

**THE DETERMINATION OF THE KNOWLEDGE LEVELS OF
MARRIED WOMEN BETWEEN THE AGES 15 - 49 ABOUT THE
SELF - BREAST EXAMINATION METHOD****

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INTRODUCTION and AIM

In many countries, breast cancer is the most common cancer and death cause in women (5). Breast cancer, the most important disease of the breast epithelial tissue, is in the first place in women with an incidence of 27 %. regarding the cancers of all organs (7). Although it is rarely seen in women under 25 years of age, its incidence has an increase (in direct proportion) with the age and its in the first place as a death cause in women between 40-44 years old (1, 3, 5). in our country, breast cancer is in the second place in women as a death cause (9).

The factors causing breast cancer can be defined as the age, breast cancer history in the family, marriage, par tition, duration of lactation in whole life, experiencing breast cancer before having the fibro-cystic disease and chronic psychologic diseases (7).

Early diagnosis has a primary role in the treatment of cancer. For early diagnosis, routine physical examination and assessment of individuals as well as the education are all important factors. In order to maintain the public health, the nurses should determine the risk groups and individuals with early symptoms for cancer, give them the basic education and refer them (to the institutions about cancer) (4).

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** The European Cancer Conference - ECCO 9'da sunulmak üzere hazırlanmıştır.

One must know that, for the maintenance of health and early diagnosis, self-responsibility is also important. Thus, it is worthwhile (important) to make people conscious about their health (8).

In the light of these facts, this research was performed (made) in order to assess (inspect) the knowledge levels of married women between the ages 15-49 about the self-breast examination method and the factors that could affect them.

MATERIAL and METHOD

The universe of the research, which was planned as descriptive and partially analytic, consisted of women 500 married women between 15-49 years old, who applied to the hospital of Ege University Medical Faculty between 15.01.1996-25.02.1996. The data of this research was collected by the sampling technique without probability and by working with 150 married woman between 15-49 years old, who were representing 30% of the universe.

The interpretation of inquiry Leaflet, containing questions regarding the sociodemographic features of women, risk factors for breast cancer and the factors that could affect their knowledge level about self-breast examination, was with a face-to-face interview, in addition, to determine the correct practices in self-examination the women were given booklets.

The unreliable variables of the research were the sociodemographic features, age, education level and the ability of being informed about breast cancer while the reliable variable was only the knowledge level of women about self breast examination. In the assessment of the data of this research, percentage test and the significance test of X were used.

RESULTS AND DISCUSSION

Sociodemographic features of the women in research were shown in Table 1.

54% of women in research were in the group of 35-49 years and the average was $x = 35.04 \pm 1.73$. 50% women have lived in a grand city for the longest time and 62% have graduated from a secondary school or over. 60% have 1-2 children and the average number of children were $x = 1.63 \pm 0.011$.

Table 1. Sociodemographic Features of Married Women between 15-49 years old

Sociodemographic Features	Number	o/o
Age	69	46
15-34	81	54
35-49		
Place of Living with longest duration		
Village	7	4.66
Town	23	15.33
City	45	30.00
Grand-city	75	50.00
Education		
No graduation or primary school	57	38
Second school and over	93	62
Profession		
Housewife	91	60.66
Official	27	18.00
Worker	8	5.33
Own job	2	1.33
Other	22	14.66
The Level of income		
Income is greater than outcome	30	20.00
Income is equivalent to outcome	105	70.10
Income is less than outcome	15	10.00
Number of children		
1-2	90	60.00
3-4	28	18.67
5 and more	4	2.67
0	28	18.67
Age of first parturition		
18 and below	21	14.00
19-25	92	61.33
26-30	8	5.33
30 and above	1	0.67
0	28	18.67
Age of first menstruation		
12 and below	32	21.33
13-15	108	72.00
16-18	9	6.01
19-22		0.66
Duration of Menstruation		
Yes	108	72.00
No	29	19.33
Other	13	8.66
TOTAL	150	100.00

The age of first parturition is important in the development of breast cancer and it is reported that the risk of the ones whose first parturition was before 18 years of age (3, 8). In our research, the average of age of first parturition was $x = 17.32 \pm 4.9$ and it was discovered that 61.33% of women have given birth between 19-25 years of age.

75% of women in research still have menstruations. 80% of breast cancer are firstly detected by the patient herself. Therefore, women are suggested to examine their breast regularly (6). In a research made by Greenwald et al., it was determined that 69% of women who were examining their breast regularly, have detected their tumour on time (2). In our research, 75.33% of women have taken education about breast cancer while 24.67% have taken no education about it. The main source of education of breast cancer was determined as the media (28%).

42.67% of the women in our research have reported that they had been examined on breast and 15.33% have reported that they had applied to a doctor with a mass in the breast. The rate of women in our research who have experienced a disease in breast was 16% and 9.33% had a benign mass in the breast. Consequently, it was found out that 46.67% of women knew the risk of breast cancer while 44.67% knew the symptoms of it and 71.33% knew the self-breast examination. This rate was determined as 44.2% in the research of Akdemir et al.

78% of women have said that they knew the breast cancer could be treated definitely and 58% have reported that they knew it had a hereditary feature. When the averages of knowledge - score table is inspected, it is seen that there is no significant difference between the women in research ($X = 6.836$, $SD = 5$, $p > 0.05$).

While there is no significant relationship between the education level and knowledge level of women ($X = 6.923$, $SD = 4$, $p > 0.05$), it was found out that there was a statistically significant relationship between the education on the breast cancer and knowledge level ($X = 20.00$, $SD = 1$, $p < 0.05$). According to this findings, one could say that women's education on breast cancer has a positive effect on their knowledge level. In addition, it was found out that there was also a statistically significant relationship between knowing the self-examination method and knowledge level ($X = 14.030$, $SD = 4$, $p < 0.05$). Thus, it is clear that the women in our research are familiar with the self examination

method of breast as well as the breast cancer and its risk factors. symptoms in general.

CONCLUSION AND SUGGESTIONS

in the end of the study. it was concluded that the importance of early diagnosis and treatment of breast cancer should be taught to women, their skills on the self-examination method should be developed and they should be felt responsible to examine themselves regularly (for breast cancer) since they are themselves the primary detectors of breast cancer. it is important to note that. self-examination of the breast is not useful unless it is performed regularly. with periodical intervals. Therefore it is obvious that self-examination of breast, being one of the main components of the scanning program of breast cancer in the early diagnosis, requires education.

Nurses, who are also members of the health staff. have significant roles in the education of women. Primarily. they have to determine what the women knew about the breast cancer and self-examination method of breast, what they would like to know and why this important for them. Then according to the findings. the nurses should plan the education program and perform it. in order to make the education program more effective, audiovisual methods are required as well as the booklets. magazines and illustrations. in addition, each women in the education program should be encouraged to perform the self-examination method of breast at least once under the supervision of the nurse so that the possible mistakes are corrected and incomplete knowledge is fulfilled.

The nurses should regard their educational and consultant services on cancer as a component of their missions and organize educational programs for public.

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