

Assessment Of Knowledge Regarding Breast Cancer Among Women Living In Taxila/Wah Cantt

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Abstract- Objective: To assess the knowledge regarding breast cancer among women living in Taxila/Wah Cantt.

Study Design: A cross sectional descriptive study was conducted on 200 randomly selected women using a self-administered, structured questionnaire.

Place and Study Duration: It was carried out from January 2019 to June 2019 involving people of Taxila/Wah Cantt.

Materials and Methods: Data was collected through self-structured questionnaire from 200 females living in Taxila. An informed written consent was obtained from all the selected participants. Data was collected through a self-developed structured questionnaire. Participants were requested to respond on the basis of their own opinions and understanding to each question. The collected data was analyzed through SPSS version 19. All collected information was entered and analysis was done through Statistical Package for the Social Sciences (SPSS) version 19.0. To summarize the results the data was presented in the form of percentages and frequencies.

Results: Study results showed that there is a need to create awareness about the breast cancer and motivate for monthly breast self-examination among women of Taxila. Approximately all participants had good knowledge about breast cancer, risk factors, sign and symptoms, but few participants knew about breast self-examination.

Conclusion: Pakistan has one of the highest incidence rates of breast cancer in Asia. Breast cancer is a major contributor towards cancer related mortality and morbidity in Pakistani women. The study results aimed to improve knowledge of women related to breast cancer, its presentation, detection, proper management and treatment of breast cancer.

Index Terms- Knowledge, Breast cancer, Breast self-examination, Screening

I. INTRODUCTION

Breast cancer is a cancer occurring in breast in which abnormal growth of the cells occur. It can occur in any part of the breast as in lobules, ducts and connective tissue. It mainly begins in lobules and ducts. It can also originate outside the breast through blood vessels and lymph vessels. Some studies have reported that some women have risk factors and some have breast cancer without any risk factors. It includes lump in the breast, old age above 50, some gene mutations, family history of breast cancer,

early menstruations below age 12 and late menopause, women who was getting radiation therapy, previous history of breast cancer, overweight, women taking hormones and drinking alcohol.

(Centers for Disease Control and Prevention., 2018).

Breast cancer is the most occurring cancer in women worldwide. An estimated 268,600 women has been diagnosed with breast cancer in U.S. Rarely men get breast cancer the ratio is 1 in 1000 in U.S. Studies showed that cancer spreads in three ways; damaged cells multiply and grow, some hormones and chemicals in the body fasten their growth and lymph and blood vessels circulate these cancer cells to other areas of the body. When cell DNA is damaged, the damaged cells reproduce and form tumor. These cells can lead to cancer in particular part of the body as in breast (National breast cancer foundation, Inc. 2019).

According to World Health Organization breast cancer is increasing both in developed and developing countries. 2.1 million women are suffering from breast cancer each year. It is estimated that in 2018 there were 627,000 women death occur due to breast cancer and it is about 15% of all deaths in women due to cancer. W.H.O. recommended early diagnosis and treatment to improve survival rate. Screening include clinical breast exam and mammography is important at the age of 40-49 or 70-75 without symptoms (World Health Organization, 2019).

A study conducted in Greece showed that breast cancer higher incidence and higher survival rates were observed in European countries. A higher incidence rate was found due to risk factors of breast cancer and higher survival rates in those countries were due to optimal health care and quality of health services. The study also revealed that breast cancer is the most common types of cancer in women in Europe. It is estimated that 29.2% of all cancers in females in 2018. 404,920 cases of breast cancer were reported in females in 2018 in European countries. Breast cancer was the leading cause of death in women in that area (Dafni, U., and Tsourti, Z. 2019).

According to Gorini and *et al* breast cancer is the leading cause of death in Italy and it is estimated that 29% of all cancers in women. Death rate due to breast cancer is decline in recent years due to early diagnosis and treatment. Screening and mammography play a major role in declining the mortality rates of breast cancer. In most areas of Italy advance screening has been started in age of 50-69 at the starts of 2000s. There were about 12,330 deaths arose due to breast cancer in which 34,00 were new

cases and 10,000 cases were those progressed to last stage (Gorini, G., Zappa, M., Cortini, B., et al. 2014).

Another study conducted in India suggested that due to increasing population, lifestyle changes and migration from rural to urban breast cancer rate is increasing in India in the last two decades. 320 participants with newly and confirmed cases of breast cancer were included in the study. The mean age of breast cancer in women in India is 40 and 50 years. The incidence is more among younger women than older and risk factors are low socio-economic status, obesity and dietary changes (Sofi, N. Y., Jain, M., Kapil, U., et al. 2019).

A study conducted in Saudi Arabia showed that breast cancer was increasing in females in recent years. A retrospective cohort study was conducted among cancer patients and data was analyzed. There were 174, 701 cases were reported during 1999-2014 in that region. Breast cancer was found to be in females 98% and 1.7% were males. The strongest association was found between gender, age and Saudi nationality (Jaziah, A. R., Alkattan, K., et al. 2019).

According to Mohsin Khudri and Shariful Islam, they conducted a study in Bangladesh. The study results revealed that 90% women breastfed their babies, some had no previous history of breast cancer, some had benign type breast cancer and only 2% were exposed to radioactive rays that accounts for breast cancer development. 38% women knew about the role of diet in reducing the disease. The study results indicated that the other risk factors were age at menopause, obesity, old age, physical inactivity and family history of breast cancer (Khudri, M., and Islam, S. 2018).

A retrospective study was conducted in Karachi Pakistan. According to this study, Breast cancer is the most prevalent cancer in Pakistan. It was found that Pakistan has the highest incidence rate in breast cancer in the last two decades. It was most commonly occurring at 55-64 years age. It was diagnosed in stage two and less cases were diagnosed in stage one. Study results showed that mortality rate due to breast cancer was high in Pakistan and it was the top ten causes of death in our country. In 2014 age adjusted standardized rate due to this cancer was 29 and worldwide it was 8. The main reason was that screening problem, half of the patients were diagnosed in stage 2 and only 9% were diagnosed in stage 1.

Young women had more incidence rate than older of breast cancer (Somroo, R., Faridi, S., et al. 2018).

According to Rashid and Shumaila, Pakistan is developing country and most of our population are living in rural areas. Illiteracy and poverty are common among people. Most of the women don't have access to medical facilities. So, breast cancer is prevailing day by day. The major reason is detection and diagnosis at an early stage. The study showed that 1 in every 9 women had breast cancer. In Asian countries Pakistan has the highest incidence rate of breast cancer. It showed that the main issue was also the affordability of screening (Minhas, R. and Umar, S. 2015)

II. MATERIALS AND METHODS

A cross sectional descriptive study was conducted on 200 randomly selected women using a self-administered, structured questionnaire. It was carried out from January 2019 to June 2019 involving women living in Taxila/Wah Cantt. Non-probability convenient sampling was carried out among females of reproductive age and were willing to participate. Confidentiality and Privacy of the participant were taken care. The collected information was used for research purpose only. Proper written Consent was taken from all the participants to ensure their voluntary participation. Any risk or harm to the participant was avoided. Participants were requested to respond on the basis of their own opinions and understanding to each question. The collected data was analyzed through SPSS version 19. All collected information was entered and analysis was done through Statistical Package for the Social Sciences (SPSS) version 19.0.

III. RESULTS

Breast cancer is the most common type of cancer in females and the second leading cause of death in women. Approximately all participants had good knowledge about breast cancer, risk factors, sign and symptoms, but few participants knew about breast self-examination.

Socio demographic data of participants

Gender:	Number	Percentage
female	200	100%
Age of the respondent:	Number	Percentage
17-27 years	60	30%
28-37 years	76	38%
38-47 years	46	23%
48-57 years	14	7%
>57 years	4	2%
Marital status:	Number	Percentage
❖ Married	158	79%
❖ Unmarried	38	19%
❖ Widow	2	1%
❖ Divorced	2	1%

Respondent's qualification:	Number	Percentage
❖ Uneducated	18	9%
❖ Primary	12	6%
❖ Middle	20	10%
❖ Matric	46	23%
❖ Inter	32	16%
❖ Graduate	50	25%
❖ Masters and above	20	10%
Number of children:	Number	Percentage
❖ No child	28	14%
❖ 1-3 children	124	62%
❖ 4-6 children	42	21%
❖ >7 children	6	3%
Occupation:	Number	Percentage
❖ House wife	98	49%
❖ Doctor	4	2%
❖ Teacher	26	13%
❖ Others	66	33%

SECTION I: KNOWLEDGE OF WOMEN REGARDING BREAST CANCER

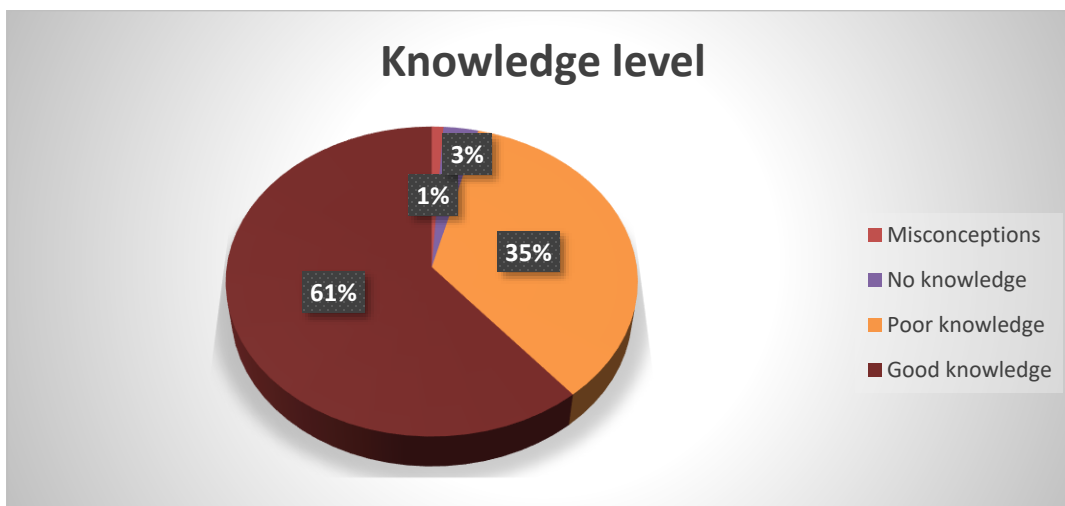
Knowledge Assessment Scale

Knowledge level	Interpretation
Good Knowledge	If the respondents give 60-80% correct answers from the structured questionnaire
Poor Knowledge	If the respondents give < 50% correct answers from the structured questionnaire.

Table 1: Knowledge Level of The Participants about breast cancer

Knowledge level	Frequency	Percentage
Misconceptions	2	1
No knowledge	6	3
Poor knowledge	70	35
Good knowledge	122	61
Total	200	100

Figure 1: Knowledge level of the participants about breast cancer



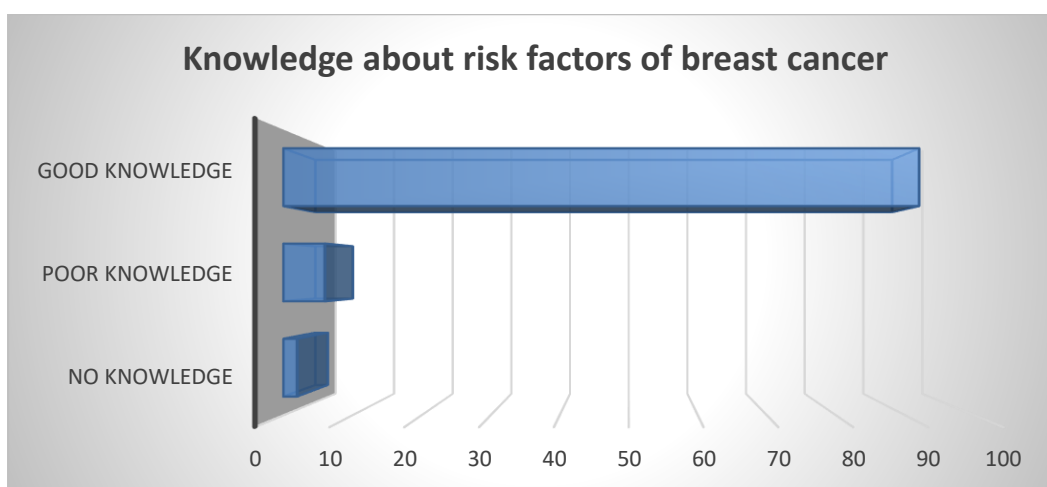
In this section objective of the study assessed the current knowledge of awareness regarding breast cancer among community women of Taxila. According to preselected criteria of knowledge it was concluded that 61% participants demonstrated good

knowledge, 35% had poor knowledge, 3% had no knowledge and 1% had misconceptions about knowledge of awareness regarding breast cancer among women of that area.

Table 2: Knowledge about risk factors of breast cancer

Knowledge about risk factors of breast cancer	Frequency	Percent
No knowledge	4	2
Poor knowledge	12	6
Good knowledge	184	92
Total	200	100

Figure 2: Knowledge about risk factors of breast cancer



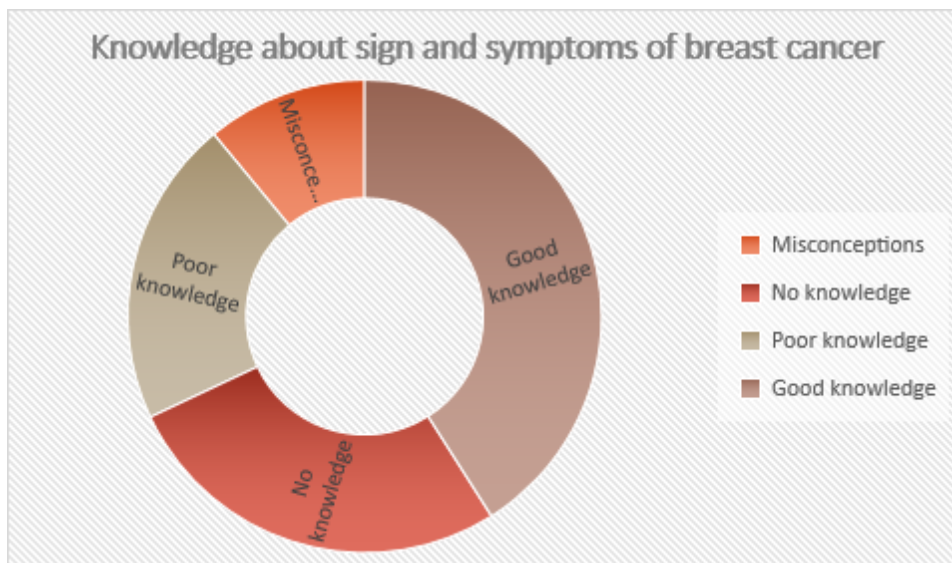
The figure showed the current knowledge about risk factors of breast cancer (conception after 30, increasing age, family history, obesity, use of contraception, life style etc). It was concluded that 184

out of 200 (92%) participants demonstrated good knowledge, 12 (6%) had poor knowledge, and 4 (2%) had no knowledge about knowledge of risk factors of breast cancer.

Table 3: Knowledge about sign and symptoms of breast cancer

Knowledge about sign and symptoms of breast cancer	Frequency	Percentage
Misconceptions	22	11
No knowledge	54	27
Poor knowledge	42	21
Good knowledge	82	41
Total	200	100

Figure 3: Knowledge about sign and symptoms of breast cancer



The third objective of this section was to assess current knowledge about sign and symptoms of breast cancer (lump, pain or discharge from nipple or under armpit, and change in breast size etc.) among women. 41%

participants had good knowledge, 21% had poor knowledge, 27% had no knowledge and 11% women had misconception about sign and symptoms of breast cancer.

Table 4: Knowledge about practices of women regarding breast self-examination

Knowledge about breast self-examination	Frequency	Percentage
Misconceptions	12	6
No knowledge	98	49
Poor knowledge	60	30
Good knowledge	30	15
Total	200	100

Figure 4: Knowledge about practices of women regarding breast self-examination



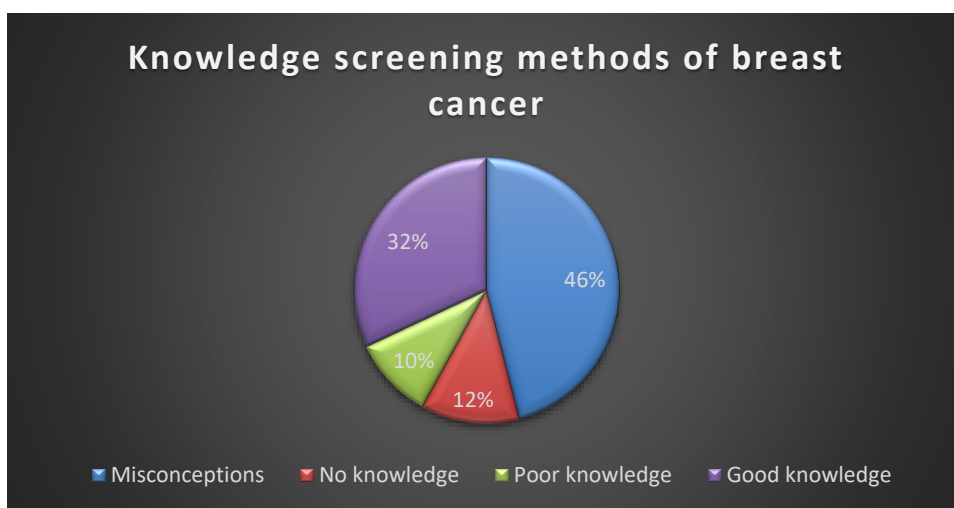
The fourth objective of this section was to assess current knowledge about practices of breast self-examination. According to preselected criteria of knowledge it was concluded that 30 out of 200 (15%)

participants demonstrated good knowledge, 60 (30%) had poor knowledge, and 98 (49%) had no knowledge and 12 (6%) had misconceptions about practices of breast self-examination.

Table 5: Knowledge about screening methods of breast cancer

Knowledge about screening methods of breast cancer	Frequency	Percentage
Misconceptions	92	46
No knowledge	24	12
Poor knowledge	20	10
Good knowledge	64	32
Total	200	100

Figure 5: Knowledge about screening methods of breast cancer



The results showed that current knowledge about screening methods such as breast mammography and clinical breast examination of breast cancer. 32% participants demonstrated good

knowledge, 10% had poor knowledge, 12% had no knowledge and 46% had misconceptions about screening methods of breast cancer.

IV. DISCUSSION

Pakistan is developing country and most of our population are living in rural areas. The total population of Pakistan is 200 813 816. Breast cancer is the most prevalent cancer in women in our country and the most common cause of death of all cancers. The number of new cases of breast cancer in 2018 was 34066 and accounts for 36% of all cancers in women. It was reported that 17158 deaths occur in females in 2018 due to breast cancer. Age-standardized-AS (World) incidence rates per 100,000 in females was 43.9 for breast cancer and AS mortality rate for breast cancer was 23.2 (The Global Cancer Observatory, 2019).

According to International Breast Cancer Foundation breast cancer is the most occurring cancer in women worldwide. An estimated 268,600 women has been diagnosed with breast cancer in U.S. Rarely men get breast cancer the ratio is 1 in 1000 in U.S. W.H.O has revealed that 2.1 million women were suffering from breast cancer worldwide and men rarely had breast cancer. Breast cancer is also common type of cancer in European countries. The incidence rate is 29.2% in females. Due to early screening and detection the survival rate is also good in these countries.

It has been found that the incidence rate of this disease has highest in Asian countries. A study conducted in Saudi Arabia showed that 90% cases of breast cancer were noted in 2018 in females. The rate is extremely high due to risk factors-gene mutations, obesity, nationality, dietary changes and some other factors.

Our study results also showed that breast cancer is common and prevailing in that area. Most of the women had good knowledge about the disease but only few females knew about breast-self examinations and screening of breast cancer. The study aimed to create awareness among females of that particular area. The focus of the study was to provide information among females about breast self-examinations.

V. CONCLUSION

Breast cancer is one of the leading causes of cancer in females in Pakistan and second leading cause of death worldwide. According to 2008 GLOBOCAN of WHO 1.38 million women suffer from the disease. It is estimated that 1 in 9 Pakistani women has breast cancer. It brings severe financial and social problems among families of Pakistan. Illiteracy is also a major cause because women have no proper awareness about personal hygiene. The study revealed that most of the females knew about the disease but their practices regarding breast self-examinations were poor.

VI. RECOMMENDATIONS

There is a need to create awareness about the breast cancer and motivate for monthly breast self-examination amongst community women of Taxila. Public awareness on breast cancer

and self-breast examination should be intensified using mass media and the health service personnel should promote this knowledge during their contact with female clients. Comprehensive curriculum regarding breast cancer should be incorporated at undergraduate and post-graduate courses of students in colleges as the incidence is increasing day by day. Exposure to health-related information and subsequently enhanced awareness not only improves health knowledge but also encourages healthy practices. Knowledge is a necessary predisposing factor for behavioural changes. Factors related to women's knowledge and beliefs about breast cancer and its management may contribute significantly to medical help-seeking behaviours. The study also emphasizes the importance of practical teaching and constant reminders through media led education campaigns, medical seminars, specific counselling and other methods. Health information provision or health education can bring about significant positive changes in health-related behaviours.

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