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How does HBM explain women's BSE competency across an instructional intervention

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Background: The utility of Health Belief Model (HBM) to explain the breast self-examination (BSE) behaviors is controversial. The purpose of this study was to examine the net effect of HBM on BSE practice and accuracy through controlling the potential confounders resulting from an innovative community-wide instruction program.

Methods: A randomized prospective study was conducted using a pretest-posttest control group design. Participants were 203 Taiwanese women aged 50 or less. Intervention was breast cancer education program and BSE procedure. Except for a survey, direct measurement was used to observe and assess women's BSE competence.

Results: The present study revealed that a limited utility of HBM as a theoretical framework for explaining the level of change on BSE competency of Taiwanese women at 4-months after treatment, except of the self-efficacy was a significantly positive association to BSE proficiency ($F_{(23, 170)}$ = 213.37, p .001, B=.41), neither of other modifiers (threat of BC, likelihood of BSE) was significant. Contradictorily, a spurious relationship among the attitudinal variables on frequency, sensitivity and positive predictive value (PPV) were demonstrated, while controlled the relevant confounding variables.

Conclusions: Under the original conceptual framework of HBM focus, on explaining the motivation for specific action, the findings from this study also implies that the role of health belief is just as a motivator or a catalyst to the level of change on BSE competency. These findings have important implication for BSE, intervention policy those are aimed at ameliorating the effectiveness of past training. We suggested that the educational programs should focus on training women to perform proficient BSE and thereby improve their sense of self-efficacy of BSE.

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