

Researchers explore the relationship between religion and cancer screening

7 October 2016, by Kelly O'brien

Does religion affect people's likelihood of being screened for cancer? That's the question Dr. Aisha Lofters and her team at St. Michael's Hospital are trying to answer.

In a pilot study published today in the *Journal of Immigrant and Minority Health*, they examined whether there are <u>cancer screening</u> inequalities among people of Muslim faith and culture, given that Muslims are the fastest growing immigrant population in Canada.

Previous studies by Dr. Lofters have shown low breast and cervical cancer screening rates among immigrant women, with South Asian and Middle Eastern women being least likely to be up-to-date on cervical cancer screening and South Asian women being least likely to be up-to-date on breast cancer screening.

Islam is widely practiced in both South Asia and the Middle East and according to the study, it is possible that religion may play a role in screening inequalities.

"In Canada we tend not to collect variables like race and religion, but one of the issues with not collecting it is we're not able to identify where there are gaps, concerns, or disparities," said Dr. Lofters, a family physician with the St. Michael's Academic Family Health Team.

"Being able to track things like religion can be important for us when we're trying to figure out how to improve the quality of care that we provide for people."

The study used a voluntary survey combined with a retrospective review of the screening history of 5,311 patients of St. Michael's primary care practice.

Of the people surveyed, Muslim women were most likely to be up-to-date on breast cancer screening.

Both Muslim women and women who self-identified with other religions were more likely to be up-to-date on breast cancer screening than those with no religious affiliation (85.2 per cent vs. 77.5 per cent vs. 69.5 per cent respectively).

This was the case even though Muslim women in this study were also most likely to live in lowincome neighbourhoods, which can often be a barrier to accessing proper health care.

"We don't know why that is. Is there something about having a religious belief that makes you maybe more conscientious about your health?" said Dr. Lofters. "It's intriguing and it could be an avenue for determining how to encourage cancer screenings."

The role of religion in health behaviours such as cancer screening is not only an important family medicine research question, but is also worthy of exploration in studies of a larger scale, Dr. Lofters said.

"We don't look much at the role religion could play in health behaviours like cancer screening, but we probably should," said Dr. Lofters. "At least to explore if there are differences, and if there are specific groups that we should be targeting."

Provided by St. Michael's Hospital



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