STUDY ON THE IMPACT OF FASTING OBSERVANCE DURING RAMADAN ON THE PHYSICAL AND MENTAL HEALTH OF UNIVERSITY FACULTY - A PERSPECTIVE TOWARDS COHESIVE BOND AND OCCUPATIONAL STRESS

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ABSTRACT

Fasting is a devout practice, obligatory for Muslims during the holy month of Ramadan. Abstinence from eatables brings many hale and hearty outcomes; at the same time, brings few health challenges, particularly to those, who are dealing with occupational stress. The current study is undertaken to find the impact of fasting on the health of university teachers. Qualitative research methodology is adopted. Phenomenological method is selected to investigate the challenges and prospects of fasting among university teachers. Total sample size n=30 from four different universities is selected through snow ball sampling approach. Data is collected through structured Interview. For ethical consideration, consent is taken from all the participants. Results revealed that majority of the teachers face issues of low blood pressure, heartburn, constipation, faintness, and xerostomia due to poor diet, whereas, fasting positively control temperament, weight loss and improve mental health among greater part of respondents. Several suggestions are incorporated at the end of the paper to supplement research findings.

Keywords: Ramadan, Fasting, University Teachers

Introduction

Ramadan is a sacred month for the Muslim community, which symbolizes one of the extensive global religious traditions. Fasting is a test of faith (Bakhhtiar, 1994), where Muslims restrain from eating and drinking, from early morning to evening for strengthening spiritual relations with Allah and bonding social relations with humanity. It is also practiced by other religions to gain spiritual and worldly benefits. In medical sciences, fasting is routinely practiced before conducting various health tests. It has healing power, which rejuvenates human’s health. A research study of Campbell as cited by Klaper (2015) highlighted this ancient practice and endorsed that many health issues and ailm-
ents can be resolved, if follow proper fasting schedule under the supervision of experts. Researches prove that fasting maintains healthy life style and prevents health issues including diabetes, coronary heart diseases and blood pressure (Umesiri, 2016; Collier, 2013; Salim et al., 2013; Fredricks, 2012; Varady & Hellerstein, 2007). It also helps to lose weight, control cholesterol level (Nematy et al., 2012); however, the nature of medical fasting is different from religious fasting.

From health’s point of view, Fasting during Ramadan brings many healthy changes. A research study was conducted to find the effects of Ramadan Fasting on Health. Study found that it brings positive socio-psychological outcomes and control stress (Chtourou, 2013). Another study proves that fasting improve psycho-social attitude and mild health issues (Ahmad et al., 2012).

Trepanowski and Bloomer observed that it is favorable for health due to decrease consumption of unhealthy food (2010).

Fasting as obligation is not only a healthy sign for body, but from social dimension, it tests human tolerance level, develops self-discipline, improves human bonding builds sense of ethics, gives inner peace, opens doors of forgiveness and kindness, and brings people closer to religion (Hossain, 2012; Budak, 2005). In addition, involvement in religious activities abstain Muslims from bad habits, such as drug abuse (Toda & Morimoto, 2000) and from many other unhealthy practices.

Where fasting improves health conditions (Hazzard, 2015) and gives religious satisfaction, it also brings several challenges on ground. Leiper & Molla (2003) shared that fluid restriction during fasting cause dehydration and headache, while those who are already facing health issues such as diabetes, may face severe health complications (Zargar & Kalra, 2013). Additionally, sleeping pattern changes during Ramadan. Furthermore, there is a correlation between change in eating habit and the amount of food consume during Ramadan.

Although fasting during pregnancy is not obligatory, however, many women observe it. Research study proves that those children, who were born
out of those mothers, who fasted during Ramadan, gave birth to children with health issues such as low blood sugar level, breathing issue, etc (Ewijk, 2011; Douglas & Mazumder, 2011; Kridli, 2011; Benton, 2008).

Looking from the academic side, research proves that students show lack of concentration in academic activities during fasting (Waterhouse, Alkil, & Reilly, 2008). Oosterbeek & Klaauw (2013) studied impact of Fasting during Ramadan on the academic performance of Muslim students. Due to shortage of nutrition, academic activities were affected; contrary to that is another research conducted by Javanbakht et al. (2009), whose findings supported positive mental health and improvement in the self-esteem of students.

Teachers at higher education level are also confronted with few health challenges during Ramadan. It is predicted that their personal life and social activities improve due to religious engagements; but since the profession of teaching demands strenuous academic activities, lack of proper intake of food may cause mental exhaustion and other health concerns. No previous researches have so far been conducted to inquire what positive changes are developed, and what challenges are faced by university faculty during Ramadan. This research would expand the scope and set landmark to continue further researches on similar topic at global platforms.

**Research Methodology**

The current research study adopts qualitative research paradigm. Phenomenological method is used to identify issues from the experienced people. This method is used to gain descriptive insights from those, who have not been subjected to the processes of evaluation (Christensen, Johnson & Turner, 2010).

The population consists of all the faculty members, teaching at any public and private university in Karachi. Four universities from Karachi are selected randomly from which total sample size n=30 is drawn out using snow ball sampling. Individual Interviews are conducted, where structured questions were asked. Interviews were recorded and later transcribed to derive themes. In additions, basic information is analyzed using basic statistics. For ethical considerations, participants signed consent letter.
## Analysis

### Table-1
Showing the Number of Respondents on the basis of Qualification

<table>
<thead>
<tr>
<th>Qualification</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D</td>
<td>17</td>
<td>56.66</td>
</tr>
<tr>
<td>Masters</td>
<td>13</td>
<td>43.33</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>99.99</td>
</tr>
</tbody>
</table>

Note: Majority of the respondents have Ph.D as their last qualification, followed by Masters.

### Table-2
Showing the Number of Respondents on the basis of Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Note: Majority of the respondents, who participated in the study are female.

### Table-3
Showing the Number of Respondents on the basis of Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years and Above</td>
<td>10</td>
<td>33.33</td>
</tr>
<tr>
<td>Below 5 years</td>
<td>20</td>
<td>66.66</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>99.99</td>
</tr>
</tbody>
</table>

*Average Mean: 15; Standard Deviation: 7.07

### Table-4
Showing the Responses of Respondents towards fasting during Ramadan

<table>
<thead>
<tr>
<th>Response</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>28</td>
<td>93.33</td>
</tr>
<tr>
<td>No</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Sometimes</td>
<td>02</td>
<td>6.66</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>99.99</td>
</tr>
</tbody>
</table>

*Average Mean: 10; Standard Deviation: 15.62
Phenomenological Analysis

Positive Development

From the interviews, researchers extracted that majority of the university faculty identified several positive changes during fasting, i.e., anger control, positivity, time management, close relation to god, trustworthiness, helping others, drug cessation, weight control, sense of realization, control over lavish spending and coping with stress. All these positive improvement are highly encouraging, which helps in improving personal lifestyle and social relations.

Aveyardi et al. (2011) expressed that Ramadan is the best practice to reduce drug intake. Few of the male participants acknowledged that they heavily smoke during regular days, but fasting has improved their will power to cut its use. One of the respondents said, “Aside from academic duties, I engage myself in religious activities, which divert my attention from social evils. Practice of fasting has also improved my health and social relations.”

Another positive change identified by the respondents is anger control. The on-going situation of the global world has increased intolerance level. People prefer acting violent rather controlling emotions to express their needs. It is particularly observable that during the month of Ramadan, people are more frustrated, act violently and deal with issues impatiently. From academic side, teachers feel overburden due to various external and internal pressures, which is predicted to raise negative attitude towards others. The current research proves that Ramadan helps to control anger of faculty members through various ways. One of the respondents shared

“I prefer participating in social work during the month of Ramadan, which brings patience and humbleness in my attitude, and eventually controls my anger.”

Another participant said,

“Since I am a mother of two children and have many household responsibilities alongside my job, I often stress out at work; however, the month of Ramadan reduces my stress and gives me lots of spiritual satisfaction due to engagement in more religious duties.”

Another positive change among most of the respondents
is weight control. Previous researches also supported this view (Trepanowski & Bloomer, 2010; Maislos & Assali, 1993; Hallak & Nomani, 1988). This analysis is supposedly partially contradictory in case of female respondents, who prefer eating junk and sugary food during Ramadan. Respondents shared that they take heavy meals to maintain energy level for the whole day. However, majority of the male respondents shared that their weight is controlled during Ramadan.

Stress is one of the major factors, associated with many health issues. Respondents shared that meditation helps to control stress during Ramadan; however Akuchekian, Ebrahimi & Alvandian (2004) pointed out that such habits are gradually decreased after Ramadan. Respondents were asked if they would be continuing their habit of coping up with stress through meditation after Ramadan, majority said that since religion has guided them to control stress, they will try to maintain this habit. One of the respondents said

“I cope up stress by giving priority to important work and by finding solutions to the problems. I meditate regularly, which relax my mind and body.”

Health Problems

The culture and customs in Asian countries, particularly in Pakistan has significant impact on individuals’ health. Health problems, identified by most of the respondents include dry mouth, low blood pressure, fainting, dehydration, lethargic feeling, headache, sleep issue, heart burn and constipation.

It is generally assumed that those who are engaged in strenuous activities consume more food to maintain energy level throughout the day (El Ati, Beji & Danguir, 1995), but generally, most of the people consume heavy meal during Ramadan and eat lots of junk food (Roky et al., 2001; Hallak & Nomani, 1988), which increase chances of severe health complications, and bring many health issues to forefront. It was revealed from the interview that most of the respondents consume diet full of fats and sugar during Ramadan. In view of one of the respondents
"I prefer taking two glass of soft drink, two full plate of fried rice, along with sweets and deserts to keep myself active all day long, while varieties of fried dishes and sweets are prepared to break fast."

Another respondents notified

"I realize that during Ramadan, we eat more than on regular days. Fried dishes are taken regularly, which, during other months are not taken on regular basis. It makes us more lethargic and inactive."

Health issues such as headache, heartburn and constipation are correlated to poor diet intake during Ramadan. In addition, most of the respondents avoid taking vegetables and fruits during Ramadan. Married female respondents highlighted that most of the time, they either buy food items from vendors or prefer cooking frozen food items. One of the respondents said

"My children love burger and spicy foods, which is hard to prepare during Ramadan due to time constraint. Therefore, I prefer using frozen food or buy variety of food items from the shop."

Dehydration, low blood pressure and fainting are other health issues, identified by the respondents as common health problems face during Ramadan. Excessive communication during lectures and less intake of water cause dry mouth, called Xerostomia. Dehydration may also occur due to sweating and excessive communication, particularly during summer, which results in health issues like low blood pressure and fainting. From the interviews, it is disclosed that most of the respondents take 3-4 glass of fluid regularly during Ramadan, which is mostly taken in the form of tea, coffee, processed juices and carbonated drinks. One of the respondents said

"Since we are very much engaged in teaching activities for the whole day, we hardly remember to have water during normal days. We prefer taking more tea and coffee on regular basis. During the month of Ramadan, we mostly prefer soft drinks and juices to quench our thirst after breaking fast."

Another respondent shared

"Since we have to give lectures for long hours, it is very difficult to cope up with the problem of dry mouth. Sometimes, throat is so dry that we can’t deliver lectures properly."

One more respondent added

"I faced lots of health challenges during Ramadan. While taking class, I felt issues such as pain in stomach, dizziness and vomiting,
which distracted my teaching practices. I was also fainted twice last year.”

Respondents also shared that they are not actively engaged in taking care of their health, which relates to more health risk challenges during Ramadan.

Conclusion

It is suggested that health education should be promoted among university teachers. Proper diet must be followed by teachers during Ramadan, particularly fruits, which are rich in fibre. Exercise and more fluid intake is important before fasting to balance health, while calmness, avoiding excessive communication, shunning sun rays, taking proper rest and taking medical advice before fasting (if already facing health issues) can reduce chances of severe health complications.

References


