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Review: Evaluation of individuals' health beliefs and their association with testicular self examination: adult sample from Amaysa

An interesting finding from this study is that most respondents were aware of the importance of testicular self-examination (TSE) in terms of its potential for triggering early recognition of testicular cancer. However, it seems that one of the main reasons for the low application of self-examination was a lack of practical knowledge about how to perform TSE.

To the extent that these research findings can be extrapolated beyond the population studied (and the authors have expressed their lack of confidence that they can be), this level of knowledge about the benefits of TSE, if not the practicalities of carrying it out, indicates considerable progress in health promotion efforts to prevent this type of cancer. It was not so long ago that very few young men were aware of TSE. For example a Dutch study conducted in 2001 found that only 3% of respondents had ever heard of it (Lechner et al., 2001). While Gümüş and Terzi examined a wider age-range than the Dutch study, the fact that a majority of respondents were aware of TSE and its benefits provides a much stronger foundation for the implementation of health promotional interventions.

Despite the authors' modest claims for the generalisability of their results, there is evidence that differences in levels of awareness have increased over time. A 2010 Irish study, which compared men's knowledge of testicular cancer with the results of a previous study conducted in 1986, found a significant increase in levels of knowledge (Casey et al., 2010). Unfortunately, there was only a modest concomitant increase in the performance of TSE.

Given increased levels of awareness, the significant issue now is how to move from awareness to action. The implication of this study is that the provision of straightforward health education containing objective and practical information about testicular cancer and how to perform TSE would be effective in increasing the proportion of men performing TSE. However, Gümüş and Terzi also illustrate the complexities and diversities of response to TSE among the respondents, which implies that not all would be responsive to exclusively cognitive techniques. This was the case with the Dutch study, which found that only 41% of respondents had a positive intention to start TSE after finding out about it, and would therefore be amenable to purely cognitive approaches (Lechner et al., 2001).

While there is obviously more to be done to persuade men, a 'bottle half full' interpretation of the findings of this study and others is that the provision of simple, practical information, while not persuading all, or even a majority of men to engage in TSE, could have a considerable effect if it managed to increase this form of self-care in a significant minority.

Casey R.G., Grainger R., Butler M.R., McDermott T.E. and Thornhill J.A. (2010) Public awareness of testis cancer and the prevalence of testicular self-examination – changing patterns over 20 years. *Urology*, 76: 915-918.

Lechner L., Oenema A. and de Nooijer J. (2001) Testicular self-examination (TSE) among Dutch young men aged 15-19: determinants of the intention to practice TSE. *Health Education Research*, 17(1): 73-84.

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