Breast Cancer Attitudes and Beliefs Among Recent Islamic/Muslim Refugee Women in Canada

Louise Racine, PhD, RN  
College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada

Sithokozile Maposa, PhD, RN  
College of Nursing, University of Saskatchewan, Prince Albert, SK, Canada

Isil Andsoy, PhD  
School of Health, Nursing Department, Karabuk University, Safranbolu, Turkey

Purpose: The purpose of this poster presentation is to present the preliminary findings of a research aimed at assessing knowledge, attitudes, and behaviors associated with breast cancer self-examination, breast awareness, and the use of early screening programs among Islamic/Muslim refugee women in the Canadian province of Saskatchewan.  

Problem Statement: Cancer represents a global health issue, and breast cancer is the second most common cancer and one of the leading causes of mortality and morbidity in the world (Canadian Cancer Society, 2016). Women in Arabic-speaking countries appear to have the lowest rates of breast cancer screening among ethnocultural groups living in Western countries (Wu et al., 2016; Avci, 2008; Petro-Nustas, Norton, Wihauer, et al., 2012; Soskolne, Marie, & Manor, 2007). Literature Review: Cultural beliefs, attitudes, and knowledge affect immigrant or refugee women's decisions regarding breast cancer (Lee, Nandy, Szalacha et al., 2016; Poonawall, Goyal, Mechrotra, Allicock, & Balasubramanian, 2014; Wu, West, Chen, & Hergert, 2016; Knok, Fethney, & White, 2012). Muslim women have low participation rates in breast cancer screening measures in their home countries (Abolfotouh et al., 2015; Hashemian, Shokravi, Lamyan, Hassanpour, & Akaber, 2014; Nahcivan & Secginli, 2007; Petro-Nustas, Norton, Wihauer, et al., 2012; Yilmaz & Sayin, 2014). Compared with the numerous studies on Asian women in Western countries, the literature on breast cancer screening behaviors among Islamic/Muslim women either in their country of origin or as immigrants to Western countries remains sparse.  

Research Questions: The project explores the following two research questions: 1) What are Islamic/Muslim refugee women's perceptions of susceptibility and seriousness about breast cancer? 2) What are the barriers and benefits that may influence Islamic/Muslim refugee women's participation in breast self-examination (BSE) and mammograms?  

Theoretical Framework: The Health Belief Model (HBM) guides the data collection and analysis. The HBM is one of the first models that adapted from the psychology and behavioral sciences to health problems (Champion, 1984; Champion, 2008). The underlying theoretical assumption of the Health Belief Model (HBM) is that health behavior is determined by personal beliefs and perceptions about a disease (Glanz, Rimer & Viswanath, 2008). Perceived susceptibility to the illness, perceived seriousness, perceived benefits and barriers to the behavior represent the major concepts of the theory and predictors of health-related behaviors.  

Methods: A convenient sample composed of 60 Islamic/Muslim refugee women has been recruited to participate in the study through immigrant settlement agencies. A quantitatively-driven (QUANT-QUAL) mixed method design (Morse & Niehaus, 2009) is used to answer the research questions. In Strands 1(QUANT), the Demographic Data Form documents to women's demographic characteristics. The Champion Health Belief...
Model Scale (CHBMS) measures perceived susceptibility to illness perceived seriousness of illness perceived benefits for the presumed action, perceived barriers to the presumed action, confidence in one’s ability and health motivation. The Cultural Barriers to Screening Scale (CBSC) (Champion, 1999) measures culture-based behaviors of women with breast cancer screening. The Cancer Stigma Scale (CASS) (Marlow & Wardle, 2014) assesses stigma associate to a cancer diagnosis. The Women’s Information about Breast Cancer Information Form measures women’s breast cancer risk factors and screening methods. The Arab Culture-Specific Scale (ACSS) (Cohen & Azaiza, 2008) measures barriers to detect breast cancer associated with Muslim culture. In Strand 2 (QUAL), qualitative semi-structured interviews (n = 12 to 15) will be conducted to explore Islamic/Muslim refugee women’s knowledge of breast cancer, cultural barriers, benefits, and stigma. Qualitative data will contribute to a better understanding of the quantitative data. Correlation and regression analyses will be done to test the relationships between knowledge of breast cancer, cultural barriers, health beliefs and likelihood to engage in health-promoting behaviors. Knowledge of breast cancer and cultural barriers, stigma are predictive; health beliefs is a moderator variable and likelihood to engage in health-promoting behaviors is an outcome variable of the study. In the evaluation of the data, variance analysis, Bonferroni method, and chi-square tests will be used. The level of significance will be p <0.05. Thematic analysis will be used to analyze qualitative data (Braun & Clarke, 2008). Thematic analysis is a qualitative data analysis method that aims to “identify, analyze, and report patterns of similarities and differences in the dataset” (Braun & Clarke, 2008, p. 79).

Results: Data analysis is in progress. Conclusion: This project will contribute to a better knowledge of the perceived susceptibility, perceptions of risks, barriers to and benefits of screening practices, confidence in performing breast self-examination (BSE) and motivation in doing BSE among Islamic/Muslim refugee women who recently migrated to Canada due to Syrian and Middle-East conflicts. Results will inform the planning of health promotion programs designed to address the specific needs of this population.

Title:
Breast Cancer Attitudes and Beliefs Among Recent Islamic/Muslim Refugee Women in Canada

Keywords:
Breast Cancer, Islamic/Muslim Culture and Refugee Women

References:


Soskolne, V., Marie, S., & Manor, O. (2007). Beliefs, recommendations and intentions
are important explanatory factors of mammography screening behavior among Muslim Arab women in Israel. *Health Education Research, 22*, 665-676.


**Abstract Summary:**
The purpose of this poster presentation is to present the preliminary findings of a research aimed at assessing knowledge, attitudes, and behaviors associated with breast cancer self-examination, breast awareness, and the use of early screening programs among Islamic/Muslim refugee women in the Canadian province of Saskatchewan.

**Content Outline:**
Introduction
A. Presentation of the global immigration of Islamic/Muslim refugees worldwide
B. Presentation of breast cancer statistics in Canada

Body of the Presentation

Main Point # 1: Epidemiological data among Islamic/Muslim women in general to describe the acuity of the problem.

Main Point #2: Presentation of the literature review to support the relevance of the study and the research questions.

Main Point # 3: Presentation of the problem under study that relates to migration of Islamic/Muslim women refugee in developed Western countries and how it affects health-related behaviors and early detection of breast cancer due to the influence of traditional Islamic beliefs on refugee women’s behaviours and gender roles.

Main Point # 4: Description of the methodology (Quantitatively-driven Mixed Method Design) and methods. We will describe the sampling strategies, the recruitment of subjects, the ethics approval, and the data collection. We will present the 6 instruments used to collect quantitative data and the semi-structured qualitative interviews.

Main Point # 5: Description of the statistical analyses related to Strand 1 and the thematic analysis related to Strand 2.

**III Conclusion**
A. Results (ongoing analyses of data)
B. Implications for nursing
Primary Presenting Author
Louise Racine, PhD, RN
University of Saskatchewan
College of Nursing
Full Professor
Saskatoon SK
Canada

Author Summary: Dr. Racine’s research areas of expertise are: Immigrant and refugee health across the lifespan; cultural safety and marginalized populations, nursing education, health care services, nursing philosophy, and qualitative research.

Second Author
Sithokozile Maposa, PhD, RN
University of Saskatchewan
College of Nursing
Assistant Professor
Prince Albert SK
Canada

Author Summary: Dr. Sithokozile Maposa received her PhD in Nursing from St. Louis University, Missouri, USA. Dr. Maposa has research interests in women's and adolescents' health and public policy. Dr. Maposa’s doctoral dissertation examined cultural meanings and sexual experiences of young black African women living in the United States. In the context of living with cultural contradictions, narratives revealed practicing safer sex was less a problem of knowledge than that of limited sexual agency.

Third Author
Isil Andsoy, PhD
Karabuk University
School of Health, Nursing Department
Associate Professor
Demir-Çelik Kampüsü KARABUK
Safranbolu
Turkey

Author Summary: Dr. Andsoy is an Associate Professor in the Department of Nursing at Karabuk University in Turkey. She has expertise in cancer research and uses quantitative research methods.