Chapter 8

EVALUATION ON THE AWARENESS OF BREAST CANCER AND BREAST SELF-EXAMINATION IN UNIVERSITY STUDENTS USING HEALTH BELIEF MODEL

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INTRODUCTION

Breast cancer is the most-commonly seen cancer type in women and ranks first among cancer-related death cases. A half million cancer-related death cases (15% of all cancer-related death cases in women) and approximately 1.7 million new cancer cases (25% of all cancer cases in women) occurred in 2012 (World Cancer Report, 2014). According to Globocan data for 2012 published by International Agency for Research on Cancer (IARC), breast cancer is among the top five cancers which are most commonly seen in women in Turkey, in the world, in the EU countries and the US. The date for 2014 indicated that one of every four women diagnosed with cancer has breast cancer and the total number of women diagnosed with breast cancer per year is 16,646. It is seen that 44.5% and 40.4% of the women diagnosed with breast cancer in Turkey are aged between 50 and 69, and between 25 and 49, respectively (Türkiye Halk Sağlığı Kurumu, 2017).

Similar to other cancer types, early diagnosis of breast cancer is quite important for the prognosis of the disease and recovery. Mammography, breast self-examination (BSE) and clinical breast examination are influential on the early diagnosis of breast cancer (Champion, 1999; Lu, 2001; Elik, 2006; Avcı et. al., 2007;

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Conclusion and Suggestions

The results of this study show that majority of the students see themselves as having moderate level of knowledge about BSE, do not perform BSE regularly and did not receive a specific training regarding BSE. It was seen that BES habits of the students are influenced significantly by dimensions of barrier and confidence within health belief level. Therefore, it can be advised to raise the awareness of breast cancer that the necessary informing should be made and training programs for developing the confidence perception of the person to eliminate the perceived barriers in health belief model. To enable the women to prevalently benefit from the screening programs served by healthcare professionals and to inform them about the recent developments in treatment and increased opportunities of early diagnosis may raise the confidence perception of women, thereby mitigating the breast cancer risk. In this sense, healthcare professionals play substantial roles. Furthermore, the social awareness about this issue can be expanded and health belief levels of the society can be increased through various public service ads, and the events held by non-governmental organizations and other public/private institutions as part of the "Breast Cancer Awareness Month" between October 1 and 31. Consequently, it is thought that health beliefs of the women with high awareness of breast cancer will be affected positively. If every woman has regular BSE on a monthly basis particularly from the age of 20, she will know her own breast tissue and notice any anomaly shortly. This point is quite important for early diagnosis of breast cancer. In addition to them, results of this study contain findings about the research subject from a definite group and could not be generalized for the whole population. This is one of the limitations of this research.

REFERENCES

- Akyolcu, N., & Uğraş, G.A. (2011). Kendi Kendine Meme Muayenesi: Erken Tanıda Ne Kadar Önemli? *Meme Sağlığı Dergisi/Journal Of Breast Health*, 7(1), 10-14.
- Austoker, J. (2003). Breast self examination: Does not prevent deaths due to breast cancer, but breast awareness is still important. *BMJ*, 326 (7379), 1-2.
- Avcı, İ.A., Atasoy, A. & Sabah, E. (2007). Video ile Eğitimin Kadınların Kendi Kendine Meme Muayenesine Yönelik İnanç, Bilgi ve Uygulamalarına Etkisi. İ.Ü.F.N. Hem. Derg. Cilt 15, Sayı: 60: 119-128, ISSN 1304-4869.
- Beydağ, K.D., & Karaoğlan, H. (2007). Kendi kendine meme muayenesi eğitiminin öğrencilerin bilgi ve tutumlarına etkisi. *TSK Koruyucu Hekimlik Bülteni*, 6(2), 106-111.
- Champion, V.L. (1984). Instrument development for health belief model constructs. *Advance in Nursing Science*, 6(3): 73-85.
- Champion, V.L. (1987). The relationship of breast self-examination to health belief model variables. *Research in nursing & health*, 10(6), 375-382.
- Champion, V.L. (1999). Revised susceptibility, benefits, and barriers scale for mammography screening. *Res Nurs Health*, 22, 4341–4348.
- Çenesiz, E. & Atak, N. (2007). Türkiye'de Sağlık İnanç Modeli ile Yapılmış Araştırmaların Değer-

Health Sciences II

- lendirilmesi. TSK Koruyucu Hekimlik Bülteni, 6(6): 427-434.
- Dozier, K.J. & Mahon, S.M. (2002). Cancer Prevention, Detection, and Control: A Nursing Perspective. Pittsburg, PA: Oncology Nursing Society.
- Elik, Z. (2006). Sağlık İnanç Modeli Doğrultusunda verilen eğitimin kadınların kendi kendine meme muayenesi uygulamaları üzerine etkisi. Kocaeli Üniversitesi, Halk Sağlığı Anabilim Dalı, Yüksek Lisans Tezi: Kocaeli.
- Erbil, N. & Bölükbaş, N. (2014). Health beliefs and breast self-examination among female university nursing students in Turkey. *Asian Pac J Cancer Prev*, 15 (16), 6525-6529.
- Frankenfield, K.M. (2009). *Health belief model of breast cancer screening for female college students* (Masters Dissertation). Eastern Michigan University, Ypsilanti, Michigan.
- Hackshaw, A.K., & Paul, E.A. (2003). Breast self-examination and death from breast cancer: a meta-analysis. *British journal of cancer*, 88(7), 1047-1053.
- Hajian-Tilaki, K. & Auladi S. (2012). Health belief model and practice of breast self-examination and breast cancer screening in Iranian women. *Breast Cancer*, 21(4), 429-434.
- Jirojwong, S., & MacLennan, R. (2003). Health beliefs, perceived self-efficacy, and breast self-examination among Thai Migrants in Brisbane. *Journal of Advanced Nursing*, 41(3), 241-249.
- Karayurt, Ö. (2003) Champion Sağlık İnanç Modeli Ölçeğinin Türkiye İçin Uyarlanması ve Kendi Kendine Meme Muayenesi Uygulama Sıklığını Etkileyen Faktörlerin İncelenmesi. Doktora Tezi, Ege Üniversitesi, İzmir.
- Karayurt, Ö., Coşkun, A., & Cerit, K. (2008). Hemşirelerin meme kanseri ve kendi kendine meme muayenesine ilişkin inançları ve uygulama durumu. *Meme Sağliği Dergisi/Journal of Breast Health*, 4(1), 15-20.
- Karayurt, Ö., Dicle, A., & Malak, A. T. (2009). Effects of peer and group education on knowledge, beliefs and breast self-examination practice among university students in Turkey. *Turkish Journal of Medical Sciences*, 39(1), 59-66.
- Lu, J.Z. (2001). Effectiveness of breast self examination nursing interventions for Taiwanese community target groups. *Journal of Advanced Nursing*, 34(2), 2163–2170.
- Nahcivan, N.O., & Seçginli, S. (2003). Meme kanserinde erken tanıya yönelik tutum ve davranışlar: bir rehber olarak sağlık inanç modelinin kullanımı. *Cumhuriyet Üniversitesi Hemşirelik Yüksek Okulu Dergisi*, 7(1), 33–38.
- Nahcivan, N.O. & Seçginli, S. (2007). Health beliefs related to breast self-examination in a sample of Turkish women. *Oncology Nursing Forum*, 34(2): 425-432.
- Neison, H.D., Tyne, K., Naik, A., Bougatson, C., Chan, B.K. & Humphrey, L. (2009). Screening for breast cancer: an update for the US preventive Services Task Force. *Ann Intern Med.*, 151: 727–737.
- Nyström, L. (2000). How effective is screening for breast cancer?: Reductions in mortality should not be the only marker of success. *BMJ*, 321(7262), 647-648.
- Petro-Nustas, W. & Mikhail, B.I. (2002). Factors associated with breast self-examination among Jordanian women. *Public Health Nursing*, 19(4), 263–271.
- Tavafian, S. S., Hasani, L., Aghamolaei, T., Zare, S., & Gregory, D. (2009). Prediction of breast self-examination in a sample of Iranian women: an application of the Health Belief Model. *BMC Women's Health*, 9(1):37.
- Halk Sağlığı Genel Müdürlüğü (2018). National standards of breast cancer screening program. (06.11.2018 tarihinde https://hsgm.saglik.gov.tr/tr/kanser-tarama-standartlari/listesi/485-meme-kanseri-tarama-program%C4%B1-ulusal-standartlar%C4%B1.html adresinden ulasılmıstır).
- Türkiye Halk Sağlığı Kurumu. (2013). *Ulusal Kanser Kontrol Planı 2013-2018*. Ankara: T.C. Sağlık Bakanlığı Kanserle Savaş Dairesi Başkanlığı.
- Türkiye Halk Sağlığı Kurumu. (2017). Türkiye Kanser İstatistikleri, Ankara.
- Türkmen H. (2017). Üniversite Öğrencilerinin Kendi Kendine Meme Muayenesini Bilme ve Uygulama Durumları. *Celal Bayar Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 4(2), 586-92.
- WHO (2018). Breast cancer: prevention and control, (06.11.2018 tarihinde http://www.who.int/can-

Health Sciences II

cer/detection/breastcancer/en/ adresinden ulaşılmıştır).
World Cancer Report 2014. (2014). (edited by Stewart, B.W. ve Wild, C.P.) *International Agency for Research on Cancer.* Geneva, Switzerland: WHO Press.