

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

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## BACKGROUND

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. Previous studies show that women from ethnocultural minority groups have a higher prevalence of advanced breast cancer, a lower 5-year survival rate, and a higher rate of breast cancer mortality than Western women. There is a lack of epidemiological data to document breast cancer practices and health-promoting behaviors among Islamic/Muslim immigrant and refugee women to Canada. This lack of data is problematic as the rise in the number of Islamic/Muslim refugee women coming to Canada is likely to affect the delivery of healthcare services and particularly oncology care related to breast cancer.

## OBJECTIVES OF THE STUDY

The **objectives** of the study were:

- To understand Islamic/Muslim refugee women's knowledge of the perceived susceptibility, perceptions of seriousness, barriers to, and benefits of breast screening practices;
- To provide evidence to design and implement culturally competent preventative breast screening interventions.

## 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 Beliefs Model** guided the study. The HBM enables the exploration of the sociocultural beliefs, personal factors, perceived barriers, perceived benefits, and situational factors underlying the practice of breast self-examination (BSE), clinical breast examination, and access to mammograms among Islamic/Muslim refugee women. The Health Belief Model stipulates that a woman who perceives herself as susceptible to breast cancer and is convinced that it is a life-limiting illness is more likely to perform regular breast examinations

## METHODOLOGY & DATA COLLECTION

### Sample

A convenient sample composed of 75 Islamic/Muslim refugee women was recruited to participate in the study through immigrant settlement agencies. The mean age was 37.9 (SD 12.41) years old and 59% has lived in Canada between 1 and 3 years. The majority of the women came from Syria (83%). The remainder came from Iraq, Somalia, Ethiopia, Egypt, and Sudan. Nearly 5% of the participants had elementary school education and 84% were unemployed.

### Design

A quantitatively-driven (QUANT-QUAL) mixed method design was used to answer the research questions. Cross-sectional surveys were administered to explore women's health beliefs about breast cancer self-care practices and screening behaviors.

### Data Collection Strand 1 Quantitative (n= 75)

- ❖ Socio-Demographic Data Form (30 items)
- ❖ Women's Knowledge about Breast Cancer Survey Grunfeld et al., 2002) (19 items)
- ❖ The Cancer Stigma Scale (CASS) (Marlow & Wardle, 2014) (25 items) ( $\alpha = 0.61-0.77$ )
- ❖ The Champion's Health Belief Model Scale (CHBMS) (Champion, 1999) (53 items) ( $\alpha = 0.59-0.89$ )
- ❖ The Arab Culture-Specific Barriers to Breast Cancer Questionnaire (Cohen & Azaiza, 2008) (21 items) ( $\alpha = 0.70-0.87$ )

Scales were previously tested among Islamic/Muslim women's populations. The Arabic-language version of the scales were administered.

### Data Collection Strand 2 Qualitative (n= 3)

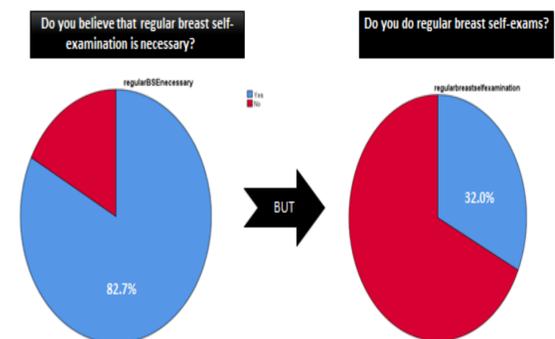
Semi-structured individual interviews were carried out at a settlement agency and in the researcher's office. Major communication barriers precluded us from doing more individual interviews.

### Data Analysis

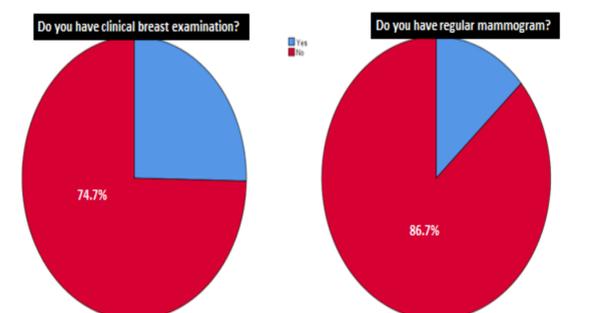
Parametric statistical analyses (Pearson Product Correlation Coefficient, Logistic Regression Analyses) with an alpha level of 0.05.

## FINDINGS

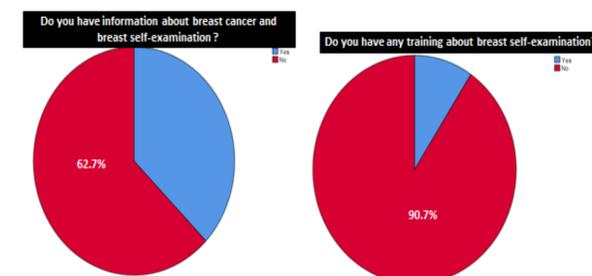
### Results: Beliefs



### Results: Knowledge (1)



### Results: Skills



## CONCLUSIONS

Age & marital status ( $r = .290, p < 0.05$ )  
 Cancer stigma, age, & marital status: ( $r = -.289, p < 0.05$ )  
 BSE benefits & age: ( $r = -.276, p < 0.05$ )  
 BSE benefits and marital status ( $r = -.243, p < 0.05$ )  
 Seriousness & Arab culture barriers: ( $r = .296, p < 0.05$ )  
 Barriers & benefits of BSE: ( $r = -.545, p < 0.05$ )  
 Confidence & susceptibility: ( $r = -.296, p < 0.05$ )  
 Motivation & confidence: ( $r = .242, p < 0.05$ )  
 Benefits of mammogram & confidence: ( $r = .245, p < 0.05$ )  
 Islamic/Muslim are a population at risk. Arab culture may create barriers (gender) but may facilitate health-promoting behaviors through faith-based programs. Great needs to educate Islamic/Muslim refugee women on how to perform BSE, increase skills, and knowledge.

## REFERENCES

- Abolfotouh, M.A. (2015). Using the health belief model to predict breast self-examination among Saudi women, *BMC Public Health*, 15, 1163
- Azaiza, F., Cohen, M., Awad, M., & Daoud, F. (2010). Factors associated with low screening for breast cancer in the Palestinian Authority: Relations of availability, environmental barriers, and cancer-related fatalism. *Cancer*, 116, 4646-4655.
- Canadian Cancer Society, Canadian Cancer Statistics Publication. 2017. *Cancer Statistics*.
- Champion, V.L. (1993). Instrument refinement for breast cancer screening behaviors. *Nursing Research*, 42(3), 139-143.
- Cohen, M., & Azaiza, F. (2010). Increasing breast examinations among Arab women using a tailored culture based intervention. *Behavioral Medicine*, 36 (3), 92-99.
- Morse, J.M., & Niehaus, L. (2009). *Mixed method design. Principles and procedures*. Walnut Creek, CA: Left Coast Press.

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