

# Promoting Cancer Screening Literacy among South Asian Muslim Immigrant Women in Canada: Perspectives of Imams

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## Background

- Cancer is the leading cause of morbidity and mortality in Canada<sup>1</sup>
- Early detection and diagnosis of cancer, through screening tests, increases the chance for treatment to improve patient outcomes<sup>2</sup>
- Immigrants are half as likely to undergo cancer screening than non-immigrants<sup>3</sup>
- South Asian immigrant women have the lowest rates of cancer screening<sup>4</sup>
- Previous research reports low cancer literacy and cultural and religious factors can contribute to inequities in screening rates for South Asian immigrant women<sup>5</sup>

## Purpose

Explore Muslim religious leaders' (imams) knowledge and attitudes about cancer screening, and their perceived role in improving cancer screening health literacy among South Asian Muslim immigrant women

## Methods

### Guiding Theory

- Knowledge, Attitudes, and Practices (KAP) model, the Socioecological Model (SEM), and Communication for Development (C4D)

### Study Participants

- Imam who regularly engages with members of the South Asian community, over the age of 18, fluent in English, Urdu, Bangla, or Hindi
- Emailed posters to all imams from mosques and major Muslim organizations in the city and snowball sampling

### Data Collection

- Semi-structured interviews (45min-1hr) face-to-face
- Demographic and open-ended questions structured by KAP model. Questions about practices organized using five levels of SEM since they correspond to C4D

### Data Analysis

- Knowledge and attitudes: inductive descriptive analysis
- Practices: deductive thematic analysis

## Results

Table 1. Participant characteristics represented as n (%).

Characteristics	Results	Participants (n = 8)
Age	26-35	2 (25)
	36-45	4 (50)
	46-55	2 (25)
Gender	Male	8 (100)
Languages spoken	English	8 (100)
	Arabic	8 (100)
	Urdu	4 (50)
	Hindi	2 (25)
	Bangla	1 (13)
	French	2 (25)
Employment status	Full-time	8 (100)
Highest education	University	8 (100)
Religious education	Institutionalized	7 (88)
	Non-institutionalized	1 (13)
Years in Canada	≥ 20 years	6 (75)
	< 5 years	2 (25)

Table 3. Themes, subthemes, and involved groups identified for imams' perceived role/practices in improving cancer screening, using the Communication for Development approach.

Practices (C4D)	Subthemes	Groups
Self-efficacy	<ul style="list-style-type: none"> <li>• Islamic teachings with scientific facts</li> <li>• Accessible facilities</li> <li>• Speaker role</li> <li>• Youth as key informers</li> </ul>	Imams
Outreach	<ul style="list-style-type: none"> <li>• Muslim community events or social media to advertise and educate</li> <li>• Muslim and/or South Asian doctors</li> </ul>	Imams, congregants, healthcare professionals
Involve knowledge providers	<ul style="list-style-type: none"> <li>• Collaborate to educate imams</li> <li>• Collaborate to create easily digestible health information</li> </ul>	Imams, congregants, universities, health-related orgs and professionals
Engage community relationships	<ul style="list-style-type: none"> <li>• Regular health awareness events and information booths</li> <li>• Collaborate with South Asian community groups at events and festivals</li> </ul>	Imams, congregants, health professionals, post-secondary youth, cancer survivors, community orgs
Advocate	<ul style="list-style-type: none"> <li>• Incorporation of health-related programs into Muslim org policies</li> <li>• More cultural sensitivity by health authorities when encouraging screening</li> </ul>	Imams, Muslim orgs, health authorities

Table 2. Imams' knowledge and attitude towards cancer screening.

Knowledge	Attitudes
<ul style="list-style-type: none"> <li>• Cancer, early detection, and cancer stages</li> <li>• Cancer screening practices</li> <li>• Mammograms, stool tests, and Pap tests for breast, colon and cervical cancers, respectively</li> <li>• Awareness of low cancer screening rates among South Asian Muslim immigrant women in Canada</li> </ul>	<ul style="list-style-type: none"> <li>• Support of cancer screening</li> <li>• Impact of religion on cancer screening</li> <li>• Involving imams to improve cancer screening rate</li> </ul>
<p>"Something starts growing in the body, and as a result of it, organs start shutting down and stop functioning properly until a person eventually dies." (P2)</p> <p>"At stage one, that's probably the best chance of preventing [cancer], its growth altogether." (P4)</p>	<p>"Religion can be a barrier [to cancer screening] when there's misinterpretation that if the doctor is of the opposite gender, they can't deal with them." (P2)</p> <p>"Without health, one cannot excel in their religion [...] If you just look at the health campaign the Prophet PBUH started: water, cleanliness, oral hygiene — it's all prevention related." (P3)</p>

## Discussion

- Imams eager to harness resources and community in order to overcome religious misinterpretations and improve cancer screening literacy among South Asian immigrant women, given they have adequate cancer literacy themselves
- Imams' willingness credited to emphasis Islam places on health, especially preventative health
- Collaboration with academics and healthcare providers who are familiar with Islam and with the South Asian culture is important for creating and disseminating screening information appropriately
- Future research should explore South Asian immigrant women's perspective on imams promoting cancer screening before implementing recommended practices

## References

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