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Article in TAF preventive medicine bulletin · July 2015

DOI: 10.5455/pmb.1-1420709931

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*Araştırma / Research Article***Kadınların meme ve servikal kanser taramalarına yönelik tutumları****Attitudes of women about breast cancer and cervical cancer screening**İlknur Aydın Avcı<sup>1</sup>, Birsen Altay<sup>2</sup>, Selda Rızalar<sup>2</sup>, Afitap Özdelikara<sup>2</sup>, Hatice Öz<sup>3</sup>**ÖZET**

Bu araştırma dönemdeki kadınların kendi kendine meme muayenesini uygulama, mamografi çektirme ve pap smear yaptırmaya katılmayı kabul eden, araştırmanın yapıldığı tarihte üniversitede çalışan, veri toplama formunda hata bulunmayan 373 kadın alınmıştır. Anket formunda tanıtıcı bilgilerle beraber meme ve serviks kanseri riskini, taramalara katılım durumunu ve taramalar konusunda kadınların bilgi durumunu değerlendire 41 soru sorulmuştur. Araştırma kapsamına alınan kadınların yaş ortalaması  $33.2 \pm 6.8$  (min 2, max 54) % 69,6'si evli, %65,9 lisans mezunu olup, %69,1'nin orta gelir durumuna sahip oldukları bulunmuştur. mamografi çektiren kadınların çektirmeyen kadınlara göre 4 kat daha fazla pap smear yatırdıkları saptanmıştır (OR = 4.45, 95% CI 2.21, 9.34). aradaki fark istatistiksel olarak anlamlıdır ( $P < 0.001$ ). KKMM'ni yapan kadınlar yapmayan kadınlara göre 2 kat daha fazla pap smear yatırdıkları saptanmıştır (OR = 1.87, 95% CI 1.14, 3.01). Aralarındaki ilişki istatistiksel olarak da anlamlı bulunmuştur ( $P < 0.05$ ). Bu araştırmada kadınların meme ve serviks kanseri taramalarını orta düzeyde bildikleri ve taramalara ise düşük düzeyde katıldıkları saptanmıştır. Ayrıca araştırmada kendi kendine meme muayenesi yapan ve mamografi yaptıran kadınların daha yüksek oranda pap smear yaptırdıkları bulunmuştur.

**ABSTRACT**

**Aim:** This research was conducted as a descriptive study with the aim of investigating their self breast examination, having mammography and Pap smear. **Method:** The Descriptive study was conducted in Samsun between March 2013 and April 2013 with a total of 373 women who agreed for participation. Data were collected via a questionnaire form including questions about knowledge and practices about breast and cervical cancer. Descriptive statistics and chi square test were used for data analysis. **Results:** Mean age of the participants was  $33.2 \pm 6.8$  years (min 2, max 54), 69,6% were married, 65,9% were graduates of licence programs, 69,1% were found to have moderate income. Education level was found to affect having mammography, graduates of university were found to have mammography more ( $\chi^2 = 20.036$ ,  $p = 0.000$ ). The women who have mammography were found to have Pap smear more than the women who do not have mammography (OR = 4.45, 95% CI 2.21, 9.34). The difference is statistically significant ( $P < 0.001$ ). The women who had BSE were detected to have Pap smear 2 fold more (OR = 1.87, 95% CI 1.14, 3.01). **Conclusion:** This research revealed that the women had moderate knowledge about breast and cervical cancer screening and participation in screening is low. Beside, the women who had BSE and mammography had more PAP smear.

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**Anahtar Kelimeler:**

Mamografi, tutumlar, pap smear, risk analizi

**Key Words:**

Mammography, attitudes, pap smear, risk analysis

**Gönderme Tarihi/Received Date:**

08.01.2015

**Kabul Tarihi/Accepted Date:**

15.05.2015

**Yayımlanma Tarihi/Published Online:**

30.06.2015

**GİRİŞ**

Breast cancer is a problem which affects the women in countries from all economic levels, the most common cancer type among women and the first leading cause of deaths from female cancers (1). International Cancer Agency has pulled attention to the increase particularly in breast cancer and reported that breast cancer incidence increased 20% and death from breast cancer increased 14%. Breast cancer is the most common and most fatal cancer type among women. One out of four women with cancer has breast cancer worldwide (2).

International Cancer Agency stated that breast cancer arised from the changes in life conditions (2). Incidence of breast cancer is higher among developed countries compared to developing countries, death from breast cancer is lower in developed countries compared to developing countries. This condition was suggested to arise from the difficulties about the availability of diagnosis, screening and treatment of breast cancer among women living in developing countries. Therefore the need for increasing the effort for improving early diagnosis, screening and treatment was emphasized. Awareness of the signs emerging in the breast is of

importance for preventing the deaths from breast cancer , enabling early diagnosis and treatment (3). Breast self examination (BSE) and clinical examination (CE), having mammography and using additional screening methods like ultrasonography and magnetic resonance imaging when needed should be considered for early diagnosis (4,5,6).

Cervical cancer is the fourth leading cancer type among women worldwide. It is the most common and most fatal cancer type among women particularly in sub-Saharan countries. Vaccination against human Papilloma virus (HPV) together with nationwide population-based early diagnosis and screening activities is important for cervical cancer which is preventable (2).

Cervical cancer is among the most preventable cancer types as some of the risk factors may be controlled, screening test is available, and vaccine is available. Risk factors and ways to avoid from them should be known, regular pelvic examination and Pap smear test should be done for prevention. Screening tests are used for investigating cancer signs in asymptomatic subjects. Screening is quite successful for cervical cancer. Cervical cancer is the single gynecologic cancer which may be prevented with regular screening. Regular Pap smear is the best way for early diagnosis of cervical cancer (7).

Breast and cervical cancer are the most common cancer types also in Turkey as in the world. In Turkey, National Health System included breast and cervical cancer screening toward 50 years old and up women and all risk groups. Knowing that she has cervical or breast cancer may be the most destructive and stressful event that a women may experience. Because the word “cancer” carries a life-threatening meaning. Early diagnosis gradually gains importance considering the negative influences of breast or cervical cancer (8). Therefore this research was conducted as a descriptive study with the aim of investigating their self breast examination, having mammography and Pap smear.

## MATERIAL AND METHOD

The descriptive study was conducted in Samsun between March 2013 and April 2013. This study was carried out with the women working in Ondokuz Mayıs University. A total of 373 women who agreed for participation, who were working at the university at the time of study and whose data collection form was correct were included in the study. Data were collected via a questionnaire form including questions about knowledge and practices about breast and cervical cancer. The questionnaire form included 41 questions evaluating breast and cervical cancer risk, participation in screening and knowledge level of women about screening together with demographic data. Descriptive statistics, chi square test, and risk analysis were used for data analysis.

## RESULTS

The mean age of the participants was 33.2±6.8 years (min 20, max 54), 69,6% were married, 65,9% were graduates of licence programs, 69,1% were found to have moderate income. Of the women, 63,2% were officers, 81,9% had a desk job, 62,1% had children and 72,3% were found to be smokers (Table 1).

**Table1.** Descriptive Features

Variables	N	%
<b>Marital status</b>		
Married	261	69.6
Single	114	30.4
<b>Educational status</b>		
Pirimary school	53	14.1
High school	57	15.2
Bachelor	247	65.9
Master and doctorate	18	4.8
<b>Income status</b>		
Good	89	23.7
Middle	259	69.1
Bad	27	7.2
<b>Working status</b>		
White collar worker	237	63.2
Blue collar worker	126	33.6
Academic person	12	3.2
<b>Have a child</b>		
No	142	37.9
Yes	233	62.1
<b>Cigarette smoking status</b>		
Yes	104	27.7
No	271	72.3

Of the participants, 89,1% were detected not to have breast problem, 90,4% not to have a family history of breast cancer,75,2% knew BSE, 96,8% believed the need for BSE, 64,5% were making BSE and 36,5% planned to make BSE. Of the women, 90,4% were detected not to obtain mammography, 67,7% knew the early diagnosis of cervical cancer, 68,5% were detected not to have a Pap smear.

Education level was found to affect having mammography, graduates of university were found to have mammography more ( $\chi^2= 20.036, p=0.000$ ). Women who had children were found to have mammography and Pap smear more than the ones without children ( $\chi^2= 14.763, p=0.000$ ;  $\chi^2= 43.479, p=0.000$ , respectively). A relationship was not found between other descriptive characteristics and having mammography and Pap smear ( $p>0,05$ ).

The relationship between having mammogram and Pap smear is given in Table 3. According to this, the women who had mammography were found to have Pap smear more than the women who do not have mammography

(OR = 4.45, 95% CI 2.21, 9.34). The difference is statistically significant ( $P < 0.001$ ).

**Table 2.** Women' Cancer Screening Behaviors

Variables	N	%
<b>Had experienced previous breast problems</b>		
Yes	41	10.9
No	334	89.1
<b>Family history of breast cancer</b>		
Yes	36	9.6
No	339	90.4
<b>BSE Knowing status</b>		
Knowing	282	75.2
Unknowing	93	24.8
<b>Believe status to necessity of breast selfexamination</b>		
Necessary	363	96.8
Unnecessary	12	3.2
<b>BSE Performing status</b>		
Performing	242	64.5
Not performing	133	35.5
<b>Thinking about making BSE</b>		
Yes	137	36.5
No	11	2.9
Doubtful	227	60.5
<b>Had a mammogram</b>		
Yes	36	9.6
No	339	90.4
<b>Status of knowing about cervical cancer screening</b>		
Knowing	254	67.7
Unknowing	121	32.3
<b>Had a pap smear</b>		
Yes	118	31.5
No	257	68.5

The women who had BSE were detected to have Pap smear 2 fold more (OR = 1.87, 95% CI 1.14, 3.01). The difference was found statistically significant ( $p < 0.05$ ).

**Table 3.** Relationship Between Performing BSE and Had a Mammogram With Had a Pap Smear of Women

		Had a pap smear				Statistics , p
		Yes		No		
		Number	%	Number	%	
Had a mammogram	Yes	23	63.9	13	36.1	$X^2=17.784, P=0.000$
	No	95	28.0	244	72.0	
Performing BSE	Yes	87	73.7	155	60.3	$X^2=5.788, P=0.016$

## DISCUSSION

It is known that some cancer types may be prevented in the ratio of one-third (9,10). Knowledge, attitude and behaviors of women are of great importance for cancer prevention.

Of the participants, 89,1% stated that they did not experience a breast problem, 9,6% stated that they had family history of breast cancer. Although family history ratio varies depending on the study groups in literature, it is seen to be between 7,8% and 47,6% (11,12,13). Family history is known to be an important risk factor for breast and cervical cancer. The role of heredity was shown to be between 5-10% in breast cancer (14,15,16). Family history is among the risk factors also for cervical cancer.

Of the participants, 75,2% were found to know BSE. This ratio was found as 78% in the study of Yıldıırım and Özaydın and 86,4% in the study of Zen et al. (17,18). Many studies have found similar results in literature (19,20,21,22). We may suggest that the ratio of knowing BSE is good among the participants of our study compared to other studies.

96,8% of the women were found to believe that BSE is necessary, 60,5% were hesitant about BSE and 64,5% stated that they make BSE. Cadır et al. (23) found that 45,1% of the women made BSE, Secginli et al. (24) found that 39,5% of the women made BSE, Özen et al. (25) found that 86,7% of the women did not make BSE and 51,7% did not find it necessary. Various results have been obtained in the studies in our country and in the world and it is seen that there is a significant lack of knowledge about this subject. In a study conducted with Arabic women, 69,7% of the women were reported not to have knowledge about this subject (26). The fact that 31,6% of the women make BSE in the study of Parlar et al 27,4% make BSE and 74,3% do not make BSE as they do not know it in the study of Çevik et al. (27), 61 % do not make BSE in the study of Yilmazer (28) support our results. Educations about breast cancer and BSE is known to be insufficient in our country (29,30,31). Education programs should be arranged and nurses, the closest health staff to patients should play an active role in these educations. Nurses may motivate screening programs considering the socio-economic level, cultural infrastructure and other standards (32).

Tu and Yasuhi (33) found the ratio of having mammography 74% among Chinese American women, Tanjasiri and Santos (34) found it as 77%. Ratio of having mammography and check-up was found lower in our study. Mammography is recommended particularly among women 40 years and above. However it may be done earlier if there is family history. We consider that this low ratio arised from low average age and small number of women with family history of breast cancer (9,6%) (32).

In this research, 67,7% of the participant stated that they know early diagnosis of cervical cancer however 31,5% stated that they had Pap smear test. In a study investigating the level of knowledge about cervical cancer, 47,7% of the women stated that they knew cervical cancer and 20,8% were found to have Pap smear test. Regular Pap mear test should be done for early diagnosis of cervical cancer. However the ratio of having Pap smear was found quite low atthough more than half of the women knew about the early diagosis of cervical cancer. Our results are similar with those of other similar studies and ratio of having Pap smear was reported to vary between 16,2% and 51,3% (35,36). Ratio of having Pap smear was seen to vary among different countries and ethnic groups. This ratio was found to vary between 65,9% and 85,1% among women from different ethnic groups in the study of McPhee et al. (37). Ratio of having regular PAP smear was found as 34% among Korean American women in the study of Kim et al., 68% among Vietnamese women in the study of Do et al., 89% among Vietnamese women in the study of Ho et al., 54% among Southern Asian women in the study of Islam et al. (38,39,40). Juneja et al. reported that 85% of the women had PAP smear for at least once in developed countries like USA and this ratio was reported as 5% in developing countries (41). Ratio of having Pap smear is quite low among Turkish women when compared to this study.

Approximately one-third of women do not have adequate knowledge about cervical cancer (2). Akyüz et al. found that two-third of the women who never had Pap smear did not know how often it should be done and one-third of these women did not know for which disease this test was done (42). Behbkht et al. found that one-fourth of the women who never had Pap-smear did not know it and three-fourth had incorrect knowledge (43). Informing the women about the cancers which have early diagnosis and screening tests may increase admissions for these tests.

When having Pap smear and mammography and BSE was analysed; 63,8% of the women who had mammography were seen to have PAP smear, 35,9% of the women who had BSE were seen to have Pap smear. Studies have revealed that the individuals who had higher perception, participated more in screening programs and had more mammography and Pap smear (44,45). Özeydın et al.

found that the women who had mammography had more regular gynecologic examinations (17). It is seen that the ratio of having BSE and mammography is not adequate among women participated in our study. Gynecologic examination is one of the procedures that women do not like. The main reason for this is this examination's involving the intimate region of women. Other reasons include negative approach of the health staff, the physician's being male, examination position and the devices used, previous negative experiences and not caring for intimacy (46,47). We also detected that the ratio of having BSE, mammography and Pap smear is not sufficient although the women know the early diagnosis methods.

## CONCLUSION

This research revealed that the women had moderate knowlege about breast and cervical cancer screening and partcipation in screening is low. Beside, the women who had BSE and mammography had more PAP smear.

Based on these results, education programs may be recommended for increasing participation in breast and cervical cancer screening. Educational studies including breast and cervical cancer together may be done considering its potentialization.

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Source of Support: Nil, Conflict of Interest: None declared