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Think Pink: An exploration of barriers faced by Muslim women in accessing breast cancer care and a pilot programme to address them

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Introduction

In the UK, screening programmes are crucial for early detection of breast and cervical cancer. Muslim women's attendance to these programmes falls below the national average (1), increasing the risk of delayed diagnosis, and thus exacerbating health inequalities. This study explores the barriers that Muslim women face in accessing screening programmes, in order to develop initiatives to increase engagement within this population and consequently tackle morbidity and mortality.

Methods

A preliminary online survey was conducted for Muslim women to explore their understanding of women's cancers. Following this, an in-person breast cancer awareness workshop, Think Pink, was completed at a mosque in London. This was advertised in local mosques, through community groups, and on social media. Bilingual presenters conducted the workshop, with resources provided in numerous languages. Verbal feedback was compiled before and after the workshop to ascertain the understanding of attendees.

Results

69 Muslim women aged 25-70, of varying ethnicities, completed the survey. One-third of participants did not know how to examine their breasts and two-thirds had not undergone a cervical smear. The notable barriers to accessing care included: the negative attitudes of doctors; interaction with male doctors; family responsibilities; waiting times; lack of awareness of the need for screening; and language barriers. 15 individuals attended the workshop, all of whom confirmed that the session improved their knowledge of breast cancer.

Discussion

Our research showed that Muslim women experience inequalities in their access to cancer screening. Think Pink aimed to overcome these barriers by providing a faith-based, culturally cognizant intervention directly engaging the community. The limitations of our research were a lack of participant data pre and post-workshop. Furthermore, the Google Form survey had minimal language options which may not have covered the full spectrum of languages spoken by this population.

We recommend that Think Pink be replicated in other locations, accompanied by stringent data collection for continual improvement and targeting of more barriers. At the macro level, there needs to be greater dialogue and education between policymakers, healthcare professionals and Muslim women, to enable better engagement for stigmatised health issues, and to empower patients with greater autonomy.

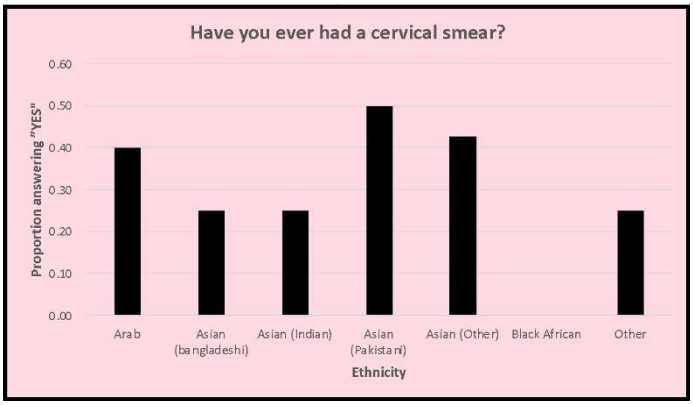
References

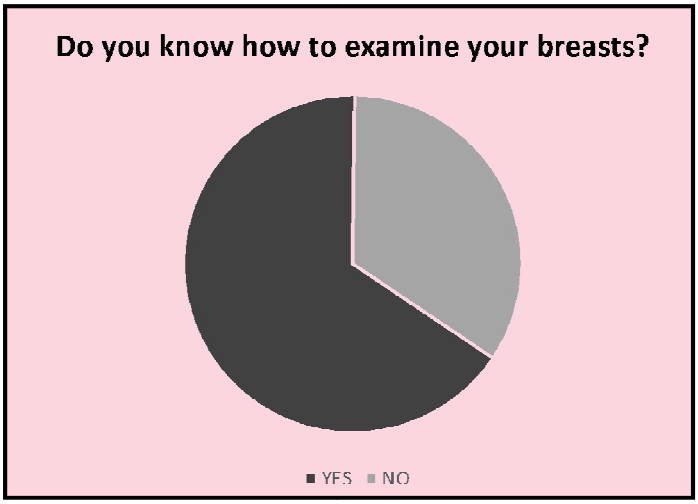
1. Christie-de Jong F, Kotzur M, Amiri R, Ling J, Mooney JD, Robb KA. Qualitative evaluation of a codesigned faith-based intervention for Muslim women in Scotland to encourage uptake of breast, colorectal and cervical cancer screening. BMJ Open. 2022;12(5).

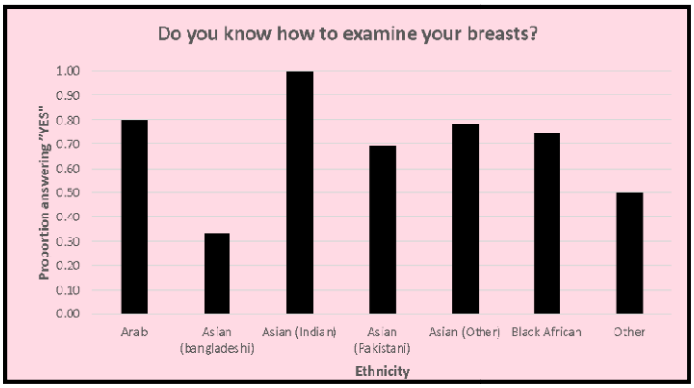
Figures:

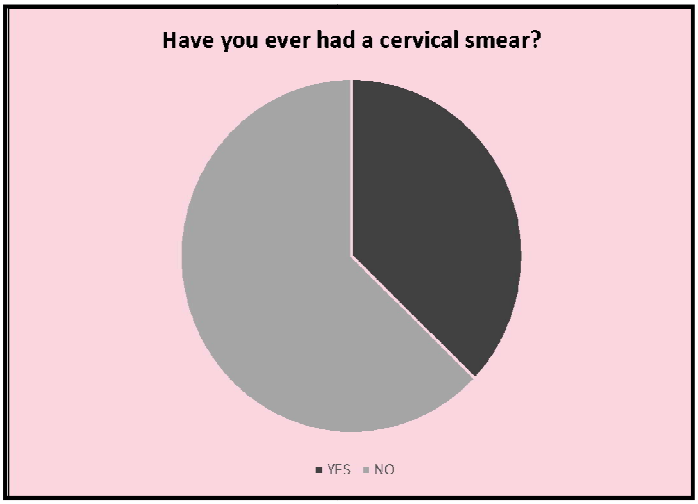
Sample Characteristics

Age	N
<20	6
20-29	31
30-39	4
40-49	12
50-59	16
60+	1
Ethnicity	
Arab	5
Asian (Bangladeshi)	12
Asian (Indian)	4
Asian (Pakistani)	26
Asian (Other)	14
Black African	4
Other	4
Language	
Arabic	7
Bengali	11
French	5
Punjabi	8
Tamil	5
Urdu	36
Other	17









Barriers

Structural Barriers	N
Sex of doctor	4
Appointment availability	9
Distrust in doctor	6
Socio-cultural Barriers	
Language barrier	3
Embarrassment	4
Stigma/ Taboo	2
Individual Attitudes and Perceptions	
Unaware of symptoms	3
Fear of procedure	2
Conflicting responsibilities	3