

INCORPORATING RELIGIOUS AUTHORITIES AND SCRIPTURE IN HEALTH INTERVENTIONS: MEDITATING OVER MEANING AND MODALITIES

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AIMS

- **Discuss how we engaged religion in our projects**
 - Design & Data Analysis
- **Describe critical concepts/processes related to engaging religion**
 - Tailoring Messages/Incorporating Scripture
 - Involving religious leaders
- **Reflect on the emergent practical and ethical challenges in incorporating religion**

DEVELOPING A RELIGIOUSLY-TAILORED MAMMOGRAPHY INTERVENTION IN MOSQUE COMMUNITIES

Community Partnership Building

- Council of Islamic Orgs of Greater Chicago
- Muslim Women Resource Center
- Arab American Family Services

Evidence Gathering

- Phase 1-Surveys (n=240)
- Phase 2a-Focus Groups (n=6; 50 women)
- Phase 2b-Individual Interviews (n=19)

Mosque-Based Community Intervention Development

- Sermons
- Peer health education workshops

ENGAGING ISLAM IN THE PROJECT

- **Study Design (religious identity)**
 - Sampled women from various ethnicities from **MOSQUES**
- **Data Analysis (religious beliefs & values)**
 - Sought beliefs (facilitators/barriers) to mammography intention by analyzing shared (salient & dominant) beliefs appearing across racial/ethnic diversity in the FGs
- **Intervention Design (religious community)**
 - Set in mosque communities (group education classes + sermons)
 - Community Advisory Board of Muslim community stakeholders



Qualitative Analysis Illustration

- Focus Groups**
- Islamic Foundation School**
Predominantly South Asian
 - Masjid Al-Ihsan**
African American
 - Orland Park Prayer Center**
Arab
 - Mosque Foundation**
Predominantly Arab
 - Muslim Education Center**
South Asian
 - Nigerian Islamic Assoc. of USA**
Nigerian

Salience is defined as the discussion of a particular theme in three or more focus groups.

Dominance is defined as the discussion of a particular theme by half or more participants within each focus group.

Beliefs highlighted in red are both salient and dominant. They are also influenced by religion.

Theory of Planned Behavior
Behavioral Beliefs & Belief Statements

- Peace of mind:** A negative mammogram result gives me peace of mind.
- Positive experiences with technicians:** I believe that I will have access to a nice technician.
- Getting screened for the sake of family:** I believe my family should know my health status.
- Family history leading to an increased risk of breast cancer:** I should get screened because breast cancer may run in my family.
- Fear of mammogram results:** Fear makes it difficult for me to get mammogram.
- Physical pain:** I believe mammograms are painful.
- Primary prevention actions:** I believe certain health behaviors can help prevent disease.
- Secondary prevention actions:** I believe breast self-exams and mammograms can help prevent disease.
- Feeling of obligation to care for one's health:** I believe it is my responsibility, as a Muslim, to take care of my body.
- Methods of preventing illness:** I believe certain religious practices can help prevent disease.

Theory of Planned Behavior
Normative Beliefs & Belief Statements

- Cultural taboo:** I believe it is difficult to speak about mammograms and breast cancer in my community.
- Positive influence from family:** I believe my family members will support me getting a mammogram.
- Positive influence from friends:** I feel comfortable talking to my friends about mammography.
- Normative beliefs:** Community members support my getting a mammogram.

Theory of Planned Behavior
Control Beliefs & Belief Statements

- Insurance:** Insurance policies or the lack of insurance makes getting a mammogram difficult.
- Family over self:** I put my family's needs and priorities over my own.
- Fatalistic beliefs:** It is by Allah's will whether I am sick or cured.

Other Beliefs & Belief Statements

- The comfort of gender concordance:** I am more comfortable with a female provider.

RELIGION-RELATED THEMES

- Perceived duty to care for one's health
 - I believe it is my responsibility, **as a Muslim**, to take care of my body (6/6 FGs dominant in 2)
- Methods of Disease Prevention
 - I believe certain **religious practices** can help prevent disease (4/6 FGs; dominant in 2)
- Fatalistic Notions about Health
 - It is by **Allah's will** whether I get sick or am cured of illness (5/6 FGs; dominant in 5)
- Comfort with Gender Concordant Healthcare
 - I am more comfortable with a female provider (5/6 FGs; dominant in 1)

PERCEIVED DUTY TO CARE FOR ONE'S HEALTH

“Allah says you have to take care of yourself. Part of taking care of yourself is visiting the doctor, checking out yourself... you can also pray spiritually, but you still need to take your medicine.”

(Nigerian Participant)

“As Muslims we should really be taking care of ourselves and our body because that’s – it’s a loan from Allah and we should really be taking care of that loan because we have to return it too.”

(South Asian Participant)

“Allah gave us a body to take care of... we call (it-concept) “amana” which is you know and like if someone gives you like a gift or something you take care of it.”

(Arab Focus Group Participant)

METHODS OF DISEASE PREVENTION

“You have to take medicine and then pray to God to give you a speedy recovery .”

(Nigerian Participant)

“I pray regularly even if I go to the doctor, asking for good health – that’s one, number one in the list.”

(South Asian Participant)

“I pray to Allah every day...heal this body in line whatever it is needs healing.”

(African American Participant)



INITIATIVE ON
ISLAM AND MEDICINE

THE UNIVERSITY OF CHICAGO

FATALISTIC NOTIONS ABOUT HEALTH

“They told me I might have cancer on my liver. Blah, blah, blah. I said, “Look, if this is what Allah (Arabic word for God) wants, I’m ready.”

(African American Participant)

“I mean if Allah’s going to give it to you, he’s going to give it to you.”

(African American Participant)

“I believe in God 100%. What’s going to happen is going to happen.”

(Arab Participant)



CREATING TAILORED MESSAGES

Working Definitions

- Reframe: Keeping the belief and changing the way one thinks about it to make concordant with the health behavior desired.
 - Entails normalizing the barrier belief

- Reprioritize: Introducing a new belief that we engender higher valence for than the barrier belief.
 - May keep the original barrier belief (normalize)

- Reform: Negating the barrier belief altogether



BARRIER BELIEFS & TAILORED MESSAGING

Belief	Reframe	Reprioritize	Reform
I believe mammograms are painful	The pain incurred on the path to a good deed is rewarded	You have the duty to care for the body God bestowed upon you	<u><i>they are painful</i></u>
I fear positive test results	Knowing now is better than knowing later	-Reading Qur'an and prayer are a way to reduce fear of the unknown -Do not fear God is with you	<u><i>Fear is a normal experience</i></u>
It is by Allah's will that I am sick or cured and I can do nothing to change my fate	<u><i>Mammography screening not related to God's control over disease</i></u>	You have the duty to care for the body God bestowed upon you (your actions judged not outcome)	Human actions have effect; prayer can change decree
My family's needs and priorities are more important; they "should" come first	I cannot take care of my family if I do not take care of myself first	You have the duty to care for the body God bestowed upon you	-You are 1 st responsible for yourself then others

MEDITATING OVER MESSAGE AND MESSENGER

■ Message:

- Reframing implies normalization of belief
 - Ex: Family over self
- Reforming implies unorthodoxy of belief
 - Ex: Determinism

■ Messenger:

- Should a peer educator normalize?
- Is the use of a religious authority to 'reform' imply naturalization of authority?



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