



IMCAN study Improving Muslim Women Cancer screening Uptake

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Background

Screening and early detection reduce breast, bowel, and cervical cancer mortality¹

Socioeconomic and ethnic inequities in cancer and its screening persist

Uptake of cancer screening is lower in deprived areas¹

There are almost 4 million Muslims in the UK²

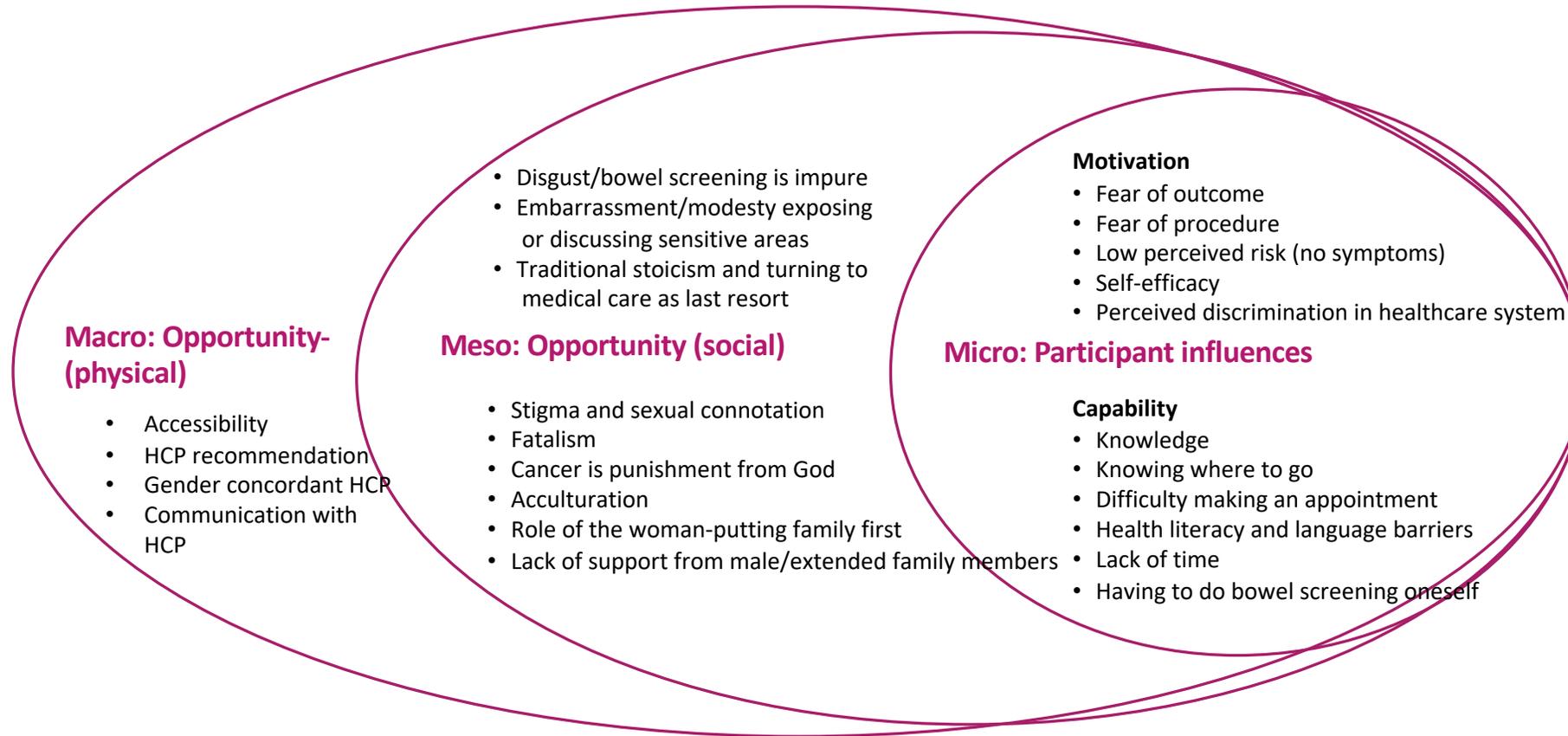
- Ethnically diverse population

- Shared religion

- 40% live in the most deprived areas based on the Index of Multiple Deprivation

Muslim women are less likely to access screening than the general population³

Barriers to cancer screening



The socio-ecological framework applied to Muslim women's facilitators and barriers to screening

Pilot Study 2020-2021

Glasgow

Participatory approach (co-production) with 4 workshops^{4,5}

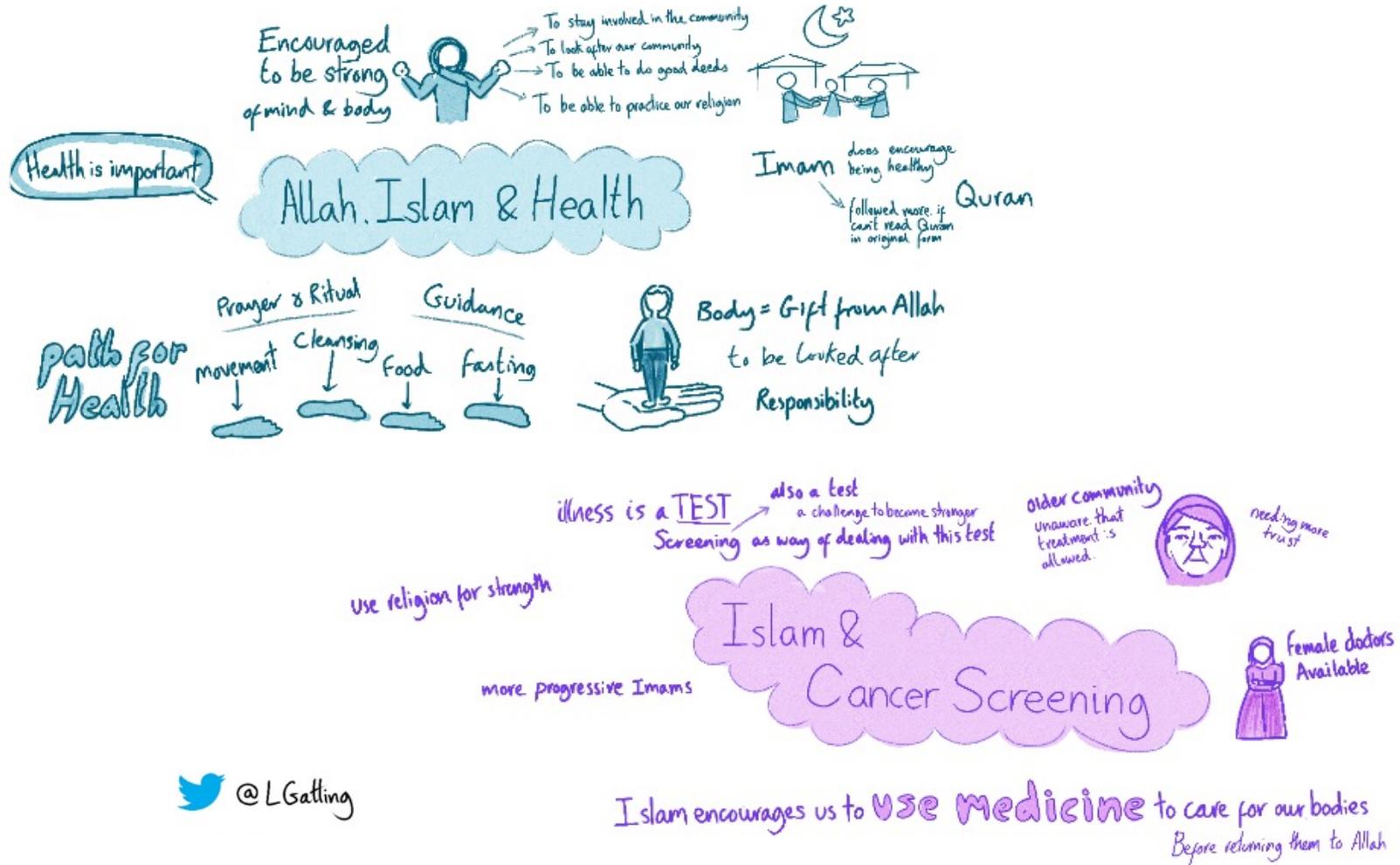
Public Involvement and Community Engagement (PICE) group (n=10)

The Behaviour Change Wheel and the Reframe, Reprioritise and Reform model⁶

Funded by Scottish Inequalities Fund

Workshop 1

How does Islam advise about health screening?



@LGattling

Workshop #2 Barriers to cancer screening and faith-based messages

What makes it hard to do cancer screening?



Cleanliness really important in Islam.



Worried the doc will be a man

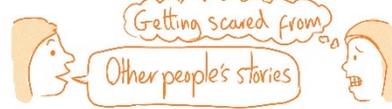
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not worried about it until it becomes real

getting symptoms → Someone in family getting cancer.

Breast sc.

Extremely painful

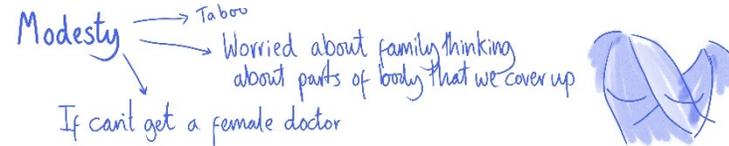


Finding time and leaving the house may be difficult

pressure from in-laws & elders of what can & can't do



What messages could make cancer screening easier?

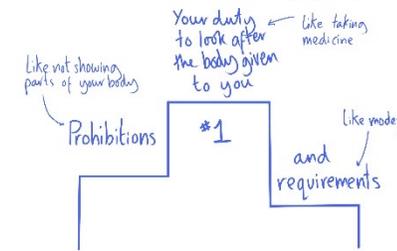


Give understanding and awareness to elders, Imams & males in the community.



It helps to be reassured that our modesty will be respected and accommodated

as much as possible



Barriers to screening



Barrier to screening

Result/Ranking

Can't get female doctor/nurse

75% (1st)

Modesty/embarrassment from exposing or discussing sensitive areas of the body

50% (2nd)

Feeling disgusted by bowel screening test

50% (2nd)

Being afraid of pain during the screening procedure

38% (3rd)

Being afraid of the screening test result

38% (3rd)

Having to do the bowel screening test oneself at home

38% (3rd)

Doesn't think cancer screening is needed without having symptoms

25% (4th)

Doesn't think screening is needed when taking some protective action (e.g. breast feeding)

13% (5th)

Putting family needs before own health

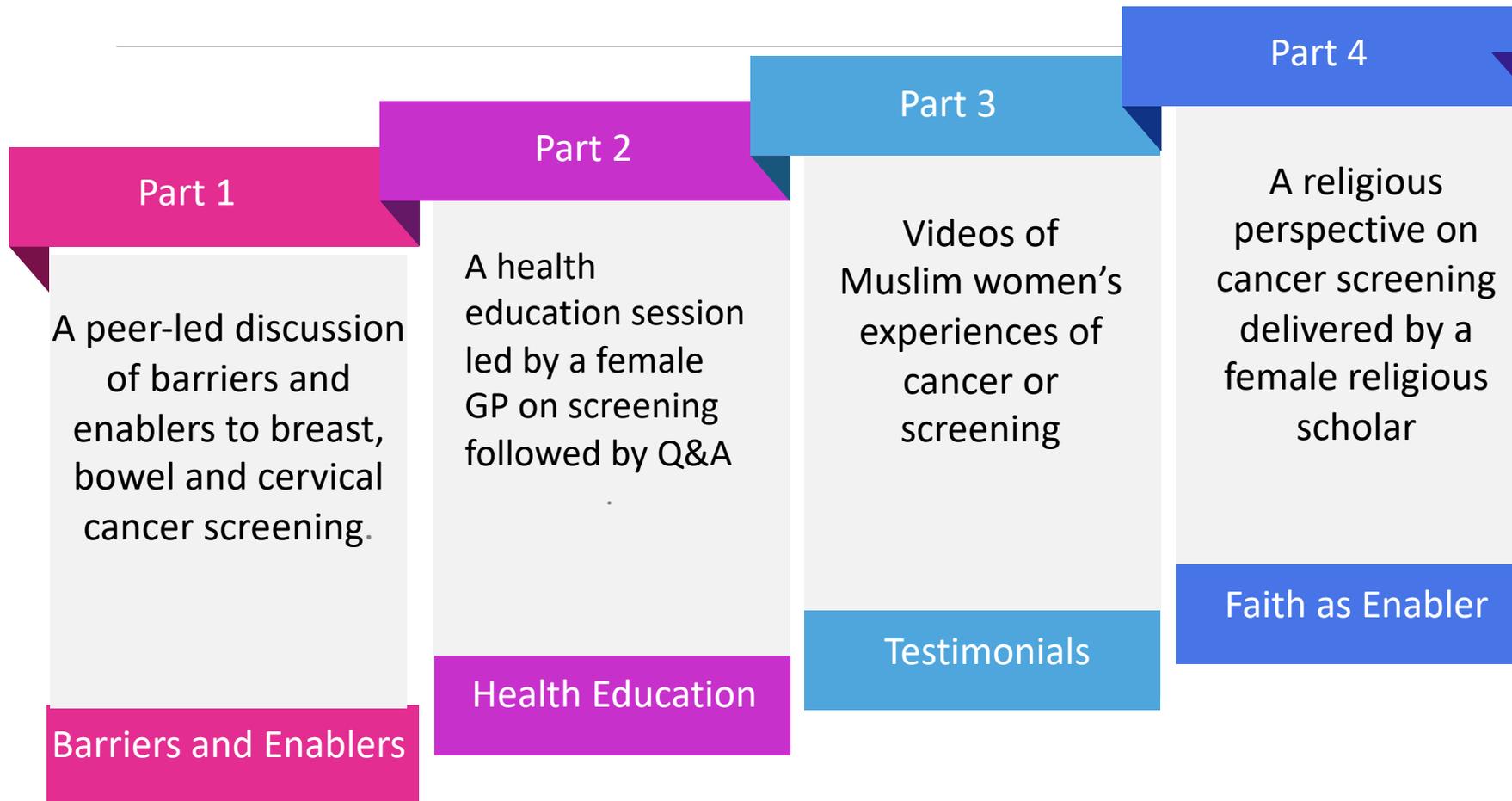
13% (5th)

Belief that cancer is punishment from God for doing something 'bad'

0% (6th)

Key barriers to cancer screening	Counteracting faith-based message
I need to have a female doctor or nurse	For important health checks like screening, I can be seen by a male doctor or nurse if nobody else is available
I pray to God for health before I turn to medical care as a last resort	God will ask me after death about five main things, one of them is <i>How did I care about for my body?</i>
I'm afraid cancer screening might be uncomfortable/painful	The pain incurred on the path to doing a good deed, like screening to care for my body, is rewarded by God
I'm afraid what the screening test might find	Reading the Quran and remembering that God is with me will help me cope with my fear of the test result
Receiving the letter with my screening result is too stressful	It's part of my duty to look after my body to find out everything I can about how to keep it healthy
I don't think I will get cancer and I don't need to do screening	Precaution is really important in Islam: when I am aware of danger it shows my wisdom
Cancer might be a way to heaven if I have suffered such a big test in this world	It is Allah's will that I am sick or cured, but it is up to me to care for my health both physically (through screening) and spiritually
Cancer screening is embarrassing/ challenges modesty	My duty to look after my health comes before my faith's restrictions and requirements
Collecting your ablutions for bowel screening is disgusting and creates impurity	Keeping myself healthy justifies putting up with disgust
I have to look after my family's needs before I can look after my health	Islam advises to first take care of my health needs and then others' needs
Certain cancers like bowel, breast and cervical cancer cannot be mentioned in public.	I was given this body to look after it. Therefore, such an illness is a test from God on how well I can look after my body for Him.

Intervention overview (2-hour workshop)



Next steps

3-year Feasibility trial (2023-2025) funded by Cancer Research UK

200 participants:

- Muslim women from any ethnic background
- Aged 25-74 years
- Living in the North-East or Scotland
- Not up-to-date with all the screening

Aim: To improve uptake to cancer screening among Muslim women using a faith-based and peer-led intervention.



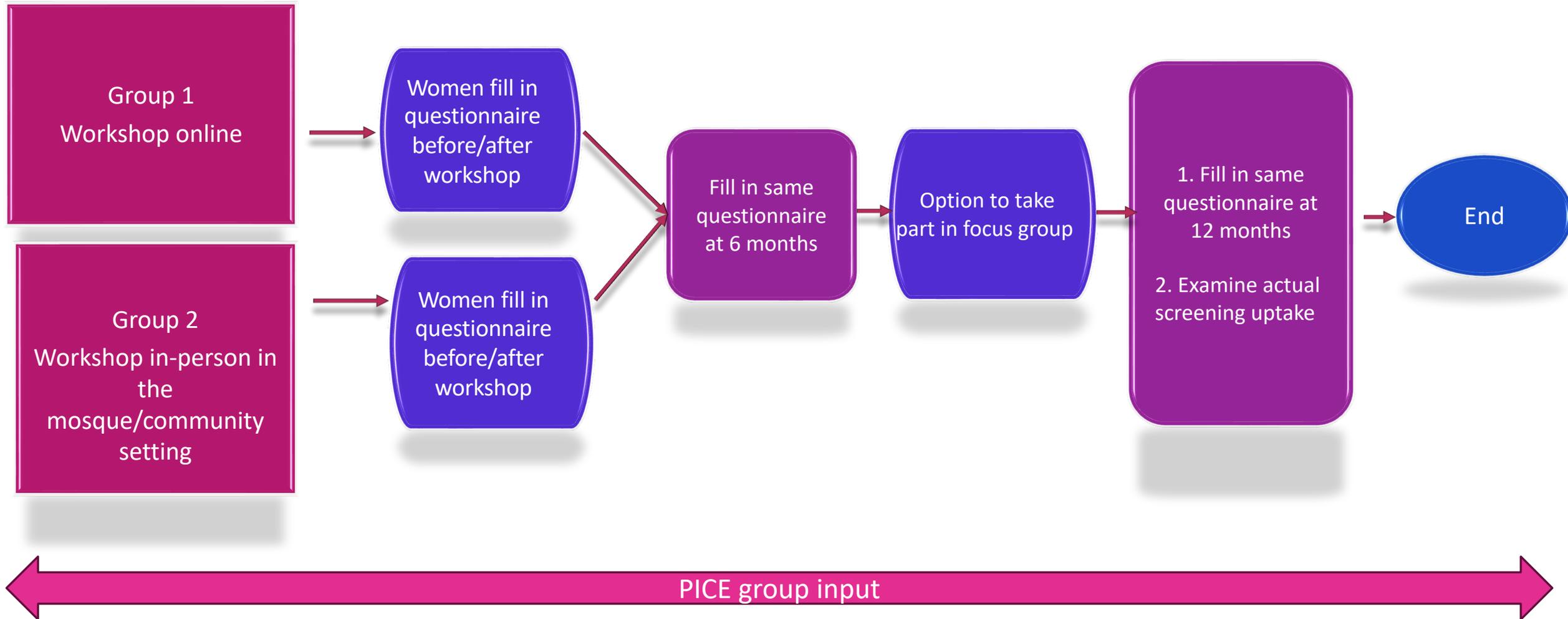
Peer educators (n=15)

Training

Four two-hour workshops:

1. Background to the study, what is the role of the peer educator
2. Full experience of the intervention: peer-educators are participants in the workshop
3. Peer educator facilitation skills: how to lead a discussion, role play
4. Mock session delivery: more roleplay, reflections and feedback

Overview trial





Sampling and recruitment

Convenience and snowball sampling

Our research assistants are members of the community

Recruitment:

Mosques and Islamic centres

Collaborators and social networks

Community organisations

Social media



Feasibility trial

Participants are allocated to one mode of delivery of the intervention:

- Online intervention
- Face-to-face intervention

Data collection:

- Sociodemographic descriptors
- Religious influences on screening behaviour
- Modesty
- Knowledge about cancer screening
- Attitudes towards screening

Our progress

Group 1
Workshop online

Group 2
Workshop in-person in
the mosque/community
setting

Women fill in
questionnaire
before/after
workshop

Women fill in
questionnaire
before/after
workshop

Fill in same
questionnaire
at 6 months

Option to take
part in focus group

1. Fill in same
questionnaire at
12 months

2. Examine actual
screening uptake

End

Completed

Our progress

Between February and June 2024, we delivered a total of **16 workshops** for **263** Muslim women in North East England and Scotland

- 10 online workshops
- 6 in-person workshops

	North East	Scotland	Total
Online	66	30	96
In-person	79	88	167
Total	145	118	263

How we did



In-person vs online workshops



Accessibility

familiar venues
Online workshops



Language needs:

Translation of study material
Interpretation during workshops



Welcoming environment



Several modes of survey administration:

Online, paper and phone



Next steps:

Interviews and focus groups with participants to explore perspectives on the workshop

Analysis of pre-and post-workshop survey data

Engagement and newsletters to our workshop participants

6-month follow-up in September

12 month-follow up and actual NHS screening data

Reflections with our PICE group and peer educators



Thank you for listening

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6. Padela AI, Malik S, Ally SA, Quinn M, Hall S, Peek M. Reducing Muslim Mammography Disparities: Outcomes From a Religiously Tailored Mosque-Based Intervention. *Health Education and Behavior*. 2018;45(6):1025–35.