



“Trust in God, But Tie Up Your Camel”: Perceptions of Cervical Cancer Screening Among African American Muslim Women in Philadelphia

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Background and Introduction

Do Muslim women have the same cancer screening rates as other groups?

- In one study performed on Muslim women in Qatar, less than 1/3 for whom mammography was recommended obtained it.
- Muslim East Asian immigrants in America reported almost nonexistent use of Pap tests.

What are potential barriers for women obtaining screening?

- Concerns about modesty and virginity
- Stigma of disease
- Fatalism about medicine
- Lack of female physicians
- Theological perspectives on fate and faith

Research Question: What factors influence African American Muslim women’s perspectives on cervical cancer screening? How do they differ or compare to the experience of Muslims in Muslim-majority countries?

Methods

My study is based on qualitative interviews with African American Muslim women in Philadelphia.

Working from an interview guide, I conducted one-hour interviews with women between the ages of 21 and 65 who self-identify both as religious Muslim and as African American. Qualitative analysis was used to evaluate themes of interactions between medicine, religion, and culture.

The interviews were driven largely by the participants, but questions centered around relationships between Islam and medicine, race and medicine, and Islam and race.

Any questions that participants felt uncomfortable answering, they were free to skip. However, most women felt comfortable discussing sensitive subjects in a private, female-only environment.

Participants have been found through referrals by community members, individual networking, and snowball sampling.

Finding participants was the most difficult element of this project. Many of the women willing to be interviewed were less conservative, in personality and in ideology, than their peers.

Results

“The Prophet also didn’t wear Timberland boots, but that’s what you got on.”

6 out of 8 participants chose to regularly access preventative Pap tests.

- The 2 women who chose not to cited Islamic restrictions against showing the area between the navel and the knee to anyone other than their husband, except in cases of emergency.
- The 6 women all acknowledged, to varying degrees, that Islamic law frowns upon the use of preventative Pap tests, but they all stated that, in this case, they prioritized their health over strict adherence to law.
- Participants displayed vast diversity in observance, interpretation, and prioritization of religious laws, social norms, and personal obligations.

“I’m American, and I grew up with preventative measures, and I just can’t get away from that.”

Identity

- Almost all participants referred to American identities when discussing Pap tests, norms, and values
- Two who do not receive Pap tests described Muslim identity as stronger than American
- Participants spoke about differences between Arab and American cultural identities

“I don’t want to sound, like, blasphemous or anything, but it’s like, you’re not supposed to have common sense.”

Religious Law

- All six participants who chose to receive preventative Pap tests acknowledged that Islamic law frowns upon the practice
- The two women who choose not to are willing to receive gynecological care as long as the care is addressing an emergent problem, as long as only females are present in non-life-threatening circumstances, and as long as the care only entails displaying the relevant body part
- Some described feeling stereotyped by providers who are unwilling to consider reasonable accommodations

“You note that the science works, but you believe that the science works by the will of God.”

Biomedicine

- Seven out of eight participants reported using traditional or herbal medicines, either in conjunction with conventional biomedicine or by themselves
- Participants felt that pharmaceutical and biomedical interventions were overutilized
- Several criticized overreliance on traditional medicine and emphasized that Islam does not mandate one way or another

“I took my son to the emergency room recently, and ... [they gave me a] form that allows you to take a blood sample for genetic testing. And it was funny, I looked right at the person and I said, do I look like Henrietta Lacks to you?”

Mistrust

- Several brought up members of their communities’ mistrust of the medical system as a result of African American identity
- Knowledge of past abuses of marginalized communities was common
- Some felt that sufficient education about medical rules and regulations counteracts knowledge of abuses

“My daughter told me, girls become more upset about losing their iPhone than losing their virginity.”

Marriage

- Participants highly prioritize sex only within the context of marriage
- Five out of eight participants were or had been divorced
- The two participants who were unmarried at the time of the interview described themselves as celibate
- Three out of eight were in or had been in polygynous marriages

Discussion

Participants addressed the complex system of prioritization that accompanies medical choices, including identity and upbringing, medical condition, and available accommodations as factors that influenced them in different circumstances.

Implications for Care

- Several noted the importance of being married in choosing to access care, as seeking gynecological treatment while unmarried may imply sexual activity, which may discourage women from seeking needed care or may encourage them to see a different provider
- Each have had experience with discriminatory unwillingness for providers to comply with accommodations, making them less likely to seek treatment initially and more likely to opt for non-biomedical interventions, to give birth at home, and to be guarded about their interactions with service providers

Barriers to Access

- Several mentioned impressions of other women in their communities having insufficient education about medicine, history, and Islamic law
- Physicians may be unaware of ways in which standards of care may be adapted to allow for reasonable accommodations

Recommendations

- Educate and empower women through community health educators
- Education should contain a medical component:
 1. Institutional Review Boards and protections for research subjects
 2. Patient rights, including right to refuse treatment
 3. Doctor-patient confidentiality
- And an Islamic component:
 1. Modesty requirements
 2. Allowances for important freedoms like divorce and contraceptives
 3. Regulations that concern sex, marriage, and women’s rights
- Physicians and care providers should be trained in cultural competency

Suggestions for Further Study

- Population-wide, quantitative evaluation of rates of cervical cancer among the population.
- Large-scale, survey-based version of this study.
- Improved recruitment with ethnographic study.
- Performed in conjunction with community groups or in-group individuals.

Research Limitations

- Difficulty in finding study participants
- Small sample size
- Lack of foundational research concerning this community
- Study population biased toward liberal ideologies and lifestyles
- Possible unintentional bias in researcher’s questions or interview style

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