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Original Research Article

Women's attitude towards breast cancer in Baghdad city, Iraq

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ABSTRACT

Background: Breast cancer is the most common cancer among women all over the world. The aim of this study was to measure the attitude of women regarding breast cancer and its associated factors in Baghdad city, Iraq.
Methods: A cross-sectional study was done among 508 women aged 18 years old and above recruited randomly from 4 Non-Governmental Organizations (NGO) in Baghdad City during 2015. A self-administered questionnaire was used to collect the data from respondents.
Results: A total of 66.1% had a good attitude, the association between attitude and marital status, education was not significant, while working status was significant with P value of 0.001. After controlling for other cofounders, the contributors for poor attitude were not working, P value of 0.002 and adjusted odds ratio of 2.08.
Conclusions: The attitude among the respondents still considered not good as almost one-thirds of the respondents had poor attitude. The most important contributor to poor attitude was working status. More education and health promotions need to be done among general population to educate them regarding breast cancer in Baghdad City, Iraq.

Keywords: Attitude, Breast cancer, Iraq, Women

INTRODUCTION

Cancer being the fourth cause of death in the Eastern Mediterranean Region (EMR), after cardiovascular diseases, infectious/parasitic diseases and injuries, this is according to WHO mortality estimates.[1] The anticipated increase in the incidence of cancer in the next 15 years is more likely to occur in the EMR in which breast cancer is the commonest type of female malignancy.[2]

In Iraq breast cancer being the most common malignancy in which about one-third of the registered female cancers found to be breast cancer according to latest Iraqi Cancer Registry also the disease shows trend to affect young age group.[3]

Attitude towards breast cancer is the key for early detection and treatment that can lead to a better prognosis in the future. Positive attitude can be associated with age, educational level and type of occupation. On the other hand, negative attitude can lead to delay diagnosis and bad prognosis for breast cancer patients.

In a study done in Pakistan among 829 women, Majority 94.7% of participated women said that they would consult a doctor in case of a breast lump. Only 2.4% Said that they would do nothing and 1.9% said that they would go for alternative treatment like homeopathy or spiritual healing. Out of the 780 respondents who said they will seek medical help, 91.2% showed the intention to seek help immediately, 6.7% considered that it might be delayed for months, and 1.9% considered that it can be

delayed for years. The study concluded that overall positive attitude about breast cancer was noted. [4]

In a study done in Iraq, interestingly 83.6% of the Iraqi female participants would be willing to instruct others in BSE. A total of 42% women expressed their interest to join the Iraqi National Breast Cancer Awareness Campaign. Out of the 16.4% who were not interested in teaching BSE, lacking time was the main reason particularly among students 45.5%.[5] Interest in doing BSE has been reported in other regional studies such as in United Arab Emirates where 90% of nurses had a positive attitude to provide knowledge on the risk factors of breast cancer and about 83% reported that they had taught BSE to others.[6]

A study done among schoolteachers in Lagos, Nigeria showed that participants had positive attitude towards breast cancer as 84% said they will see a doctor if they discover a breast lump, followed by 62% will go to prayer house and 50% will be scared. About 82.5% of those said they will see doctor said that they will do that within 1 month. Also, half of the respondents agreed to do mastectomy.[7]

In many studies women show negative attitude when being asked about mammography, this may be linked to poor knowledge about this screening modality and its role in early detection. a study done in Uganda found that more than two thirds of the respondents (75%) afraid from breast ultrasound and believe that it may cause cancer itself this differ from other study done by Aylin et al in which about 72.5% feel ok about ultrasound without being afraid.[8,9] This may indicate that women in many developing countries may have misunderstanding between ultrasound and mammography and since they think that ultrasound cause cancer so they don't likely perform mammography.

Aim was to assess the attitude about breast cancer and its related factors among women in Baghdad city, Iraq.

METHODS

A cross-sectional study was conducted among 508 women selected from 4 non-governmental organizations (NGOs) in Baghdad city using multistage sampling. Then the respondents were chosen using simple random sampling method from the 4 selected NGOs. Self-administrative questionnaires regarding breast cancer attitude were distributed to the respondents. Ethical committee approval and NGOs approval were obtained before data collection. The data collection was done during November 2014.

Attitude is a way of being a position. These are intention to do action. This is an intermediate variable between the situation and the response to this situation. In this study, attitude was assessed by asking about future attitude if they will perform mammogram and clinical breast examination also asking about their behavior if they find lump in the breast whether they will be scared, go to prayer house, go for tradition medicine, consult a doctor and if they agree to do mastectomy when required.

The total score was 7, where those answers yes score 1 and no or don't know score 0, any score more than 4 considered as good attitude.

A pre-test of the questionnaire was done before the collection of data, 30 women had been chosen to answer the questionnaire to ensure that the questions is easily understandable. Face validity was done by looking at readability of the questionnaires and if it is easy to follow, also whether the questions are easily understandable and no need for clarification from the researcher. Reliability test was performed and Cronbach's alpha was 0.678 which mean that internal reliability of the questionnaire is good. Data analysis was done using Statistical Package for Social Sciences (SPSS) Version 20.

RESULTS

Table 1 shows attitude of the respondents towards breast cancer. In the question asking whether they will perform mammogram regularly in the future, 60% of respondents answer no, about 39% of them answer yes, they will do. Another question was if they will go to a specialist to do clinical breast examination, half of them (52.4%) answer no while 47.6% of them answer yes. While asking the respondents if they develop breast cancer what will be their attitude, 71.5% of them answer they will be scared, 88.2% of them say they will consult a doctor, 44.3% answer they will use traditional medicine, 80.5% say they will go to prayer and doa'a and 54.7% of them answer that they will agree to do mastectomy if necessary. More than half of the respondents 57.5% say if they develop breast lump they will visit the doctor within 1 week.

Overall, about 66.1% of respondents have good attitude compared to only 33.9% of them have poor attitude as shown in Table 2.

Table 3 shows the relationship between attitude and socio-demographic variables. The association between attitude and marital status, education was not significant, about 33.8% of married women have poor attitude and 35.4% of high education women have poor attitude. The association between attitude and working status was significant with P value of 0.001, in which more than two thirds of working women (60%) have good attitude and about 73.3% of not working have good attitude. The POR was protective, which mean working women have 4.2 more times to have good attitude in the future compared to not working one. The association between age, family income and attitude was not significant, with P value of 0.101, 0,105 respectively.

Table 1: Attitude regarding breast cancer among respondents.

Variables	Frequency (N)	Percentage (%)
Will you perform mammogram regularly in the future		
No or do not know	307	60.4
Yes	201	39.6
Will you go to a specialist to do clinical breast examination		
No or do not know	266	52.4
Yes	242	47.6
If you develop breast cancer what will be your attitude.		
You will be scared		
No or do not know	145	28.5
Yes	363	71.5
You will consult a specialist		
No or do not know	60	11.8
Yes	448	88.2
You will use traditional medicine		
No or do not know	283	55.7
Yes	225	44.3
You will go to prayer and Doa'a		
No or do not know	99	19.5
Yes	409	80.5
You will agree to perform Mastectomy (If necessary)		
No or do not know	230	45.3
Yes	278	54.7
If you develop breast lump how fast you will go to see a doctor		
Within 1 week	292	57.5
Within 1 month	91	17.9
Within 1-3 months	36	7.1
Not bother at all	89	17.5

Table 2: Total attitude among respondents.

	Frequency	Percent (%)
Attitude		
Poor	172	33.9
Good	336	66.1

Table 3: Association between attitude and sociodemographic factors of the respondents.

	Attitude		POR	P value	X2	95% CI
	Poor	**Good**				
	N (%)	**N (%)**				
Marital Status						
Not married	62 (33.9)	121 (66.1)	1.00	0.994[a]	0.00	0.68-1.46
Married	110 (33.8)	215 (66.2)				
Working status						
Working	112 (40.0)	168 (60.0)	0.53	0.001[a]	10.50	0.36-0.78
Not working	60 (26.3)	168 (73.7)				
Education						
Low education	74 (32.0)	157 (68.0)	0.86	0.480[a]	0.62	0.59-1.24
High education	98 (35.4)	179 (64.6)				
	Median (IQR)	**Median (IQR)**			**Z value**	
Age (years)	41.00 (23.00)	37.00 (23.00)		0.101[b]	-1.64	
Family Income (IQ)	700,000.00 (400,000.00)	650,000.00 (500,000.00)		0.105[b]	-1.62	

[a] Chi Square test was performed, [b] Mann Whitney U test was performed, level of significant is at p<0.05, POR= prevalence odds ratio, CI=confidence interval, IQR=inter- quartile range, IQ= Iraqi Dinar.

Table 4: Logistic regression analysis for factors associated with poor attitude among respondents.

	B	Wald	P value	Adj. OR	95% C.I.	
					Lower	Upper
Age	-0.011	1.430	0.232	0.989	0.971	1.007
Family Income	0.000	1.116	0.291	1.000	1.000	1.000
Marital status	0.006	0.001	0.975	1.006	0.675	1.501
Educational level	-0.108	0.222	0.637	0.898	0.573	1.406
Working status	0.736	9.594	0.002*	2.088	1.310	3.327

*Binary logistic regression test was done, significant level at p <0.05, Adj. OR= Adjusted odds ratio.

After controlling for other cofounders, the contributors for poor attitude were not working, P value of 0.002 and adjusted odds ratio of 2.08, which mean not working women have 2.08 more times to have good attitude compared to non-working one as shown in Table 4. The overall percentage was 66.1% that mean that our model success in predicting 66.1% of the factors affecting the outcome.

DISCUSSION

The attitude of women towards breast disease is essential and effective in the detection of breast cancer in addition to starting treatment as early as possible.

In our study about 66.1% of respondents have good attitude this result is similar to another study done in Iraq where more than two-thirds of the respondents would like to teach others on how to perform BSE.[5]

In our study, be scared 71.5%, see a doctor 88.2%, go to prayer 80.5%, traditional medicine 44.3%, agree to do mastectomy 54.7%, time to see doctor (57.5%) within 1 week when Compared to other study, be scare 47.5%, see a doctor 88.2%, go to prayer 27.9%, traditional medicine 1%, agree to do mastectomy 89.7%, time to see doctor (92.2%) within 1 month.[7] Also, other study done in Iran, found that 94.7% will consult a doctor, 2.4% will do nothing.[4] time to see doctor (91.2%) within days, this positive attitude also found in another study done in Lagos, Nigeria found that 84% of the respondents said they will consult doctor if they find a lump, 62% will go to prayer, 50% will be scared, nearly 82% of the respondents said they will visit doctor within 1-month time and about 50% will agree to mastectomy.[7]

Another study done Kirkuk north of Iraq found that 89.7% of respondents want to teach others how to perform BSE.[5]

The attitude of women towards breast cancer screening modalities change due that many women reported feeling shy while examined clinically by male doctors.[10,11] In a study done in Uganda, women never done mammography because the process is considering embarrassing. Women in the Ugandan society have a much-closed culture and a traditional, conservative attitude in a male dominated society.[10]

The association between educational level, family income, age and marital status with attitude was not significant while working status was significantly associated with attitude. Working women tend to have better health behavior as they are independent and have their own income.

CONCLUSION

The attitude among the respondents still considered not good as almost one-thirds of the respondents had poor attitude. The most important contributor to poor attitude was working status. More education and health promotions need to be done among general population to educate them regarding breast cancer in Baghdad City, Iraq.

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