

A survey of breast cancer awareness and knowledge in a Western population: lots of light but little illumination

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Awareness (INCA) survey

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Abstract

There are conflicting data on breast cancer awareness and knowledge in specific population groups. We assessed awareness and knowledge of breast cancer in the general Irish population to identify sources of information on breast cancer and determine factors associated with knowledge and awareness of the disease. Participants ($n = 2355$, 53% female) completed a multi-part questionnaire. Most (81%) had seen or heard something about breast cancer in the recent past and knowledge of symptoms and treatment was good overall. However, 66% of females overestimated their risk of developing disease, 88% underestimated the age at which it was most likely to develop and 56% underestimated 5-year survival. Knowledge of incidence and survival was higher in males (Odds Ratio (OR) 1.3, 95% Confidence Interval (CI); 1.1–1.5), participants with higher education (1.5; 1.2–1.7) and those who received information from television (1.3; 1.1–1.5). Ignorance regarding incidence, outcome and risk makes it unlikely that the general public or at risk females could currently make informed decisions on a range of breast cancer issues.

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1. Introduction

Health-care agencies and the lay media have focused considerable attention on breast cancer since the development of mammographic screening programmes in the 1980s and 1990s [1,2]. Information is usually given to breast cancer patients by their medical and nursing teams, whereas information intended for the general public is frequently delivered through the print and elec-

tronic lay media, advocacy groups, governmental institutions and consumer organisations.

The primary purpose of breast cancer educational campaigns should be to provide information so that members of the public can make informed decisions about a range of breast cancer issues, weigh up the risks, assess the harms and benefits of diagnostic and screening tests, compare the effectiveness of different treatment modalities and realistically assess the advantages and disadvantages of various risk modifying lifestyle changes. However, the close association between some educational and screening programmes has resulted in information being presented specifically to promote

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acceptance of mammographic screening and raise awareness about the aims of health-care agencies [3–5]. This is particularly true for advocacy groups and government agencies which systematically present selective and biased information in favour of screening [6]. Thus, both medical and non-medical media are blamed for confusing the public by exaggerating the risks associated with breast cancer and the benefits of screening [7] and by describing risk reduction in relative rather than absolute terms [2].

Although there may be a perceived lack of balance in health information provided, few population data are available on sources of information or on factors associated with knowledge and awareness of breast cancer. A number of reports have studied knowledge of breast cancer and attitudes to this disease in distinct female population groups [8–12]. In addition, studies have investigated knowledge of breast cancer in the general female population in the United Kingdom and Australia [13–15]. However, only a single study has included males [16] and none has systematically surveyed the general population of a country. The purpose of this national survey was to determine awareness and knowledge of breast cancer in the Irish population in order to identify media sources associated with breast cancer education, popular misconceptions about this disease, factors associated with knowledge and population groups who might benefit from education. It was anticipated that the results would be of benefit when developing future health promotion interventions.

2. Participants and methods

2.1. Study sites and participants

The study was approved by the St. Vincent's University Hospital Ethics Committee. Using qualitative research techniques, we chose a purposeful sample of the general well and active population as appropriate respondents for our survey. Based on census-derived quotas we obtained a geographically representative sample by conducting the survey at multiple urban and rural sites within all 26 counties of the Irish Republic in late 2001 and 2002. Trained research assistants approached potential participants in public places and asked them to complete a written questionnaire. Participants were assured that their responses would be confidential and completed the survey without help from the investigators. As in similar studies, no record was kept on those who refused to participate [13,17]. Responses from participants less than 16 years of age were discarded and analysis was performed on a final sample size of 2355 participants. Details of the study population are shown in Table 1. As was expected from our approach, the sample was slightly better educated and younger than

Table 1
Details of 2355 study participants

Variable	Number (%)
<i>Gender</i>	
Female	1250 (53%)
Male	1105 (47%)
<i>Age</i>	
Less than 30 years	1143 (49%)
30–50 years	761 (32%)
Over 50 years	451 (19%)
<i>Education</i>	
No educational qualifications	235 (10%)
Junior certificate (GCSE equivalent)	472 (20%)
Leaving certificate (A level equivalent)	894 (38%)
Third level education	754 (32%)
<i>Smoking status</i>	
Smoker	803 (34%)
Ex-smoker	354 (15%)
Non-smoker	1198 (51%)

the Irish population recently surveyed in the National Survey on Lifestyle, Attitudes and Nutrition [18].

2.2. Study questionnaire

A multidisciplinary team of epidemiologists, clinical researchers, breast cancer surgeons, physicians and research nurses developed the questionnaire used in this survey, and the team also took advice from a market research company. The survey was designed to assess awareness of breast cancer and knowledge about risk factors, screening, symptoms and treatments and contained questions relating to the risk of developing and surviving breast cancer. Data on age, gender, educational and smoking status were also collected. Questions were included about colorectal cancer and heart disease that are not reported here.

The questions were chosen for their simplicity and most had been used in previous publications on breast cancer knowledge and perceptions. Overall, we were specific in our questioning in order to leave no leeway for misunderstanding. However, in relation to the question “have you seen or heard anything about breast cancer recently”, we used the word “recently” rather than a precise time by design because of the dual phenomena of “Time telescoping” and “Time expansion” which make it difficult for individuals to remember the timing of social, news and other events with any degree of certainty [19,20]. A pre-test of 20 individuals was performed to determine if the questions were understandable to the lay public and a number of questions were modified slightly as a result of this exercise.

2.3. Statistical analysis

Logistic regression analysis, using the Statistical Package for the Social Sciences (SPSS, Chicago, IL)

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