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**Assessing, Developing and Piloting
Information Support Tools to Increase
Knowledge of, Satisfaction with and
Awareness of Cancer and Cancer
Screening and Treatment among the
Muslim Communities**

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Background

Cancer screening leads to early detection and treatment of cancer; but not all minority and ethnic groups make equal use of National Health Screening (NHS) programmes in the UK (Szczepura et al. 2008). Furthermore there is a knowledge gap on cancer and screening programmes in some ethnic minority communities living in UK. Some such screening programmes (e.g. breast and cervical cancer) have been running over several years and despite efforts by the NHS, the cancer screening uptake in certain South Asian communities has not improved (Fobb et al. 2010). The purpose of this study is to:

- ❑ identify current knowledge in Muslim communities about cancer and screening programmes and underlying socio-cultural and system barriers in using such services;
- ❑ identify sources of psychosocial cancer support within Muslim communities;
- ❑ develop, and pilot effective health promotion materials on cancer after mapping their knowledge, attitudes, beliefs, and practices to cancer and its treatment services against existing cancer screening promotional materials.

Methods

This project draws upon the principles of participatory research; members of the Muslim communities and organisations have worked in partnership with the research team.

Ethnic Health Forum (EHF) commissioned the field work in Manchester, recruitment of bilingual facilitators and conducting of the focus group discussions (FGD).

Six community bilingual facilitators were recruited, three male and three female by EHF; this was to reflect diversity of age, gender, culture and social network. The facilitators spoke multiple languages (mainly Arabic, Somali and Urdu/ Bengali).

Seven focus group discussions were carried out with 52 participants from Muslim communities in Manchester and the resultant knowledge share information material was piloted with similar linguistic groups in Sheffield.

- ❑ Three FGD for male and three FGD for female were held in Arabic, Somali and Urdu speaking participants.
- ❑ One additional FGD with faith leaders, Imams and Islamic scholars, was held to explore difference in attitudes, knowledge and perceptions among Muslims and their religious scholars and also to highlight the extent of faith in psychosocial support among Muslims
- ❑ Focus groups had between 8 to 10 participants from different socio-economic backgrounds and age profiles to ensure maximum phenomena variation
- ❑ In addition snowballing sampling techniques were used to identify participants who are not members of established community groups.
- ❑ FGD were audio-recorded.
- ❑ The FGD were facilitated by community facilitators who speak the same language, same gender and observed by one member of the research team.
- ❑ The thematic topics for FGD were:
 - Awareness of health in general
 - Knowledge and perceived susceptibility about cancer
 - Attitudes towards cancer screening services
 - Awareness and adequacy of National cancer screening information leaflets
 - Medium, mode and language of desired health promotional material

Findings

- ❖ Help-seeking behaviour was constrained by lack of knowledge on cancer symptoms and limited awareness of cancer screening services.
- ❖ Fear of being diagnosed, hardship, and language barriers.
- ❖ Most participants believed getting cancer to be "God's will" and a "Death sentence".
- ❖ Most participants positively associated the psychological support from reading the Quran and seeking advice from Islamic scholars and imams.
- ❖ Most participants stated that existing promotional material does not clearly indicate how to seek help and is not reaching the target groups.
- ❖ Women were more knowledgeable about the cancer screening programmes particularly the breast and cervical compared to men.
- ❖ Few participants expressed their concern about bowel screening kit as they were not sure how to use the kit and send it back by post.
- ❖ The majority of participants suggested that communications strategies could be improved through culturally appropriate health promotional material, outreach and working with local health providers and local Muslim community groups.

Conclusion

The finding of this study suggest that cancer awareness, health education programmes, translated material and tailored health messages that are delivered in partnership with local Muslim community organisations will have the greatest potential to increase awareness and uptake of cancer screening and treatment services among UK Muslim populations.

Outcome

The key outcome of this project was the development of Knowledge share information sheets on cancer awareness, screening and treatment for cancers including five key cancers (Breast, Bowel, Cervical, Lung and Prostate) in three languages Arabic, Somali and Urdu, these Leaflets can be accessed online:

<http://www.shu.ac.uk/research/hsc/cancer-awareness-information-sheets-muslim-communities>

Muslims beliefs and attitudes towards CANCER

There is a considerable knowledge gap regarding cancer symptoms and the risks of developing cancer among the Muslim community. Some of the views from focus group discussions with Muslim Community members illustrate some of the beliefs about cancer.

GPs are not empathetic to your needs, they don't even listen

We do not know how to examine ourselves or if we found something what to do

People would love to go to the screening programmes if were offered and been asked to come forward, however if the choice is left to the individual that they should go and screen themselves out they would normally don't do that

I used to throw away the appointment letters for cervical screening

Cancer is a taboo and has a stigma attached to it

We are only told about Diabetes and not Cancer or it's symptoms

Cancer is a European disease and I only became aware of it when it came to England

*Everyone can get cancer. It's a test from Allah and Qadr**

The notion of going to get yourself checked out by strangers, sometimes men, but even embarrassed in the presence of women, puts people off so don't want to know

We Muslims believe illnesses are from "Allah". We should make Dua (prayer) to "Allah" to protect us and keep us in good health.

We only heard about the cancer when it happens to someone, but we never heard about the cancer screening programmes

References and Acknowledgements

1. Szczepura AK, Price C, Gumber A (2008). Breast and bowel cancer screening uptake patterns over 15 years for UK south Asian ethnic minority populations, corrected for differences in socio-demographic characteristics. BMC Public Health, 2008, 8:346.
2. Fobb K, Wardle J, Stubbs S, Ramirez A, Austoker J, Macleod U, Hiom S, Waller J (2010). Ethnic disparities in knowledge of cancer screening programmes in the UK. Journal of Medical Screening, 17(3):125-31.

* "Qadr": Al Qadr means the predestination of things

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