INITIATIVE ON ISLAM AND MEDICINE
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Muslim Women's Perspectives on Designing Mosque-Based Women's Health Interventions: An Exploratory Qualitative Study

Milkie Vu, Hadiyah Muhammad, Monica Peek, Aasim Padela

American Cancer Society Grant MRSG-14-032-01-CPPB

Background

- Religion informs American Muslim women's health beliefs, preferences, and practices
  - Example: fatalistic beliefs, preferences for gender-concordant care, reading Qu'ran as a method of disease prevention

- Potential impact of an educational program based in mosque communities, utilizing religious leaders, and leveraging religious concepts

Background

- American mosques
  - Religious function: Worship services, lectures on religious teachings, and Islamic school programs
  - Social and civic functions: Educational program and dialogues, counseling services, and basic needs assistance

Background (cont.)

- Evidence of successful mosque-based health campaigns:
  - Blood glucose and testing, United Kingdom
  - HIV/AIDS prevention, Uganda
  - Malaria control, Tanzania
  - Methadone maintenance treatment, Malaysia
  - Tuberculosis, Bangladesh
  - Family and reproductive health, Jordan

Background (cont.)

- Limitations of current literature
  - Mostly focusing on settings outside of the United States
  - Need to further explore strategies to encourage women's participation and/or addressing preferences for non-mixing of women and men in public settings

Objective

- To assess American Muslim women's views on effective strategies for mosque-based educational interventions to promote women's health

Methods

- English-speaking, self-identified Muslim women over the age of 40
- Recruited from 9 mosques across the Greater Chicago area
- Semi-structured interviews via phone
- November 2014 to April 2015

Methods (cont.)

- Sample interview questions:
  - Can you think about examples in your life when Imams or religious leaders talk about Muslim women's health?
  - If we want to change the situation 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 are the best strategies?

  Probe: What do you think about imam-led Friday sermons?

  Probe: What do you think about group education classes led by other community women?

Methods (cont.)

- Summary creation
- Coding scheme creation & application
- New summary generation and review
- Grouping codes into higher-order conceptual themes
- NViVo 10 used for data analysis

Socio-Demographic Characteristics	
Racial/Ethnic Background	**N= 18**
African American/Black	3 (16.7)
South Asian	9 (50.0)
Arab/Arab American	6 (33.3)
Age	**N=18**
40-49	11 (61.1)
50-74	7 (38.9)
Mean (range)	45 (range: 41-67)
Marital Status	**N=19**
Married	17 (89.5)
Highest Level of Education	**N=19**
High school/GED or Less	4 (21.1)
Associates	3 (15.8)
Bachelors	7 (36.8)
Advanced degree (Masters or higher)	5 (26.3)
Duration in the United States	**N=19**
Less than 15 years	3 (15.8)
16-20 years	3 (15.8)
More than 20 years	13 (68.4)
Annual Household Income	**N=16**
Less than $60,000	7(43.8)
$60,000 – $90,000	6(37.5)
Over $90,001	3 (18.8)
Health Services Utilization	
Have A Primary Care Physician	**N=19** 19 (100)
Religiosity	
Islamic Affiliation	**N=19**
Sunni	15 (78.9)
Rating of Religiosity (on 1-10 scale)	**N=18**
5 (Somewhat Religious)	2 (11.1)
6	2 (11.1)
7	7 (38.9)
8	3 (16.7)
9	1 (5.6)
10 (Very Religious)	3 (16.7)

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)

"[The topic] has to be researched properly by the imam. 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. He needs to know… also his audience, definitely ***he would have to make it appealing to them***." (Asian participant)

"I just think in Islam, everything is about modesty. So when you think about modesty, those types of female issues, women [not men] should address… You still got ***people culturally that they don't talk to men about stuff***." (African-American participant)

Friday sermons as 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)

"[Health education] in any public setting, it's going to be advantageous. 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***… [Concerns about women's health] actually has to belong to the community. So any public setting I think, mixed genders." (South Asian participant)

Health education messages in sermons

"Hopefully there are masjids put in place that will 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)

"I know [community women] ***trust somebody that they've known for a long time***… It's like when a friend of yours gives you an advice, or somebody that you've just seen for the first time. You're going to take more seriously somebody you know more." (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,'*** and then now they're looking at me, 'Join this one.' I feel like there's nothing wrong in doing that…" (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. So it would be more about healthy eating, preventative medicine..." (South Asian participant)

Discussion

- Study participants voiced support for having imams and peer educators leading sermons and group classes on women's health, respectively

- Desired qualities and content of the messengers, modalities, and messages of mosque-based health interventions

Discussion (cont.)

- Implications for researchers looking to integrate imams and Friday sermons in health promotion interventions for Muslims in the American context
- American Muslim women welcome imams talking about health, and women believe sermons to be an effective modality
- Preference for health messages in Friday sermons to be replete with religious examples

Discussion (cont.)

- Modesty concerns lead a few participants to voice disapproval of the idea of men talking about women's health issues
- Health messages should not dwell on any specific women's health topics that can make female congregants feel embarrassed
- Peer-led group education as an important complement to imam-led sermons

Discussion (cont.)

- Group education offers opportunities for social interactions and meeting people with different health statuses and experiences
- Potential to normalize stigma of discussing women's health

Discussion (cont.)

- Strengths: mosque-community based approach to recruitment and sampling of Muslim women from different racial and ethnic backgrounds
- Limitations: Sample of English-speaking women aged 40 and above who frequented mosque and community events, which might have limited the generalizability of our findings