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Research Article

Turkish Validity and Reliability Study of Prenatal Eating Behaviors Screening Tool

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What is already known on this topic?

- *Pregnancy is a very vulnerable period for eating disorders.*
- *There is a lack of pregnancy-specific instruments for assessing eating behaviors, and most available measures have not been culturally adapted beyond their original language.*
- *Validation this instrument for assessing eating behaviors in pregnant women into Turkish is necessary.*

What this study adds on this topic?

- *This study demonstrates that the Turkish version of the PEBS tool is a reliable assessment tool.*
- *The adapted scale provides a standardized method for screening eating disorders in pregnant women in both clinical practice and research settings in Türkiye.*
- *The study enables a culturally relevant assessment of eating behaviors among Turkish pregnant women.*

Abstract

AIM: Pregnancy is a very vulnerable period for eating disorders. This study aims to determine the validity and reliability of the "Prenatal Eating Behaviors Screening" (PEBS) tool for the Turkish population.

METHODS: The sample of this methodological study consisted of 190 pregnant women. Language, content, construct, and reliability analysis were conducted to determine the tool's Turkish psychometric characteristics. The study was conducted at a state hospital in a province located in eastern Türkiye between October 2022 and April 2023. Descriptive Information Form and the Prenatal Eating Behaviours Screening Tool were used to collect the data.

RESULTS: The scale consisted of 11 items with 1 factor and explained 57.4% of the total variance. The Kaiser-Meyer-Olkin (KMO) value was determined to be 0.897, while the Bartlett's test (χ^2 = 1377,700 p < .001) was found to be statistically highly significant. The Cronbach's alpha reliability of the scale was found to be 0.92. The Confirmatory Factor Analysis (CFA) fit indıces were found to be χ^2/df: 1.1990, Root Mean Square Error of Approximation (RMSEA): 0.076, Goodness-of-Fit Index (GFI): 0.92, Adjusted Goodness-of-Fit Index (AGFI): 0.86, Comparative Fit Index (CFI): 0.97, Normed Fit Index (NFI): 0.95. The higher the scores received from the tool, the more likely they are to suffer from an existing eating disorder.

CONCLUSION: The Turkish version of the PEBS tool was determined to be a measuring instrument with high reliability. It is recommended that the Turkish version of the PEBS tool be used in studies and clinics to screen for eating disorders during pregnancy.

Keywords: Feeding and eating disorders, pregnancy, psychometrics

Introduction

Pregnancy is a very vulnerable period for eating disorders to either develop or exacerbate existing ones. It is estimated that 15% of pregnant women experience eating disorders (Bye et al., 2021). The health of the mother and the newborn is negatively impacted by eating disorders during pregnancy. The negative consequences of eating disorders during pregnancy include pregnancy losses, prematurity, low birth weight, intrauterine growth retardation, hyperemesis gravidarum, gestational diabetes, preeclampsia, postpartum depression, and anxiety (Bye et al., 2021, Chan et al., 2019; Mantel et al., 2020). Besides the short-term risks of eating disorders in pregnancy for the baby, it is reported to negatively affect the future health of the child and influence the likelihood of developing an eating disorder itself (Arnold et al., 2019).

Considering the negative consequences of eating disorders in pregnancy on maternal and infant health, screening for active or preexisting eating disorder symptoms in pregnant women may offer an important opportunity to reduce behaviors that may harm the mother and fetus. Since pregnancy is a physiologically peculiar period in women's lives, there is a need for an assessment tool that would allow rapid screening of problems related to eating behaviors during this period

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(Dörsam et al., 2022). Though screening and identification of eating disorders during pregnancy is necessary, there is a limited number of attempts to use existing scales related to eating behavior disorders in the pregnant population (Bannatyne et al., 2021). One of the tools developed to quickly identify pregnant women at risk for eating disorders in the pregnant population is the "Prenatal Eating Behaviors Screening (PEBS)" tool (Claydon et al., 2022). This assessment tool aimed to produce a valid (three trimesters) and rapid instrument for the most prevalent disorders of eating behavior in pregnancy ("anorexia nervosa, bulimia nervosa, binge eating disorder, and other defined feeding and eating disorders"). The current study was conducted to identify the psychometric properties of the pregnancy-specific PEBS tool for the Turkish population. This will make it possible to rapidly identify pregnant women at risk and refer them to specialists through the adaptation of this pregnancy-specific tool into Turkish.

Research Question

1. Is the Prenatal Eating Behaviors Screening Tool (PEBS) a valid and reliable instrument for pregnant women in the Turkish populatio

Methods

Design

This methodologic study was conducted to determine the psychometric properties of the PEBS tool for the Turkish population in order to quickly identify the most prevalent disorders of eating behavior in pregnancy ("anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorders not otherwise specified"). "Transparent reporting of a multivariable prediction model for individual prognosis or diagnosis (TRIPOD)" was used to report the study (Moons et al., 2015).

Sample

A state hospital's obstetric outpatient clinics in Türkiye served as the study's location. The population consisted of all pregnant women who applied to the state hospital between October 2022 and April 2023. Primiparous and multiparous pregnant women who were at least 18 years old, were in any of the first (between the 4th and 13th gestational weeks), second (between the 14th and 27th gestational weeks), and third (between the 28th and 40th gestational weeks) trimesters of pregnancy, whether or not they were diagnosed with an eating disorder, and voluntarily participated in the study were included in the study. Pregnant women with any communication disability (visual and hearing loss, inability to speak, inability to read and write Turkish, etc.), cognitive impairment, and disorganized behaviors that may impede responding to the questions were excluded from the study.

In 2022, Claydon et al. developed the PEBS tool to identify eating behavior disorders in pregnant women. There were 12 items in the original scale. In scale validity and reliability studies, it is advised to include participants 5–10 times the number of items. A total of 400 pregnant women who applied to the obstetrics outpatient clinic of a state hospital between October 2022 and April 2023 were evaluated for participation in the study. Of these applicants, 150 were excluded from the sample because they were repeat applicants, 30 pregnant women did not meet the inclusion criteria, and 30 pregnant women did not agree to participate in the study. As a result, the final sample size of the study was 190.

Data Collection Tool

Descriptive Information Form and the PEBS tool were used to collect the data.

Descriptive Information Form

The 16-item questionnaire was created by the researchers to gather information about the sociodemographics, obstetric traits, and eating behavior patterns of the participants.

Prenatal Eating Behaviors Screening Tool

In 2022, Claydon et al. developed the PEBS tool to identify eating behavior disorders in pregnant women. The scale consists of 12 items and one dimension. The scale is a five-point Likert type (1: very satisfied, 5: not satisfied at all). The total score ranges between 12 and 60 points. The cut-off score of the original scale was set at 39. Those who get a score of 39 points and above on the scale are more likely to suffer from an existing eating disorder. The Cronbach's alpha (Crα) reliability of the original scale was determined to be 0.91. The Crα reliability of the Turkish version scale was found to be 0.92.

Language Validity of the Scale

The language validity of the scale was evaluated using the translation and back translation method. The first stage involved Turkish translation of the scale by three translators, who have a good command of English and are native speakers of Turkish, independently of each other. Two faculty members/instructors who have a good command of the field corrected the differences between the Turkish and English translations. The second stage involved the back translation of the form into English by three independent translators. The researchers compared the English translation with the original version of the scale and checked whether there were any differences between the translation and the original version of the scale. Finally, the English translation was sent to the researchers who developed the scale to confirm that the translation conformed to the original scale.

Content Validity

The Davis Technique was used for the content validity of the scale. For content validity, the expert opinions of faculty members/instructors experienced in women's health nursing ($n = 3$), psychologists ($n = 1$), and faculty members/instructors experienced in mental health nursing ($n = 6$) were sought. The original version of the scale and the Turkish translation version of the scale were submitted together, and the experts were asked to score each item for comprehensibility and scope. Experts were asked to give their feedback on the items that were inappropriate for scoring. Based on the suggestions of the experts, it was revised and put into final form. Thus, the Turkish form of the PEBS tool was obtained.

Data Collection

The data were collected between October 1, 2022, and April 1, 2023, after obtaining ethical approval and institutional permission. The researchers informed the pregnant women in the

outpatient clinics and obtained their informed consent. Then, the scale data were collected from the participants.

Statistical Analysis

The data were analyzed using AMOS and SPSS (IBM Corp.; Armonk, NY, USA) 24.0 packaged programs. Descriptive analyses (mean, standard deviation, number, and percentage), hypothesis tests, and reliability analyses were performed to analyze the data. Kaiser-Mayer-Olkin (KMO) analysis was used for sampling adequacy, and Bartlett's Test of Sphericity analysis was used to analyze the sample size. Exploratory factor analysis (EFA) was conducted to determine the item-factor correlation. Confirmatory factor analysis (CFA) was done to confirm the item-factor correlation. Cronbach's alpha coefficient was used to determine the homogeneity, i.e., internal consistency, of the PEBS tool; item-total score correlation coefficients were used to show the effect of each item on the total score, and the Tukey's test of additivity was used to observe whether the scale was additive. Also, Hotelling T2 analysis was done to determine response bias and check whether or not the mean scores of the scale items were equal to each other. A *p*-value less than .05 ($p < .05$) was deemed statistically significant.

Ethical Considerations

Permission was obtained from the authors (Claydon) via email to determine the Turkish validity and reliability of the PEBS tool. Before the study began, ethical approval from the Ethics Committee of Bitlis Eren University and institutional permission from the state hospital were obtained. Bitlis Eren University Ethics Committee approval date and number: 2022/14-03-E.3055.

Also, the participants provided their written and verbal consent.

Results

Findings Related to Descriptive Statistics

It was found that the mean age of the pregnant women was 28.30 ± 4.26 years. One-third of the pregnant women graduated from high school, 61.6% of them were unemployed, more than half of them perceived their income equal to their expenditures, and most of them had nuclear families.

Almost half of the pregnant women who participated in the study were in their first pregnancies, and more than half of them were in their third trimester. 94.2% of the pregnant women had no health problems in their present pregnancy.

The body mass index of the pregnant women who participated in the study before pregnancy was 23.51 ± 3.69. Pregnant women gained an average weight of 7.29 ± 4.39 kg during their pregnancies, and half of them reported that they followed a diet before pregnancy. Half of the pregnant women stated that they were diagnosed with an eating disorder. Approximately, half of the pregnant women stated that they suffered from an eating disorder called bulimia nervosa, and almost half of them stated that they had already diagnosed themselves with such a disorder. None of the pregnant women stated that they did not receive counseling for eating disorders.

Exploratory Factor Analysis

Construct Validity

In scale adaptation processes, it was recommended to use both EFA and CFA methods (Orçan, 2018). The purpose of the EFA in this study was to examine whether the original structure of the scale was preserved in the sample of Turkish-speaking pregnant women and to identify possible cultural differences. In this context, it was deemed necessary to perform EFA before CFA. Exploratory factor analysis was done with 190 participants. First, the KMO sampling adequacy value was found to be 0.897, indicating that the sample size was sufficient for EFA. The Bartlett's Test of Sphericity is a statistical technique that can be used to check whether or not the data results from a multivariate normal distribution. The fact that the chi-square test statistics obtained as a result of this test is significant indicates that the data come from a multivariate normal distribution. In the present study, the analysis result showed that Bartlett's Test was significant ($\chi^2 = 1377.700$, $p < .001$) and this finding indicated that the correlations between the items were large enough for EFA. EFA results revealed that the factor structure obtained was compatible with the original scale.

Table 1 shows the factor loadings of the items. The PEBS tool originally consists of a single factor and 12 items. As the factor loading of the first item was below .40 in the EFA, it was omitted from the scale and the factor analysis was repeated. Explanatory factor analysis revealed that the eigenvalue of the 11-item single factor was 6.321 and the variance explained by the scale was 57.459. As Table 1 shows, the lowest factor loadings of the items in the scale were 0.650.

Findings Related to Item Analysis and Reliability

The Crα internal consistency coefficient was analyzed to evaluate the reliability of the scale. It Table 2 presents the item-total

Table 1..
Results of Prenatal Eating Behaviors Screening Tool—Turkish version Explanatory Factor Analysis

Item No	Extraction	Factor Load
I2	0.502	0.708
I3	0.422	0.650
I4	0.556	0.745
I5	0.630	0.794
I6	0.522	0.722
I7	0.506	0.711
I8	0.634	0.796
I9	0.704	0.839
I10	0.719	0.848
I11	0.626	0.791
I12	0.500	0.707
Eigenvalues	6.321	
Total explained variance	57.459	

KMO = 0.897; Bartlett = 1377 700 $p < .001$.

Table 2.
Item-Total Correlations for Items and Cronbach Alpha Reliability Coefficients

Factor and Items	$\bar{X}$ ± SD	Item-Total Correlations
I2	1.336 ± 0.627	0.637
I3	1.363 ± 0.572	0.578
I4	2.226 ± 1.110	0.688
I5	2.526 ± 1.091	0.750
I6	1.357 ± 0.598	0.647
I7	2.515 ± 1.077	0.655
I8	2.426 ± 1.035	0.749
I9	1.842 ± 1.016	0.786
I10	2.210 ± 1.162	0.800
I11	2.521 ± 1.077	0.747
I12	2.636 ± 1.140	0.634

Cronbach's alpha = 0.92.

correlations and Crα reliability coefficient for each item in the scale.

The Crα reliability of the scale was found to be 0.92. When the item-total correlations were analyzed, the values ranged between $r = 0.578$ and $r = 0.800$. Tukey's test of additivity was run to determine whether or not the questions in the scale were capable of forming an additive scale. The results of the Tukey's test of additivity were statistically significant, and the scale was found to be additive (between measures = 512.171, F = 109.053, non-additivity = 153.821) ($p < .01$)). The results of the Hotelling T^2 test (Hotelling $T^2 = 701.427$, $F = 66.803$, $p < .01$) were statistically significant. Accordingly, the scale showed no response bias.

Confirmatory Factor Analysis

A CFA was done to verify the construct validity of the scale. Table 3 shows the results of the CFA for the construct consisting of 11 items and a single factor and Table 4 shows the goodness-of-fit indices reached Figures 1 and 2 show the unstandardized and standardized path coefficients, respectively.

The path coefficients for all items under a single factor in the CFA were statistically significant (Table 3). When the goodness-of-fit indices of the model were analyzed, it was observed that the χ^2/df value was 1.1990 and the RMSEA value was 0.076 (Table 4).

Discussion

Eating disorders during pregnancy are known to have detrimental effects on maternal and infant health (Arnold et al., 2019; Claydon et al., 2022, Martínez-Olcina et al., 2020). Therefore, diagnosing eating disorders as early as possible during pregnancy is important. A tool to meet this need is the PEBS tool developed by Claydon et al. (2022). The original version of the scale was prepared to meet the need for a rapid, precise, and specific screening to identify eating disorders in pregnancy

Table 3.
Results of Confirmatory Factor Analysis

			β^0	β^1	SE	Test Statistics	*p*
Item2	<---	F1	0.717	1000			
Item3	<---	F1	0.687	0.984	0.113	8.718	<.001
Item4	<---	F1	0.653	2.016	0.244	8.271	<.001
Item5	<---	F1	0.707	2.187	0.244	8.962	<.001
Item6	<---	F1	0.720	0.964	0.085	11.303	<.001
Item7	<---	F1	0.679	2.061	0.239	8.609	<.001
Item8	<---	F1	0.740	2.161	0.230	9.397	<.001
Item9	<---	F1	0.864	2.443	0.223	10.967	<.001
Item10	<---	F1	0.891	2.820	0.250	11.289	<.001
Item11	<---	F1	0.722	2.191	0.239	9.165	<.001
Item12	<---	F1	0.712	2.263	0.251	9.033	<.001

β^0 = Standardized coefficient; β^1 = Unstandardized coefficient; SE = Standart Error.

(Claydon et al., 2022). This scale, whose validity and reliability were investigated in a sample group including pregnant women from Türkiye, is believed to bridge a major gap in the literature.

Validity is the most basic feature of an assessment tool and shows whether the tool accurately assesses the intended attribute without any confusion with other attributes (DeVellis, 2006). The content validity index calculated based on the opinions of the experts ranged between 0.8 and 1.0. A score of 0.80 and above calculated for content validity indicates that the

Table 4.
Confirmatory Factor Analysis "Goodness-of-Fit Indices" and "Normal Values"

Index	Normal value	Acceptable Value	Measurement	Result
χ2 "*p*" value	*p* > .05		0.000	Perfect fit
χ²/df (CMIN/DF)	<2	<5	1.990	Perfect fit
GFI	>0.95	>0.80	0.926	Acceptable fit
"AGFI"	>0.95	>0.80	0.869	Acceptable fit
CFI	>0.95	>0.90	0.975	Perfect fit
"RMSEA"	*<0.05*	*<0.08*	0.076	Acceptable fit
"RMR"	*<0.05*	*<0.08*	0.034	Perfect fit
"NFI"	>0.95	>0.80	0.951	Perfect fit
"NFI"	>0.95	>0.80	0.951	Perfect fit
"IFI"	>0.90	–	0.975	Perfect fit
"PGFI"	>0.89	>0.50	0.519	Acceptable fit
"PNFI"	>0.89	>0.50	0.640	Acceptable fit

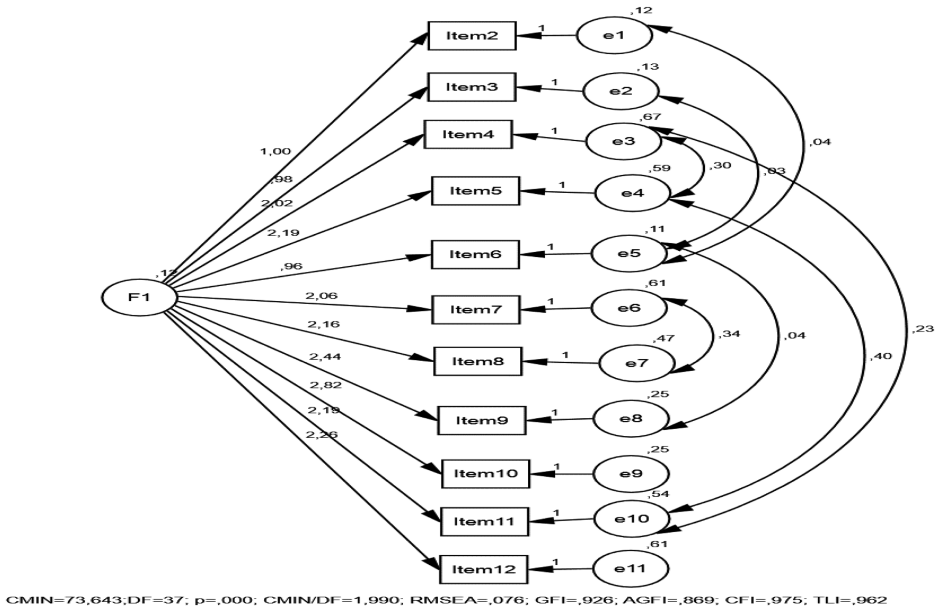

Figure 1.
Unstandardized path coefficients.

material is sufficient in terms of scope (Davis, 1992). Accordingly, it was concluded that the items of the scale were clear, precise, valid in terms of content, and suitable for adaptation.

Exploratory factor analysis was carried out to test the scale's construct validity. Before starting the factor analysis, the KMO coefficient was calculated, and Bartlett's Test of Sphericity was run to determine the compatibility of the data. The KMO value was found to be 0.897 (Table 1). Kaiser (1974) states that factor analysis can be done if the KMO value is greater than 0.5. A KMO value between 0.70 and 0.80 indicates moderate sampling adequacy, 0.80–0.90 indicates good sampling adequacy, and values above 0.90 indicate excellent sampling adequacy (Field, 2000). Accordingly, sampling adequacy in the present study was found to be at a good level. The Bartlett's Test of Sphericity is a statistical technique that can be employed to check whether the data originates from a multivariate normal distribution. A significant chi-square test statistic indicates that the data originate from a multivariate normal distribution. The analysis in the study showed that Bartlett's test was significant (Bartlett = 1377.700 $p < .001$) (Table 1). These results showed that the sample size and data set were suitable for factor analysis and the results of the EFA can be used for PEBS.

The original version of the PEBS tool consists of a single dimension and 12 items. According to the EFA conducted for the

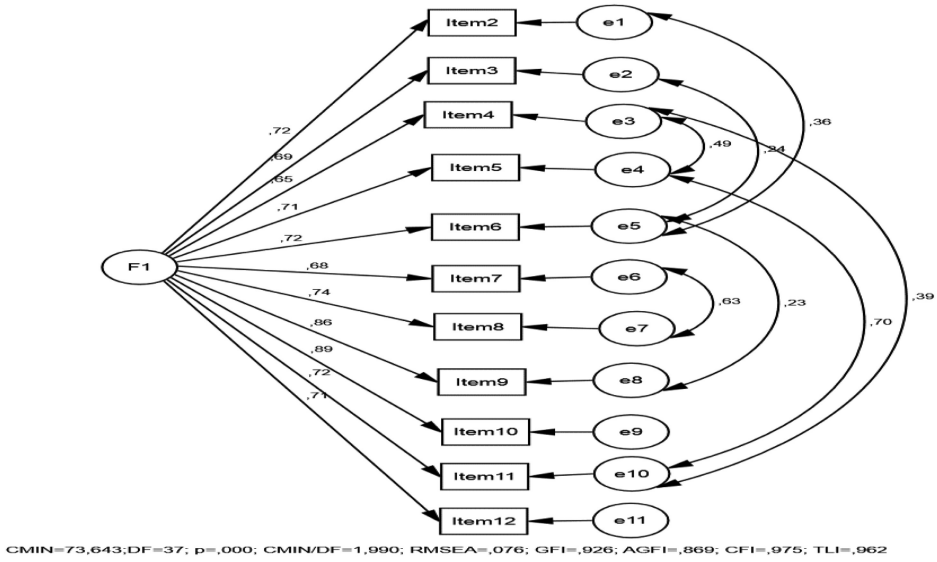

Figure 2.
Standardized path coefficients.

Turkish version of the PEBS tool, a single factor (dimension) was determined, just like in the original version. It is stated that the factor load should be at least .40 for an item to appear in a factor (DeVellis, 2006, Field, 2000). Since the factor loading of the first item in the original version of the scale was below 0.40, it was decided to omit the first item from the scale. After the first item was omitted from the scale, the EFA revealed that the factor loadings of the items ranged between 0.650 and 0.848 (Table 2). Accordingly, it was concluded that the items contributed significantly to the scale. Moreover, EFA resulted in a total explained variance of 57.45% for the PEBS tool (Table 2). According to explanatory factor analysis, the factors should be ≥ 50% of the total variance they explain (Thompson, 2004). These findings prove that the scale had a satisfactory level of construct validity.

Confirmatory factor analysis was done to evaluate the factor structure that came out after the EFA and the goodness-of-fit indices were analyzed. When the standardized coefficients for all items under a single factor were analyzed, factor loadings were high, standard error values were low, and *t*-values were statistically significant (Table 3). When the goodness-of-fit indices of the model were analyzed, it was observed that the χ^2/df value was 1.1990. In the literature, it is stated that models with a value below 2.5 have perfect fitness (McDonald & Ho, 2002). When these values and other fit indices were analyzed (RMSEA = 0.076, GFI = 0.926, CFI = 0.975, NFI = 0.951), the scale was evaluated to have an acceptable and perfect fit (Table 4). The CFA results confirmed the unidimensional construct in the original version of the scale, and the Turkish validity of the scale was established.

Reliability analysis shows the stability, consistency, or reliability of the tool (Polit & Beck, 2008). Internal consistency and item-total test correlation coefficients were used to determine the reliability of the study. The item-total test correlation values of the items in the scale ranged from ($r = 0.578$) to ($r = 0.800$) and showed a positive correlation with the total scale. In the literature, it is stated that the correlation coefficient of an item on the scale with the total of the items should be ≥0.3 (Büyüköztürk, 2011). The Crα reliability of the scale was found to be 0.92. The Crα coefficient is assessed as "$0.00 \leq \alpha < 0.40$ not reliable," "$0.40 \leq \alpha < 0.50$ less reliable," "$0.50 \leq \alpha < 0.60$, low reliable," "$60 \leq \alpha < 70$ adequate reliable," "$0.70 \leq \alpha < 0.90$, high reliable," and "≥0.90 excellent reliable" (Özdamar, 2017). Accordingly, a value of 0.70 and above is deemed sufficient. The present study showed that the PEBS tool was reliable at an excellent level.

Tukey's test of additivity was run to determine whether the questions in the scale were capable of forming an additive scale. The Tukey's test of additivity showed statistically significant results, and the scale was found to be additive ($p < .01$). The Hotelling T^2 test was run to test the response bias, another factor affecting the reliability of the scale. The test result (Hotelling $T^2 = 701.427$, $F = 66.803$, $p < .01$) was statistically significant. Accordingly, the scale showed no response bias. Findings of the present study suggested that the Turkish version of the PEBS tool had perfect internal consistency and supported its reliability.

Study Limitations

The results of this study involve some limitations. The data were based on self-reports. Another limitation was the lack of test–retest reliability due to the progression of the gestational week. Furthermore, the authors could not establish a cut-off value, just like in the original scale. Despite the limitations, the study has strengths. One of the strengths of this study is the large sample size. Another strength of the study is that it is the only assessment tool with tested reliability and validity due to the high prevalence of eating disorders in young women and the prevalence of eating disorders in pregnant women.

Conclusion and Recommendations

This study demonstrated that the Turkish version of the PEBS tool, originally developed by Claydon et al. (2022), in English, had linguistic, content, and construct validity, and this construct was validated. The reliability analysis results showed that the Turkish version of the PEBS tool is a reliable assessment tool that can be used in clinical trials.

The Turkish version of the PEBS tool, the only assessment tool in Türkiye for screening eating disorders in pregnant women, is believed to be easily employed as a quick and easily applicable assessment tool by both researchers and clinicians. Therefore, it is recommended that the Turkish version of the PEBS tool be used both in studies and clinics for screening eating disorders during pregnancy.

Considering the negative consequences of eating disorders in pregnancy on maternal and infant health, screening for active or preexisting eating disorder symptoms in pregnant women may offer an important opportunity to reduce behaviors that may harm the mother and fetus. Although it is necessary to screen and identify eating disorders in the antenatal period, there is a limited number of attempts to use existing scales related to eating behavior disorders in the pregnant population.

One of the tools developed to quickly identify pregnant women at risk for eating disorders in the pregnant population is the PEBS tool. This assessment tool aims to produce a valid (three trimesters) and rapid instrument for the most common eating behavior disorders in pregnancy (anorexia nervosa, bulimia nervosa, binge eating disorder, and other defined feeding and eating disorders). Eating problems are particularly common in the first trimester, but such problems may persist during pregnancy due to hormonal changes or may occur in later trimesters. Screening using this scale is therefore recommended in each trimester.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: All participants signed informed written consent before being enrolled in the study. The study was reviewed and approved by the ethics committee of Bitlis Eren University Ethics Committee (Ethics approval reference number: E-84771431-050.03-73245/2022-14). All procedures were performed according to the Declaration of Helsinki.

Informed Consent: Written informed consent was obtained from all participants in this study.

Peer-review: Externally peer reviewed.

Author Contributions: Conceptualization – S.O.S., M.I.; Data Curation – S.O.S., M.I.; Formal Analysis – S.O.S., M.I.; Investigation – S.O.S., M.I.; Methodology – S.O.S., M.I.; Roles/Writing – Original Draft – S.O.S., M.I.; Writing – Review and Editing – S.O.S., M.I.

Declaration of Interests: The authors have no conflicts of interest to declare.

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