

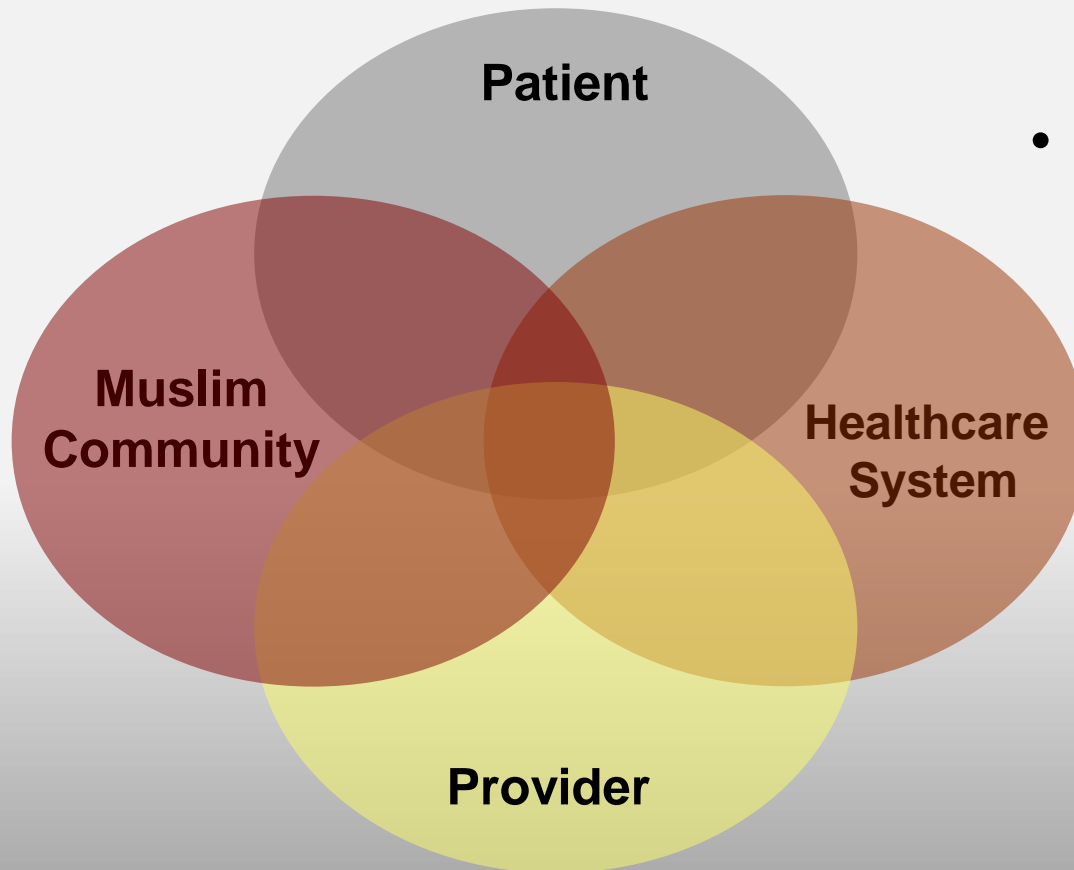


# Religious Influences on Health Care Practices Among American Muslim Women: Breast Cancer Screening in Focus

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# Initiative on Islam & Medicine



- Islam informs
  - Patient Health Behaviors
    - Healthcare Disparities
    - Cultural Needs
  - Physician Experiences
    - Religious Discrimination
    - Bioethical Decision-Making

# Agenda Today

- Influences of Islamic beliefs, values and identity upon American Muslim Health
- Findings of our project on breast cancer screening challenges among Chicago Muslim community

# American Muslims

- Demographically Diverse
  - ~7 million
    - 20-24% Indigenous African American
    - 18-26% South Asian American
    - 24-26% Arab American
- Varied Immigration Histories
  - 65% Foreign-born, 35% Native
  - African Americans: 1 in 5 slaves were Muslim
  - Arab & South Asians: immigration in 19<sup>th</sup> & 20<sup>th</sup> cent

# Muslim Health in the UK

- National Survey of Ethnic Minorities [2001]
  - Muslim health disadvantage across many physical health metrics [diabetes, CVD]
  - Muslims had highest rate of ill-health [SF-1]
- NHS data 1994-2004
  - Muslim groups had increased odds [OR 1.5-2.1] for ill health

# Islam & Health

- Gives meaning to health and disease
  - Pregnancy is a “blessing” → not in favor of contraception
  - Cancer is fate → prevention not a priority

# Islam & Health

- Ethico-Legal System
  - Reduced alcohol consumption → decreased health risks
  - Gender concordance → influence healthcare seeking patterns



# Islam & Health

- Identity
  - Post- 9/11 discrimination may influence health behaviors

# Expectations of the HCP

- Be respectful & take stock of religious values

*“I don’t know what it is about some of them, but it just seems like they’re so above you”*

*“It’s not as if the patient...has to say...pay attention, I am a Muslim woman and I have this modesty issue”*

*“this is the problem...they don’t make the effort to respect your culture”*

# Healthcare Accommodations

- What changes would you like to see in the hospital to make you feel more comfortable?
- Top three
  - Halal Food
  - Distinct prayer space
  - Gender-concordant care [as much as possible]

# Halal Food

- Good for health

*“That’s got to be the best food source”*

- Absence during convalescence is problematic

*“ (since) nutrition is a major part in your healing”*

*“ All I get is vegetarian. Every time I ask for halal food, oh, we have vegetarian...but – I mean everybody else gets meat except us”*

# Prayer Area

- Patients have spiritual needs during illness  
*“A prayer room is a form of healing on its own”*
- Social repercussions of not having a prayer area  
*“So we were praying (and)... nurses and .... security had come and asked if everything was ok...Doctors were you know, hesitant to come back in the room and...everybody came by after that and kind of looked in the door....we just praying how we pray”*

# Gender concordance

- Modesty, Privacy & Comfort
- Integral part of their religious values

# Do Islamic Values and Beliefs Influence Breast Cancer Screening Practices?

## Islamic Values

- Modesty
- Fatalistic Beliefs
- Discrimination

## Breast Cancer Screening

- Clinical Breast Exam
- Mammography Rates

# Benefits of the Study

- Used a community-based research approach so as to:
  - Develop religiously tailored community-based interventions
  - Establish community-academic partnerships focused on improving community health



# Screening Guidelines

- NCI/ACS
  - Women 40 or older get mammograms q 1-2 yrs
- CDC & USPSTF
  - Women aged 50-74 get mammograms q 1-2 yrs
- CDC Healthy 2020 Goal
  - 81.1% of females btw 50-74 get screened

What is “known” about Breast Cancer in American Muslim community?

# Participants (*N*=254)

Mosque Sites **52.8%**

Married **73.4%**

## Age

40-49 **41.2%**

50-74 **57.3%**

75+ **4.4%**

## Highest Level of Education

Less than High School **13.6%**

High School **23.3%**

Associates **22.9%**

Bachelors **24.2%**

Advanced Degree **16.1%**

## Racial/Ethnic Background

African American/Black **27.9%**

Arab/Arab American **35.8%**

South Asian **36.3%**

Site	School	Jumaa	Community event	Individuals critical to data collection
Masjid Al-Ihsan		6		Imam Abdullah Madyun
Muslim Education Center *	12			Javed Bhatti & Tayyaba Ahmad
Islamic Community Center of Illinois**	35	4		Mohamad Nasir
Arab American Family Services**			29	Itedal Shalabi & Sherhan Hamodeh
Zakat Foundation			14	Layla Mohammad
Masjid Al-Farooq		15		Imam Ousmane Drame & Abdurrahim Muslim
Int'l League of Muslim Women			30	Dorothy Rahman
Muslim Community Center	25			Afsar Ali & Tayyaba Ahmad
Islamic Foundation		35		Ayesha Bengali & Sahira Rahman
MECCA			16	Dr. Abdelgany Hamadeh
Muslim Women Resource Center			33	Sima Qureshi & Bouchra

# Participant Description

## Annual Household Income

<\$45,000	<b>57.3%</b>
\$45,001 - \$105,000	<b>29.8%</b>
\$105,001+	<b>12.8%</b>

## Insurance Status

Have Insurance	<b>76%</b>
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## Have a Primary Care Physician

**84.3%**

## Health Outcomes

Have had a Mammogram

**77%**

Have not had a Mammogram in 1-2 Years

**37%**

Have had a Clinical Breast Exam

**80%**

# Results

## Ever Had a Mammogram

- Age
- Living in US > 20 years
- Knowing someone with breast cancer

## Having a Mammogram in past two years

- (-) Positive religious coping
  - Seeking consolation in God when sick
- (-) Religious Discrimination in Healthcare
- Having a PCP (+)

# Future Directions

- Use focus groups to try and understand how religious beliefs inform women on their practices and attitudes toward breast cancer screening
- Use mosque sermons and peer-educated based intervention to try and improve screening rates

