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Effect of negative thoughts on community cancer stigma in menopausal period

Menopoz döneminde olumsuz düşüncelerin toplumsal kanser damgasına etkisi

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ABSTRACT

***Aim*:** This study was to determine the effect of negative automatic thoughts on community cancer stigma in the menopausal period.
Methods: This descriptive cross-sectional study was conducted on 360 menopausal women who met the inclusion criteria in three family health centers. The study data were collected between August 2022 and October 2022 in the garden of three family health centres in an east region in Turkey between working hours three days a week. The Descriptive Characteristics Form, A Questionnaire for Measuring Attitudes Toward Cancer Questionnaire (Cancer Stigma) - Community Version Form and Automatic Thoughts Questionnaire- Negative Form (ATQ-N) were used for data collection. Data were analyzed using descriptive statistics and linear regression analysis.
Results*:* Menopausal women's community cancer stigma total mean score was found to be 3.08±0.53 and the negative automatic thoughts total mean score was found to be 110.39±48.17. In the study, it was found that community cancer stigma levels of menopausal women and their negative automatic thoughts were high levels. The automatic thoughts had statistical significance in explaining community cancer stigma and accounted for them by 35.3% (p<.05).
Conclusion: It was determined that the menopausal women participating in the study had high level of community cancer stigma and negative automatic thoughts.

Keywords*:* attitudes; cancer; menopause; stigma; social; thinking

ÖZET

Amaç: Bu çalışma, menopoz dönemindeki kadınların otomatik düşüncelerinin toplumsal kanser damgası üzerindeki etkisini belirlemek için yapılmıştır.
Yöntem: Bu tanımlayıcı kesitsel çalışma, üç aile sağlığı merkezinde dahil edilme kriterlerini karşılayan menopoz dönemindeki 360 kadın üzerinde yapılmıştır. Araştırmanın verileri, Ağustos 2022-Ekim 2022 tarihleri arasında Türkiye'de bir doğu bölgesindeki üç aile sağlığı merkezinin bahçesinde, haftanın üç günü mesai saatleri arasında toplanmıştır. Veri toplama için Demografik Form, Kansere İlişkin Tutumları (Kanser Damgası) Ölçme Anketi (KİTO) - Topluluk Versiyonu Formu ve Otomatik Düşünceler Ölçeği-Olumsuz Formu (ODÖ) kullanılmıştır. Veriler, tanımlayıcı istatistikler ve regresyon analizi kullanılarak analiz edilmiştir.
Bulgular: Menopozdaki kadınların toplumsal kanser damgası toplam puan ortalaması 3.08±0.53 ve negative otomatik düşünceler toplam puan ortalaması 110.39±48.17 bulunmuştur. Araştırmada menopoz dönemindeki kadınların toplumsal kanser damgalama düzeylerinin ve negatif otomatik düşüncelerinin yüksek düzeyde olduğu saptanmıştır. Negatif otomatik düşünceler, toplumsal kanser damgasını açıklamada istatistiksel olarak anlamlı bulunmuştur ve bunları %35.3 oranında açıklamıştır (p<.05).
Sonuçlar: Araştırmaya katılan menopoz dönemindeki kadınların yüksek düzeyde toplumsal kanser damgası ve negatif otomatik düşüncelere sahip oldukları belirlenmiştir.

Anahtar kelimeler*:* tutumlar; kanser; menopoz; stigma; sosyal; düşünme

Introduction

Cancer is the second leading cause of death worldwide (Shmatko et al., 2022). Menopause is when women are at risk of getting cancer, for example, breast and cervical cancers (Davenport et al., 2022). It is known that deaths can be prevented by screenings for cancer, and early diagnosis and treatment can enhance the quality of life (Abdol Manap et al., 2022). Negative attitudes towards cancer may lead to poor results in diagnosis, treatment, and prognosis during menopause.

The studies on the early diagnosis behaviours of breast cancer and cervical cancer in women have revealed that early diagnosis behaviours are not sufficient (Özçam et al., 2014; Başkan et al., 2012; Gulten et al., 2012). It was stated in the study by Ersin and Bahar (2012) that a woman who was highly sensitive to breast cancer and saw herself under threat tended to have breast self-examination, mammography and clinical breast examination compared to another woman at the same age. In the study by Açıkgöz et al. (2011) it was reported that women who had cancer in themselves or their family had higher rates of taking pop-smear and mammography tests.

Many factors, such as psychological, structural, organisational and socio-cultural factors, are effective in the cancer screening rates of women and their orientation towards early diagnosis behaviour (Lee et al., 2007; Remenninck, 2006). Psychological factors include fear of cancer, lack of knowledge about early diagnosis practices, embarrassment, lack of sensitivity, the discomfort of the family, fear of losing the cancerous organ, fear of death, fear of change in body image, false beliefs and perceptions, and fatalistic approach (Borrayo et al., 2005; Kearney, 2006; Park et al., 2007; Paskett et al., 2006; Remennick, 2006; Nahcivan & Seçginli, 2007; Young & Severson, 2005). Having cancer, receiving cancer treatment, and the sequelae left by cancer are seen as negative

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experiences. These are major stressors for many people; cancer is a traumatic situation for some people. The nature of cancer may lead to the development of such negative automatic thoughts against cancer (Öcel, 2017).

Nursing and midwifery, which always examine people in every aspect, have important tasks from the first step, such as reducing stigma towards cancer and increasing awareness, organizing programs towards early diagnosis and screening, mobilizing psychosocial support resources for cancer patients, providing rehabilitation services and increasing the number of studies in this field.

This study was to determine the effect of negative automatic thoughts on community cancer stigma in the menopausal period.

To achieve the research aims, the following a research question was tested in this study:

- Does negative automatic thoughts of women in menopause affect community cancer stigma?

Methods

Study design and participants

The study was conducted in a descriptive cross-sectional study. The study data were collected between August 2022 and October 2022 in three Family Health Centres (FHCs) in a east region in Turkey. Three out of ten FHCs in a district were determined using the drawing of lots method. The study population was composed of menopausal women registered in three FHCs selected by drawing of lots method from ten FHCs in an east region in Turkey. The study sample consisted of 657 registered menopausal women selected randomly from these three FHCs. In the study, the sample selection method was not used, and the data were collected from 360 menopausal women registered to FHCs and met the inclusion criteria.

Inclusion Criteria:

- Going through menopause naturally or surgically for the last 12 months.

Exclusion Criteria:

- Having been diagnosed with any cancer,
- Having a psychiatric diagnosis,
- Having any disability impairing communication (hearing loss, speech disorder etc.)

Instruments

The researchers collected the data using The Descriptive Characteristics Form, A Questionnaire for Measuring Attitudes toward Cancer Questionnaire (Cancer Stigma) - Community Version Form and Automatic Thoughts Questionnaire-Negative (ATQ-N).

The Descriptive Characteristics Form

It is prepared in line with the literature and was composed of questions including socio-demographic characteristics of menopausal women (for example, age, education status, income status and having cancer history in the family) (Cho et al., 2013; Gulten et al., 2012).

A Questionnaire for Measuring Attitudes toward Cancer Questionnaire (Cancer Stigma) - Community Version Form

It was developed by Cho et al. (2013) to measure the attitudes of relatives of cancer patients and individuals in society towards cancer. It was adapted to Turkish by Yılmaz et al. (2017). It is a questionnaire providing information about the positive/negative attitudes of individuals in society towards cancer. It is composed of 4 subscales and 12 questions. The mean score of the items is used to evaluate the scale, and the scores with a median value of 2.5 and above signify the presence of negative attitudes towards cancer. Median values of items included in the Attitudes towards Cancer Scale above 2.5 indicate a negative attitude towards cancer. The Cronbach's alpha value of the original scale is .79 (Yılmaz et al., 2017). In the study, Cronbach's alpha value was found as .82.

Automatic Thoughts Questionnaire- Negative

It was developed by Hollon and Kendall (1980). It was adapted to Turkish by Şahin and Şahin (1992). This scale aims to measure the frequency of negative self-evaluations. It is composed of 30 items. It is a five-point Likert-type scale. The minimum score on the scale is 30, and its maximum score is 150. High scores obtained from the scale can be interpreted as the abundant negative automatic thoughts of the person. The Cronbach's alpha value of the original scale is .91 (Şahin NH & Şahin N, 1992). In the study, the Cronbach's alpha value was found as .92.

Data collection

The study's data were collected by the first researcher between August 2022 and October 2022 in the garden of three FHCs in an east region in Turkey between the working hours 3 days a week by obeying the social distance and mask rules. The literate patients filled out the questionnaire themselves, the questions were read to the illiterate patients, and the researchers recorded their responses. Data collection lasted for 15-20 minutes.

Statistical analysis

The data were assessed in SPSS 17 package program using descriptive statistics and parametric tests. The descriptive statistics are expressed as the frequencies, percentages, means, and standard deviations. The parametric test is linear regression. Normality distributions were evaluated with Skewness and Kurtosis test values. Cronbach's alpha was used to assess the internal consistency of the scales. The level of statistical significance was accepted as $p < 0.05$.

Ethical principles of the study

The study was approved by the Ethics Committee of İnönü University Health Sciences Institute Ethics Committee in Malatya on 13.10.2020. Ethics committee approval number is 2020/1191. Legal permission from the institutions where the research was conducted was obtained. The participants were informed about the purpose of the study, and their questions were answered. Before starting the study, the menopausal women were informed about the purpose of the study and their verbal consent was obtained. It was explained to the women that the information they provided would be kept confidential, not used anywhere else, and they had the right to withdraw from the study at any time.

Results

The mean age of the menopausal women participating in the study was 55.23±5.82, and 69.5% were married, 31.9% had high school and higher education level, 46.4% had a moderate income level, and 52.5% of the menopausal women had no cancer history in their families (Table 1).

The cancer stigma mean score of the menopausal women was found as 3.08±0.53. The scale mean scores indicated that the menopausal women in the study group had a negative attitude towards cancer. The automatic thoughts questionnaire-negative mean score of the menopausal women participating in the study was 110.39±48.17. Negative

automatic thoughts of menopausal women participating in the study towards cancer were high (Table 2).

Table 1. Sociodemographic characteristics of the sample (n=360)

Descriptive Characteristics	n	%
Marital status		
Married	249	69.5
Single	111	20.5
Education level		
Illiterate	53	14.2
Literate	90	25.2
Primary education	103	28.7
Secondary education	47	13.2
University	67	18.7
Perception of income level		
Good	72	19.6
Moderate	166	46.4
Bad	122	34
Cancer history their families		
Yes	172	47.5
No	188	52.5
Age (mean±SD) (year)	55.23±5.82	

It was found that negative automatic thoughts were statistically significant in explaining cancer stigma and explained them by 35.3% (p<.05) (Table 3).

Table 2. Cancer stigma and automatic thoughts questionnaire-negative of the menopausal women score means (n=360)

Scale	Min-Max Score	Mean±SD
Attitudes towards cancer	Median Items 2.5+	3.08±0.53
Automatic thoughts questionnaire-negative	30-150	110.39 ± 48.17

Discussion

The study results are important in terms of being the first one in the literature. For this reason, the most recent literature and study results were discussed.

It was determined that the attitudes of the menopausal women participating in the study towards cancer were negative. Some studies stated that having a cancer history in the family was a predictive variable in diagnosis, treatment, and prognosis. Ersin and Bahar (2012) stated in his study that a woman who had high sensitivity towards breast cancer and saw herself under threat tended to have self-breast examination, mammography, and clinical breast examination compared to another woman of the same age. In the study by Açıkgöz et al. (2011) it was stated that women who had cancer in their family or themselves had higher rates of having pop-smear and mammography. The word cancer is matched with the concepts like suffering, death, and fear by individuals diagnosed with cancer. All of these matches could increase negative attitudes towards cancer by society. In addition, when the descriptive characteristics of menopausal women participating in the study were examined, most had no cancer history in their families. All of these reasons are believed to increase negative attitudes towards cancer.

Table 3. Attitudes of participants towards Covid-19 pandemic

Automatic thoughts questionnaire-negative	Regression					
	R	R^2	β	F	*t*	p
Attitudes towards cancer	.594	.353	-.594	160.220	-12.658	.000

It was determined that the participants had high mean scores from negative automatic thoughts towards cancer. Having cancer, receiving cancer treatment and the sequelae left by cancer are seen as negative experiences. All of these are major stressors for many people, and cancer is a traumatic situation for some people. The nature of cancer may lead to the development of such negative automatic thoughts towards cancer (Öcel, 2017). According to Hallaç and Öz (2011), a person who learns that he/she has been diagnosed with cancer may think that everything is over and his/her life is about to end. Such automatic thoughts may prevent the individual from assessing events realistically, may cause him/her to stigmatize individuals diagnosed with cancer or lead to bad results in diagnosis, treatment and especially in prognosis if he/she shows a prognosis of cancer (Hallaç & Öz, 2011). The fact that the menopausal women participating in the study had high negative automatic thoughts towards cancer may be due to these reasons.

The study determined that menopausal women's negative automatic thoughts explained cancer stigma by 35.3%. The study results are important in terms of being the first one in the literature. Having cancer, receiving cancer treatment, and the sequelae left by cancer were seen as negative experiences. For many, these are all major stressors, and cancer is also a traumatic situation for some people. The nature of cancer may lead to the development of such negative automatic thoughts towards cancer (Öcel, 2017).

Limitations of the study

The results can only be generalized to the sample group since the study was conducted in a limited number of centres. The improbable sampling method was chosen for the sample group.

Conclusion

Considering the severe consequences of attitudes toward menopausal women's cancer and negative automatic thoughts, it was determined that the attitudes of the menopausal women participating in the study towards cancer were negative. Also, the negative automatic thoughts mean scores of the participants towards cancer were high. Negative automatic thoughts of the women affected their attitudes towards cancer. Community mental health nurses should conduct screenings, evaluations and studies to identify and reduce the negative automatic thoughts of this age group. Since this period may also be the beginning of healthy aging in women, it is important to address the issue of the mental health of the elderly. The menopausal period is one of the times when women are at risk for getting cancer. In this period, cancer stigma may lead to poor diagnosis, treatment, and prognosis results. It is important to increase screening, diagnosis, treatment and training programs for cancer, starting from primary care, increase the knowledge level with in-service training and undergraduate courses of healthcare professionals in all steps, to realize early detection and follow-

up of risky people, increase public awareness towards cancer, organize information campaigns for stigmatization and increase similar studies.

Conflict of Interest

None.

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Ethics Committee Approval

The study was approved by the Ethics Committee of İnönü University Health Sciences Non- Interventional Studies in Malatya on 13.10.2020. Ethics committee approv no is 2020/1191.

Informed Consent

Before starting the study, information about the study was given and verbal consent was obtained from participating women.

Peer-review

Externally peer-reviewed.

Author Contributions

A.A: Literature Search, Study Conception/Design, Materials, Data Collection/Analysis, Drafting of Manuscript, İnterpretation.

F.K.B: Supervision, Critical Review, Administrative/ Technical/ Material Support, Editing.

References

Abdol Manap, N., Ng, B. K., Phon, S. E., Abdul Karim, A. K., Lim, P. S., & Fadhil, M. (2022). Endometrial cancer in pre-menopausal women and younger: risk factors and outcome. *International Journal of Environmental Research and Public Health, 19(15),* 9059.

Açıkgöz, A., Çehreli, R., & Ellidokuz, H. (2011). Kadınların kanser konusunda bilgi ve tutumları ile erken tanı yöntemlerine yönelik davranışları. *DEÜ Tıp Fakültesi Dergisi, 25*: 145-54.

Baskan, S., Atahan, K., Arıbal, E., Özaydın, N., Balcı, P., & Yavuz, E. (2012). Screening and diagnosis in breast cancer.*J Breast Health,* 8: 100-25.

Borrayo, E. A., Buki, L. P., & Feigal, B. M. (2005). Breast cancer detection among older Latinas: is it worth the risk? *Qualitative Health Research,* 15, 1244-1263.

Cho, J., Choi, E. K., Shin, D. W., Cho, B., Kim, C., & Koh, D.H. (2013). Association between cancer stigma and depression among cancer survivors: a nation wide survey in Korea. *Psycho Oncology*, 22.10: 2372-8.

Davenport, C., Rai, N., Sharma, P., Deeks, J. J., Berhane, S., Mallett, S., Saha, P., Champaneria, R., Bayliss, S. E., Snell, K. I., & Sundar, S. (2022). Menopausal status ultrasound and biomarker tests in combination for the diagnosis of ovarian cancer in symptomatic women. *Cochrane Database of Systematic Reviews*, *7*(7), CD011964.

Ersin, F., & Bahar, Z. (2012). Sağlığı geliştirme modellerinin meme kanseri erken tanı davranışlarına etkisi: Bir literatür derlemesi. *Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Dergisi, 5*(1), 28-38.

Gulten, G., Memnun, S., Ayse, K., Aygul, A., & Gulcin, A. (2012). Breast, cervical, and colorectal cancer screening status of a group of Turkish women. *Asian Pacific Journal of Cancer Prevention, 13*(9), 4273-4279

Hallaç, S., & Öz, F. (2011). Genital kanser tanı sürecinde varoluşsal kaygı. *Psikiyatride Güncel Yaklaşımlar, 3*(4), 595-610.

Hollon, S., & Kendal, P. (1980). Cognitive self-statement in depression: Clinical validation of an automatic thoughts questionnaire. *Cognitive Therapy and Research, 4*, 383-395.

Kearney, A. J. (2006). Increasing our understanding of breastsel fexamination: Women talk about cancer, the health care system, and being women. *Qualitative Health Research*, *16*(6), 802-820.

Lee, E. E., Tripp-Reimer, T., Miller, A., Sadler, G., & Lee, S. (2007). Korean American women's beliefs about breast and cervical cancer and associated symbolic meanings. *Oncology Nursing Forum*, *34*(3), 713-720.

Nahcivan, N., & Secginli, S. (2007). Health beliefs related to breast self examination in a sample of Turkish women. *Oncology Nursing Forum, 34*(2), 425-432.

Öcel, H. (2017). Meme kanseri tanısı almış çalışan kadınlarda damgalanma ve bilinçli farkındalık ile psikolojik iyi oluş arasındaki ilişkiler: Psikolojik esnekliğin düzenleyici rolü. *Türk Psikoloji Dergisi, 32*(80), 116-133.

Özçam, H., Çimen, G., Uzunçakmak, C., Aydın, S., Özcan, T., & Boran, B. (2014). Kadın sağlık çalışanlarının meme kanseri, serviks kanseri ve rutin tarama testlerini yaptırmaya ilişkin bilgi tutum ve davranışlarının değerlendirilmesi. *İstanbul Medical Journal,15*, 154-160.

Park, S. M., Hur, H. K., Kim, G. Y., & Song, H. Y. (2007). Knowledge, barriers, and facilitators of Korean women and their spouses in the contemplation stage of breastsel fexamination. *Cancer Nursing*, *30*(1), 78-84.

Paskett, E., Tatum, C., Rushing, J., Michielutte, R., Bell, R., Long Foley, K., Bittoni, M., Dickinson, S. L., McAlearney, A. S., & Reeves, K. (2006). Randomized of an intervention to improve mamography utilization among a triracial rural population of women. *Journal of the National Cancer Institute, 98*(17), 1226-1231.

Remennick, L. (2006). The challenge of early breast cancer detection among immigrant andminority women in multicultural societies. *The Breast Journal, 12*(1), 103-110.

Shmatko, A., Ghaffari Laleh, N., Gerstung, M., & Kather, J. N. (2022). Artificial intelligence in histopathology: enhancing cancer research and clinical oncology. *Nature Cancer*, *3*(9), 1026-1038.

Şahin, N. H., & Şahin, N. (1992). Reliability and validity of the Turkish version of the automatic thoughts questionnaire. *Journal of Clinical Psychology*, *48*, 334-340.

Yılmaz, M., Dişsiz, G., Göçmen, F., Usluoğlu, A. K., & Alacacıoğlu, A. (2017). Kansere ilişkin tutumları (kanser damgası) ölçme anketi-toplum versiyonunun Türkçe geçerlilik ve güvenirlik çalışması. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi, 20(*2), 99-106.

Young, R. F., & Severson, R. K. (2005). Breast screening barriers and mammography completion in older minority women. *Breast Cancer Research and Treatment*, *89*, 111-118.