

# Associated Factors that Hinder Early Detection of Breast Cancer among Women at Oncology Center of AL-Najaf city

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DOI: 10.29322/IJSRP.9.08.2019.p92123  
<http://dx.doi.org/10.29322/IJSRP.9.08.2019.p92123>

**Abstract:** Breast cancer is the most common type of cancer among women in the world. This is the second leading cause of cancer deaths in women many cells grow at the same time. but the body is keen to be the number of proliferating cells corresponds to the number of cells which dies. cancer occurs when cells grow and multiply rapidly larger than natural the world health organization and the international agency for research on the cancer report, at least, can prevent a quarter of all cancers and can treat 3/4 with current knowledge and technology. **Methodology:** A descriptive design / survey study is used through the present study in order to: assess factors that hinder early detection of breast cancer among women, and to identify the association between socio-demographic characteristic and women knowledge about ways of early detection and causes for delay in seeking medical help. The period of the study is from 1st November 2018 to 19th July 2019. A Non-Probability (Purposive Sample) of (150) women with third and more stage of breast cancer (advanced breast cancer) . The data are collected through the utilization of the developed questionnaire by using an interview technique after the estimation of the validity and reliability of the study instrument. **Results:** The findings of the present study indicate that the overall assessment of women's knowledge about ways of early detection is moderate. Moreover, the correlation between overall women's knowledge about ways of early detection and their demographic data, it shows that overall .women's knowledge have significant positive correlation with each of age, family history of breast cancer and level of education .In addition, the result also indicates that the correlation between causes for delay in seeking medical intervention and women demographic data, It shows that there is a significant positive correlation with each of residence and family history of breast cancer and most patients delayed in seeking medicine because of lack of awareness and financial problems. **Concludes:** The study concludes that the general assessment is moderate knowledge about early detection of breast cancer among women, and found the significant relationship between family history and residence with knowledge of patient while there is no correlation with other demographic data. **Recommends:** The study recommends that further studies should be carried out to improve and explore effective methods to improve knowledge of women with breast cancer and the importance of the early detection and seeking help.

**Key word:** Breast Cancer, Women, Oncology

## 1.1. Introduction

Breast cancer is one of the most common cancers among women in both developed and developing countries It is the most common cancer in women aged 40–60 years and the second most common cancer in women aged 30–40 years, ( **Jazayeri et al., 2015**). Breast cancer continues to be a serious problem worldwide It is one of the leading causes of death in women who are thirty years of age and older It also continues to present unfavorable prognosis in women who are forty years or younger (**khudair, 2010**). The American cancer society estimated that, in 2012 approximately the American 226.870 women would be diagnosed with 39.510 deaths women are not only being diagnosed with breast cancer in the later stages of the disease but also a higher proportion of younger women in their thirties and forties are clinically presenting with breast cancer (**American Cancer Society, 2016**). Breast cancer is the most common type of cancer seen among women in the world. it is the second leading cause of cancer death in women, World Health Organization and International Agency for Research on Cancer report that, at least, 1/4 of all cancers can be prevented and 3/4 can be treated with existing knowledge, technology, and interventions based on screening in the next 20 years. While some cancers seen in under-developed countries offer poor prognosis, some cancers, seen in developed countries (prostate, breast, colorectal) have high survival rates in spite of high incidence rates This result is related to early diagnosis and screening programs in developed countries (**Aksoy et al., 2015**). The international agency for cancer research and globocan 2008 indicate that Qatar has the third highest incidence and mortality rates in the Gulf Cooperation Council (GCC) (**Mitsuk, 2016**). The global goal of breast cancer assessment is to improve survival in women who are at high risk and to reduction costs and problem in women at low risk (**Wang et al., 2015**).

## Objectives of the study:

1. To assess factors that hinder early detection of breast cancer among women.

2. To identify the association between socio-demographic characteristic and women knowledge about ways of early detection and causes for delay in seeking medical help.

**Methodology:**

A descriptive design / survey study was conducted with analytic utility in order to achieve the stated objectives. During the period from 1st November 2018 to 19th July 2019. The study was conducted at Middle Euphrates Oncology Center in AL-Najaf AL-Ashraf City, Iraq a total of the (150) with advance breast cancer.

**Instrument of the Study**

By reviewing related literature and studies the questionnaire was prepared and modified depending on previous studies (Ismail et al, 2013; khudair, 2010). The instrument of the Study is a questionnaire. After reviewing literature and previous studies related associated factors that hinder early detection of breast cancer f Used modified on an original instrument which that constructed previously by Medical Instrument. It was divided into three main parts (part one contained demographic information, part two included questions related to women s knowledge about ways of early detection Breast Self-Examination and part three included questions that determine causes for not doing Mammogram and Clinical breast. Examination the total number of questions for this tool was 19questions (questions related to the demographic are 9, questions on the knowledge are7and questions related to causes are 3 ).

**The Statistical Analysis**

Data of studied sample were entered and analyzed using the statistical package for social sciences (SPSS) version 25. Descriptive statistics presented as mean, standard deviation, frequencies and percentages.

**Results**

**Table (4.1) Statistical distribution of study sample (women) by their socio-demographic data**

Items	Sub-groups	Study group Total = 150	
		Frequency	Percentage
Age / Years	30-41	44	29.3
	42-53	62	41.3
	54-65	39	26.0
	66-77	5	3.3
		150	
Marital Status	Married	83	55.3
	Single	46	30.7
	Widowed	15	10.0
	Divorced	6	4
		150	
Residency	Rural	79	52.7
	Urban	71	47.3
		150	

<b>Smoking</b>	Yes	54	36.0
	No	96	64.0
		150	
<b>Using Contraceptive</b>	Yes	45	29.5
	No	105	70.5
		150	
<b>Family History of Breast Cancer</b>	Yes	52	34.7
	No	98	65.3
		150	
<b>Levels of Education</b>	illiterate	53	35.6
	Primary	19	12.8
	Secondary	32	21.5
	College	23	15.4
	Postgraduate	23	14.8
		150	
<b>Occupational Status</b>	House wife	118	78.7
	Employee	25	16.7
	Free work	7	4.6
		150	

Items	MS	RS (%)	Assessment
<b>Overall Knowledge</b>	<b>11.98</b>	<b>32.97</b>	<b>Moderate</b>

Table (4.1) shows statistical distribution of study sample (women) by their socio-demographic data, it explains that the highest percentage of the women's subgroup are women with ages between (42-52) years old (41.3%), married women (55.3%), those who live rural residents (52.7%), those who do not smoke (64%), those who do not use contraceptive methods (70.5%), those with no family history of breast cancer (65.3%), those are illiterate (35.6%), those who are house wife (78.7%).

## Discussion:

### Discussion of the administrators' socio-demographics.

Table (4.1) shows that the total sample of the present study was 150 patients with age ranging from (42 -53 years). Our study results can be interpreted by that age is considered as a being of menopausal age so women may be more exposed to breast cancer due to hormonal disturbance. Another study conducted by **Maghous et al.,(2016); Malvia et al.,(2017); Hartneet(2016)** who stated that the uppermost occurrence of breast cancer was identified in women between the 41 to 60 years of age. This result agrees with **Naghbi et al.,(2013) ; Angahar (2017)** the risk of breast cancer in women increases with age progressing ( $\geq 50$  years) and body weight. Another study conducted by **Al Alwan, (2015)**. Who found that the highest incidence of breast cancer was identified in women between the 44 to 65 years of age? Regarding to residency area more than half of our sample (52.7%) living rural area. In similar way **Das et al., (2012)** in Eastern Ethiopia who found that study participants resident in rural more than urban. Concerning to marital status, (55.3) were married. This result can be interpreted by there is a matching in age with marital status and occupation as a characteristics of our community. Such result supported by **Seabra et al.,(2016)** who observed that married woman was more. In similar to study that conducted by **(Masoudiyekta et al., 2018; Donnelly et al., 2014)** who stated that the majority of participants were married. Concerning educational level, about one third of woman 35.6% was uneducated and illiterate. This higher percentage of women with such level of education may lead them disoriented toward phenomena of breast cancer. This result agrees with **(Naghbi et al., 2013)** study revealed that majority of the population had no read and write education. In respect to occupational status, majority of women in this study were housewives (78.7%) such result reflects the characteristics of sample that are involved in the current study and matching their level of education this result is similar to **Donnelly in (2012)** who found that high percentage of sample was unemployed. Concerning the family history of breast cancer, history of smoking, using contraceptive pills the present result indicated that more than two third of sample (65.3%), (64%), (70.5%) were with no family history of breast cancer, smoking, using contraceptive pills respectively. This result agrees with **Nemenqani (2014); Oladimeji et al.,(2015)** who found the majority of sample with negative family history of breast cancer.

## Conclusions:

1-The study concludes that women have had a satisfied level of knowledge regarding early detection of breast cancer, that knowledge acquired by women due to accumulation of family history experiences.

2-fear from diagnosis breast cancer experiences by women and financial problem are a major causes for hindering detection of breast cancer in its first and second stages.

## Recommendations:

1- All women should be oriented to adopt preventive measures that include healthy life style, (physical fitness) be breast aware, maintaining healthy body weight, bearing children at earlier age and breast feeding for longer duration.

2-National screening to general female population at average risk by using mammography.

3- National screening for moderate and high risk women with family history and high risk life style

## References:

- Aksoy, Y. E., Turfan, E. Ç., Sert, E., & Mermer, G. (2015). Barriers on breast cancer early detection methods. *The journal of breast health*, 11(1), 26.
- Al Alwan, N. A. (2015). Establishing national guidelines for early detection of breast cancer in Iraq: Clinical implications and perspectives. *International Journal*, 3(12), 539-555
- Angahar, L. T. (2017). An Overview of Breast Cancer Epidemiology, Risk Factors, Pathophysiology, and Cancer Risks Reduction. *MOJ Biol Med*, 1(4), 00019.
- Das, S., Sen, S., Mukherjee, A., Chakraborty, D., & Mondal, P. K. (2012). Risk factors of breast cancer among women in eastern India: a tertiary hospital based case control study. *Asian Pacific Journal of Cancer Prevention*, 13(10), 4979-4981
- Ismail, G. M., El Hamid, A. A. A., & ElNaby, A. G. A. (2013). Assessment of factors that hinder early detection of breast cancer among females at Cairo University Hospital. *World Applied Sciences Journal*, 23(1), 99-108
- Malvia, S., Bagadi, S. A., Dubey, U. S., & Saxena, S. (2017). Epidemiology of breast cancer in Indian women. *Asia-Pacific Journal of Clinical Oncology*, 13(4), 289-295.

- Masoudiyekta, L., Rezaei-Bayatiyani, H., Dashtbozorgi, B., Gheibizadeh, M., Malehi, A. S., & Moradi, M. (2018). Effect of education based on health belief model on the behavior of breast cancer screening in women. *Asia-Pacific journal of oncology nursing*, 5(1), 114
- Mitsuk, A. (2016). Breast cancer information for young women: a project for Terveysnetti
- Naghibi, A., Shojaeezade, D., & Montazeri, A. (2013). Early detection of breast cancer among women in Mazandaran, Iran.
- Nemenqani, D. M., Abdelmaqsoud, S. H., Al-Malki, A. H. A., Oraila, A. A., & Al-Otaibi, E. M. (2014). Knowledge, attitude and practice of breast self-examination and breast cancer among female medical students in Taif, Saudi Arabia. *Open Journal of Preventive Medicine*, 4(02), 69.
- Oladimeji, K. E., Tsoka-Gwegweni, J. M., Igbodekwe, F. C., Twomey, M., Akolo, C., Balarabe, H. S., ... & Oladimeji, O. (2015). Knowledge and beliefs of breast self-examination and breast cancer among market women in Ibadan, South West, Nigeria. *PloS one*, 10(11), e0140904
- Wang, F. R., Fang, Q. Q., Tang, W. M., Xu, X. S., Mahapatra, T., Mahapatra, S., ... & Sun, Q. F. (2015). Nested case-control study of occupational radiation exposure and breast and esophagus cancer risk among medical diagnostic X ray workers in Jiangsu of China. *Asian Pac J Cancer Prev*, 16(11), 4699-704.
- Seabra, C. R., Peuker, A. C., Armiliato, M. J., de Souza, M. L. A., & de Castro, E. K. (2017). Early detection of breast cancer: the role of risk perception and family history. *Psicooncología*, 14(1), 83.