RESEARCH ARTICLE

Does Hopelessness of Turkish Women Affect their Behavior **Regarding Cervical Cancer Prevention and Early Diagnosis?**

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Abstract

Background: The purpose of this descriptive study was to investigate attitudes women of towards cervical cancer prevention applications and early diagnosis, and whether or not their hopelessness levels had any influence. Materials and Methods: The present study was carried out in Isparta with a descriptive design. A sample of 251 individuals was recruited from January 2011 through May 2011 in the largest tea garden (restaurant- cafe). The data collection tool consisted of two parts: a "Questionnaire Form" identifying women; and the "Beck Hopelessness Scale". Data were analyzed using the Statistical Package for the Social Sciences (SPSS version 16.0 for Windows for the numerical and percentage distribution, average, standard deviation with the ANOVA and Mann-Whitney tests. Results: Some 70.2 % of the woman indicated that they had not taken the Pap test. There was a significant relationship between the hopelessness level and women believing that they could protect themselves from getting cervical cancer (F=10.11 p=0.00). There was a significant relationship between hopelessness levels and believing whether or not early diagnosis tests are deterministic (F=8.781 p=0.00). Conclusion: Our study concluded that the hopelessness level of women had an effect on their thoughts about cervical cancer prevention and early diagnosis.

Keywords: Hopelessness - early diagnosis - cancer prevention - cervical cancer - Turkish women

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Introduction

Cancer of the cervix is the common cancer in women worldwide, with about 500.000 new cases and 250.000 deaths each year (WHO/ICO, 2010). Using crude incidence rates, cervical cancer ranks as the 3rd most frequent cancer in women in the World (Gynecologic Cancer Foundation, 2010). Cervical cancer ranks as the 9th most frequent cancer among women in Turkey, and the 7th most frequent cancer among women between 15-44 years of age (WHO/ICO, 2010).

Cervical cancer has high cure rate if identified and treated early (Cohen et al., 1999; Denny-Smith and Bairan, 2006). Knowledge, beliefs about cancer is important in cancer prevention behaviors (Cohen et al., 1999). Pap (cervical) smear testing is an effective method of detecting, preventing (Denny-Smith and Bairan, 2006). Communitybased cervical cancer-screening program has not been applied in Turkey (Uysal and Birsel, 2009).

According to certain studies conducted in our country, the rate of attending pap smear test among women changes between 9.8% and 51.1% (Carrasquillo et al., 2006). It can be seen that the proportion of pap smear testing carried out in Turkey is very low.

Positive emotional states may promote healthy

perceptions, beliefs, and physical well-being itself (Salovey et al., 2000). Studies are also available that prove hope has important effects on health (Everson et al., 1997; Nies and Mceven, 2001; Snyder, 2002).

Besides, existent models of affect and health posit that affective disturbance, such as hopelessness, influences health through behavioral pathways (e.g., health behavior) (Broccoli and Sanchez-Rutgers, 2001). Feelings of hopelessness may also influence life priorities and affect motivation to seek health promotion such as cervix cancer prevention attitudes and behavior (Jamner and Stockols, 2000; Gallo and Matthews, 2003). Besides our study, which involved gaining an understanding of what factors influence a women's pap smear screening use decision, is a critical first step in increasing screening usage.

There are no studies available in national literature that investigates the relationship between the level of hopelessness and cancer prevention. The number of subject-related studies available in international literature is limited. It is thought that the level of hopelessness women have regarding life and the future has an effect on their cancer prevention behaviors. The purpose of this study, designed as a descriptive study, was to investigate the attitudes women had towards cervical cancer prevention applications and early diagnosis, and whether

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or not their hopelessness levels had an effect on cervical cancer prevention and early diagnosis.

Materials and Methods

Sample and setting

The present study was carried out in Isparta. Isparta is a small city located in the south of Turkey. Isparta's population is approximately 220.000. An Oncology Hospital was built in 2002 in order to serve the people since the rate of cancer is too high in the region. Study was planned as descriptive. A convenience sample of n=251 individuals was recruited from January 2011 through May 2011 in the largest tea garden (restaurant- cafe). Tea garden was chosen, because individuals visit them from every socioeconomic level.

The sample group was chosen among women from the age of 18-60 who have accepted the research and who are relaxed in communication. Criteria for inclusion in the study are as follows: married, not having had cancer, able to understand and meet the conversations, and must agree to participate in the study. The women who did not have these criteria were not accepted. Verbal consent was obtained from all participants stating that they were willing to participate in the study was explained to them. Participation in this study was voluntary. The survey conductors visited the tea garden on specified dates and applied to the women' non-probability sampling method in the sample selection method.

Instruments and data collection

Data collection tool consist of two parts that are a "Questionnaire Form" identifying women and "Beck Hopelessness Scale". Questionnaire Form was created by the researcher for the purpose and method of the research, with appropriate literature and sociodemographic information, and contains risk factors for cancer and cancer-related questions (29 questions) (Behbakht et al., 2004; Carrasquillo and Pati, 2004; Denny-Smith and Bairan, 2006). Validity of the questionnaire form was evaluated and confirmed by experts in gynecology and obstetrics nursing department. After the questionnaire form was prepared, it was shown to five members of the teaching staff for expert opinions regarding its validity. The majority of the questionnaire was found to have reasonable validity based on the expert reviews. Then the questionnaire was tested for comprehensibility by giving it to 15 women who were not included in the study, and changes were made based on their recommendations.

Hopelessness was measured with the "Beck Hopelessness Scale", a 20-item, true-false inventory designed to measure lack of hope about the future by assessing pessimistic cognitions concerning oneself and one's future life (Page et al., 2009). This tool was developed by Beck et al. (1974) and the Turkish adaptation was done by Seber in 1991 (Savasır and Sahin, 1997). The Cronbach alpha coefficient obtained from this scale in Çam and Gümüş (2009) study was found to be 0.78. In the current sample, we found acceptable internal consistency reliability with an alpha reliability coefficient (Cronbach's alpha) on the scale of 0.75. The instrument was applied

by face-to-face interview technique. The instrument took about 15-20 minutes to complete.

Ethical considerations

Also for conducting the study, a verbal consent has been taken from the tea garden. Verbal consent was obtained from all participants stating that they were willing to participate in the study.

Data analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS version 16.00 for Windows). The obtained data were analyzed for the numerical and percentage distribution, average, standard deviation, and ANOVA test, Mann-Whitney test.

Results

Demographic characteristics

Average age of the women (n=251) was 33.98±9.98 years old. The average age of first sexual experience for women was 21.1±3.69, and the average age of marriage was 21.2±3.81. The 71.3% of women were unemployed (Table 1). The 35.9% of the women think that the information about preventing from cancer is not enough (Table 1), and 40.6% of them think that it is partly possible to prevent from cancer. One relative of 34.3% women was diagnosed with cancer.

Cervical cancer prevention behaviors and early diagnosis

The 41% of the women have indicated that they have never heard about the Pap test before. The 70.2% of the woman indicated that they had not taken the Pap test (Table 2). While 42.6% of women believe they could

Table 1. Individuals of Knowledge and Attitudes related to Cancer-Socio-demographic Characteristics

Variables			No.	%					
Education Not lit		rate	12	4.7					
	Literate	-primary school education	90	35.9					
	Seconda	ary-school graduates	75	29.9					
	High Sc	74	29.5						
Work ^a		Yes	72	28.7					
		No	179	71.3					
Work type		Workers	7	2.8					
		Officers	65	97.2					
Level of information about the protection against cancer									
		Yes	74	35.9					
		No	90	34.7					
		Partially	87	35.9					
Knowledge sources ^b		Not answer	13	5.2					
		Mass-media	159	63.3					
		Health workers	54	21.5					
		Books-magazines	18	7.2					
		Newspaper	7	2.8					
Smoke cigarette		Yes	38	15.1					
		No	213	84.9					
The knowledge that smoking can cause cancer									
		Yes	218	86.9					
		No	33	13.1					
TOTAL			251	100					
-D	-	. 1 13 / 1 1							

^aPercentage of employees were taken, ^bMarked more than one option

have cancer, 74.5% are afraid of getting cancer. The 92%

Table 2. Attitudes of Individuals Related to Early Diagnosis of Cancer

Table 2. Attitudes of Individua Diagnosis of Cancer	als Kelai	tea to	Early										Γhe 92% rtant for	
Variables		No	. %						•	_		-	effective	
		110	. 70	in the	early di	agno	osis of	f cer	vical	cano	er (Ta	ible 3	3).	
Behaviors related to early diagnosis Heard about the Pap test	Yes	148	59											
Treate about the Tap test	No	103	41	-	essness			-						
To take the Pap test	Yes	100	39.8			•				_			tionship	
1	No	151	70.2			-							elieving	
Do you know what a pap test is for?	Yes	124	49.4	that th	ey coul	d pr	otect	then	iselve	s fr	om ge	tting	cervical	
	No	105	41.8	cance	r (F=10	11.	p=0.0	00).	The	sigi	nificar	nt dif	fference	
	Partially	22	8.8 1	00.0 _{was} d	ue to the	ose	that di	id n	at heli	ięve	taking	g pre	cautions	
Is a pap test effective in early diagno	sis?			stoppe	6.3	fro	10.1	ing		al c	cancer	; the	level of	
	Yes	154	61.4	hopele		for		n th	20.3	no		ighe	r. There	:
	No	97	38.6	75 dwas a	3	ınt ı		shi		en	25.0	ssne	ss levels	30.
Do you believe regular visits to the gy	naecologi	st are e	effective	and be		w		or]		ly	25.0		tests are	JU.
in early diagnosis?	168	103	04.9	detern	, ,	F=	46.8	=0.		e si		nt di	fference	:
	No Partially	48 40	19.2 15.9	was d	50.3	ose		ing		sts	į.		ministic;	
Do you consult a doctor if you	Partially	40 naa ir	13.9			ess		f we	54.2	nat	31.3		as lower.	
bleeding?	Yes	194	80.9	There		gni		elat		be	31.3		lessness	.30.
bleeding:	No	57	19.1	levels		iev		ethe		ot re			ecology	
TOTAL	110			_		S W		ect		=7.			00). The	
IUIAL		251	100	25.0°xami	1	· w		ect	_	-/.		-0.0	o). The	
mil. 3 m.l	44*4 1	C X X 7		4 C	31.3		38.0		22.7		31.3			30.0
Table 3. Behaviors, Belief and A	ttitudes (of Woi	men at	out Canc	er Prev	enti	on		23.7					
Variables				0		Yes			No	1		Parti	ially	
				Ū	ר No	э.	ىر%		N_{Q_i}	%	<u>_</u>	No.	%	ā
Thinking of cervical cancer caught					78 181 181 181 121 121	8	31 💆		66 <u>5</u>	26.	Remission	107	42.6	None
Fear of cervical cancer being					#187 1818	7	74.ts		245	9.0		40	15.9	_
Knowing that cervical cancer can affect	ct people o	of early	ages		¥ ₁₈₁	1 ′	72 !I		245 70 <u>-</u>	27.9	9 🛣			
Be aware of possible health problems				ancer	₹ 59	9 :	23氢	1	420	56.0	5	50	19.9	
If being cervical cancer, thinking of d	ie				₹121	1 4	48 -2		67 g	26.	7	63	25.1	
Behaviors are thought to be effective i	in the prev	ention	of cerv	ical cancer	a p		72.11: University of the control of		42 67 67 67 67 67					
I pay attention only to my sexual partr			1	0.00	a passed 148	8 :	59. ह	Г	87	٦				
I do things to strengthen my immune s	system				6.3	4 [41. 4 40.6 46.6							
If I smoke, I leave it.									20.3					
I pay attention my nutrition		1 .		75:0	148		59.0	1			25.0			30.0
When I see, infections in genital syste	m go to a	doctor	ımmedı	atəlyu	178		70.9				25.0			30.0
I will pray To believe that take some precaution t	a muataat f				131		52.6 7 426 9 8		26	10.4		42	16.7	
Status of the importance of early detection to	-			ancei	56.3 83	1	92.0					7	2.8	
To believe that the tests is deterministi				50.0 er ear	23 ly 15		61.4		13 54.2	38 (31.3	'	2.0	
Effectiveness of early diagnosis of a re	eoular ovn	ecolog	ical exa	mination	188		74.9		21	8.4	31.3	42	16.7	30.0
It is or not a sin in the Islam religion to					40		16.0	1	211	84.0		1.2	10.7	
10 10 01 not a sin in air 10 in 11 ingion a		11100710					10.0							
				25.0	N.T	Yes	~~ ^	l	N				Know	
					31.3 ^N	0.	38.0		No.	%	31.3	No.	%	30.0
Would you take the examinations and	tests for c	ancer i	f the inf	ormation fo	r early d	iagn	oses w	ere t	itled ir		media	?		
				0	149	6	58.2		45	18.0)	60	23.9	
^a Percentage of employees were taken				U	T				ė		П			a)
Table 4 Deletion of Centain Veni	iablaa i	4h 4h a	Larval	of Hanala	en		jeni		enc		ssio		(N=251)	None
Table 4. Relation of Certain var	iabies wi	ın ıne	Level	or mobere	SSILESS		atr		<u> </u>		<u> </u>			. <u>-</u>
Variables					tre		tre	Ho	pel e ssi	ness	poi x r	nean	(N=251)	
					out		ìth		æ		p		sig	
Percentage of employees were taken Table 4. Relation of Certain Variables The thought of preventing cervical can The thought of getting cervical cancer To afraid of cervical cancer Knowing which health problems cervi Believing that you can protect yoursel Whether or not early diagnosis is important.	ncer				vit h		,		7 g 1.	3	0.01	F	P<0.050	
The thought of getting cervical cancer					, D		OSE		0.00	0	0.84		>0.050	
To afraid of cervical cancer					OSE		agn		2 5 0	1	0.06	F	P<0.050	
Knowing which health problems cervi	cal cancer	can ca	use		agn		, dį		3.76		0.01	F	P<0.050	
Believing that you can protect yoursel	f from cer	vical c	ancer if	you take ce	rtairi	cauti	ion § ,		10.110		0		P<0.001	
Whether of not early diagnosis is impo	ortaint for v	cervica	l cancer	•	Newly		Ne Se		2.99		0.03		P<0.050	
Believing that early diagnosis is determ					ž				8.78		0		2<0.001	
Believing that regular gynaecology ex									7.699		0		P<0.001	
Would you take notice and apply them if the			u about	early diagnos	is and can	icer p	oreventi	on?	5.37		0		P<0.001	
Do you believe that God is responsible	e for cance	er?							1.929	9	0.12	ŀ	P>0.001	_

significant difference is due to those that believe tests are effective; the hopelessness level of women that said yes were lower (Table 4). There was no significant relationship between hopelessness levels and having the pap test (Z=-0.981 p=0.32).

Discussion

For this study, nearly three fifths (59.0%) of the women had heard of a pap test, a half of them (49.4%) knew what it was for, three fifths (61.4%) believed that a pap test was effective in early diagnosis, and two fifths (39.8%) had had a pap test. Our study concluded that the hopelessness level of women had an effect on their thoughts about cervical cancer prevention and early diagnosis. This study had several limitations. The sample size and data collection dates are limited by the people coming to the garden tea. In addition, the study included only women in one Turkish region.

WHO guidelines for cervical cancer recommend the conventional Papanicolaou test as a routine screening test in the female population (WHO, 2007). Screening coverage of 80% or more of the female population is considered to be successful rate of screening (Markman, 2007). While the rate of women having pap testing is equal to or above 80% in developed countries (Wellensiek et al., 2002; Carrasquillo and Pati, 2004; Coughlin et al., 2006), this rate varies between 2.6-68 % in developing countries (Behbakht et al., 2004; Imam et al., 2008). In this study, the rate of women having papsmear testing is at medium levels of developing countries. The studies conducted in our country regarding pap smear testing show variations in the rate of pap smear tests women attend. For example, in the community-based study conducted by Sirin et al. (2006)'in Izmir, the rate of women having pap-smear testing was determined to be 14.6 %. This rate could be considered quite a medium value when compared to the findings of other research conducted in our country. These findings tend to verify that coverage of screening programs in Turkey is still incomplete, due to poor health care access and unorganized health care systems (Markman, 2007). However pap smear has an important role in detecting cervical cancer at an early stage, it is necessary that access to having pap smears is made known publicly and for the test to be performed regularly and without exception.

Our study concluded that nearly a third of women (31.1%) believed that they could get cervical cancer, three quarters (74.5%) were afraid of getting cervical cancer, and nearly a half (48.2%) believed that they would die if they got cervical cancer. In the examination of the literature, it has been reported that women's cervical cancer screening behaviors are affected by various demographic and sociocultural factors (Kaku et al., 2008; Jun et al., 2009; Uysal and Birsel, 2009).

In addition to cognitive factors and psychological factors also have an effect on women's cervical cancer screening behaviors. Three studies performed multivariate analysis of a number of cognitive and attitudinal variables, including perceived risk, and cervical cancer screening. After controlling for other variables, one study (Orbell et al., 1996) found a positive association with cervical

screening, and two studies (Lerman et al., 1990; Murray and McMillan, 1993) found no association (Lerman et al., 1990; Orbell et al., 1996) examined the effects of perceived susceptibility and a number of other social, cognitive, and attitudinal variables on cervical cancer screening. In path analysis, perceived susceptibility was directly and indirectly associated with screening status. Among women who were up to date on screening, perceived susceptibility was not directly or indirectly associated with future expectations about having a Pap test.

In our study, the hopelessness level of women that believed they could prevent cervical cancer by taking precautions (F=10.11 p=0.00), a pap test was deterministic in early diagnosis (F=8.781 p=0.00), and regular gynaecology examinations were effective in early diagnosis (F=7.699 p=0.00) was low. Hope was another significant predictor of cancer screening status. Hope is a dynamic power that gives strength to an individual to adapt to the future, that ensures they show interest in their future lives, and that supports positive development Moreover, the desire for leading a healthy life, and expectations and hopes for the future may affect one's health-promoting lifestyle behaviors such as participating in cancer screening programs (Everson et al., 1996; Jamner and Stockols, 2000; Broccoli and Sanchez-Rutgers, 2001; Cutcliffe et al., 2002).

Hopelessness, however, is negative expectations and evaluations of the future. One could speculate that women with hopelessness might have less energy and fewer cognitive resources to plan for and pursue preventive healthcare services, such as cancer screening. Our study concluded that there was no significant relationship between have a pap test and women' hopelessness level (Z=-0.981 p=0.32). However, two studies in literature, conducted on Hispanic women, concluded that there was a significant relationship between having a pap test and women' hopelessness level (Bakemeier et al., 1995; Morgan et al., 1995). Çam and Gümüş (2009) discovered that there was a significant relationship between breast cancer screening and hopelessness levels.

In conclusion, our study concluded that the hopelessness level of women affected their thoughts about preventing cervical cancer and early diagnosis; however, it had no direct effect on participating in a pap test. As a result of the findings obtained from this study it is suggested that organizing educational programs directed at increasing women's level of knowledge about cervical cancer and methods of early diagnosis would beneficial. The results of this study can be used to develop cervical cancer screening programs that take into consideration cultural characteristics as well as psychological factors, such as hopelessness.

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None