 ± 7.4 versus 21.3 ± 8.5 , $P = 0.018$) than patients in the nonfasting group. However, the number of persons who completed fasting was small ($n=14$) and only 6 had ileostomies. Our clinical experience suggests that fasting is particularly

challenging for patients with an ileostomy. Additional research is needed to evaluate the impact of fasting on persons with fecal ostomies, and particularly those with ileostomies.

We found that 27.3% of patients indicated that the presence of a fecal ostomy acts as an obstacle to pilgrimage. When queried about characteristics of this belief, they identified difficulties performing ablution during pilgrimage and anxiety of pouch leakage during acts of *salat*. Our findings are similar to those of Hussein and Fadl²² (n=28) who reported that 85.7% of their study of reported anxiety about going on pilgrimage, including 54.1% who stated they would not complete this act because of their stoma. When counseling Muslims who are anxious about completing pilgrimage, WOC nurse can reassure their patients that the Islam faith provides alternatives for followers who cannot fulfill the pilgrimage requirement. Specifically persons whose health has so deteriorated that they will not be able to go on pilgrimage can appoint a person as an agent to fulfill this religious responsibility.^{32,33}

Limitations

Although the sample was comparatively large, it was drawn from patients managed by a single stoma therapy unit. In addition, it did not evaluate the impact of a urostomy on religious practices. In addition, it is not possible to know the extent the ostomy, as compared to the underlying disease state, and comorbid conditions may have contributed to the challenges associated with practicing their Muslim faith.

Conclusion

Following ostomy surgery, persons practicing the Islamic faith face multiple challenges related to certain acts of worship. We found that patients increased the frequency of acts of ablution performances, and many altered the frequency and approach to performance of the *salat*. The presence of a fecal ostomy was also associated with a sharp decline in annual fasting practices and confidence related to pilgrimage. We encourage WOC

nurses to increase their knowledge of the impact of religion on specific faith-based practices following creation of an ostomy and to provide Muslim patients with specific education about the practice of their religion or identify resources for these persons as they prepare from and recover from, ostomy surgery.

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Table1. Demographic Characteristics of the Patients

Characteristics	N	%
Age groups		
<40 y	27	18,0
40-59 y	74	49,3
60 y >	49	32,7
Age (Mean)	51,6 ± 12,9; min=18 max=79	
Gender		
Male	91	60,7
Female	59	39,3
Marital status		
Married	127	84,7
Unmarried	23	15,3
Education		
Illiterate	14	9,8

Literate	5	3,2
Primary school	37	24,6
Middle school	32	21,2
High school	39	26,0
University	23	15,2
Occupation		
Retired	54	36,0
Homemaker	49	32,7
Office clerk	17	11,3
Unemployed	13	8,7
Other*	17	11,3
Level of income		
Below 739,80₺ (Very low income)	28	18,6
739,80₺ - 919,48 ₺ (Low income)	55	36,7
919,48 ₺ - 2 995 040₺ (Middle range incomes)	52	34,7
2 995 040₺ and above (Upper range incomes)	15	10,0
People lived together with		
Spouse	62	41,3
Spouse and children	69	46,0
Mother- Father	15	10,0
Alone	4	2,7
Total	150	100,0

Table 2. Distribution of Participants' Health Conditions and Stoma Related Features

Characteristics	n	%
Medical diagnosis leading to ostomy surgery (n=150)		
Rectum Ca	70	46,7
Ulcerative colitis	29	19,3
Crohn Disease	20	13,3
Colon Ca	16	10,7
FAP	9	6,0
Other*	6	4,0
Stoma type (n=150)		
Colostomy	61	40,7
Ileostomy	89	59,3
Time since ostomy surgery (months)		
Mean 14.71 ± 16.7 months		
3-12 months	98	65,3
13-24 months	34	22,7
> 24 months	18	12,0
Received education about worship practices after surgery		
Yes	92	61,3
No	58	38,7
Who provided education (n=92)		
WOC Nurse	87	94,5
Physician	4	4,5
Clergyman	1	1,0
Satisfaction with education (n=92)		
Satisfied	81	88,0
Unsatisfied	11	12,0

Table 3. Performance of *Salat* Following Ostomy Surgery

Salat performance conditions	n	%
Daily salat (n=150)		
Does not perform at all	30	20,0
No change in number of salat, but done at home	55	36,0
No change in number of salat, and done in the mosque	2	1,3
Increase in number of salat, done at home	6	4,0
Decrease in number of salat, done at home	34	22,7
Stopped the salat completely	20	14,0
Started the salat at home	3	2,0
Friday Prayer at the mosque (n=91)		
No change in Friday prayers, did not go before	11	12,0
No change in Friday prayer, continued regularly	46	50,8
Decreased attendance in Friday prayer	23	25,2
Stopped Friday prayer attendance	11	12,0
Funeral Salat (n=150)		
No change, never attended before	60	40,0
No change in attendance, joined in regularly	55	36,7
Increase in attendance to funeral salats	2	1,3
Decrease in funeral salats	21	14,0
Stopped attending funeral salats	12	8,0
Salat-al Witr (n=150)		
No change, done at home	55	36,7
No change, never performed this salat	31	20,7
No change, performed in the mosque	2	1,3
Decrease in performance, done at home	32	21,3
Increase in performance, done at home	6	4,0
Stopped performing this salat	20	13,3
Started this salat at home	4	2,7

Eid salat (n=150)		
No change, performed at home	11	7,3
No change, performed in the mosque	46	30,6
No change, never performed this salat	47	31,3
Increase in performance, at home	1	0,7
Increase in performance, in the mosque	2	1,3
Decrease in performance, at home	4	2,7
Decrease in performance, in the mosque	22	14,7
Stopped performing this salat	16	10,7
Started this salat, performed at home	1	0,7
Nafil salat (n=150)		
No change, performed at home	50	33,3
No change, performed in the mosque	2	1,3
No change, never performed this salat	36	24,0
Increase in performance, at home	6	4,0
Decrease in performance, at home	30	20,0
Decrease in performance, in the mosque	1	0,7
Stopped performing this salat	21	14,0
Started this salat, performed at home	4	2,7
Does discharge of gas or feces invalidate the salat? (n=114)		
Does not invalidate	90	78,9
Invalidates	24	21,1

Table 4. Distribution of Patients' Ablution Related Acts after Ostomy Surgery

Ablution Performance Related Features	n	%
Change in ablution frequency (n=150)		
Increased	72	48,0
No change	42	28,0
No answer	36	24,0
Number of ablutions performed before each <i>salat</i> (n=72)		
1	67	93,0
2	3	4,3
3	2	2,7
Feeling clean enough before starting the <i>salat</i> (n=150)		
Feels clean	84	56,0
Does not feel clean	31	20,7
No answer	35	23,3
Believes that discharge of gas or feces into the bag after ablution invalidates the ablution (n=150)		
No	83	55,3
Yes	32	21,3
No answer	35	23,4

Table 5. Fasting and Pilgrimage Related Activities after Ostomy Surgery

Characteristics	n	%
Fast conditions before ostomization (n=150)		
Fasted annually and regularly	114	76,0
Never fasted	30	20,0
Irregular fasting	6	4,0
Fast conditions after ostomization (n=150)		
Fasted annually and regularly	12	8,0
Never fasted	129	86,0
Irregular fasting	9	6,0
Beliefs related to the stoma (not) forming an obstacle to pilgrimage (n=150)		
Is an obstacle	41	27,3
Is not an obstacle	109	72,7
Reasons for the stoma being perceived as obstacle (n=41)		
Those who believe performing ablution for each salat will be difficult	15	36,5
Those who think that it will be difficult because they worry that the bag will loosen or open during worship	14	34,1
Those who believe that during pilgrimage it will be necessary to frequently change/clean the bag, which they think they will find difficult	9	21,9
Those who feel concerned about crowding	3	7,5

Glossary

Shahada: The first pillar of being a Muslim is having faith in Allah. In order to have faith, it is necessary to recite the Shahada and know the meaning of the same and believe in it.

Ablution (Wudu): The word “abdest”, which means ablution in Turkish, is formed by the Persian words âb (water) and dest (hand), and means "hand water". It is a prerequisite for certain prayers and act of cleansing regarded as a prayer, as well. The Islamic law defines ablution as "washing some body parts duly with water and wiping over some other parts with hands wet with water."

Tayammum: In religious literature, tayammum means cleaning by wiping hands, face and both arms with clean sand or a material regarded as a form of earth in the cases where it is not possible to supply or use water. While ablution and ghusl are material cleaning rituals

performed with water, tayammum is a symbolic act substituting ablution and ghusl in exceptional cases.

Salat: Salat is serving to the almighty Allah with certain acts and special elements. Although external view of salat contains several different postures and invocations, its spirit and real nature is to praise the almighty Allah, speak and get closer to Allah and observe Allah. Salat is a fard prayer for all Muslims including women and men and performed in five different time frames per day.

Fard Salats: Fard salats include the five daily prayers (fajr, dhuhr, asr, maghrib, and isha) and Jumu'ah performed on every Friday.

Daily Prayer: It means the prayer performed in five separate time frames per day.

Jumu'ah: It is the prayer performed gregariously in the mosque on every Friday at noon time.

Salat-al Witr: Witr means "odd", the opposite of "even" in Arabic. The Prophet recommended and incited to perform the last salat of the day in an odd (vitr) number and proposed a time frame close to the fajr and indicated that the Muslims who doubt waking up in the midnight can perform the prayer before they sleep.

Eid Salat: These are the prayers which are performed twice a year at eid al-fitr and eid al-adha.

Nafl Salat: It means additional and supererogatory prayer performed to acquire more merit.

Salat al-Janazah: It is the prayer made for deceased Muslims.

Fasting: It means avoiding from eating, drinking and sexual intercourse from fajr (dawn) until maghrib (sunset) for a reason and consciously.

Zakat (Giving Alms): It means allocation of a certain share from the possessions of Muslims who are regarded as rich according to the criteria of Islam. The allocated properties are used for certain purposes for Allah's sake.

Haj (Pilgrimage): It means visiting Kaaba in Mecca and holy places around in a certain frame of time, in accordance with Islamic rules and perform other necessary obligations.

References For Glossary: Presidency of Religious Affairs, Ilmihal I: Iman ve Ibadetler Retrieved from: http://www.diyane.gov.tr/dijitalyayin/ilmihal_cilt_1.pdf; 7 July, 2015