

Religion-Related Factors and Breast Cancer Screening among American Muslims

Background

- Cancer disparities research often overlooks the influence a shared religion may have across race and ethnicity, and thereby misses opportunities to leverage shared religious networks to promote screening.
- Our prior studies suggest that Islamic beliefs and values impact health behaviors across diverse groups of American Muslims.
- While American Muslims have lower rates of mammography when compared to other Americans, the influence of religion upon these disparities is not well-understood. Only two studies report biennial mammography rates among Muslim in the U.S., but they do not report on the influence of religious factors:
 - A sample of 216 Arabs & South Asian women in Chicago: 52%
 - A sample of 180 Muslim women in California: 54%
- The present study uses quantitative & qualitative methods to further explore the influence of religion on breast cancer screening practices among Muslim women in Chicago.

Aims

- Determine mammography rates within the three major subpopulations of American Muslims in Greater Chicago using mosque-based surveys
- Examine associations between religion-related factors and screening rates
- Identify religious ideas that inform Muslim women's decisions to pursue breast cancer screening through a series of focus groups

Methods

- Using a community-engaged design, we collaborated with the Council of Islamic Organizations of Greater Chicago (CIOGC), Muslim Women Resource Center (MWRC), and Arab American Family Services (AAFS) to form a community advisory board that assisted in study design, participant recruitment and dissemination of results.
- We purposively recruited participants from mosque and community sites to gain near equal representation of African, S. Asian and Arab Muslims as well as ensuring diversity in religiosity
- A self-administered survey was developed comprising of adapted measures of Islamic religiosity, modesty, religious discrimination in healthcare, and fatalism.
- Following survey administration and analyses, we held a series of mosque-based focus groups to contextualize the associations between religion-related factors and mammography

Participant Characteristics

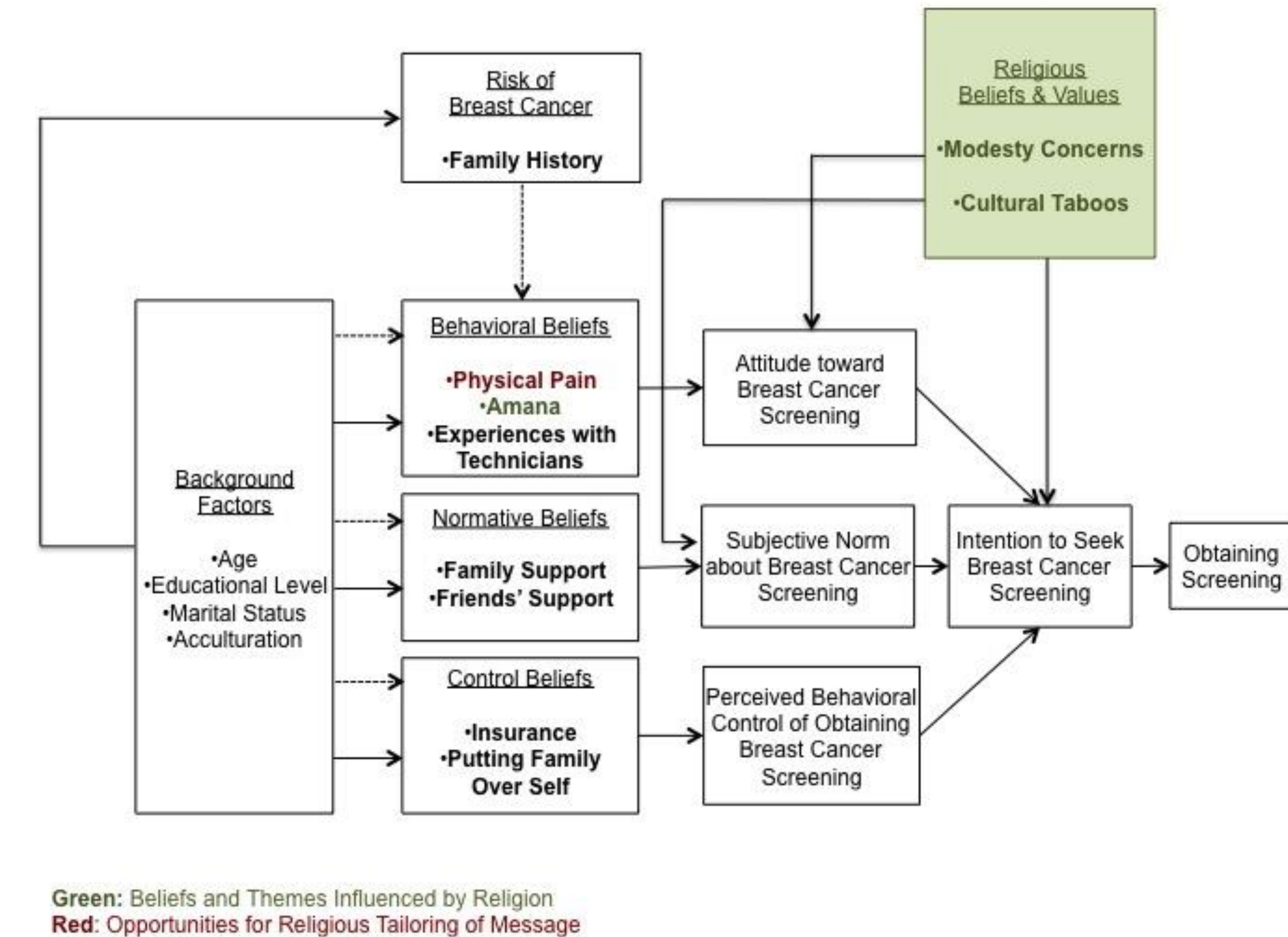
Survey (N=240)

Age	
40-49	89 (43%)
50-74	108 (52%)
Married	160 (72%)
Racial/Ethnic Background	
African American/Black	59 (27%)
Arab/Arab American	72 (33%)
South Asian	71 (32%)
Had health insurance	168 (75%)
Had a PCP	199 (85%)
Highest Level of Education	
High school/GED or less	79 (36%)
Associates	51 (23%)
Bachelors	55 (25%)
Advanced Degree	37 (17%)
Duration in the US	
11-20 years	39 (17%)
>20 years	152 (68%)
Ever had a Mammogram	181 (77%)
No Mammogram in 2 yrs	86 (36%)

Focus Groups (N=50)

Age	
40-49	21 (42%)
50-74	28 (56%)
Married	38 (83%)
Racial/Ethnic Background	
African American/Black	16 (32%)
Arab/Arab American	16 (33%)
South Asian	14 (40%)
Highest Level of Education	
High school/GED or less	8 (18%)
Associates	11 (24%)
Bachelors	18 (40%)
Advanced Degree	8 (18%)
Duration in the US	
Born in the US	15 (30%)
Immigrated to US as child	7 (14%)
Immigrated to US as adult	28 (56%)
Ever had a Mammogram	37 (74%)
No Mammogram in 2 yrs	22 (44%)

Findings from Focus Groups Mapped onto Theory of Planned Behavior



Results

Survey Findings

- In multivariate models, positive religious coping (OR=0.21, p<0.05) and perceived religious discrimination in healthcare (OR=0.74; p<0.05) were negatively associated with mammography rates.
- Measures of modesty and fatalism was not associated with screening rates.
- Ethnicity/race did not impact screening rates.

Focus Groups Findings (Themes were similarly voiced across racial and ethnic groups)

- The Islamic concept of *amana*, the belief that the body is a sacred trust, positively impacted mammography intention.

"It is in our religion that Allah gave us this body and we have to take care of this body very well."

"Allah says you have to take care of yourself. Part of taking care of yourself is visiting the doctor, checking out yourself, making sure you don't have any illnesses, and if you do, take care of it medically. You can also pray spiritually, but you still need to take your medicine accordingly."
- The accommodation of modesty during the screening process and support from family and friends positively impacted mammography intention.

"I will look for 100 doctors to find a female. It doesn't matter who it is. When she examines me, I feel comfortable with her. Men? No way."

"I discuss [screening tests] among my friends, my peers at work, even among my kids; I tell them about these little things that when they get to a certain age, they need to start doing these. It's part of our daily discussion, our every-now-and-then discussion for me and my kids."
- The notion that family needs are prioritized over women's needs negatively impacted mammography intention.

"I know when I had my kids and stuff, you don't really feel like you have any time for anything else but your household chores, your kids, and that's it. You tend to put yourself last."

"If your kid has an ache or pain, you take them that day. Your husband has a problem, you're there next to [him]. If you have a [problem or ache or pain], you wait and see."

Discussion

- Our study demonstrates that religion-related factors strongly influence mammography practices and beliefs across racial and ethnic divides in the American Muslim community.
- Our data reveals that religious coping and perceived religious discrimination in healthcare as well as the notion that the family has more priority than oneself problematize screening behaviors, while the religious idea of body stewardship may facilitate screening.
- Data will be leveraged to design a targeted health education intervention promoting mammography screening within mosque communities that utilizes religiously-tailored language.

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