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Introduction: Cancer screening saves lives, yet Muslim women participate less often, missing early diagnosis benefits. Faith-based communications, building on community assets, provide a culturally acceptable strategy to address barriers. We co-designed a faith-based intervention with Muslim women, underpinned by the Integrated Screening Action Model and including peer-led discussions, GP-led education on screening, testimonials from Muslim women, and Islamic perspectives on breast, colorectal, and cervical screening.

Methods: In 2024, as part of a non-randomised feasibility trial, we co-delivered the intervention 16 times, face-to-face or online, with 169 Muslim women in Glasgow and North-East England. Women were not up to date with at least one screening programme. A mixed-methods design evaluated the intervention: questionnaires assessed knowledge, attitudes, and screening intention at baseline, post-intervention, and 6-and 12-month follow-up. Acceptability and perceived impact were qualitatively explored, and thematically analysed using the Theoretical Framework of Acceptability.

Results: Participants ranged in age from 25-74 (mean 47), and 128 (76.6%) identified as South Asian. Mean cancer knowledge more than doubled from pre-intervention to 12-month follow-up (from 3.2 to 7.4; mean change = 4.2 [95% CI 3.6, 4.8]). Some attitudes changed significantly (e.g. risk perception), although others did not (e.g. worry about male providers). Intention to engage in screening increased significantly from pre-intervention to 12-months for breast (55% to 92%, change=37% [22%, 52%], n=38), cervical (43% to 83%, change=40% [29%, 51%], n=100), and colorectal (35% to 85%, change=50% [28%, 72%], n=20). Among participants invited for screening during 12 months-follow-up, self-reported uptake was 70% (n=14/22) for breast screening, 87% (n=41/50) for cervical screening and 91% (n=10/11) for colorectal screening. Qualitative interview participants (n=36) found the intervention acceptable, valuing the Islamic perspective, GP input, and its relevance to Muslim women's needs.

Conclusion: This is the first evaluation of a peer-led, faith-based intervention for British Muslim women and suggests it may be effective in improving screening knowledge, attitudes and behaviour. Qualitative findings also suggest that intervention content and delivery were acceptable to participants. Further research is needed to determine intervention effectiveness in larger and more robust studies.