

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This descriptive study was designed to identify factors associated with performed breast cancer screening practices and to explore the number of healthy women who practiced breast cancer detection, and intended to have a mammography. Three hundred women who came to visit their relatives or friends at Songkhla Hospital, Songkhla province were selected by simple random sampling. Data were collected from January to April 2002. The subjects were aged 20-60 years. The researcher developed the questionnaires based on the Health Belief Model framework and literature review. The questionnaires consisted of 4 parts. These were demographic data, breast cancer screening practices and intention to have a mammography, knowledge about breast cancer and breast cancer screening practices, and individual perceptions questionnaire. Data were analyzed by using the Statistical Package for the Social Sciences 10.0 for Windows.

The findings were as follows:

1. Factors associated with BSE performance, frequency and regularity of BSE, and intent to be checked by mammography, were age, religion, income, knowledge about breast cancer and BCSP, physician's recommendation, receiving information resources, family encouragement, and social encouragement. However, the level of the association

between selected factors and BCSP yielded different findings as follows:

1.1 There was a low association between age and BSE practice, frequency and regularity of BSE performance and intention to have a mammography.

1.2 There was a low association between religion and BSE practice, frequency and regularity of BSE performance, but there was no association between religion and intention to have a mammography.

1.3 There was a low association between income and BSE practice, frequency and regularity of BSE performance and intention to have a mammography.

1.4 There was a low association between knowledge and BSE practice, frequency and regularity of BSE performance, but there was a moderate association between knowledge and intention to have a mammography.

1.5 There was a moderate association between physician's recommendation and BSE practice, frequency and regularity of BSE performance, but the level of association between physician's recommendations and intention to have a mammography is low.

1.6 There was a moderate association between receiving information resources and BSE practice, frequency and regularity of BSE performance and intention to have a mammography.

1.7 There was a moderate association between family encouragement, social encouragement and BSE practice, frequency and regularity of BSE performance. The association between family encouragement, social encouragement and intention to have a mammography was very strong.

2. The number of healthy women who performed BCSP (BSE practice, frequency and regularity of BSE, and intent to have a mammography).

2.1 The number of healthy women who performed BSE was about 57.3%.

Thai Muslim healthy women practiced less than Thai Buddhist women.

Among those who performed BSE, the number of women who performed at least monthly BSE and regularly was 58.7% and 42.4% respectively.

2.2 The number of healthy women who had been checked by mammography, and intended to have a mammography in the current year, was about 5 (1.7%) and 112 (37.3%) respectively.

Implications and Recommendations

The findings from this study provide several important implications for the nursing profession, including nursing practices, nursing education, nursing administration, and nursing research.

1. Nursing Practice.

The results of this study have shown that the health care team is an important source of information for BCSP. Therefore, professional health care teams in Songkhla Hospital should pay attention to health education for healthy women. Individual or group education must be directed to all women who accompany patients or visit the hospital to increase their knowledge for the purpose of making them more effective in BCSP in the future. This method is essential and valuable for women to be knowledgeable in the practice of monthly BSE.

However, in order to encourage women to do BCSP, BSE must be focused on continued practice. Family encouragement, social encouragement, and receiving information about severity and benefits of BSE are required.

2. Nursing Education.

This research can be part of a database for creating an educational program related to breast cancer and BCSP for nurses in order to effectively promote proficiency of BSE among women in Songkhla province. A nursing intervention model focusing on a breast health teaching program, and updated BSE knowledge that intensively fosters BSE skills for women in this group, are suggested.

3. Nursing Administration.

This research can also be used as a database for developing a health promotion strategy to increase BSE proficiency of all women. The six factors associated with BSE in healthy women should be concentrated in the plan. BCSP should be identified as an action plan for women's health policy.

4. Nursing Research.

4.1 A replication study should be conducted by increasing the sample size in Muslim women and in other healthy women groups, e.g. women in sports clubs or aerobics centers, nurses and physicians, student nurses, women who work in an office, factory workers, teachers, etc.

4.2 Using this research finding as a database to develop intervention research. For example, the effectiveness of teaching methods to enhance BCSP among Thai women, and a culturally appropriate model of promoting BSE practice.