Using a participatory approach to encourage uptake of breast, colorectal, and cervical cancer screening for Scottish Muslim women: a pilot qualitative study

Floor Christie-de Jong, Marie Kotzur, Rana Amiri, Jonathan Ling, Katie Robb

Abstract

Background

Muslim women use cancer screening less often than the general female population, which puts them at risk of delayed detection. We used an asset-based approach to co-design a faith-based intervention to increase uptake of breast, colorectal, and cervical screening in Scottish Muslim women.

Methods

In this pilot qualitative study, we recruited Muslim women (n=28) of Asian and Arab ethnicity, aged 25–74 years, through snowball sampling from community organisations in Glasgow and Edinburgh. Ten of these women participated in four online workshops in February, 2021, with the aim to codesign the intervention, underpinned by the socio-ecological model and the behaviour change wheel. The final intervention included health education delivered by doctors, testimonials by Muslim women sharing experiences of cancer or screening, and the perspective on cancer screening from a female religious scholar. The intervention was delivered to two groups of eight and ten Muslim women respectively, in March 2021. A week later, the 18 women participated in two focus groups to qualitatively evaluate the intervention. Analyses were conducted thematically.

Findings

Themes included barriers to screening, acceptability of content and delivery, attitudinal change, and intervention improvement. Participants believed that lack of awareness was an important barrier to screening. They found the intervention informative. They particularly liked the combination of multiple components, including spirituality, culture, and health education. They valued the faith-based element and highlighted how Islam could facilitate overcoming cultural barriers including social stigma, embarrassment, and modesty, although this could vary with different levels of religiosity. Participants also emphasised that faith-based approaches in isolation would not be enough. They appreciated input of trusted sources such as doctors and religious scholars and were especially drawn to personal narratives. Participants expressed preference for face-to-face delivery and advised using translators to overcome language barriers.

Interpretation

Barriers to screening are complex. Using faith as an asset, integrated with the socio-ecological model and behaviour change wheel, resulted in a holistic intervention tackling multiple barriers, which appealed to participants. Collaborating with communities and faith leaders can help to develop culturally sensitive interventions that harness positive aspects of

faith for better health outcomes. Intervention effectiveness needs more robust investigation, which we are undertaking in a feasibility study with 200 Muslim women in northeast England and Scotland.

Funding

Scottish Inequalities Fund, the Scottish Government.