



*Showcasing Excellence: Empowering IBPOC Midwifery Researchers*

***Research Focus:***  
***Experiences of Muslim &***  
***Asian Women***

*Presented by Minnie Quach*

*February 26, 2024*

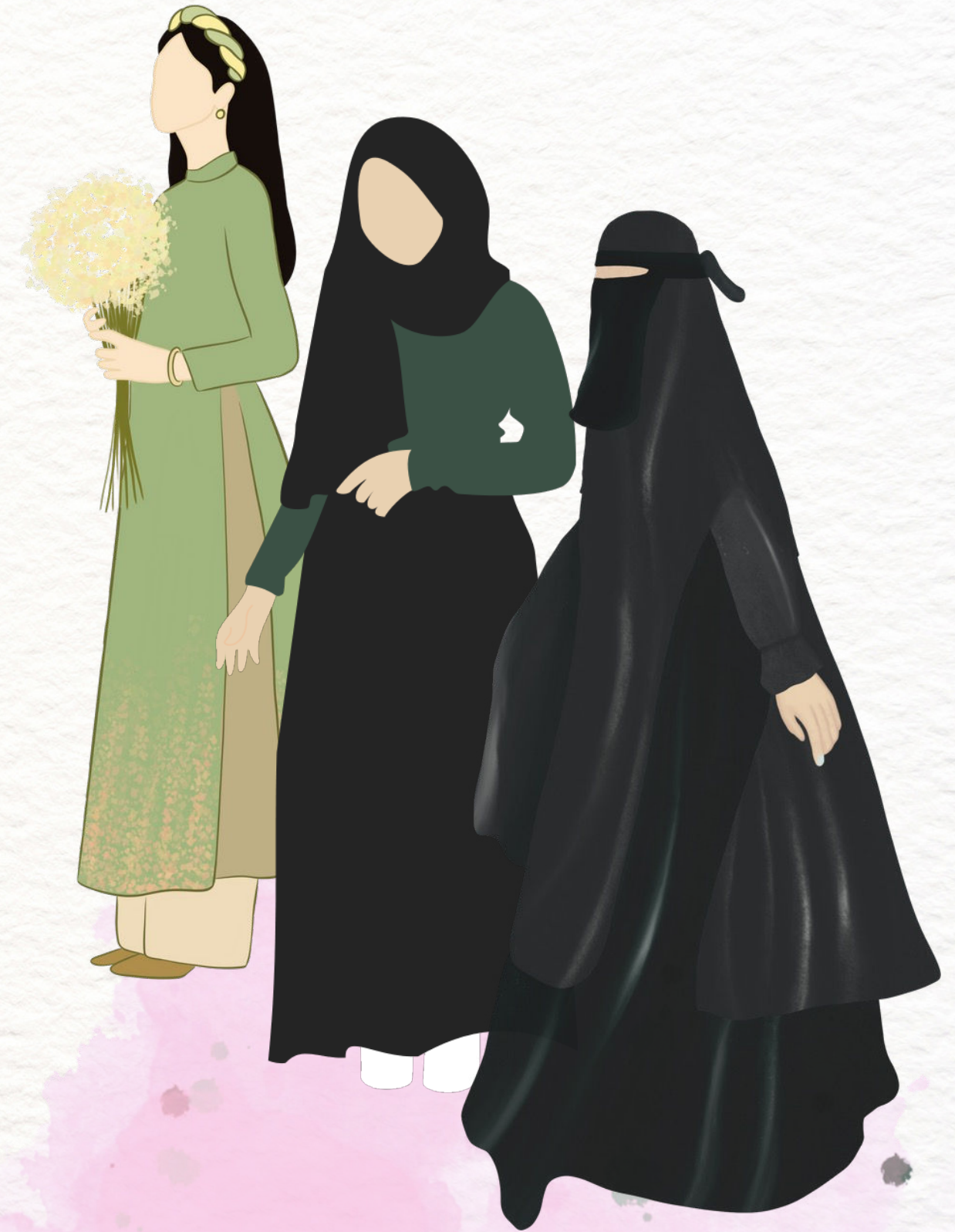
A decorative background featuring pink flowers and watercolor splashes. On the left, there are detailed pink flowers with yellow centers and green leaves. On the right, there are soft, abstract pink watercolor splashes with small dark spots.

# Agenda

- *Situating myself*
- *Why research?*
- *The right to modesty in perinatal care*
- *Perinatal care experiences and outcomes of South Asian women*
- *Final thoughts*

# Situating myself

- *East & Southeast Asian heritage*
- *Born in U.S. to refugee parents*
- *Embraced Islam at 22 years of age*
- *Have worn hijab and niqab*
- *Experienced healthcare as a racialized person, uncovered and covered*
- *Supported many racialized and Muslim clients as a birth worker*



# Why research?

*No content in Social Justice or Intro courses about Islamophobia or Muslim experiences in perinatal care*

*Very little to no coverage of issues pertaining to the Asian community, anti-Asian racism, cultural safety for Asian clients*

*Experience as a doula and CBE - majority of clients do not feel safe in the healthcare setting*

*Lack of literature centered on Muslim or Asian voices*

*Building a knowledge base to inform clients and practitioners, shape HCP training, impact systemic issues*



# The right to modesty in perinatal care

*Based on cultural safety, social justice, human rights lenses*

**Anti-Muslim hate crimes and gendered Islamophobia**

**47%**

*of hate crimes against Muslims are against women and girls*

**Muslim women and girls are targeted for wearing head coverings**

**73%**

*of Muslim women and girls in Canada wear head coverings*

**Intersectionality of race or ethnicity and religion and other identities**

**88%**

*of Muslims in Canada are from visible minority groups*

**Islamophobia and racism transfers into healthcare settings**

**U.S data**

*shows Muslim women experience high levels of religious and racial discrimination*



# Highlights

*Explore the significance of modest practices to the people who follow them, to highlight spiritual, religious, cultural values and community-defined needs*

*Take a critical look at Eurocentric colonialist knowledge hierarchy shapes normative culture, which treats modesty as abnormal, unimportant, backwards*

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*Societal and systemic Islamophobia may influence healthcare workers within the medical system to perpetuate the stereotype that Muslim women who cover are inferior, backward, and oppressed. This can lead to disrespect, misunderstandings, or inappropriate value judgments about why people cover and place importance on modesty; to a disregard for or deprioritization of their need for gender-concordant care; and to an overall inability or inadequacy of the system to provide cultural and spiritual safety to a potentially significant portion of the birthing population.*

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In what ways do Muslim women feel unsafe or experience violations of modesty?

*Structures*

*Procedures*

*Resources*



*identify practical areas for potential changes and improvements to create a more humanizing and respectful care experience*

# Changing the narrative

*The choice to practice modesty in public can be seen positively as a form of resistance and spiritual empowerment for many women as it is a way that they disrupt the public gaze on their bodies, they exert agency in protecting their physical privacy even if it is seen as abnormal, and they show courage and resiliency to openly identify as people of faith, belief, and traditional practice, even in the face of public hostility and systemic discrimination. Recognizing that it takes strength of character, courage, and commitment to observe and preserve traditional practices of modesty in a society that devalues the traditions of marginalized people may help redirect the narrative of modestly covered women as people needing to be liberated to people who should be respected and celebrated as keepers and protectors of traditional knowledge, practices, and spiritual identity.*

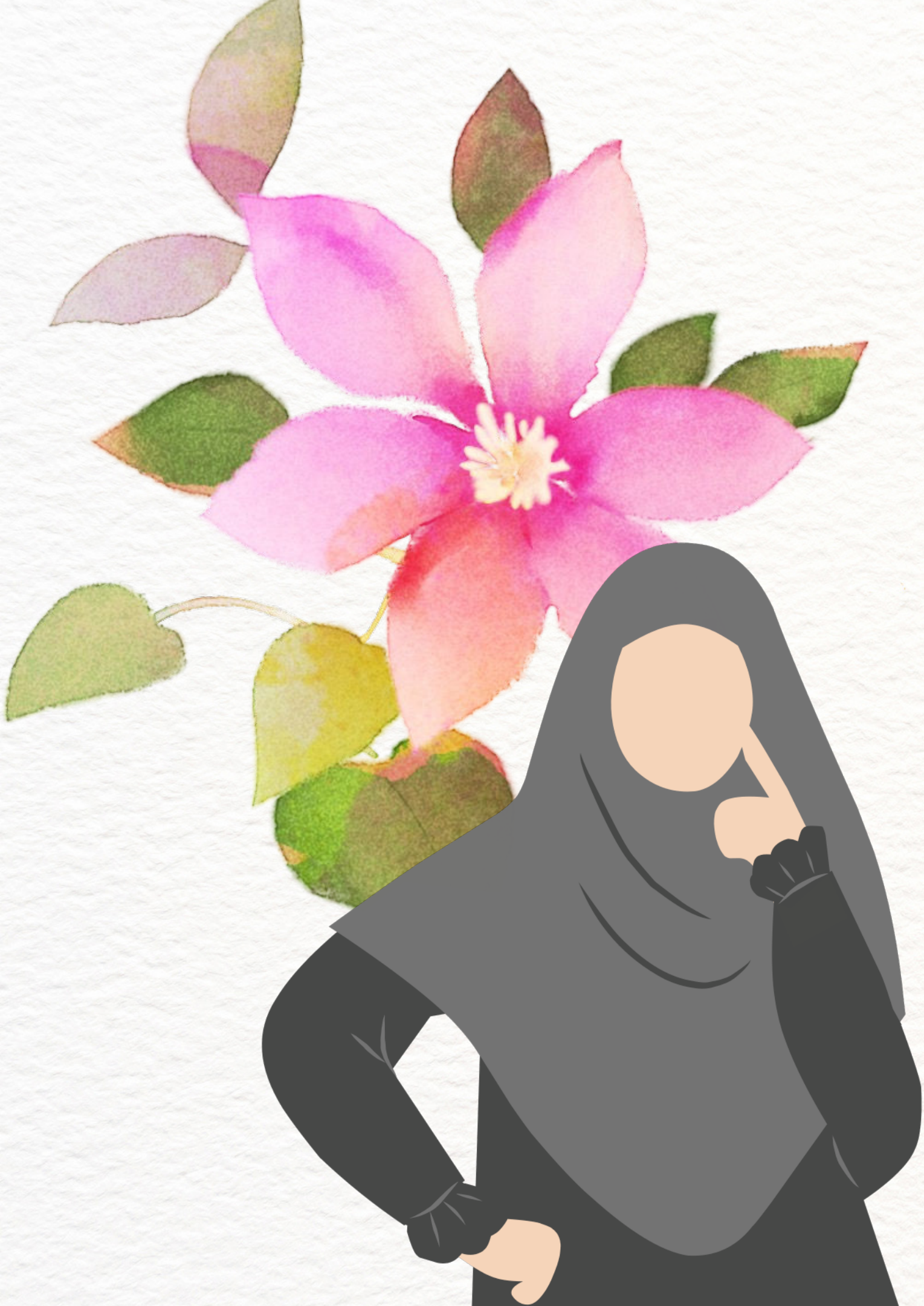




# Perinatal care experiences and outcomes of South Asian women

- disproportionate rates of fetal distress and stillbirth globally
- subjected to routine early induction of labor and cesarean sections
- pathology of race and ethnicity rather than addressing root causes such as social determinants of health
- recommendations targeting South Asian clients in Canada based on data from other countries, ignores racial disparities and inequities
- more research is necessary to understand the needs of clients from South Asian backgrounds in Canada





# Final Thoughts



*Lack of literature*

*Urgent community need*

*Making visible the invisible*

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# Thank You!

**Let's connect:**

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