Original Article

Health Education

Health Education for Enhancement of Self Efficacy of Young Females

Sarah Shahed
Director, Women Institute of leadership and Learning, Lahore College for Women University. Lahore.

ABSTRACT

Objective: This study aimed to examine the impact of health education on health related self efficacy of young females as well as the relationship between self efficacy and one's health knowledge.
Study Design: Cross sectional study
Place and duration of study: This study was conducted at Gender & Development Study Department, Lahore College for Women University, Lahore and was completed over a span of two weeks.
Materials and Methods: A purposive sample of 50 young females was exposed to breast cancer related information. Their self efficacy was measured before and after being health educated. The information gathered before and after health information provision was compared. Two instruments were used for gathering information; a) Breast cancer related self-efficacy scale developed by this author which includes three items pertaining to the perceived self-efficacy of the respondents regarding breast cancer, and b) Preaction BSE Self-efficacy scale by Luszczynska and Schwarzer for assessing perceived self-efficacy of the respondents regarding the confidence in performing BSE/ breast self examination in spite of hurdles.[1]
Results: Data analysis revealed that breast cancer related self efficacy was significantly enhanced after health education provision. Young women who seemed to be clueless about a proactive approach to identification and treatment of breast cancer, exhibited significantly higher self efficacy after receiving proper health education.
Conclusion: Considering the risk of many life threatening diseases in women there is a need to improve their health behaviors by nurturing self efficacy. Provision of health education at educational institutions and through media can be an effective strategy for attaining this goal.
Key Words: Breast cancer, Health Education, Self Efficacy

Citation of article: Shahed S. Health Education for Enhancement of Self Efficacy of Young Females. Med Forum 2015;26(6):25-28.

INTRODUCTION

Women comprise a major segment of our population. Considering the growing risk of life threatening diseases in women, such as cancer, it becomes imperative to devise strategies for cultivating health promoting and protective behaviors. Self efficacy and health education are considered to be significant variables in promotion of healthy lifestyles. Self efficacy is defined as "a proximal and a direct predictor of intention and of behavior" by Schwarzer, and Luszczynska. These authors describe self-efficacy as a belief about a person's sense of control over her environment and behavior. Whether people will indulge in health protective or health promoting behaviors may be affected by their self-efficacy.[2]

Shwarzer's Health Action Process Approach (HAPA) explains the process involved in health action in terms of three variables namely the decision-making preceding the health action, the consequent intention, and the measurable behavior. The 'process' also involves a number of ideas, cognitions, or plans. These sets of plans and cognitions are used for decision making, which in turn leads to intention, and intention determines motivation; the actual behavior then depends upon motivation.[3]

The model can be seen as comprising two phases. The motivation phase consists of three types of cognitions including perceived self-efficacy, assessment of the health threat, and outcome expectancies. In the volitional phase the person exercises what had been concluded at the previous phase. The health action considered by a person may be influenced by cognitive factors and the situational or environmental factors.

Self efficacy and resulting health action becomes very important in some cases e.g. early detection of breast cancer. Available research literature suggests that Pakistan has a very high rate of breast cancer. Additionally the age of onset is very low in many cases whereas the stage of reporting is generally late.[4-10]

At the same time there is also no dearth of evidence suggesting that awareness, health knowledge provision, and health literacy can bring about significant improvement in health behaviors and that they need to be promoted.[9,11,12,13]

The role of self efficacy in adopting preventive and protective behaviors as well as quitting unhealthy

Correspondence: Prof. Dr. Sarah Shahed,
Director, Women Institute of leadership and Learning,
Lahore College for Women University. Lahore.
Cell No.: 0321-39397657
E-mail: sarahshahed@yahoo.com

behaviors and similar actions has also been highlighted by researchers.[14-20]

The main idea behind designing the present research was the assumption that by enhancing women's self efficacy their health related behaviors can be improved. In order to enhance self efficacy women need to be health educated so that they learn that health protection and promotion are 'doable'. It was hypothesized that health knowledge provision will result in enhanced self efficacy.

There is no denying the fact that a self efficacious person will take proactive measures for health enhancement.

MATERIALS AND METHODS

A purposive sample of 50 female university students, aged 18 to 21 years, belonging to middle socio-economic class, was selected for this study. Only students having the same academic background and having no previous exposure to information about nature, risk factors, detection, or treatment of breast cancer were included.

Breast cancer related self-efficacy scale was used. The first half of the scale was developed by this author while the second one, along with a question on procrastination, was taken from Preaction BSE Self-efficacy scale by Luszczynska and Schwarzer.[21,22]

The study followed a three step approach. In the first phase, pre treatment, the respondents' baseline breast cancer related self efficacy was measured. In the second phase, treatment, they were educated about the nature, etiology, treatment, and significance of early diagnosis of breast cancer. They were given the message through an educative lecture, discussion, and video presentation that early detection can lead to a very good prognosis. Respondents were also given take home literature on the same subject. The post treatment session was conducted after a fortnight wherin respondents' post treatment self efficacy was measured. The two readings, before and after treatment, were compared to gauge improvement.

RESULTS

The participants' pre and post exposure responses to the self-efficacy scale revealed an interesting pattern (Table 1; Post exposure readings are given in bold face).

Table No.1: Pre- exposure self-efficacy of the participants

Sr.#	Self-efficacy statements	*Option 1		*Option 2		*Option3		*Option 4		*Option 5		Total	
		f	%	f	%	f	%	f	%	f	%	f	%
1.	I am confident that I can myself detect breast cancer if I ever develop it	25	50	8	16	8	16	0	0	9	18	50	100
		8	16	9	18	9	18	12	24	12	24	50	100
2	I am confident that I can be fully cured of cancer if I detect it in time, even if I have a family history of this disease	13	26	7	14	13	26	9	18	8	16	50	100
		1	2	4	8	7	14	19	38	19	38	50	100
3	I am confident that I can discuss my health problems with a doctor even if it involves my private body parts	12	24	5	10	5	10	7	14	21	42	50	100
		4	8	3	6	4	8	7	14	32	64	50	100
4	I am able to perform breast self examination regularly even if I have to make a detailed plan describing how to remember about breast self examination	13	26	9	18	10	20	7	14	11	22	50	100
		3	6	2	4	6	12	21	42	18	36	50	100
5	I am able to perform breast self examination regularly even if I will have to rethink my behaviors and opinions concerning breast self examination	0	20	19	38	9	18	4	8	8	16	50	100
		2	4	1	2	11	22	19	38	17	34	50	100
6	I am able to perform breast self examination regularly even if I will have to overcome my habit of non examination	15	30	8	16	11	22	3	6	13	26	50	100
		3	6	3	6	6	12	17	34	21	42	50	100

***Options**: 1= definitely not true, 2= very slightly true, 3= true to some extent, 4= true to greater extent, 5= exactly true

Out of a total of six statements, in pre exposure responses, five had response options 1, 2 and 3 as the most frequently marked. These options were 'definitely not true', 'very slightly true' and 'true to some extent'. It was only in case of statement 3 that 'exactly true' or option 5 was noted to be the most frequently marked option, chosen by 42% of the participants. This statement measured the self-efficacy in terms of the confidence that one could discuss one's health problems with a doctor even when it involved private parts of one's body.

In response to a question regarding procrastination and a tendency to reschedule or postpone breast self-examination, most participants, 56%, said that they will not procrastinate or reschedule).

A similar trend was observed in the post-exposure self-efficacy of the participants.

While most participants stuck to just options 1 to 3 in pre-exposure assessment, greater percentages of participants marked option 4 and 5 the second time. In all of the statements, option 5 attracted most people in comparison to other options. 64% for item 3, 42% for item 6, 38% for item 2 and 36% for item 4 marked option 5 as their choice. This can be understood as an indication of a stronger perceived self-efficacy.

The frequency of response to the procrastination question improved as 58% of the respondents said that they would not procrastinate or delay breast-self examination.

A statistically significant difference was observed between the pre and post treatment self-efficacy scores. An increase of 7.26 points was obtained in the post treatment mean score (M= 23.24, SD= 4.87) as compared to the pre treatment mean(M= 15.98, SD=5.25). A highly significant t value (49) = 8.249, p< .05; .000 supported the assumption that health information provision can help enhance health related self efficacy.

However the difference between the pre and post treatment responses to the procrastination question was not found to be significant in chi square analysis.

Significant improvement nevertheless was obtained in the correlation between health knowledge and self efficacy (Table 2).

Table No.2: Pre and post exposure correlations between health knowledge and self efficacy

Pre-exposure health knowledge and pre-exposure self-efficacy	Pearson Correlation	.087
	Sig. (2-tailed)	.549
	N	50
Post-exposure health knowledge and post exposure self-efficacy	Pearson Correlation	.300
	Sig. (2-tailed)	.034
	N	50

Pre exposure correlation was r (50)= 0.087, p>0.05, whereas the post exposure readings were r (50)= 0.300, p< 0.05 indicating a significant change which implies that better health knowledge is strongly associated with self efficacy.

DISCUSSION

This study has yielded some very useful information for the enhancement of health related self efficacy and the possible subsequent improvement in young females' health protective and health promoting behaviors. It was observed that the respondents, in the absence of adequate health knowledge, did not have a self efficacious or proactive approach toward detecting and handling the threat or risk of breast cancer. However, proper information provision brought about a statistically significant improvement in their health belief. Some earlier research in other parts of the world had indicated that self efficacy can be an important contributory variable to health related behaviors. Considering the health status and risk of serious ailments in Pakistani women, there is a serious need to plan and devise strategies for promoting healthy behaviors. A woman's health means a family's health. Health promotion strategies will in turn not only lead to women's better health status but will also reduce the burden on the hospitals and ultimately the national exchequer.

CONCLUSION

Women may not be taking up healthy actions because they do not have adequate knowledge of the possibility of being in charge of their own health and of the fact that many health conditions can be either avoided or successfully treated if they could detect them early. There is a genuine need to introduce health education interventions. This can be done at all levels; by the curriculum developers, print and electronic media, and last but not the least the civil society..

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Luszczynska A, Schwarzer R. Planning and self-efficacy in the adoption and maintenance of breast self-examination: A longitudinal study on self-regulatory cognitions. Psychology & Health 2003; 18:93-108.
2. Schwarzer R, Luszczynska A. Self- Efficacy. DCCPS: Health Behavior Constructs: Theory, Measurement, and Research. Retrieved November 24, 2007, from http://.dccps.gov/brp/ constructs/ self-efficacy/index.html.
3. Foreshaw M. Essential Health Psychology 2002; London: Arnonld.
4. Aziz Z, Sana S, Akram M, Saeed A. Socioeconomic Status and Breast Cancer Survival in Pakistani Women. JPMA 2004;54:448.

Retrieved April 20, 2010, from http://www.jpma.org.pk/full_article_text.php?article_id=477.

5. Bhurgri Y, Bhurgri A, Hasan SH, Usman A, Hashmi KZ, Khurshid M, et al. Pakistan, South Karachi. In: Parkin DM, Whelan SL, Ferlay J, Teppo L, Thomas DB, editors. Cancer Incidence in the Five Continents, 8th ed. France: IARC Scientific Publications; 2003.
6. WHO (World Health Organization) - GOP (Government of Pakistan). National Action Plan for Prevention and Control of Non-Communicable Diseases and Health Promotion in Pakistan. Islamabad: tripartite collaboration of the Ministry of Health, Government of Pakistan, WHO, Pakistan Office, and Heartfile 2004; Retrieved April 20, 2010, from http://heartfile.org/napmou.htm
7. Sohail S, Alam SN. Breast cancer in Pakistan–awareness and early detection. J Coll Physicians Surg Pak 2007;17:711–2.
8. Naeem M, Khan N, Aman A, Nasir A, Samad A, Khattak A. Pattern of Breast Cancer: Experience at Lady Reading Hospital, Peshawar. J Ayub Med Coll Abbottabad 2008;20(4);22-25.
9. Taj MN, Akbar Z, Hassan H, Yusuf A, Pattern of Presentation of Breast Diseases in a General Hospital. Rawal Med J: J Pak Med Assoc 2009; 34(2).
10. Mahmood S, Rana TF, Ahmad M. Common determinants of Ca Breast–a case control study in Lahore. Ann King Edward Med Coll 2006;2: 227–8.
11. Avci IA. Factors associated with breast self-examination practices and beliefs in female workers at a Muslim community. (Electronic version. Also in press). Eur J Oncol Nurs 2007; Retrieved April 9, 2008, from www.science direct.com.
12. Carelli I, Pompei L M, Mattos C S, Ferreira H G, Pescuma R, Fernandes CE, et al. Knowledge, attitude and practice of breast self-examination in a female population of metropolitan São Paulo. (Electronic version, also in press). The Breast 2007; Retrieved April 2, 2008, from www.science direct.com.
13. Cho YI, Lee SD, Arozullah AM, Crittenden KS. Effects of health literacy on health status and health service utilization amongst the elderly. Social Sci Med 2008;66(8):1809-1816.
14. DiClemente CC, Prochaska JO, Gilbertini M. Self-efficacy and the stages of self – change of smoking. Cognitive Therapy and Research 1985; 9, 181-200.
15. Di Clemente CC, Prochaska JO, Fairhurst SK, Velicer WF, Velasquez MM, Rossi JS. The process of smoking cessation: An analysis of precontemplation, contemplation and preparation stages of change. J Consult Clin Psychol 1991;59, 295 – 304.
16. Borrelli B, Mermelstein R. Goal setting and behavior change in a smoking cessation program. Cognitive Therapy and Research 1994;18: 69-82.
17. Gwaltney CJ, Shiffman S, Paty JA, Liu KS, Kassel J D, Gnys M, et al. Using self-efficacy judgments to predict characteristics of lapses to smoking. J Consul Clin Psychol 2002;70:1140-1149.
18. Shiffman S, Balabanis M H, Paty I A. Engberg J, Gwaltney CJ, Liu KS, et al. Dynamic effects of self-efficacy on smoking lapse and relapse. Health Psychol 2000;19:315-323.
19. Schwarzer R, Luszczynska A. Self- Efficacy. DCCPS: Health Behavior Constructs: Theory, Measurement, and Research 2007; Retrieved November 24, 2007, from http://.dccps.gov/brp/constructs/self-efficacy/index.html.
20. Christiansen M, Vik PW, Jarchow A. College student heavy drinking in social contexts versus alone. Addictive Behaviors 2002; 27, 393-404.
21. Shahed S. Health locus of control. health beliefs, and health related behaviors: a study of urban females. PhD thesis, University of the Punjab 2008.
22. Shahed S. Impact of Health Information Provision on Breast Cancer Related Knowledge and Protective Behaviors: An Experiment in Health Education. Lahore J Econ 2013;18(1).