# IMAMS & HEALTH PROMOTION: AN ETHICAL APPROACH IN THE CONTEXT OF CANCER SCREENING

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# AGENDA

**PART 1:**

Religion and Muslim Breast Cancer Screening Practices

**PART 2:**

Imams and health promotion

**PART 3:**

Religiously-tailored messages to combat barriers to mammography

# MUSLIM IDENTITY & HEALTH

American Muslims

- Estimates: 3 – 7 million
- 1,200 mosques
- Diverse community:
  - African Americans (35%)
  - Arabs (25-30%)
  - South Asians (20-25%)

- Religion impacts their healthcare decisions
  1. Provides a framework for understanding disease & means for its removal
  2. Ethico-legal guidelines inform healthcare choices
  3. Religious identity increases exposure to discrimination

# AMERICAN MUSLIMS & MAMMOGRAPHY

- Breast cancer: 2nd leading cause of cancer death among American women
- Screening mammography: proven method to ↓ mortality

- In 2015 while 65.3% of U.S. women > 40 had a mammogram, lower rates were observed among racial and ethnic minorities [CDC]

- Studies report lower rates among US Muslims
  - In a 2013 study, almost 34% of first-generation immigrant Muslim Afghan women ≥40 years in California reported never having had a mammogram [Shirazi]
  - 37% of women (n=254) in the Chicago area had not obtained a mammogram in the last 2 years [Padela]

- Access-related barriers, as well as cultural & religion mediated beliefs, appear to inform lower screening rates.

# RELIGION & SCREENING BEHAVIORS

Phase 1: Survey (n=240; mosques + community sites)

- Demographics
  - Ethnicity/Race
    - 33% Arab
    - 32% South Asian
    - 27% African American
  - 75% had health insurance (85% access to PCP)
  - 37% had not obtained a mammogram in the last 2 years

- Predictors of screening behavior
  - Negative:
    - Religious discrimination in healthcare (OR=.74; p<.05)
    - Positive religious coping (OR=.21; p<.05)
  - Positive:
    - Having a PCP (OR=20; p<.01)

Figure 1

## Qualitative Analysis Illustration

### Mosque Sites

**Group Ethnicity**

**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 relieves me from worries about my health status.

**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 leads 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 detect disease and facilitate opportunities for prevention and treatment.

**Perceived duty to care for one's health**: I believe it is my responsibility, as a Muslim, to take care of my body.

**Methods of Disease Prevention:** 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 my 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.

**Comfort with Gender Concordant Healthcare**: As a Muslim, I am more comfortable with a female provider.

**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 Notions about Health**: It is by Allah's will whether I am sick or cured.


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# What roles do imams play in Muslim community health?

# WHO IS AN IMAM?

| Type | Description |
|---|---|
| Imam = Prayer leader | The most general definition of an imam is a congregational prayer leader |
| Sermon Giver = Imam and/or *Khateeb* | Gives sermons that are a requisite part of Friday (*Jummah*) prayer services and Holiday services (*Eid*) |
| Spiritual Guide = Imam and/or *Shaykh* | Sought out by Muslims for spiritual guidance around life events, the esoteric sciences related to purifying one's character and belief, and "spiritual cures" |
| Islamic Law Expert = Imam and/or *Shaykh* | Studied Islamic law and ethics extensively through formalized Islamic seminaries and colleges. Specialized in Islamic law and is authorized to issue religious edicts (sing. *Fatwa*, pl. *fatawa*) |
| Director of Mosque = Imam and/or *Shaykh* | A mosque-based imam who is hired by the mosque administration to serve multiple roles for congregants, including religious ceremonies and prayers |

J Relig Health (2011) 50:359–373
DOI 10.1007/s10943-010-9428-6

ORIGINAL PAPER

# The Role of Imams in American Muslim Health: Perspectives of Muslim Community Leaders in Southeast Michigan

Aasim I. Padela · Amal Killawi · Michele Heisler · Sonya Demonner · Michael D. Fetters

Study Methods:

- 12 Key informant interviews with Michigan Muslim community leaders

Findings:

1. Encourage healthy behaviors through scripture-based messages in sermons
2. Perform religious rituals around life events and illnesses
3. Advocate for Muslim patients and delivering cultural sensitivity training in hospitals
4. Assist in bioethical decision-making

# LEVERAGING THE FIRST ROLE

- Friday prayer: connect healthy living with faithfulness

Imams play "a tremendous role… when (they).. remind them (the congregation) (that)… He (God) is the one who cures (Qur'an 26:80)"

Messages are "to take care of our health… that (the body)… is a trust (from God)"

- Lectures: Culture of health

"We have lectures (at) this mosque… (and) all across the country … health is one of the topics,… so our mosque is an integral part, I think, of keeping us healthy"

# Are religious sermons an acceptable modality for health promotion and education?

J Immigrant Minority Health
DOI 10.1007/s10903-017-0647-8

ORIGINAL PAPER

# Acceptability of Friday Sermons as a Modality for Health Promotion and Education

Aasim I. Padela[1,2,3] · Sana Malik[1] · Nadia Ahmed[1,2]

## Study Methods:

- Tailored sermons on health themes developed in collaboration with Imams
- Two mosques sites
- Post-sermon questionnaires administered to congregations

**FOCUS GROUPS**

Discussed religion-related factors that impact health behaviors

Identified religion-related barrier and facilitative beliefs to health promotion

Draft sermon drew upon data & introduced concepts such as:

- One's body is an *amanah* (trust) & must be cared for
- Community members are caretakers of one another
- One's trust in God does not preclude taking actions to care for oneself
- Good health is a grant from God & good health facilitates a righteous life

Sermon was reviewed by the imams for theological accuracy and cultural acceptability

Imams were counseled on the importance of maintaining fidelity to the script but were also encouraged to deliver sermon in their own words & to use their own examples to highlight themes



**SERMON DEPLOYMENT**

- 2 sermons delivered at MEC
- 1 sermon delivered at OPPC

# PARTICIPANT CHARACTERISTICS

| Characteristic | Frequency (%)[a] |
|---|---|
| Age (n = 223) | |
| 18–24 | 54 (22.4%) |
| 25–34 | 43 (17.8%) |
| 35–44 | 46 (19.1%) |
| 45–54 | 35 (14.5%) |
| 55–64 | 20 (8.3%) |
| 65–74 | 22 (9.1%) |
| 75 and older | 3 (1.2%) |
| Median | 38 |
| Mean | 39.43 |
| Gender (n = 235) | |
| Male | 149 (63.4%) |
| Race/ethnicity (n = 207) | |
| South Asian | 130 (55.3%) |
| Arab | 63 (26.8%) |
| White | 13 (5.5%) |
| African American or Black | 1 (0.4%) |
| Location/time of sermon attended (n = 235) | |
| MEC 1 pm (sermonizer = mosque imam) | 114 (48.5%) |
| MEC 2 pm (sermonizer = project PI) | 57 (24.3%) |
| OPPC (sermonizer = mosque imam) | 64 (27.2%) |

# RESULTS: FEASIBILITY & ACCEPTABILITY

Feasibility:

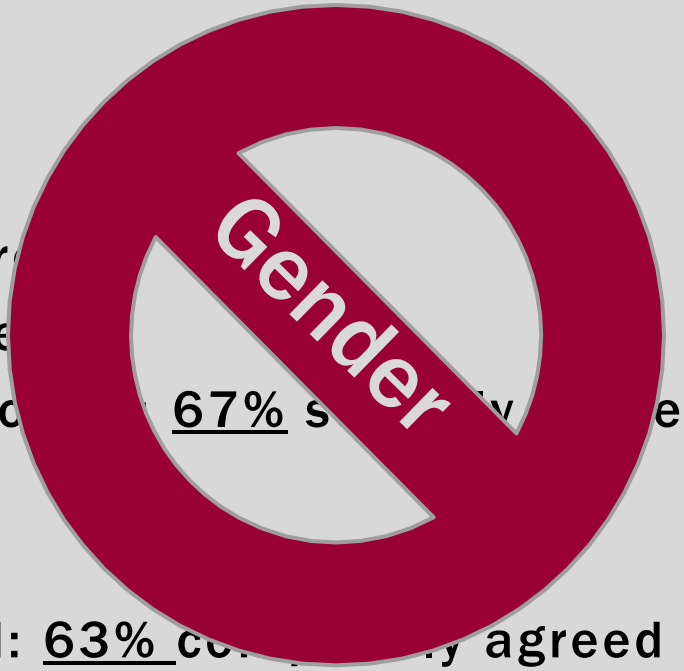
- Imams reviewed sermon: no revisions
- Implementation fidelity: high

Acc ity of Co

- e eptable % strongly agr
- tent ble: 6 strongly agree
- ld like e s on health to 67% s ed

Accep n-giver:

- Sermon-g as easy to understand: 63% co y agreed
- Sermon-giver used compelling examples: 56% completely agreed

# RESULTS: CONTENT RECALL

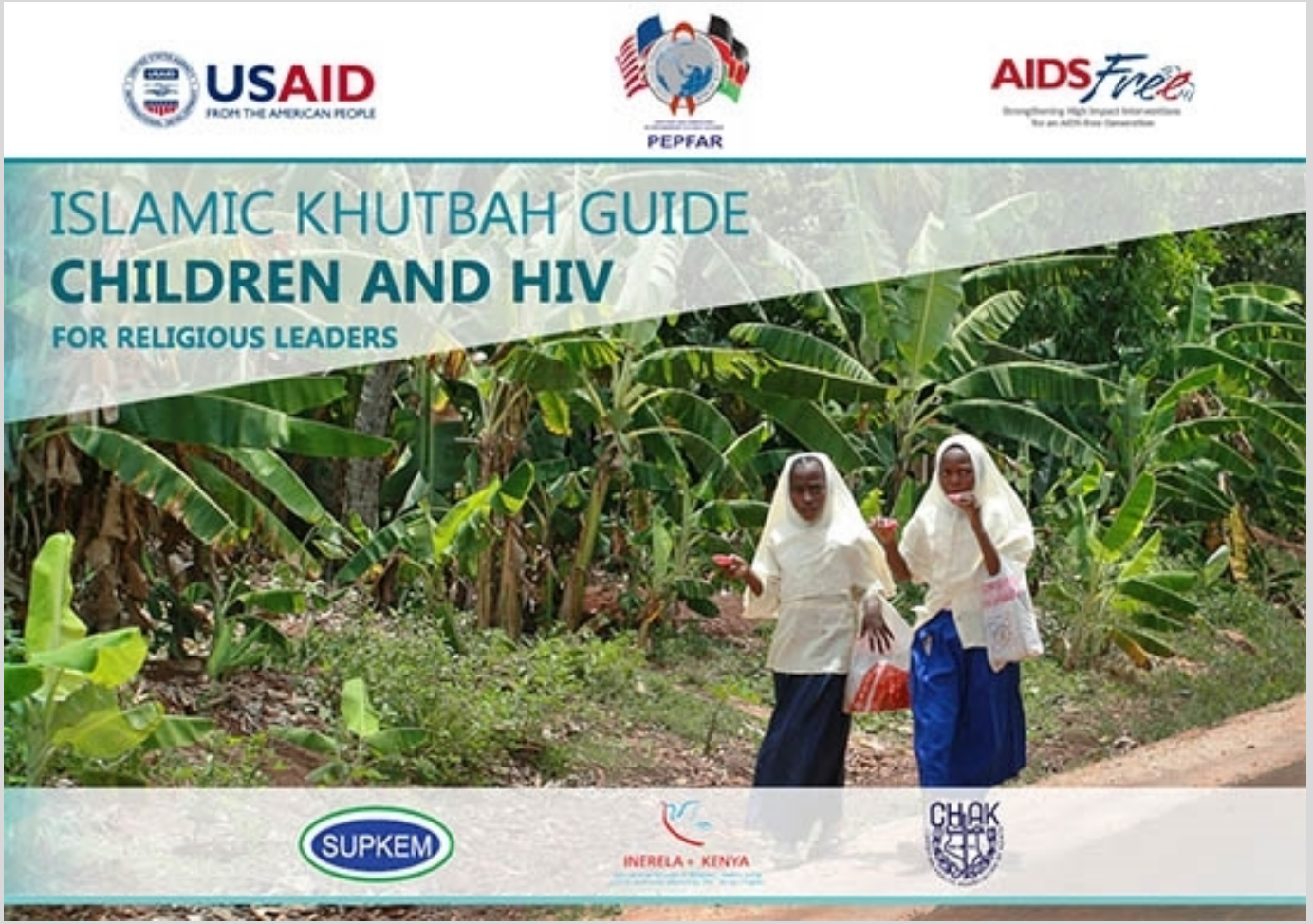
- Retention scores (SD 15.29):

| Min | Median | Max | Mean |
|---|---|---|---|
| 8.33% | 75% | 100% | 69.5% |

- Likeliness to discuss messages with others:

| Not likely at all | Not likely | Likely | Very likely |
|---|---|---|---|
| 2 (0.9%) | 14 (6.0%) | 85 (36.2%) | 115 (48.9%) |

# IMPLICATIONS

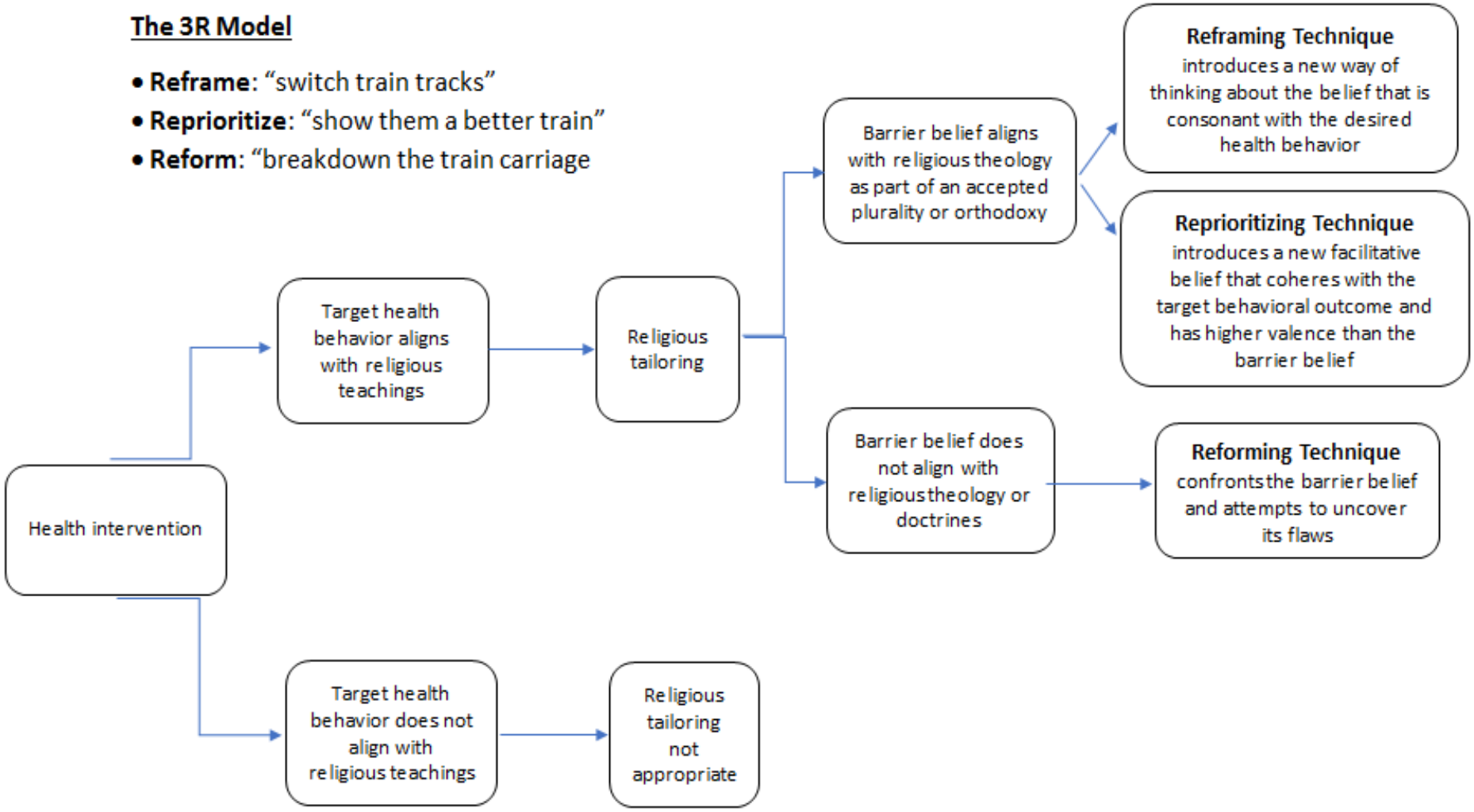


# How did we leverage religious ideas to address mammography-related barrier beliefs?

# 3R MODEL FOR RELIGIOUS-TAILORING

**The 3R Model**

- **Reframe**: "switch train tracks"
- **Reprioritize**: "show them a better train"
- **Reform**: "breakdown the train carriage



| Barrier Belief (Relation to TPB) | New Target Beliefs Based on 3R Techniques | | |
|---|---|---|---|
| | **Reframe** | **Reprioritize** | **Reform** |
| Mammograms are painful (Behavioral belief) | The pain incurred on the path to completing a good deed (e.g. caring for my body by getting screened for cancer) is rewarded by God. | A Muslim is responsible to care for their body and obtaining mammography screening fulfills this responsibility. | ***Reforming the barrier belief is not applicable*** because mammograms are painful. |
| The fear of positive test results makes it difficult for me to get a mammogram. (Behavioral Belief) | Fear is normal, but knowing my cancer status earlier is better than have a later diagnosis with more advanced disease. | A Muslim believes that God is merciful, therefore whatever outcome happens is from God's Mercy, and that reading Qur'an and prayer helps to reduce fear of the unknown. | ***Reforming the barrier belief is not applicable*** because fear of a positive result is a normal. |
| I have not gotten a mammogram because I worry about being serviced by a male technician. (Normative Belief) | Most mammography centers have all female staff so I can live out the concordance mandate. | Muslims are responsible to care for their bodies and this duty of stewardship can involve cancer screening and might be more important than modesty guidelines. | Although gender concordance is preferred, in extenuating circumstances religious exemptions exist. |
| It is by Allah's will that one gets illness or is healed, and I can do nothing to change that fate therefore getting a mammogram is of no benefit. (Control Belief) | ***Reframing the barrier belief is not applicable*** because mammography screening does not implicate God's control over disease and cure. | A Muslim has the responsibility to care for the body God bestowed upon them and actions are judged irrespective of the outcome. | Human actions have an effect and prayer can change our decree. |
| My family's needs and priorities outweigh my own OR they "should" come first. (Normative Belief) | I cannot take care of my family if I do not take care of myself first. | A Muslim has the responsibility to care for the body God bestowed upon them and cancer screening is part of that responsibility. | The Qur'an and hadith support making supplication for one self before others and worrying about one's salvation before others, hence caring for oneself is a primary responsibility before one's family. |
| Insurance policies AND/OR the lack of insurance makes getting a mammogram difficult. (Control Belief) | Cancer care is more costly when the cancer is advanced hence early detection through mammography is preferable. | There are many social service organizations, foundations, and insurance programs that cover the costs of mammograms and cancer care | ***Reforming the barrier belief is not applicable*** because the insurance and cost can be barriers to mammography and cancer care. |

# ETHICAL CONSIDERATIONS

- Not co-opting nor instrumentalizing but aligning
- Knowledge gaps:
  - Legitimatizing or marginalizing inappropriately
  - Some religious practices may negatively impact
- Ethical Decisions when Ends are different:
  - Interventionist must decide whether to
    - Promote what is in the bodily health interest of the patient

      <Or>
    - Support patients' religious beliefs & practices

      <Or>
    - Find another ethically-acceptable solution
- Working with religious leaders can help but may have an opportunity cost

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