



Breast Cancer Screening Beliefs Questionnaire: Psychometric properties assessment of the Arabic version



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ABSTRACT

Purpose: The aim of the study was to report the psychometric properties of the Arabic version of the Breast Cancer Screening Beliefs Questionnaire (BCSBQ).

Methods: A convenience sample of 251 Arabic-Australian women was recruited from a number of Arabic community organizations. Construct validity was examined by Cuzick's non-parametric test while Cronbach α was used to assess internal consistency reliability. Explanatory factor analysis was conducted to study the factor structure.

Results: The results indicated that the Arabic version of the BCSBQ had satisfactory validity and internal consistency. The Cronbach's alpha of the three subscales ranged between 0.810 and 0.93. The frequency of breast cancer screening practices (breast awareness, clinical breast-examination and mammography) were significantly associated with attitudes towards general health check-up and perceived barriers to mammographic screening. Exploratory factor analysis showed a similar fit for the hypothesized three-factor structure with our data set.

Conclusions: The Arabic version of the BCBSQ is a culturally appropriate, valid and reliable instrument for assessing the beliefs, knowledge and attitudes to breast cancer and breast cancer screening practices among Arabic-Australian women.

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1. Introduction

The global burden of breast cancer is growing. This is particularly the case in the Middle Eastern countries where, over the last two decades, the incidence of breast cancer among Arab women has increased significantly compared to that of women in developed countries such as the US and Australia (Mitra, 2011). Arab women moreover, develop breast cancer at an early median age of 49–52 years (El Saghir et al., 2007) compared to the 61–63 year median among women in more developed countries (American Cancer Society, 2013; Cancer Australia, 2015). Arab women also face a significantly higher risk of mortality due to the advanced stage of the cancer at diagnosis (El Saghir et al., 2007).

In Western countries, significant improvements in breast cancer survival rates over the last 20 years have been largely due to the

practice of early detection measures, particularly breast self-examination (BSE), clinical breast examination (CBE) and mammography (American Cancer Society, 2015; Cancer Australia, 2015). That achievement in turn can be attributed to the considerable efforts made by both governments and organisations to promote breast cancer screening practices. For example, women aged 50 to 74 are offered a free mammogram every two years in Australia. While this has benefited Caucasian women, immigrant women from culturally and linguistically diverse (CALD) groups living in Western countries have been consistently reported as having lower participation rates in screening practices. This phenomenon has been demonstrated by studies in Australia (Kwok et al., 2012), the USA (Choi et al., 2010) and the UK (Jack et al., 2014). Similar studies have indicated that Arab women living in their home countries (Elobaid et al., 2014; Othman et al., 2012) or after immigration to Western countries (Schwartz et al., 2008) have relatively low participation rates in breast cancer screening. This conclusion has been reinforced in a study by Petro-Nustas et al. (2012) which found that only 24.7% of Arab women in the USA had practised monthly BSE over the previous 12 months. In their

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study of Arab women in Qatar, [Donnelly et al. \(2013\)](#) reported that only 31.3% and 26.9% of participants have presented themselves for CBE and mammographic screening respectively. While there has been no investigation of screening rates among women from Arabic background in Australia, it is likely that they may also have low screening rates.

Since evidence suggests that screening rates among women from CALD backgrounds are low, extensive research has been conducted internationally to examine the breast cancer screening behaviours of CALD women ([Crawford et al., 2015](#); [Lee et al., 2012](#); [Robb, 2010](#)). By now, a body of evidence has been built up which conclusively demonstrates that religious beliefs and culturally-based attitudes play a vital role in determining women's screening behaviours ([Ahmad et al., 2012](#); [Padela et al., 2014](#); [Wang et al., 2009](#)). Some of these beliefs and attitudes are common across diverse cultural groups. For example, the belief among many Arab women that health and illness are due to the will of God "Allah" and that no one can escape their fate ([Azaiza and Cohen, 2008](#); [Donnelly et al., 2013](#)) is similar to the belief of many Chinese women that if an individual is destined to have cancer, nothing can change that and therefore screening measures are pointless ([Gonzalez et al., 2014](#); [Shang et al., 2014](#)). [Robb \(2010\)](#) concluded that some Arab women were concerned that performing BSE might threaten their religious values because it could be construed as a challenge to the will of Allah. A cultural barrier to BSE among many Chinese women is that touching the body, particularly the breasts, is a taboo ([Kwok et al., 2006](#)).

Although the performance of screening measures by asymptomatic individuals is a well-established health concept in the Western health paradigm ([American Cancer Society, 2013](#); [Cancer Australia, 2015](#)), this concept is unknown among some CALD groups. Many Arab women seek help for a health problem only when there is an obvious need for treatment and thus, when they are asymptomatic, they see no need for screening measures ([Mamdouh et al., 2015](#)). Studies have demonstrated that this is also the case among Chinese- ([Kwok et al., 2012](#)) and Korean-American women ([Lee et al., 2015](#)). Overseas studies indicate that for Arab women, further barriers to breast cancer screening include feelings of embarrassment, lack of language proficiency, lack of medical knowledge, fear of pain and discomfort during the procedure, economic difficulties and also difficulty with transportation which makes it difficult for them to access screening sites ([Elobaid et al., 2014](#); [Montazeri et al., 2008](#); [Radi, 2013](#)).

In Australia, Arabic-speaking people represent 1.3% of the entire population and constitute the third largest immigrant language group after those who speak Mandarin and Italian at home ([Australian Bureau of Statistics, 2012](#)). Nevertheless, research into breast cancer screening practices within the Arabic community is very limited. To understand the factors associated with women's screening behaviours, a valid and reliable instrument is essential. The aim of the present study was to assess and report on the psychometric properties of the 'Breast Cancer Screening Beliefs Questionnaire' (BCSBQ) in an Arabic community in Australia. The BCSBQ was originally designed as a culturally sensitive instrument to assess the knowledge and attitudes of CALD women with regard to breast cancer and screening practices. It was first developed and validated by [Kwok et al. \(2010\)](#) for Chinese-Australian women and recently when validated in studies among Korean (manuscript under-review) and Indian communities ([Kwok et al., 2015](#)) in Australia, it was shown to have a high degree of reliability.

2. Methods

This is a cross-sectional study using a self-reported questionnaire.

2.1. Participants

A convenient sample of 251 Arabic-Australian women were recruited through organizations such as churches and community centres in Sydney. The eligibility criteria were that the participant had migrated to Australia, was over 18 years old who self-identified from Arabic background and had no history of breast cancer.

2.2. Data collection

Approval from the Ethics Committee of the relevant University was obtained prior to the data collection phase of this project. As a first step, the second author, who is from an Arabic-Australian background, made contact with leaders in the Arabic community and provided them with the details of the study before asking them to help with the recruitment of participants. After gaining the support of the leaders, women members of these organizations were invited to participate in the study. Those who agreed to do so received a participant information sheet and questionnaire in either English or Arabic according to their language preference. The second author was also available to provide further information to participants, who were invited to complete the questionnaire and place it in a secure container located in the common area of these organizations. Filling in the questionnaire (which took approximately 20 min) and returning it was taken as an implied consent to participate in the study.

2.3. Instrument

The BCSBQ is a 13-item instrument composed of three subscales: 1) attitudes towards general health check-ups with a subscale of four items designed to ascertain whether a woman had general health check-ups in the absence of signs and symptoms; 2) knowledge and perceptions about breast cancer (four items) which explored cultural beliefs relating to breast cancer and 3) barriers to mammographic screening practices (five items) which covered personal and practical issues perceived by women to hinder their participation in breast cancer screening. All of the items were rated on a five point Likert scale ranging from 'strongly agree' (score of 1) to "strongly disagree" (score of 5). Lower scores indicated the lowest attitudes, least knowledge or greatest barriers. A brief description of the items is illustrated in [Fig. 1](#).

The instrument collected demographic information such as age, length of time in Australia, English language proficiency and education levels. Participants were then asked if they had heard of the concept of breast awareness, (in terms of which women are encouraged to become familiar with their breasts and which in Australia, has replaced the narrower term 'breast self-examination'), and whether and how often they undertook CBE and mammograms.

2.4. Translation of the instrument

The original English version of BCSBQ was translated by the second author who is fluent in English and Arabic. Back translation was conducted by an independent bilingual translator to ensure lexical equivalence and that the meaning is not lost in translation ([Behling and Law, 2000](#)). The BCSBQ was next piloted with ten Arabic-Australian women with diverse demographic backgrounds such as age, English proficiency, length of stay in Australia and educational level. Women were asked to comment on the clarity, comprehensibility and readability of the questionnaire. No problematic sentences or wording were reported.

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