Health Beliefs Related to Breast Self-Examination in a Sample of Turkish Women

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Purpose/Objectives: To examine health beliefs and sociodemographic and breast cancer–related variables influencing breast self-examination (BSE) practice.

Design: Descriptive, cross-sectional.

Setting: Two vocational training centers in Istanbul, Turkey.

Sample: 438 women were selected using a convenience sampling method. Participants had not had breast cancer and were not currently pregnant or breast-feeding. The mean age of participants was 33.51 years (range = 18–67).

Methods: Willing participants were asked to complete a self-administered questionnaire and the Turkish version of Champion's Health Belief Model Scale. The sample was categorized into two groups: performers (i.e., women who performed BSE at least occasionally) and nonperformers (i.e., women who had never performed BSE).

Main Research Variables: Perceived susceptibility to and seriousness of breast cancer, perceived benefits of and barriers to BSE, confidence in the ability to perform BSE, health motivation, and frequency of BSE practice.

Findings: Significant differences between performers and nonperformers correlated to age, marital status, health insurance, regular gynecologic visits, and education about breast cancer and BSE. The mean scores of perceived benefits and confidence were noticeably higher in performers. Stepwise logistic regression analysis yielded three significant predictor variables.

Conclusions: Women who had more confidence in their ability to perform BSE, had health insurance, and were informed about breast cancer were more likely to practice BSE.

Implications for Nursing: Women in Turkey are at great risk for advanced breast cancer and metastatic spread because of their lack of knowledge. Nurses must provide information on breast cancer etiology, risks, prevention, and detection. To promote BSE practice among Turkish women, tailored health education and health promotion programs should be developed based on a specific understanding of women's health beliefs.

Breast cancer is the most frequently occurring cancer in women and the most common cause of cancer death worldwide. The second leading cause of cancer death in Turkey, breast cancer accounts for 24% of female cancers, with a crude incidence rate of 7.32 per 100,000 women in 1999 (Ministry of Health [MOH], 1999). Although breast cancer incidence and mortality rates tend to be lower in Turkey than in Western countries, breast cancer incidence rates are increasing gradually. Statistical data from the first population-based cancer registration center in Turkey demonstrated that most women have advanced or metastatic breast cancer at the time of diagnosis (Haydaroglu et al., 2005). Frequency of advanced disease was higher in patients living in rural areas, and in situ breast cancer was diagnosed more often in those younger than age 50. Furthermore, 35% of patients had stage I–II disease, 61% had advanced disease, and 5% had metastatic disease at the time of diagnosis (Haydaroglu et al.).

Early detection of breast cancer is crucial for early treatment and reduction in related mortality. Recommended screening methods to reduce breast cancer mortality and morbidity include breast self-examination (BSE), clinical breast examination (CBE), and mammography. Of these, BSE, which should be performed monthly, provides an alternative and relatively simple, low-cost method of early detection that can be performed in conjunction with mammography and CBE (Norman & Brain, 2005). In Turkey, improving breast health care and making breast cancer a priority healthcare issue are new initiatives. MOH (2004) published guidelines for early detection of breast cancer, promoting monthly BSE practice and annual CBE for women older than the age of 20. Mammography is not widely available as a screening method and is recommended only for women at increased risk of breast cancer (MOH, 1999). The rate of regularly performing BSE is low in Turkey, and little information is available about factors related to the frequency of BSE practice (Gozum & Aydin, 2004; Ozturk, Engin, & Kisioglu, 1999; Secginli & Nahcivan, 2006). Health beliefs about BSE correlate with BSE rates; therefore, health beliefs related to BSE practice must be examined.

Several health authorities have recommended monthly BSE for all women as an effective primary tool in early breast cancer detection (Anderson et al., 2003; Apantaku, 2000; Smith et al., 2003; Susan G. Komen for the Cure, 2007). Although BSE has been recommended for years, monthly practice rates in many countries are low. Many factors have been associated with BSE performance, such as health beliefs (e.g., perceived susceptibility, seriousness, benefits, barriers, confidence, health motivation) and sociodemographic and breast cancer–related variables (Champion, 1999; Champion & Scott, 1997; Chouliara, Papadioti-Athanasiou, Power, & Swanson, 2004; Fish & Wilkinson, 2003; Fung, 1998; Gasalberti, 2002; Jarvandi, Montazeri, Harirchi, & Kazemnejad, 2002; Jirojwong & MacLennan, 2003; Jirojwong & Manderson, 2001; Lechner, De Nooijer, & De Vries, 2004; Petro-Nustus & Mikhail, 2002). In the current study, health beliefs about BSE were viewed in the context of the Health Belief Model ([HBM], Rosenstock, 1966), which attempts to explain and predict individual participation in programs for preventive and health-promoting behaviors. The HBM is the most widely used psychosocial approach for

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