

Knowledge and Attitudes of Women Toward Breast Self-Examination in Hilla City: Application Health Belief Model

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Abstract

Background: Breast cancer in all parts of the world begins to be seen at about 20 years of age. Afterward, age specific incidence steadily rises until the menopause when geographic differences begin to be seen. In the developing world, a flattening and then a decline occur about 10–15 years after the menopause. In developed countries, the age specific incidence accelerates after the menopause, and at age 70 and above doubles that seen at 45–49 years old.

Methodology: A descriptive design study was accomplished at teaching hospitals in Babylon province. The study aimed to assess the knowledge and attitudes of the women toward the breast self- examination by the application health belief model from 25th November/ 2018 to 13th June/ 2019. A non-probability “convenient sample” of (250) women were selected from outpatients of the main teaching hospitals of the hilla city. The researcher selected 10% from the number of visitors prior to the month of data collection from each of the three hospitals.

Results: The results of the present study show that the demonstrates the distribution of women according to their knowledge about breast self-examination items. With regard to their knowledge reported (Do not know) that puberty as the age of initiation of BSE, it should be done monthly and it should be done five days after menses (59.1%),(61.6%),(70.8%) respectively. Item (1) only reported fair assessment.

Conclusions: Study focuses on clarifying the knowledge and attitudes of women regarding breast self-examination according to health belief model in hilla city hospitals.

Keywords: attitudes of women, breast self-examination

Introduction

Breast cancer is the most frequent malignancy of women worldwide. It is the leading cause of female cancer related disability and mortality Globally, breast cancer is the most frequent cancer among women comprising about 23 % of all female cancers ¹.

The life style changes contributing to increase post-menopausal. Breast cancer are largely pre-menopausal and includes obesity, low rates of childbirth, infrequent or no lactation, early menarche, and late menopause . These factors, that are common in high-risk countries, promote a state of relative hyperestrogenism and the development of estrogen responsive tumors . The life-

style factors are becoming more common in countries considered low-risk particularly in their growing urbanized communities ³

Breast cancer represents 10% of all cancers diagnosed worldwide annually and constituted 22% of all new cancers in women in 2000, making it by far the most common cancer in women. The incidence of breast cancer in women in high-income countries in 2000 was at least twice that of any other cancer, similar to the incidence of cancer of the cervix in low-income countries. The risk of breast cancer is low in the low-income regions of sub-Saharan Africa and in Asia, including Japan where the probability of developing

breast cancer by the age of 75 is one third that of other high-income countries⁴. The crude incidence of all cancers was 61.69 per 100,000 (53.31 in men and 70.59 in women). During that year, 4,115 cases of breast cancer were reported, accounting for 19.5% of all newly diagnosed malignancies and 34% of the registered female cancers, with an incidence approximating 22 per 100,000 female population. The highest frequency was observed in middle-aged women (45-49 years old), whereas the peak age-specific incidence was reported in women 50-54 years old. It has been documented that there is a tendency for the disease to be diagnosed at advanced stages, with a likely prevalence of poorly differentiated tumor forms illustrated in significantly high rates of nuclear aneuploidy, thus yielding a mortality incidence of approximately 60%⁵.

Breast cancer is the most common type of malignancy among the Iraqi population in general; responsible for about one third of the registered female cancers and almost one quarter of female deaths from the disease. Within the last two decades, there has been an obvious increase in the incidence rates of breast cancer, which became one of the major threats to Iraqi female health. It has a tendency to affect middle aged women in whom it is often diagnosed in advanced stages with a likely prevalence of aggressive behavior yielding high mortality incidence ratio⁶. Breast cancer is becoming an epidemic for women in Kurdistan due to women's lack of health awareness and breast cancer is becoming more aggressive and affects women at young ages while in other countries it is affecting women after year 50. Several risk factors for breast cancer have been identified; a family history breast cancer is one of the strongest risk factors. Breast cancer risk increases with increasing age⁷. Breast self-exam (BSE) is considered an important public health procedure; primary prevention should be given the highest priority in the fight against cancer. The breast self-exam (BSE) in women is a topic fairly

addressed by the professions of nursing and medicine, prioritizing breast cancer prevention by assuming that this illness has an increasing tendency on these days, and it is also the second pathology in the world⁸

Methodology

The study aimed to assess the knowledge and attitudes of the women toward the breast self-examination by the application health belief model.

Design of the Study: the study was a cross sectional descriptive through the period (from 25th November/ 2018 to 13th June/ 2019)

Sample of the Study: sample of (250) women were included in this study was the women above age 20 years who attended and visited to the outpatients department of the main teaching hospitals of the hilla city.

Study Instrument: Throughout an extensive review of relevant review, the instrument of the study was developed and reconstructed by the researcher for achieving the study objectives. The instrument comprise of three parts

Part I: Demographical characteristics of the sample includes: age, Age of first menarche, level of education, occupation, marital status, economics status, Menstrual history, Family history of breast cancer

Part II: Knowledge of the women regarding breast self-examination.

Part III: Women's responses to the different attitudes items according health belief model

Data Analysis: Descriptive and inferential statistical study tests used through the use of the (SPSS ver-24).

Result

Table (1) Distribution of women according to their knowledge regarding breast self-examination

Knowledge of the women regarding breast self-examination								
No	Items	Yes	No	Don't know	Total	M.S	S.D	Ass.
		F %	F %	F %				
1	Age of breast self-examination started at puberty	85 34.0	17 6.8	148 59.2	250 100.0	1.75	.934	Fair
2	Breast self-examination do perform monthly	70 28.0	26 10.4	154 61.6	250 100.0	1.66	.887	Poor
3	Breast self-examination can be performed after five days of menstrual period	55 22.0	18 7.2	177 70.8	250 100.0	1.51	.832	Poor

F= frequency, %= percentage, S.D = standard deviation, M.S.= mean of score, Ass= Assessment, “ cut of point (0.66), poor (mean of score 1-1.66), fair (1.67-2.33), Good (mean of score 2.34 and more).”

Table (1) demonstrates the distribution of women according to their knowledge about breast self-examination items. With regard to their knowledge reported (Do not know) that puberty as the age of initiation of BSE, it should be done monthly and it should be done five days after menses (59.1%),(61.6%),(70.8%) respectively. Item (1) only reported fair assessment

Table (2) Distribution of women knowledge regarding breast cancer screening

Knowledge of women regarding breast cancer								
Screening:								
No	Items	Yes	No	Don't know	Total	M.S	S.D	Ass.
		F%	F%	F%				
1	Do you know about mammogram	38 15.2	29 11.6	183 73.2	250 100.0	1.42	.741	Poor
2	Do you know how to perform breast self-examination	55 22.0	32 12.8	163 65.2	250 100.0	1.57	.830	poor
3	Do you know about clinical examination of breast	56 22.4	26 10.4	168 67.2	250 100.0	1.55	.836	Poor
4	Is it possible for screening measures to enhance the chance of recovery	84 33.6	17 6.8	149 59.6	250 100.0	1.74	.932	Fair

F= frequency, %=percentage, SD= standard deviation, M.S.= mean of score, Ass= Assessment, “ cut of point (0.66), poor(mean of score 1-1.66), fair(1.67-2.33), Good (mean of score 2.34 and more).”

Regarding the knowledge of screening measures Table (2) illustrates that majority of participants replayed (Do not know) about mammogram and how to perform breast self-examination (73.2%)(65.2%), and about (67.2%) (59.6%) of women reported (Do not know) about clinical breast examination and screening measure to enhance the chance of recovery, item (4) assessment results was (Fair)

Table (3) Distribution of women and their knowledge regarding breast cancer

Breast cancer								
No	Items	Yes	No	Don't know	Total	M.S	S.D	Ass.
		F%	F%	F%				
1	Breast cancer is curable in early stages	181 72.4	17 6.8	52 20.8	250 100.0	2.52	.818	Good
2	Breast cancer is highly mortality without treatment	167 66.8	13 5.2	70 28.0	250 100.0	2.39	.895	Good
3	Painless in early stages	143 57.2	15 6.0	92 36.8	250 100.0	2.20	.950	fair
4	Breast cancer more common in women over 50	64 25.6	77 30.8	109 43.6	250 100.0	1.82	.814	Good
5	Occurs in one breast only	66 26.4	74 29.6	110 44.0	250 100.0	1.82	.822	fair
6	Breast cancer more common in obese women	63 25.2	66 26.4	121 48.4	250 100.0	1.77	.828	Fair

F= frequency, %=percentage, SD= standard deviation, M.S.= mean of score, Ass= Assessment, “ cut of point (0.66), poor(mean of score 1-1.66), fair(1.67-2.33), Good (mean of score 2.34 and more).”

In respect to the knowledge of breast cancer (BC) Table (3) shows that majority of women (72.4 %) answered that BC is curable in its early stages, and (66.8%) considered it as fatal if not treated, (57.2%) of them agreed that the disease is painless in early stages. (43.6%, 44.0%, 48.4%) do not know that the breast cancer more common in women over 50, occur in one breast only and this disease is more common in obese women respectively.

Discussion

Breast cancer (BC) in women is the a major health burden worldwide. It is the most common cause of cancer among women in both high and low income countries. According to world health organization (WHO) breast

cancer has become one of the most important health problem for the women in Arab countries. Socio-demographic characteristics and other personal data have an essential effect on individuals health and beliefs about health, because those variables related to deal with the disease and has important role in prevention and coping with treatment. There are differences between age groups of the young women to old, educated – uneducated, working or not ...etc. The study findings indicate that more than forty-three percent from 250 participants aged within the twentieths, the usual age of women for marriage and reproduction. Women who attend the hospital are mostly within this age group. At the same time many studies mentioned that this is illegible period for most of them. One of the studies that came along with the present study done by Abed

El-Azim et al., (2016) who found that (73.9%) from the sample aged between (20-25) years. And a study carried out by (asghari;2016) among Iranian university students found that the average age of the sample was 21.76 ± 2.6 . The current study shows that more than fifty of sample their age of menarche within twelve years with mean= 12.57, this finding is agreed with Sideeq et al., (2017) who found that among the sample underwent the study the mean age at menarche was 12.56 ± 1.17 years. Another study result found by (Shakweer et al; 2016) stated that majority of their participants represented (84%) started menstruation (Menarche) at age range from 12-14 years.

Conclusions

Clarifying the knowledge and attitudes of women regarding breast self-examination according to health belief model in hilla city hospitals. Age of the sample distributed between (20-33) years old with mean age =33.3 and standard deviation= 1.159

Financial Disclosure: There is no financial disclosure.

Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the College of Nursing, Iraq and all experiments were carried out in accordance with approved guidelines.

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