



IJSRM

INTERNATIONAL JOURNAL OF SCIENCE AND RESEARCH METHODOLOGY

An Official Publication of Human Journals




Human Journals

Research Article


September 2016 Vol.:4, Issue:3

© All rights are reserved by Gorji K et al.

The Women's Awareness of Breast Cancer Screening Methods Such As Mammography in Lorestan Province, Iran



IJSRM
INTERNATIONAL JOURNAL OF SCIENCE AND RESEARCH METHODOLOGY
An Official Publication of Human Journals



**Ataei GH¹, Gorji K¹, Rasouli M², Hasanpour N³,
Amirsardari S³, Asadi A⁴**

¹*Babol university of medical science, medical faculty,
Babol, Iran*

²*Lorestan university of medical science, medical faculty,
Lorestan, Iran*

³*Student research committee, Lorestan university of
medical science, Lorestan, Iran*

⁴*Student research committee, Babol university of
medical science, Babol, Iran*

Submission: 7 September 2016
Accepted: 12 September 2016
Published: 25 September 2016

Keywords: Breast cancer screening; knowledge; attitude; screening methods

ABSTRACT

Background: The prevalence of breast cancer is increasing. As a leading cause of mortality in Iran, breast cancer is a problem that requires investigation in terms of the knowledge and attitude of its diagnostic tests among Iranian women. **Materials and methods:** This study is a cross-sectional survey. The sample consisted of 196 married women were chosen by using simple random method and assessed with a questionnaire including two parts: the first part was contained of demographic data, family, social and economic factors, risk and women-midwifery factors; the second part was included participant's level of knowledge and the attitude of them toward screening methods with content validity and Test-retest reliability. **Results and conclusion:** Mean age was 36.39 years. Results showed that respondents had intermediate knowledge and positive attitude around breast cancer screening tests. There was no significant statistic relationship between the frequency of screening tests rate and knowledge and attitude of breast cancer screening methods, relative history of breast cancer ($p=0.542$). It is recommended that in order to increase rates of breast cancer screening tests, plans that are easy for women to access should be in the government program.



HUMAN JOURNALS

www.ijsrm.humanjournals.com

INTRODUCTION

Cancer is a non-communicable disease that affects all human societies worldwide. Cancer examinations lead to about 10 million diagnoses all over the world resulting in more than 6 million deaths every year (1). Cancer can affect breasts as well as any part of the body (2). Breast cancer is the second common cancer in American women, to the skin cancer (3) and makes 14% of female cancer deaths.(4)

Its incidence is increasing significantly over recent decades (4) and the highest rates occur in the United States of America and Canada (5). There has been a rise in breast cancer in Iran (6) too, and according to the latest statistics reported by the Iranian Ministry of Health, 27 people per hundred thousand women are diagnosed to have breast cancer. In addition, most of the Iranian women are diagnosed to have advanced breast cancer (i.e., Stage III and IV) and these women are somehow younger than their western counterparts (7). The development of breast cancer increases with age. Breast cancer tends to occur in women after age 20 (2) (8)and about 50% of it occur in the age range 50–65 years(9, 10).

High morbidity and mortality originated from this disease can be decreased by early detection and quick treatment (11). The most important screening methods include breast self-examination (BSE), physical examination of the breasts by physicians or qualified health workers, clinical breast examination (CBE) and mammography (12). Since none of these screening tests is 100% sensitive in detecting, it is often suggested that a mixture of these techniques be applied in the screening process (13).

Awareness of the symptoms of the breast cancer (such as change in the look or feel of the breast, change in the look or feel of the nipple and nipple discharge) and doing the exam regularly helps to detect any signs or symptoms right after a change occurs (examples of these changes are: development of a lump or swelling, skin irritation or dimpling, nipple pain or turning inward, redness or scaliness of the nipple or breast skin, or a discharge other than breast milk) (14). Accordingly, the insignificant knowledge and wrong beliefs about breast cancer prevention among women are responsible for a negative uptake of the curability of an early detected cancer and of the efficacy of the tests (15). Early detection of breast cancer plays an important role in

reducing its morbidity and mortality. Theoretically, a 95% survival rate could be achieved if this cancer was diagnosed at an early stage (16).

Based on these facts, this study was designed to evaluate the knowledge and attitudes of mammography and other breast cancer screening methods among women in Lorestan province, Iran in order to plan breast cancer prevention programs and encourage Iranian women to adhere to breast cancer screening guidelines.

MATERIALS AND METHODS

This cross-sectional descriptive study was conducted on 196 married women in Khoramabad-Iran. Samples were chosen by using the simple random method. The information was collected through a valid and reliable questionnaire including two parts: the first part was contained of demographic data, family, social (i.e. level of education, education of husband), and economic (i.e. profession, profession of husband, income status, number of family members) factors, risk (i.e. history of breast disease, history of cancer in the family (first and second degree relatives), history of oral contraceptive use, infertility, breastfeeding, and menopause age) and women-midwifery factors (number of pregnancies and childbirths); the second part was included participant's level of knowledge (10 questions), the attitude of them toward mammography and other breast cancer screening methods (15 questions). Components were scored from 0 (for an incorrect answer or the lack of response) to 1 (for correct answer). All items were formatted with Likert -scale (possible replies range from strongly disagree to strongly agree). Participants provided informed consent before completing the survey questionnaire. Validity and the reliability of the questionnaire were confirmed in a former research (18). Statistical analysis was performed using statistical package for social sciences (version 17).

RESULTS

The mean age of all respondents was 36.39 years, ranging from 17 to 65 years. 70.2% (n=137) of women had a diploma or university educations but only 35.1% (n=68) were employed and 64.9% (n=127) did not have a job or were housewives. 75.7% (n=147) of husbands had a diploma or university educations and 63.9% (n=124) had a governmental work. Fig. 1 showed knowledge of

breast cancer risk factors in women-midwifery. The result showed women-midwifery think breastfeeding experience is most effect in the prevention of breast cancer.

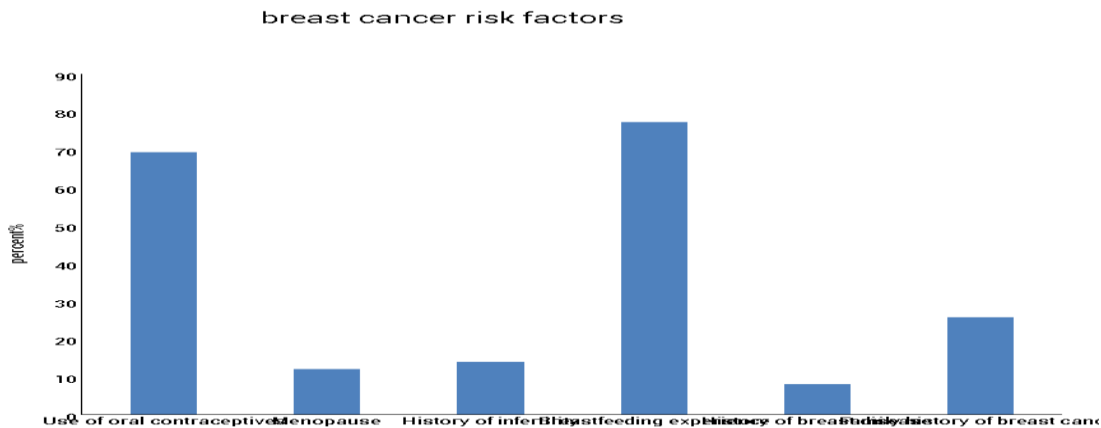


Fig. 1 .knowledge of breast cancer risk factors in women-midwifery

The percentage of women who performed BSE was 25.2% (n=49) and only 21.3% (n=41) reported that they had a CBE (done by physician or midwife) and 19.8% (n=38) had received a mammogram. 33.7% (n=65) of the respondents claimed that they carried out none of the screening tests as yet.

When asked to determine the adequacy of participants' knowledge about mammography and other breast cancer screening methods, 78.6% of women who had high school educations, 45.8% of respondents who had a diploma and 50% of them who had university educations reported with intermediate knowledge (34-66%) but 59.1% of women who had grammar school educations reported with adequate knowledge (67-100%) (p=0.603). Most of respondents whose husbands had less than high school educations reported with adequate knowledge but most of women whose husbands had a diploma or university education reported having intermediate knowledge that shows no significant association between husband's education level and participant's level of knowledge (p=0.802). When asked if they had a positive attitude (67-100%) toward mammography and other breast cancer screening methods, all of respondents who had university education reported with positive attitude (p=0.169). Comparison of respondents' attitude toward breast cancer screening methods according to education levels is presented in Table 1.

Table 1: Respondents' attitude according to woman's level of education (N=196).

Educational level	Level of attitude	n (%)
Grammar school graduate	0-33%	1 (2.3)
	34-66%	3 (6.8)
	67-100%	40 (90.9)
	Total	44 (100)
High school graduate	0-33%	1 (7.1)
	34-66%	0 (0)
	67-100%	13 (92.9)
	Total	14 (100)
Diploma graduate	0-33%	5 (3.8)
	34-66%	12 (9.2)
	67-100%	114 (87)
	Total	131 (100)
College level	0-33%	0 (0)
	34-66%	0 (0)
	67-100%	6 (100)
	Total	6 (100)

When asked to determine participants' knowledge and attitude according to husband work (economic factor), most of them reported having positive attitude ($p=0.112$). 75% of respondents whose husbands had no job and 66.7% of women whose husbands were farmer, reported with inadequate knowledge (0-33%), whereas 64.8% of participants whose husbands were employed, 47.9% of women whose husbands were not employed and 42.9% of them whose husbands were retired reported with intermediate knowledge ($p=0.523$).

When asked to determine participant's knowledge and attitude according to history of breast cancer (risk factor), most of them reported having positive attitude. 23.8% had family or relative history of breast cancer, approximately half of whom (52.2%) reported with intermediate

knowledge and 31.8% of them had adequate knowledge. Additionally, more than half of respondents had no family or relative history of breast cancer reported with intermediate knowledge. So there was no meaningful relationship between the history of breast cancer and participant's level of knowledge (p=0.992).

Table 2 presents a comparison of respondent's attitude toward breast cancer screening methods according to income level. Most of them reported having positive attitude (67-100%).

Table 2: Respondents' attitude according to income level

Income Level of attitude	n (%)
0-33%	1 (5.6)
<\$100,21	16 (88.9)
34-66%	
67-100%	
Total	18 (100)
0-33%	3 (5)
\$100,21-200,42	2 (3.3)
34-66%	55 (91.7)
67-100%	60 (100)
Total	4 (3.4)

0-33%	6 (5.1)
>\$200,42	107 (91.5)
34-66%	
	117 (100)
67-100%	
Total	

As shown in Table 3, most of respondents reported having intermediate knowledge according to income level.

Table 3: comparison of respondent's knowledge according to income level

Income Level	of knowledge	n (%)
		4 (22.2)
0-33%		9 (50)
<\$100,21		5 (27.8)
34-66%		
		18
67-100%		
Total		(100)
		16

0-33%	(26.7)
\$100,21-200,42	37
34-66%	(61.7)
	7 (11.7)
67-100%	60
	(100)
Total	
	12
0-33%	(10.3)
>\$200,42	57
34-66%	(49.6)
	48
67-100%	(40.2)
	117
Total	(100)

DISCUSSION

In this study, knowledge, and attitude of mammography and other breast cancer screening methods was analyzed in a sample of females in Lorestan-Iran. We found that the percentage of those that had a CBE (done by physician or midwife) (21.3%, n=41) or had received a mammogram (19.8%, n=38) was rather low and about a quarter of women (25.2%, n=49) reported that they performed BSE but 33.7% (n=65) of the respondents claimed that they carried out none of the screening tests. The percentage of those that perform breast cancer screening tests was 66.3%. In contrast to our study result (17) found that only 12.3% of female in Ardabil (Iran) carried out screening tests.

Respondents who had a relative history of breast cancer reported to have intermediate knowledge and positive attitude toward breast cancer screening methods. When asked if they had sufficient knowledge and positive attitude around breast cancer screening methods, the majority of the participants with high-income level (>\$200.42) were reported with an intermediate knowledge and positive attitude. In our study knowledge and attitude of mammography and other breast cancer screening methods were not affected by the frequency of screening tests rate. Also, there was no meaningful relationship between relative histories of breast cancer with frequency of screening tests rate. This result also supports results of another similar study (17) showing no significant relationship between knowledge, attitude and relative history of breast cancer with mammography rate.

It is vital for women to obtain more information to keep their families healthy; besides it causes them willing to share the knowledge they obtained with their family and friends. In other study, Tolga Özmen et al. (2016) results showed to increase Mammography-screening rates in low socioeconomic populations, BC awareness and susceptibility should be increased via audiovisual media. Clear messages should be given on that BC is the most common cancer in women, MS after the age 40 years does not cause unnecessary radiation but saves lives by enabling early detection of BC, and that MS is free-of-charge should be given frequently. Uninsured women and women aged between 40-49 years should be especially targeted. Lastly, physicians from all specialties should inform their patients on BC and refer them for MS. after such interventions and improvements in MS should be tested in the same region (18). Results of this study demonstrate that females have intermediate knowledge and positive attitude around breast cancer screening methods. It is therefore recommended that in order to increase rates of breast cancer screening tests, plans that are easy for women to access and also recognize the role of them in breast cancer preventing, should be in the government program.

Acknowledgement

Finally, we are grateful to all of the women who participated in the study.

REFERENCES

1. k P. Park's Textbook of Preventive and Social Medicine. ed t, editor: Banarsidas Bhanot Publishers Jabalpur; 2007.
2. Badoe EA AE, Da Rocha-Afodu JT. Principles and Practice of Surgery including Pathology in the Tropics. ed r, editor. Accra: Assemblies of God Literature Ltd. ; 2000.
3. Wender R. Ways to Increase Cancer Screening Rates of Documentation. Department of Family & Community Medicine. In: University TJ, editor. Philadelphia: The guidelines Advantages.org; 2011.
4. Parkin DM BF, Ferlay J, Pisani P. . Global Cancer Statistics. CA Cancer J Clin. 2002;55:74-108.
5. Tavafian SS HL, Aghamolaei T, Zare S, Gregory D. Prediction of breast self-examination in a sample of Iranian women: an application of the Health Belief Model. . BMC Women Health. 2009.
6. Kolahdoozan S, Sadjadi, A., Radmard, A.R., Khademi, H. Five common cancers in Iran. Archives of Iranian Medicine. 2010;13(2):143-6.
7. Olfatbakhsh A. wwweramnewsir [Internet]2011.
8. Bassey RB IN, Olowoyeye MA, Adeyomoye AA. Knowledge, attitude and practice of breast self examination among nursing students in Lagos University Teaching Hospita. Educational Research. 2011;2(6):1232-6.
9. Alam A FT, Bahar MM, Sultana MT. Age Related Incidence of Carcinoma of Breast in Females. . Dinajpur Med Col J 2012;5(1):47-51.
10. HN. U. Principles of Management of breast cancer and its implications in a developing Nation. PMJ. 2006;1:1-7.
11. Ogunbode AM FA, Ogunbode OO, Adebuseyola LA. Breast examination as a cost-effective screening tool in a clinical practice setting in Ibadan, Nigeria. Afr J Prm Health Care Fam Med. 2013;5(1):401-7.
12. Rosen LR, G. Breast Cancer: Early Detection. The importance of finding breast cancer early. In: Detection ACSLacBCE, editor. 2011.
13. Allen TL, Van Groningen, B.J., Barksdale, D.J., McCarthy, R. . The Breast Self-Examination Controversy: What Providers and Patients Should Know? International Journal of Nursing Practice. 2010;6(6):444-51.
14. Society AC. Breast cancer: early detection. Atlanta GA, 2011. Available from: <http://www.cancer.org/Cancer/Breast Cancer /More Information /Breast Cancer Early Detection>.
15. Smith RA SD, Sawyer KA, Burke W, Costanza ME, Evans WP, et al. American Cancer Society guidelines for breast cancer screening: update CA Cancer J Clin 2003;53:141-69.
16. Hoda Abed El-Azim Mohamed YMI, Sahar Mansour Lamadah 1 and Manal Hassan et al. . Application of the Health Belief Model for Breast Cancer Screening and Implementation of Breast Self-Examination Educational Program for Female Students of Selected Medical and Non-Medical Faculties at Umm al Qura University. Life Science Journal. 2016;13(5):21-33.
17. Salimi Pormehr S KN, Sheykh Z, Alavi Majd H. Investigation of Breast Cancer Screening Tests Performance and Affecting Factors in Women Referred to Ardebil's Health and Medical Centers, 2009. . J Ardabil Univ Med Sci 2010;10(4):310-8.
18. Tolga Özmen SY, Tekin Güler, Canan Ulun, Nilufer Özaydın et al. Barriers Against Mammographic Screening in a Socioeconomically Underdeveloped Population: A Population-based, Cross sectional Study. . J Breast Health 2016;12:72-7.