RELIGIOUSLY TAILORING MESSAGES TO ENHANCE MAMMOGRAPHY INTENTION AMONG MUSLIMS: PROCESSES AND CONTENTIONS

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AIMS

- **Discuss the design of a mosque-community based intervention to enhance mammography intention**
  - Describe data on barrier beliefs to address and the intervention components
- **Describe the 3R Model for religious tailored messages**
- **Reflect on the practical and ethical challenges in leveraging religious frameworks in behavioral health interventions**

AMERICAN MUSLIMS & MAMMOGRAPHY

- Population: ~5-7 million
  - Ethnically/Racially Diverse (20-24% African American, 18-26% South Asian, 24-26% Arab)
  - 50% attend mosque community weekly

- Mammography Rates- Scant research
  - Mammogram Ever- 69-73%
  - Biennial– 52-61% [37% not adherent in sample]

- Religion Impacts Healthcare Decisions
  - Framework for understanding disease and means for its removal
  - Ethico-legal guidelines inform choices
  - Religious Identity/Religiosity increases exposure to discrimination

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

-Compassionate Care Network

Evidence Gathering

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

Mosque-Based Intervention Design & Deployment

- Sermons
- Peer health education workshops

American Cancer Society®

Initiative on Islam and Medicine
The University of Chicago

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

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ORIGINAL PAPER

Associations Between Religion-Related Factors and Breast Cancer Screening Among American Muslims

Aasim I. Padela · Sohad Murrar · Brigid Adviento · Chuanhong Liao · Zahra Hosseinian · Monica Peek · Farr Curlin

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

- Demographics:
  - Ethnicity/Race- 33% Arab, 32% S. Asian, 27% African American
  - 75% had health insurance (85% access to PCP)
- Mammography Rates
  - 77% had mammogram once in their life
  - 37% did NOT have a mammogram in the past two years
- Predictors
  - - Religious discrimination in healthcare (OR= .74; p<.05) - Positive religious coping (OR= .21; p<.05)
  - + Have PCP (OR= 20; p<.01)

PHASE 2: OBTAINING BEHAVIORAL NARRATIVES

6 FGs in mosque communities (n=50)

"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 Participant)

"I mean if Allah's going to give it to you, he's going to give it to you."

(African American Participant)

Figure 1

Qualitative Analysis Illustration

Focus Group Location & 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.

BARRIER BELIEFS

- **Mammography is painful**
- **Fear of positive mammography result**
- **Lack of gender concordant staff at imaging center**
- **Fatalistic Notions about health**
  - It is by Allah's will that I get sick or am cured and I cannot change that fate hence mammography is of no benefit.
- **Family over self**
  - My family's needs and priorities are (should) come first
- **Lack of Insurance (cost) is a barrier**

RELIGION-RELATED THEMES

- **Perceived religious duty to care for one's health (facilitator)**
- **Comfort (need) with Gender Concordant Healthcare** (barrier)
- **Religious Practices as a Methods of Disease Prevention (+/-)**
  - Expansive vs. restrictive views
- **Fatalistic Notions about Health (+/-)**
  - Determinism w/o agency
  - Prayer as means to change fate
  - God's decree unknown therefore duty exists

OBTAINING PERSPECTIVES ON INTERVENTION STRUCTURE

- Conducted 19 semi-structured interviews with
  - English-speaking, self-identified Muslim women over the age of 40
  - Recruited from 9 mosques across the Greater Chicago area

SAMPLE INTERVIEW QUESTIONS

- Can you think about examples in your life when Imams or religious leaders talked about Muslim women's health?

- If we want to put more of an emphasis on women's health in our mosque community, how should we go about doing it?

- If we wanted to support Muslim women in the community taking control of their health, what would be the best strategies?

IMAMS AS HEALTH MESSENGERS

"I think [conversations on women's health] would be ***refreshing and long overdue***. I would be really happy and ***I would encourage any imam to talk about health awareness***, especially for women, because… ***a lot of our needs are not addressed***." (South Asian participant)

"It can't just be a hodgepodge discussion, like, 'Let's do this.' ***The imam has to be educated himself*** of what the topic and how he's going to bring it about to his people." (Asian participant)

FRIDAY SERMONS AS A HEALTH EDUCATION MODALITY

"Especially for the Muslim people, I think ***it is a very good idea to talk about that in the mosque like Friday sermon*** and all other programs." (South Asian participant)

"In any setting that is for children and families and husbands and wives… When women also start considering it ***a community issue, as opposed to just women's health issue, like women's health affects the entire community***… (South Asian participant)

HEALTH EDUCATION MESSAGES IN SERMONS

"remember to… place upon the mother or the woman, who is the caregiver of the home that ***if she doesn't take care of herself, no one is going to take care of the family***." (African-American participant)

"Go to the religious aspect of what was said by talking of what the Qu'ran says about healthy living… say, '***This is what is mandated by our religion***. This is the practical application of it… ***Your bodies are gifts from God***. You have responsibilities towards this, this, and this…'" (South Asian participant)

"[Discussing women's health in sermons] might help those that think, 'Oh, I'm going to get what I'm going to get because God gave it to me.' ***But there are still things that we have to do***." (Arab participant)

PEER EDUCATORS AS CONVEYORS OF HEALTH MESSAGES

"There's no need [for an imam]… You've got a lot of ladies out there. They're educated… ***A woman likes to talk to another woman***." (South Asian participant)

"[The potential peer educator] **is very influential in the community and very well respected**… I think it would have to be women who know how to talk to other people." (Arab participant)

"[Peer educators should] have both ***knowledge from the educational side as well as the religious side***." (South Asian participant)

GROUP EDUCATION CLASSES AS HEALTH EDUCATION MODALITY

"When you sit with other people and you listen to… ***it makes you open up more***… I do believe in sharing and talking about things." (Arab participant)

"If I feel that okay, I go there and I share something and then other women say, ***'Okay, there is nothing wrong in going there***…" (South Asian participant)

HEALTH EDUCATION MESSAGES IN GROUP EDUCATION CLASSES

"It needs to be part of ***a holistic program for general health***. If it was just breast cancer, you will not have a following. You will not have people showing up. It's like it was too ostracizing. It's like having a discussion solely on infertility. ***No one's going to show up because everyone's going to be looking at them***..." (South Asian participant)

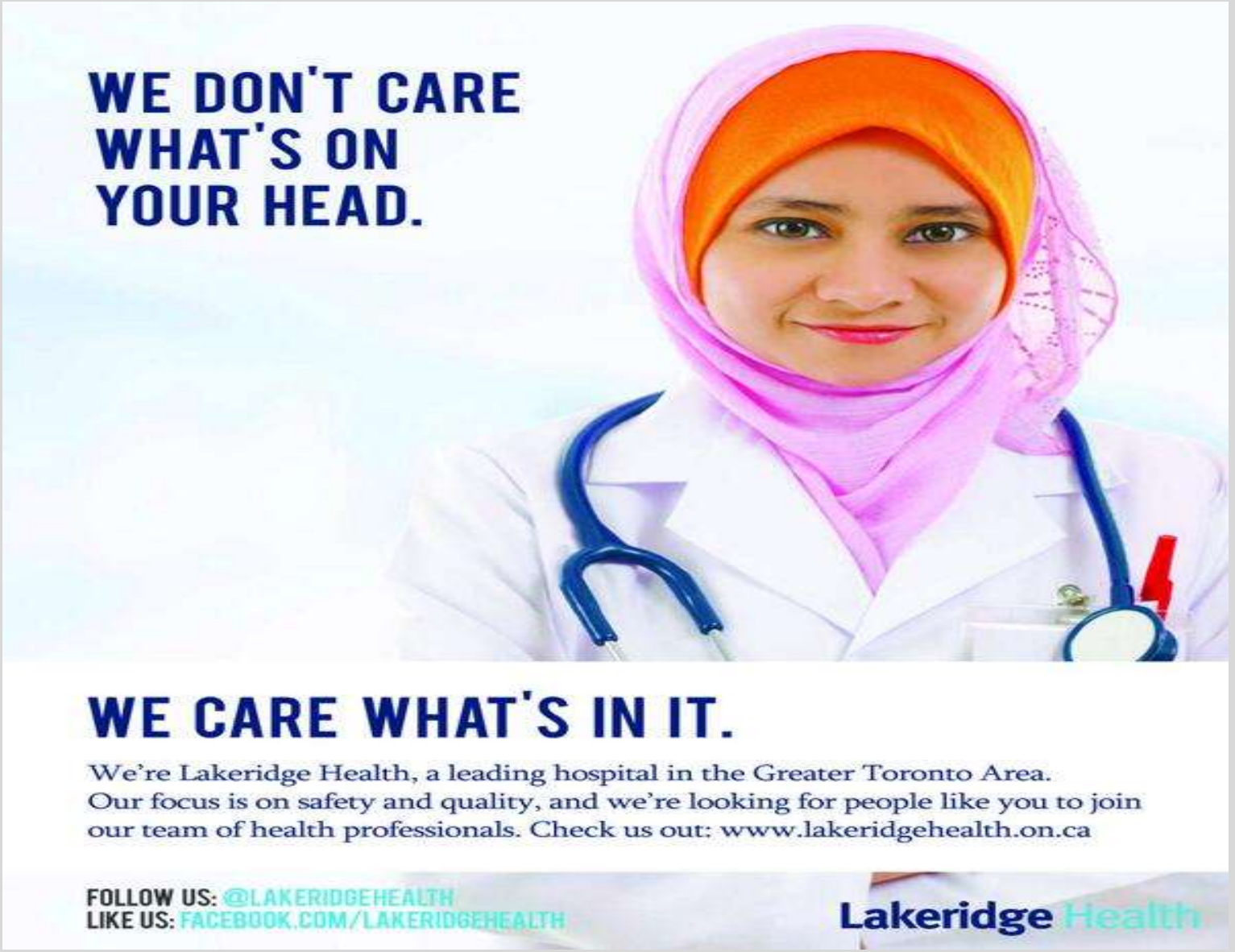
SUMMARY

-American Muslim women welcome imams talking about health, and women believe sermons to be an effective modality

-Prefer sermons to be replete with religious examples

-Modesty concerns lead a few participants to voice disapproval of the idea of men talking about women's health issues

Group education offers the potential to address stigma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ADDRESSING BARRIER BELIEFS

The 3R Model (provisional)

- **Reframe**: "switch train tracks"
  - Keeping the belief intact but change the way one thinks about it so it is consonant with the desired health behavior
  - Normalizes the barrier belief

- **Reprioritize**: "show them a better train"
  - Introduce a new belief and create higher valence for it than the barrier belief.
  - Normalization of the barrier belief is optional

- **Reform**: "breakdown the train carriage"
  - Negate the barrier belief by demonstrating its faults by appealing to authority structures

BARRIER BELIEFS & RELIGIOUSLY TAILORED MESSAGES

Belief	Reframe	Reprioritize	Reform
I believe mammograms are painful	The pain incurred on the path to a good deed (caring for body) is also rewarded by God	You have a stewardly duty to care for the body God gave and screening coheres with this duty	N/A *they are painful*
I fear positive test results	Knowing cancer status earlier is better than late diagnosis	-Reading the Qur'an and prayer are ways to reduce fear of the unknown -Do not fear results; God is merciful and whatever the outcome it is best	N/A *fear is a normal experience*
It is by Allah's will that I am sick or cured and I can do nothing to change my fate	N/A *Mammography screening does not implicate God's control over disease and cure*	You have the duty to care for the body God bestowed upon you; your actions are judged not the 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	Your primary responsibility is yourself and then others

BARRIER BELIEFS & RELIGIOUSLY TAILORED MESSAGES

Belief	Reframe	Reprioritize	Reform
Gender concordant care is islamically preferred	Most mammography centers have all female staff so you can live out the concordance mandate	Duty of stewardship outweighs Islamic modesty guidelines	Gender concordance preferred but in extenuating circumstances religious exemptions exist
Insurance policies (cost) make getting a mammogram difficult	Cancer care is more costly hence early detection through mammography is preferred	-Reading the Qur'an and prayer are ways to reduce fear of the unknown -Do not fear results; God is merciful and whatever the outcome it is best	N/A ***perception may be truth***

PRACTICAL AND ETHICAL CONSIDERATIONS

- Selection of Strategy (& message):
  - Reframing implies normalization of belief → When is normalizing cultural/religious ideas appropriate?
    - Ex: Family over self
  - Reforming implies unorthodoxy of held belief → Who adjucates orthodoxy & heterodoxy?
    - Ex: Determinism & fatalism
  - Reprioritizing entails a value judgment → Are we instrumentalizing religion?
    - Ex: Does duty to body supercede other religious imperatives?

PRACTICAL AND ETHICAL CONSIDERATIONS

- Selecting the messenger:
  - Do we give the peer educator the "authority" to
    - Normalize some beliefs while marginalizing others?
  - Selectively seeking out religious authorities who share values with us might
    - Marginalize other religious views from a plural system
    - Naturalize religious authority in these figures

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