

## A Means for understanding women's participation in breast cancer prevention programs

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**Introduction:** Women are potential consumers of health care services. Critical consideration has been dedicated to women's participation in breast cancer prevention but our knowledge about a link between breast health-seeking behaviours and community participation in breast cancer prevention remains incomplete. Understanding human behaviour is precondition to change behaviour and improve community participation in health. This study starts with the assumption that there is a need to develop a model for understanding breast health-seeking behaviour (e.g. mammography screening) among women (health consumers) in order to explore their participation in prevention programs.

**Purpose:** This study attempts to understand individual health-seeking behaviour as a tool for explaining how health consumers engage with health services or preventive activities which is a first attempt in a less developed countries such as Iran.

**Methods:** To come up with the model, an assessment framework was developed based on three theoretical underpinnings namely the health belief model, the theory of reasoned action and the social cognitive theory with the purpose of identifying the significant psycho-social factors influencing breast health behaviour among women. This model also focused on a typology of community participation approaches in health, as well as five levels of participation in health programs proposed by Rifkin. The model explains the practical aspect of community participation for breast cancer prevention in developing and less developed countries.

**Results:** This result was concluded on the basis of empirical evidence presented in the recent study regarding women's participation in breast cancer prevention programs or activities in Iran. We have demonstrated that more positive belief, greater social influence, and lower barriers toward preventive health behaviours (e.g. mammography use) can motivate women to be involved in health activities. Contrary to earlier expectations, self efficacy was not significantly related to the higher level of participation. In the study, community participation exhibits at a health benefit and program activity levels. In fact, this study showed what seems to have been changed is the need to shift from community involvement to meaningful participation in decision-making processes. However, the study highlighted that women have some preliminary problems in the acceptance of prevention techniques like mammography use, so their involvement or participation is mostly originated from health information sharing by professionals. Despite the limited levels of participation, we can describe that community participation may benefit with or without health professionals if the community decide to do preventive behaviours.

**Conclusion:** Drawing attention to the current practice of need for breast health-seeking behaviour prior to community participation in breast cancer prevention will help to reduce delayed diagnosis of breast cancer among women, to improve treatment, and to develop health promotion strategies in a variety of context. More effort should be in placed to increase women's awareness, psychosocial needs, and their willingness to cooperate with health professionals for breast cancer screening. Community involvement in preventive health behaviours helps increasingly aware of voluntary participation in health promotion programs. This could be accomplished using a holistic model of community participation in breast cancer prevention through combining the individual and community concerns in designing an intervention program for promoting breast health behaviours among women. The presentation of this model is not a chronological order of how these approaches of community participation have been expanded, but rather follows a logic means from individual participation to community participation in health showing how psycho-social factors adjust the different models and levels of participation. This initiative is about improving health status among women and acknowledges community development endeavor.

### Biography

Maryam Ahmadian did her Ph.D. in Community Development at the Universiti Putra Malaysia (UPM). Currently, she is a second year postdoctoral research fellow at UPM. Her major is Community Development with expertise in Social and Preventive Medicine, and Public Health. She has 8 years of teaching experience in Social Science. She has already published some papers and attended various international conferences related to Social Science and Preventive Medicine. She was awarded by Catherin Peachy Award for best abstract winner during October 2010 and also selected in October 2012 at International Symposium on Breast Cancer Prevention: Nutrition, Communication, and Public Policy at Purdue University, West Lafayette, Indiana, USA.

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