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Knowledge and attitude of Saudi female students towards breast cancer: A cross-sectional study



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المخلص

أهداف البحث: غالبا ما يحضر الإناث اللاتي يعانين من سرطان الثدي في المملكة العربية السعودية للمراجعة في وقت متأخر، عندما يكون السرطان قد ارتقى لمراحل متقدمة. من هنا يكون معدل البقاء على قيد الحياة منخفضا. قد يتأثر سلوك الإناث لطلب المساعدة الطبية بوعيهم حول سرطان الثدي. من أجل ذلك، تم إجراء هذه الدراسة المستعرضة لتقييم المعرفة، والسلوك والممارسات لطالبات الجامعة تجاه سرطان الثدي.

طرق البحث: تم تعبئة استبانة من قبل ١٥٠ طالبة جامعية في المملكة العربية السعودية معدة لإثارة المعلومات الديموغرافية الاجتماعية، والمعرفة، والسلوك والممارسات نحو سرطان الثدي. وحللت البيانات باستخدام الحزمة الإحصائية للعلوم الإنسانية (SPSS) الإصدار ١٩.

النتائج: كان متوسط درجة المعرفة ١٦.٦ من ٢٩. وسجلت ١٠.٦ من المشاركات (٧٠,٧%) درجة ٥٠% وأعلى. وكانت المتغيرات مثل عدم الزواج، ومعرفة صديقة أو فرد من الأسرة يعاني من سرطان الثدي أو ممارسة الفحص الذاتي للثدي ذات صلة كبيرة بدرجة المعرفة لدى المشاركات. ٥٠,٧% من المشاركات يقمن بعمل الفحص الذاتي للثدي. ١٣ مشاركة فقط (٨,٧%) أجري لهن فحص الثدي السريري. لم يتم إجراء التصوير الشعاعي للثدي لأي مشاركة.

الاستنتاجات: طالبات الجامعة أقل معرفة لأعراض وعلاج سرطان الثدي. وليس لديهن أيضا معرفة عن الأسباب وعوامل الخطورة المرتبطة بسرطان الثدي. ممارسة فحص الثدي السريري والتصوير الشعاعي كانت نادرة بين المشاركات. هناك حاجة لتحسين المعرفة فيما يتعلق بسرطان الثدي والتأكيد على الحاجة لإجراء فحص الثدي.

الكلمات المفتاحية: سرطان الثدي; المملكة العربية السعودية; الفحص الذاتي للثدي الفحص السريري للثدي

Abstract

Objective: In Saudi Arabia, females suffering from breast cancer often present late when their cancer has progressed to advanced stages. Hence the overall survival rate is low. Medical help-seeking behavior of females may be influenced by their awareness about breast cancer. Therefore, a cross-sectional study was designed to assess the knowledge, attitude and practices of university students towards breast cancer.

Methods: One hundred and fifty females from a university in Saudi Arabia completed a questionnaire intended to provoke their sociodemographic information and knowledge, attitude and practices towards breast cancer. Data analysis was carried out using Statistical Package for the Social Sciences (SPSS) Version 19.

Results: Mean knowledge score was 16.6 out of 29. One hundred and six participants (70.7%) scored 50.0% and more. On the other hand, number of participants whose scores were below 50% was rather less (44; 29.3%). Variables like single, knowing of a friend/family member suffering from breast cancer or practice of breast self-examination were significantly related to participants' knowledge scores.

50.7% participants admitted to carry out the breast self-examination procedure. Only 13 study participants (8.7%) had clinical breast examination. None of the participants had undergone mammography.

Conclusion: Female university students have mild knowledge of breast cancer symptoms and management.

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They are also not clear about etiology and risk factors associated with breast cancer. Practice of clinical breast examination and mammography was rare in the participants. There is a need to enhance their knowledge regarding breast cancer and emphasize the need of breast cancer screening programs.

Keywords: Breast cancer; Breast self-examination; Clinical breast examination; Saudi Arabia

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Introduction

Breast cancer (BC) is the second foremost cause of cancer deaths in Saudi Arabia and the most common type of female cancer.^{1–3} The incidence of BC in Saudi Arabia is 1%.⁴ The overall survival rate is lower compared with the United States and the UK HYPHER⁵; due to the absence of a standard nationwide breast screening program in the kingdom and low uptake of screening.⁶ There is evidence that the occurrence of BC in Arab countries including Saudi Arabia is about 10 year younger than in USA and European countries.^{7,8}

Women's knowledge and views about BC and its treatment may contribute considerably to medical help-seeking behaviors.^{9,10} Knowledge deficiency may lead to delayed presentation with advanced stages when little or no benefit is derived from any form of therapy.^{11,12} For presentation at an early stage, women must be "breast aware"; they must be capable of identifying symptoms of BC through routine practice of screening.

Multiple studies have examined the knowledge, attitude and practice of women towards breast cancer in KSA. These studies have targeted older women (age range = 18–62 years; Mean age = 31 years),¹³ secondary/high school students,^{14–16} women belonging to specific professions such as doctors,¹⁷ nurses^{18,19} but to our knowledge none of the previous studies have inquired for university students' knowledge and beliefs, especially in the eastern province of KSA; the region having higher incidence rate as compared with rest of the three provinces.^{4,20} Nearly all university students are at a stage where it is significant that they at least carry out BSE on a regular basis to sense any changes early. Hence this study was designed for the promotion of BC awareness among students and to assess their knowledge, attitude and perceptions about BC. We also observed any association between socio-demographic variables such as marital status, knowing of someone with BC, practice of BSE versus participants' knowledge.

Material and Methods

The major objective of the current study was to evaluate the level of BC awareness among female university students in Saudi Arabia. Especially, we focused on their understanding about the etiology of BC, symptoms; risk factors associated with it and breast cancer screening techniques.

Permission and Ethical Approval to conduct the study was granted by the University Deanship of Scientific Research. Participants were drawn by non-probability convenience sampling from students enrolled in various health related programs in University of Dammam. Considering the total number of female students enrolled in these colleges (500), Margin of error (5%), Confidence Interval (95%), needed sample size was estimated to be 218. Hoping to get a response rate of 90%, and adding 10% for non-response, it turned out to be 240, however, only 150 students successfully completed the survey.

Data collection was accomplished by using a questionnaire developed by the author based on information in the literature^{21,22} on risk-factors, common symptoms and signs of BC, common methods of early detection, and current treatment modalities for the disease. Test–retest technique was adopted to check the reliability and validity of the questionnaire. 10 students asked to solve the same questionnaire with a 2 weeks lag to see if they answered in the same manner. Reliability (internal consistency) of the questionnaire was calculated by measuring Cronbach's alpha by using SPSS. It came out to be 0.805.

Final form of the questionnaire had a total of 29 questions, of which 4 assessed the awareness about the etiology, 13 assessed knowledge about breast cancer risk factors, 4 assessed symptoms of breast cancer, and 8 assessed the general knowledge about diagnosis and treatment of breast cancer.

Each correct answer was assigned a score of 1, while an incorrect answer or "don't know" was awarded a score of 0. A total score for each participant was computed by summing the number of correct answers. Participants' information for example age, marital status, current academic class and college, and knowledge of someone with breast cancer was entered in the socio-demographic section of the questionnaire.

Respondents were asked questions related to their practice of breast self-examination (BSE), clinical breast examination (CBE) and mammography screening. Subjects were also inquired about exact actions they will take after being diagnosed with breast cancer and acceptance of mastectomy as a treatment modality.

Statistical analysis

Data analysis was carried using the Statistical Package for the Social Sciences (SPSS) Version 19. Both descriptive and inferential data analyses were employed. Frequencies were generated for correct and incorrect answers for all items by using Descriptive Statistics. As described earlier, the knowledge indices were computed for each student by adding the number of correct answers. On the basis of knowledge scores, participants were divided into two groups; Knowledgeable ($\geq 50\%$) and not knowledgeable ($< 50\%$). Binary logistic regression analysis model was used to pick up socio-demographic variables that may correlate with levels of knowledge. Dependent variable was the level of knowledge; those attaining a score of $\geq 50\%$ (≥ 14.5) scores were considered as high scorers (knowledgeable). Independent variables were marital status and knowing of someone with breast cancer and the practice of breast self examination

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