



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

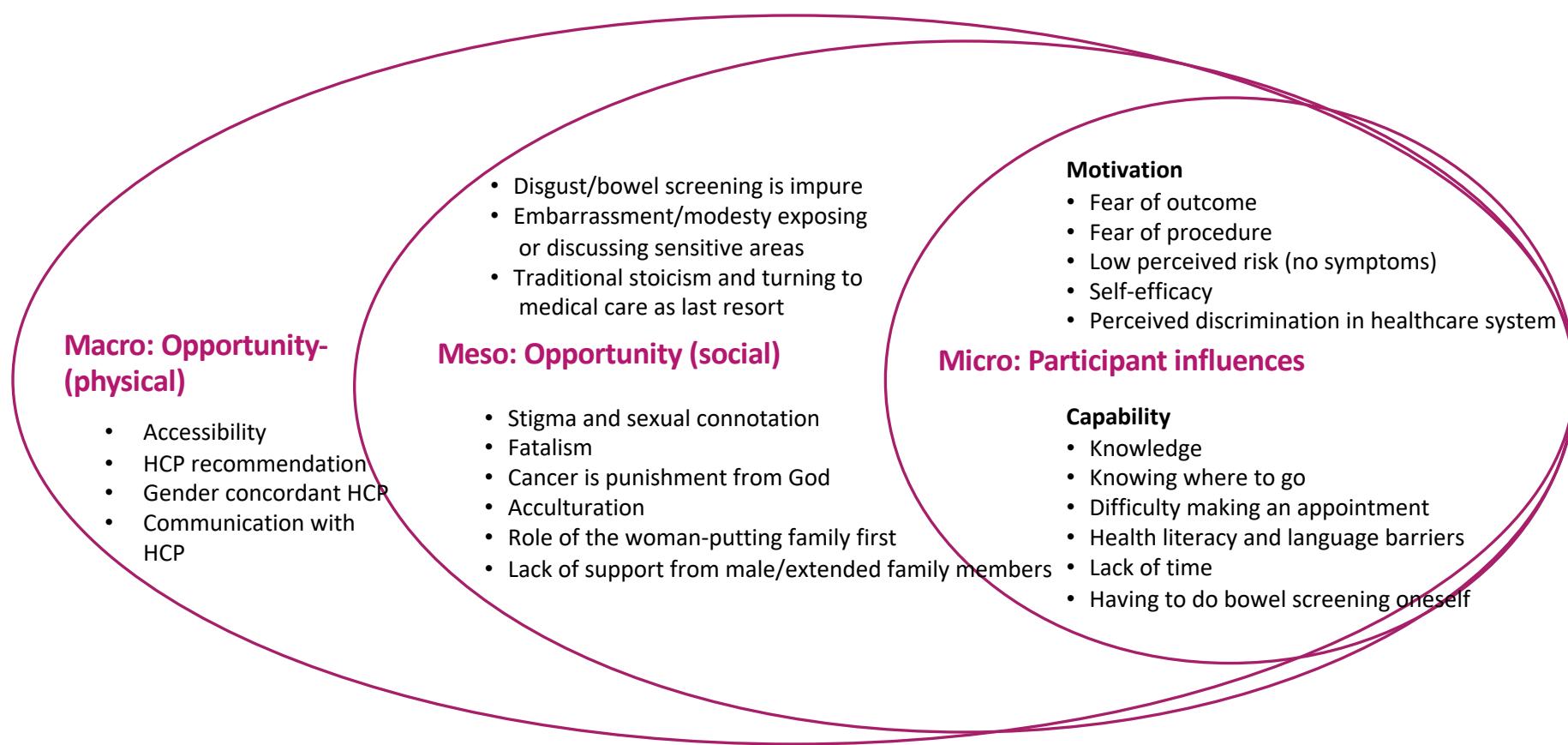
Ethnically diverse population

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}

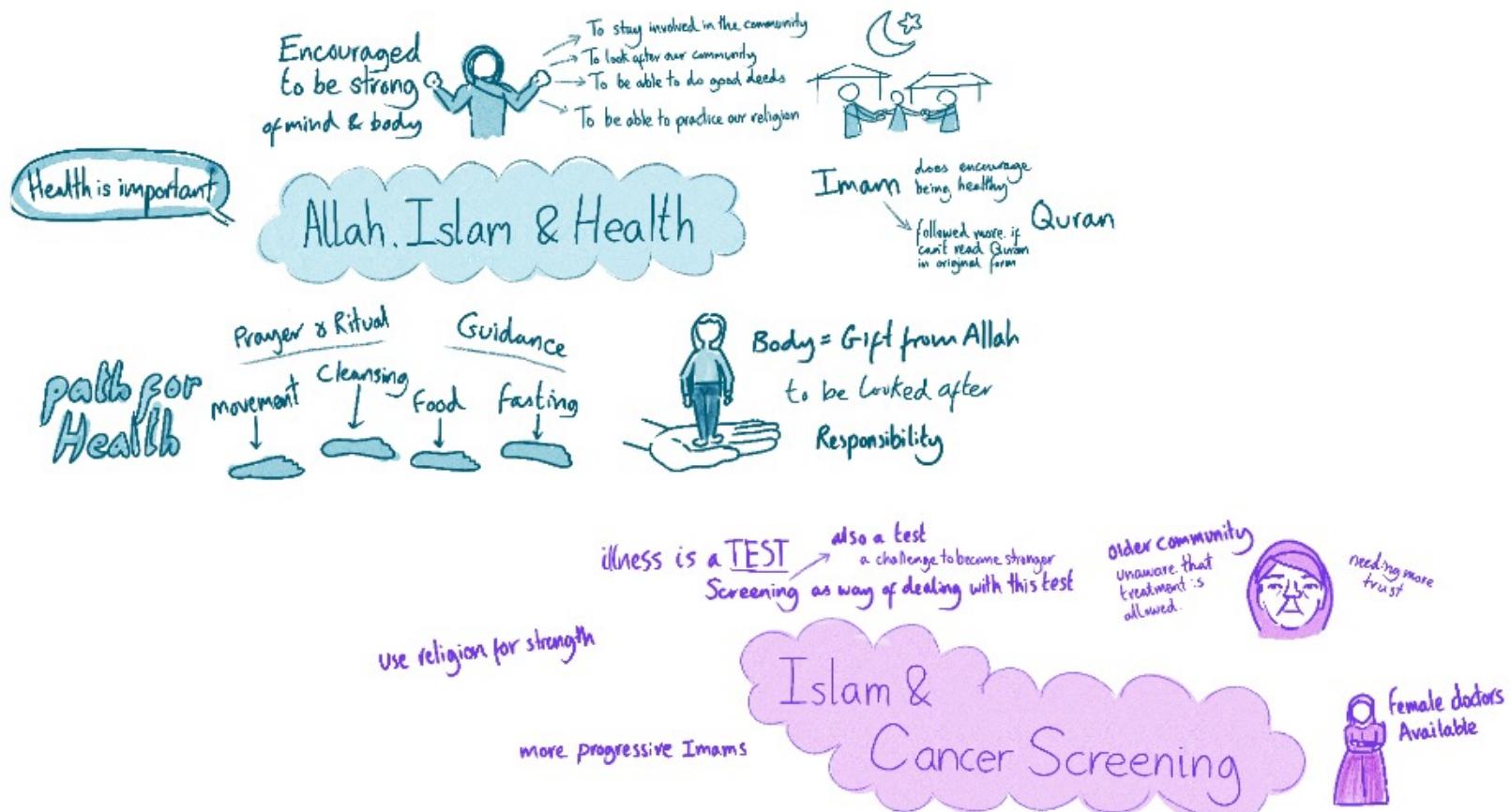
Public Involvement and Community Engagement (PICE) group (n=10)

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

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Workshop 1

How does Islam advise about health screening?



@LGatting

Islam encourages us to **USE MEDICINE** to care for our bodies
Before returning them to Allah

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

What makes it hard to do cancer screening?

Bowel Sc.
Impurity →
Unclean →
disgusting

Cleanliness really important in Islam.

Cervical sc.
Modesty is important
Anxiety Embarrassing
Uncomfortable

Worried the doc will be a man

 @LGatting

not worried about it until it becomes real
getting symptoms →
Someone in family getting cancer.

Breast sc.
Extremely painful
Getting scared from
Other people's stories

Finding time and leaving the house may be difficult
pressure from in-laws & elders of what can & can't do

Culture
Tradition Way of thinking "We've had worse"
Religion
Patience Resilience
turn to spiritual medicine first
Sloic
Turning to NHS as last resort

What messages could make cancer screening easier?

Modesty → Taboo
Worried about family thinking about parts of body that we cover up
If can't get a female doctor

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

It's good to get encouragement from the community.

Your duty to look after the body given to you
like taking medicine
Prohibitions
*1
like modesty and requirements
like not showing parts of your body

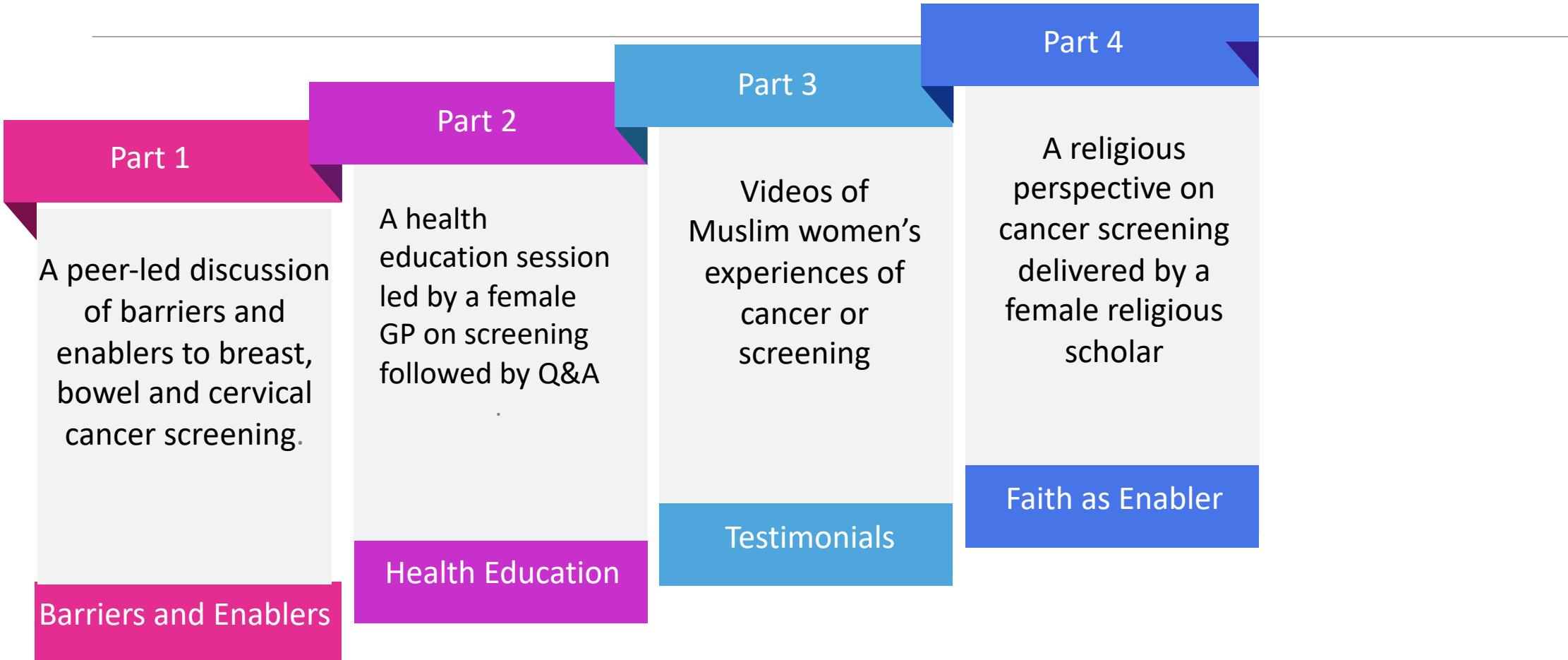
Spiritual medicine
Physical medicine
1 Told about as one
as much as possible

Barriers to screening

Barrier to screening	Result/Ranking
Can't get female doctor/nurse	75% (1 st)
Modesty/embarrassment from exposing or discussing sensitive areas of the body	50% (2 nd)
Feeling disgusted by bowel screening test	50% (2 nd)
Being afraid of pain during the screening procedure	38% (3 rd)
Being afraid of the screening test result	38% (3 rd)
Having to do the bowel screening test oneself at home	38% (3 rd)
Doesn't think cancer screening is needed without having symptoms	25% (4 th)
Doesn't think screening is needed when taking some protective action (e.g. breast feeding)	13% (5 th)
Putting family needs before own health	13% (5 th)
Belief that cancer is punishment from God for doing something 'bad'	0% (6 th)

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.

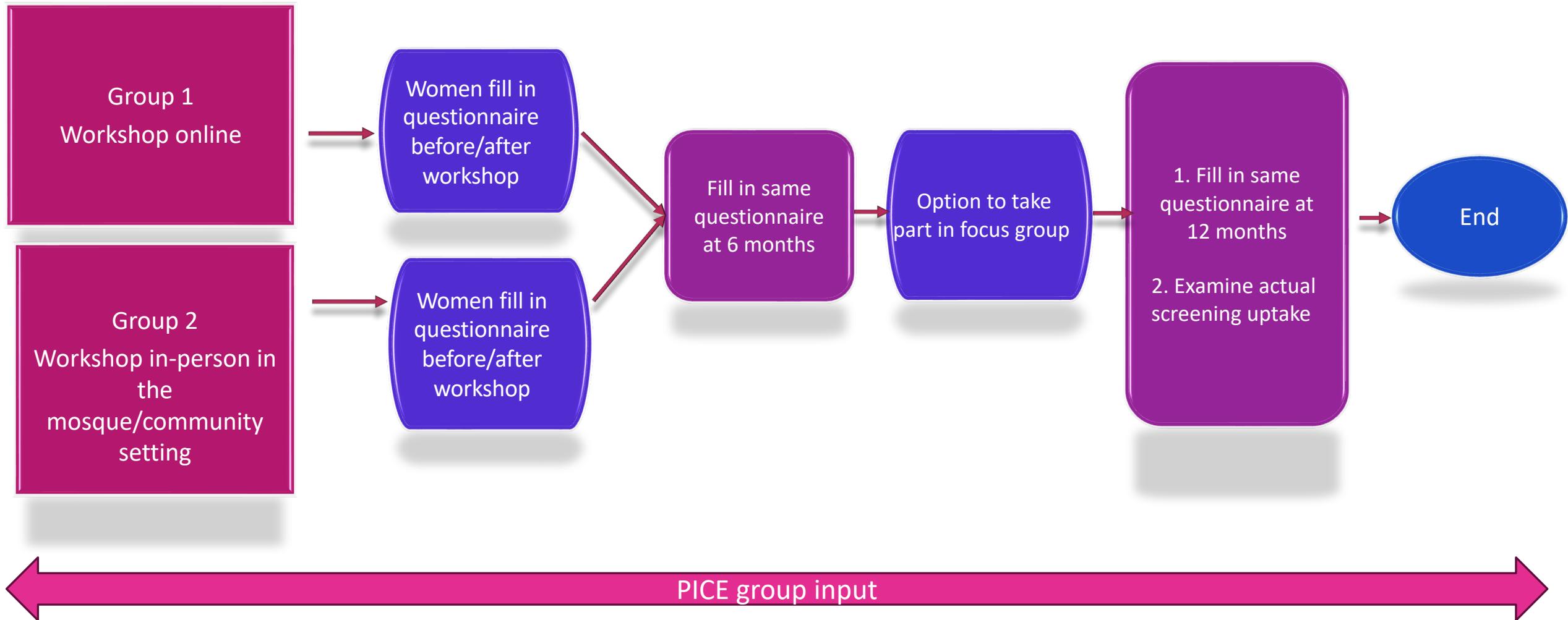
Peer educators (n=15)

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



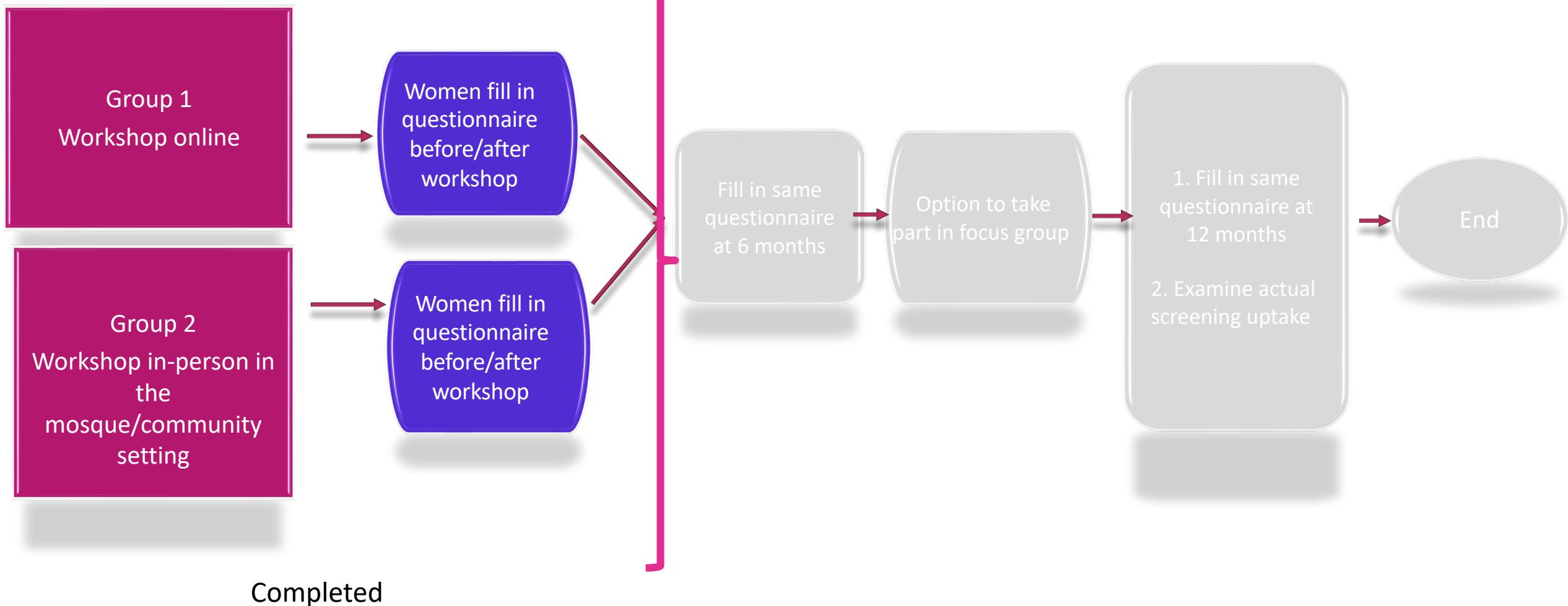
Participants are allocated to one mode of delivery of the intervention:

- 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



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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