

DETERMINANTS OF MAMMOGRAPHY SCREENING PARTICIPATION– A CROSS-SECTIONAL ANALYSIS OF THE HUNGARIAN SAMPLE

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OBJECTIVES

Mammography is currently the most effective method for detecting breast cancer at a prognostically favorable stage, but participation in the mammography screening program in Hungary is low. We examined the correlation between sociodemographic factors and participation in the mammography screening program, as well as the motivations for participation.

METHODS

A quantitative cross-sectional, questionnaire survey was carried out by using non-random sample selection method among the women aged between 18-70 years, in 2023, Hungary, Tolna county (n=308). The questionnaire included the following groups of questions: sociodemographic profile, knowledge on mammography screening and willingness to participation on screening. χ^2 -test and logistic regression were performed as a statistical method besides 95% probability (p<0.05). The data analysis was performed with SPSS 27.0 program.

RESULTS

Of those 308 participants, 161 (52.3%) reported having had any mammography screening. The mean age of the study population was 42.52 (SD:10.9) years. Women living in a partnership (compared to no partnership), living in an urban setting (compared to a rural setting) were significantly (p<0.001) more likely to participate in a mammography screening. Participants having knowledge on breast self-examination (BSE) practice were 2.16 times more likely to practice BSE [OR = 2.16, 95% CI (1.03 - 2.54)] compared with those less knowledgeable. Screening motivation were experiencing signs and symptoms of cancer, family history of the disease and awareness of the disease/screening service.

CONCLUSIONS

In conclusion, the risk of death breast cancer, potentially preventable, increases as age increases, women knowledge about mammography screening is incomplete. Socioeconomic inequalities may still influence participation in the mass-screening program. The measures to prevention of breast cancer are available and easy to perform by the Hungarian public health system. However, mortality from these diseases remains high. Thus, a reevaluation of preventive strategies adopted is required.

Variable	Mean	Minimum	Maximum	Standard deviation
Age (yrs)	42.52	19	67	10.99
Variable			Cases (n)	Percentage (%)
Marital status	Married		247	80.2%
	Single/divorced/widow(er)		61	19.8%
Education	Primary		50	16.2%
	Comparative		45	14.6%
	Higher		213	69.2%
Place of residence	Urban setting		215	69.2%
	Rural setting		93	30.8%

Table 1.
Background characteristics of the study sample (n=308)

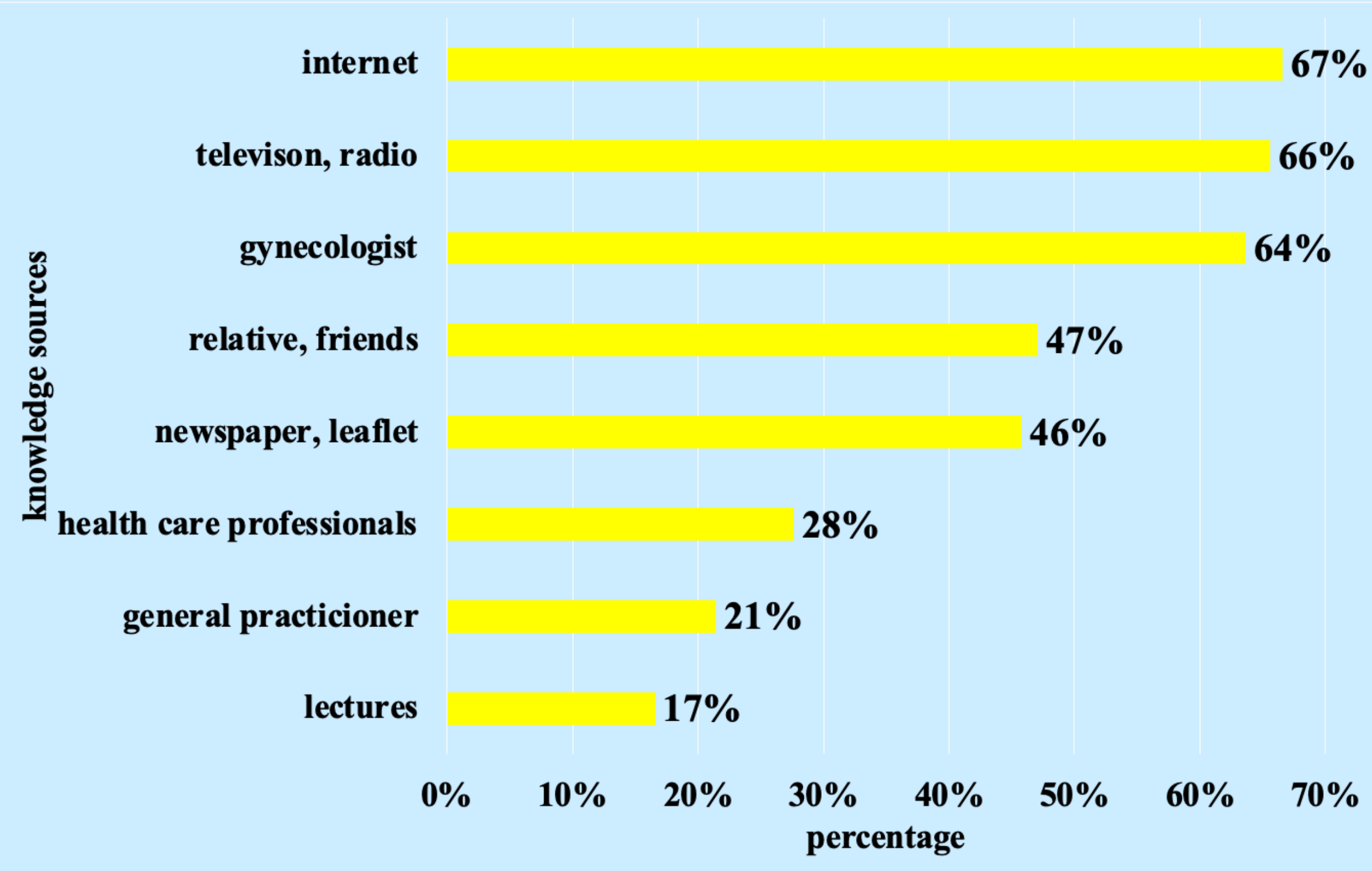


Figure 1.
Knowledge sources on the prevention of cervical cancer among the interviewed women (n=308)

	Variable	p-value (χ^2 -test)
Level of education	Higher education (64.9%)	p<0.001
	Comparative (33.1%)	
	Primary education (2%)	
Marital status	Married (72.9%)	p<0.001
	Single/divorced/widow(er) (27.1%)	
Place of residence	Urban setting (67,3%)	p<0.001
	Rural setting (32,7%)	

Table 2.
Knowledge of breast cancer, mammography screening and BSE (n=308)

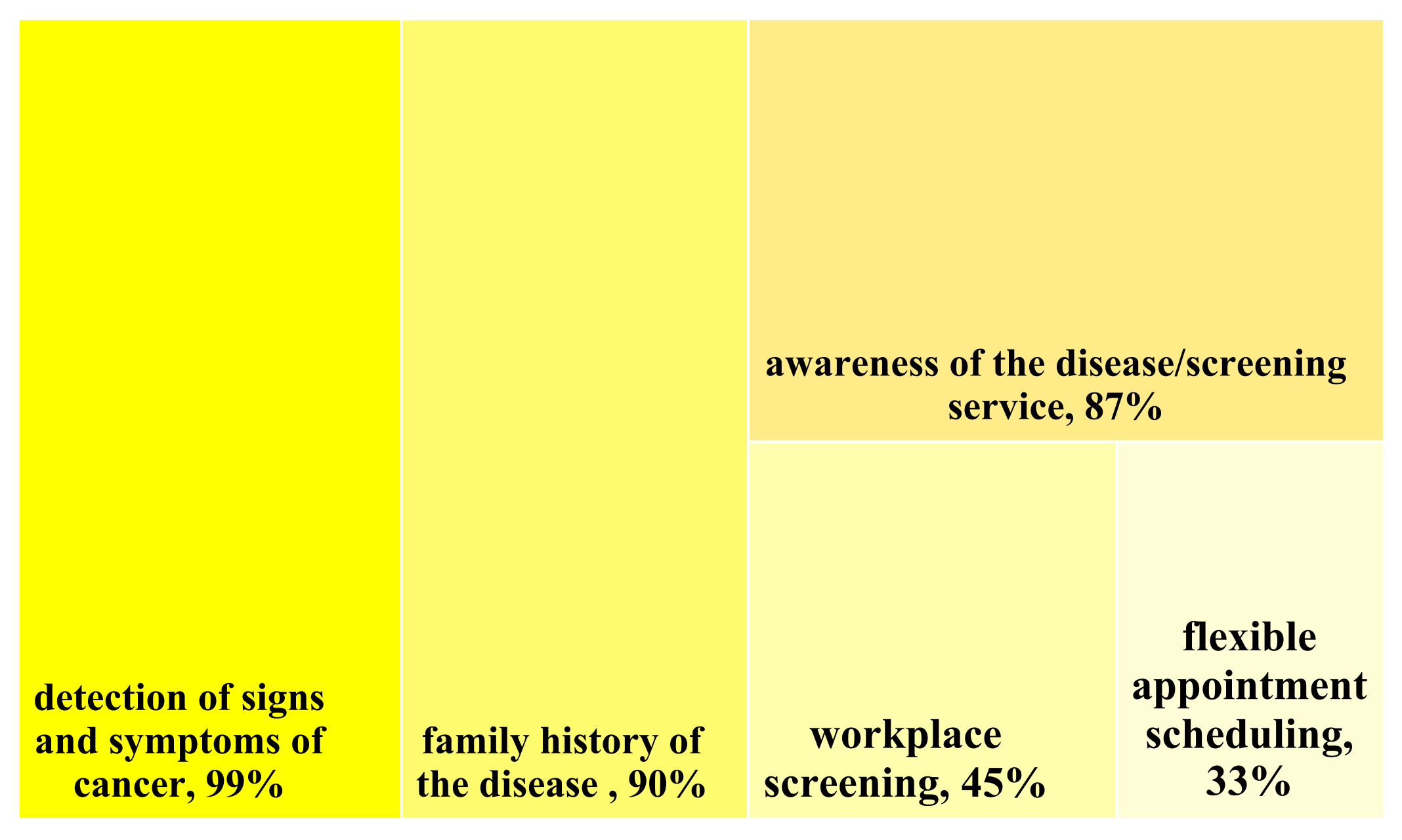


Figure 2.
Motivation factors of screening among the interviewed women (n=308)

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