www.gsjpublications.com
Journal of Global Scientific Research (ISSN: 2523-9376)
9 (2020) 803-813

Journal of Global Scientific Research
www.gsjpublications.com/jgsr

Evaluation of Knowledge among Libyan Women about Breast Cancer and its Risk Factors

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Received: 9 Sep 2020, Revised: 17 Sep 2020, Accepted: 26 Sep 2020, Online: 5 Nov 2020

Abstract

Introduction: Breast cancer is the most common female malignancy, and its incidence is on rise in Libya. The aim of this study is to assess the prevalence of inadequate knowledge about cancer breast and its risk factors among Libyan women resident in Sirte, and to examine if any of their socio-demographic characteristics (age, occupation, marital status, educational level and income) are associated with having inadequate knowledge status. **Methods:** A cross-sectional study of a 200 Libyan females was conducted from January to June 2019 at Sirte city**.** Women were interviewed using a specifically designed questionnaire to gather data relevant to breast cancer and its risk factors. Data were analyzed using SPSS software. **Results:** The mean age of the respondents was 48.0±12.1, and those who reported having no formal education constituted 46.5% of the sample. Overall, the frequency of inadequate knowledge about breast cancer was considerable (59.5%). Up to 90.0% know that the statement "Cancer has no treatment" is incorrect. The most known risk factor for breast cancer was "lack of breast-feeding" (86.0%). However, the least known risk factors of breast cancer were the hormonal replacement therapy (22.0%) and use of contraceptive pills (26.5%). No significant association between level of knowledge towards breast cancer and any of the studied socio-economic characteristics. **Conclusion:** The findings show a fairly considerable rate of inadequate knowledge about several aspects of breast cancer and its risk factors. Therefore, there is a need to plan for and implement educational programs to improve the level of knowledge about breast cancer and its risk factors among women in Sirte. Such actions are foreseen to contribute to cancer breast prevention among Libyan woman.

Keywords: Breast cancer, risk factors, socio, demographic, screening, Libya

1. Introduction

Breast cancer is the most common cancer in women [1], and the second leading cause of cancer death in both, developed and developing countries [2]. The mortality rate and incidence of breast cancer are on increase [3]. Moreover, the

incidence of breast cancer is soaring in developing countries [4]. The majority of female patients in developing countries, particularly in Middle East and North Africa, are younger than those in European countries [5].

In Libya, a number of studies have shown that breast cancer constitutes about 20% of all cancer types [6-11]. Most of diagnosed cases are young, and approximately a half of them at advanced stage [12].

Breast cancer is a clinically heterogeneous and complex disease [13]. Several hereditary and non-hereditary factors are known to affect the risk of development of breast cancer, with some of these factors are protective. The majority of hereditary breast cancer cases are related to the BRCA1 and BRCA2 gene mutation [14], while the most important factors among the non-hereditary cases are female sex and aging above 40. Other factors include; endogenous hormonal factors like early age at menarche and late menopause; exogenous hormonal factors like oral contraceptives and hormone replacement treatment; reproductive factors like no or late pregnancies after age of 30 years and no breast feeding; family history of breast cancer; exposure to ionizing radiation; obesity and dietary factors [14-16].

Knowing the protective and the risk factors of breast cancer, and awareness about personal risk are essential for healthier practices, early detection and management of the disease [4, 17]. Therefore, our study, aimed to assess the prevalence of inadequate knowledge about cancer breast and its risk factors among Libyan women resident in Sirte, and to examine if any of their socio-demographic characteristics (age, occupation, marital status, educational level and income) are associated with having inadequate knowledge status.

2. Material and Methods

Study design and selection of participants

This study was a cross-sectional survey conducted over a 6-months period from January to June 2019 at Sirte city. Sirte is one the most important coastal cities in Libya. A sample of 200 Libyan women was recruited using convenient sampling method. Only those whose age is above 18 years old were eligible. Recruitment was done on voluntary bases, and consents to participate were considered. Women diagnosed with breast carcinoma where excluded. Women who have psychiatric problems that could interfere with their comprehension of the questions were also excluded.

Research instruments

A self-reporting questionnaire, comprised of two parts, was used to collect data. The first part intended to collect data about the socio-demographic characteristics of the respondents including; age, occupation, marital status, educational level and income. The second part was constructed based on literature [18-20] to assess knowledge about breast cancer. The questions cover knowledge aspects relevant to breast cancer epidemiology, risk factors, early detection and its importance, and breast cancer treatment. Each question in the second part is attached to a "yes" and "no" scale, whereby a "yes" answer was given a score of 1 and a "no" answer scored as 0. Some items code was reversed as needed before calculating the total Knowledge score (A sample item: *Cancer has no treatment*). The possible total score range is 0 to 28. To define Knowledge status, the total score was dichotomized into the binary variable; inadequate knowledge and adequate knowledge. Since the total score in this study was normality distributed, mean was used as the cut-off point. Accordingly, respondents whose total knowledge score is equal to, or below the mean was defined as having inadequate knowledge about breast cancer, and those who scored above the mean was defined as having adequate knowledge.

Data analysis:

The statistical package of social sciences (SPSS) version 24 was used to run the analysis. Frequency and percentages were used to describe the categorical data, while mean and standard deviation were used to describe the continuous data. Chi-square test, Fisher's Exact test and independent t test were used as appropriate to test for any bivariate association between the socio-demographic characteristics and cancer breast knowledge status. The significance level of p less than 0.05 was considered in the interpretation of the significance of the final results.

3. Results

As shown in Table 1, the ages of the females involved in this study ranged from 30 to 70 years, with the mean age of the respondents was 48.0± 12.1. The majority of respondents were married (80.5%) and 37% of them have paid work. All educational levels were representative in the sample, with those who reported having no formal education constituted 46.5% of the sample. A total of 61 % of the women belonged to the lower income category (less than 500 LD/month).

Overall, the frequency of inadequate knowledge about breast cancer was

considerable (59.5%). The findings showed a high knowledge rates on some aspects of breast cancer. The highest rate of correct responses was to the statement "Cancer has no treatment", where 90.0% of the respondents reported a negative response. The results also showed that 82.5% of the respondents know that they have to perform breast self-examination. The most known risk factor for breast cancer among respondents was "lack of breast-feeding" (86.0%). A total of 164 (82.0%) knows that breast cancer affects women of all racial and economic classes. However, the least known risk factors of breast cancer were the hormonal replacement therapy (22.0%), use of contraceptive pills (26.5%) and having family history of breast cancer (28.0%). Not surprisingly, only 30.0% of the respondents know that Cytodiagnosis is a method that helps in early detection and management (Table 2).

As shown in table 3, none of the studied socio-demographic characteristics displayed a significant statistical association with the knowledge status. Although there is a difference in the mean age of the respondents across the inadequate knowledge group (47.6±12.3) and the adequate knowledge group (48.5±11.9), the difference is small and insignificant ($p > 0.05$).

4. Discussion

Knowledge of risk factors, screening and treatment of breast cancer is very important for primary prevention of breast cancer and decrease breast cancer related morbidity. In the present study, more than half of the respondents exhibited inadequate knowledge about breast cancer. This may partly explain the delay in presentation among Libyan breast cancer patients. Like in this study, literature showed a low level of knowledge in several Arab countries in comparison with developed countries [21, 12, 22]. However, El-Hamadi and colleagues research showed a relatively higher knowledge of breast cancer screening and risk factors among Libyan Women [23].

Our study demonstrated that, knowledge of respondents about reproductive risk factors was better than their knowledge about lifestyle related risk factors. For instance, 86% of women recognized breastfeeding as a preventive behavior. Contrary to the findings from a previous study in the Libyan context [18], hormonal replacement therapy and use of oral contraceptive were the least frequently correctly identified risk factors. Respondents reported a lower knowledge about the consumption of unhealthy food, smoking and lack of exercise as risk

factors for breast cancer compared to that reported in an Egyptian setting [20]. In the current study, women had a poor knowledge regarding family history as a risk factor, this is consistent with previous studies among Libyan female [18, 20, 24 - 26]. Less than a half of women in the present study were aware about the role of mammography for early detection of breast tumors. Moreover, considerable proportion of them holds negative thoughts about mammogram that ranges between being not important to that it may cause cancer. These findings are consistent with those reported in several Libyan studies [18, 27-30]. In line with this, a Nigerian study found that, women are not familiar with mammography screening as one of the breast cancer screening method. [31]. Only a few of the participants were not aware that they need to perform breast self-examination for early detection of breast cancer, This is consistent with the previous research in the Libyan settings [23], This is to some extend also comparable to several studies in neighboring countries [32, 33, 29], and contrary to others [30-35]. Surprisingly, the highest rate of adequate knowledge status was among women who reported primary education compared to other educational level categories. This is not in line with El-Hamadi and colleagues findings among Libyan women [23]. The current study showed poor knowledge of Libyan female about role of cytological and histopathological examination and hormonal receptors in diagnosis and treatment of breast cancer; this is perhaps related to that higher educational levels are not highly represented in the current sample. Furthermore, a small number of the respondents believes that adherence to doctor's instructions is important for prolonged survival.

There is a no significant relation between any of the studied socio-economic characteristics and the knowledge towards breast cancer. This is consistent with Angela and colleagues study [28]. However, several previous studies identified higher income and/or occupational status as being associated with better knowledge about breast cancer risk factors [36-38]. In the same context, other studies demonstrated association between the stable union and knowledge [36, 39].

5. Conclusion

Women participated in this study had overall fairly low knowledge about several important risk factors for breast cancer. Besides, the study demonstrates no association between knowledge and studied socio-economic characteristics.

Health education modules that comprises of simple and clear information are needed to improve knowledge level and avoid misconceptions about the breast cancer, its screening methods and management options. Such modules could contribute positively to women health through promoting healthier practices and early detection of breast cancer. Further research is recommended to identify the factors that contribute to adequate knowledge level

6. Acknowledgment

We are thankful to all the participants for their cooperation.

Table 1: Socio-demographic characteristics of the respondents (n=200)

Variable	f	(%)
Age(years)		
Mean±SD	48	±12.1
30-39	68	34.0
40-49	31	15.5
50-59	59	29.5
≥60	42	21.0
Marital status		
Single	161	80.5
Married	11	5.5
Divorced	8	4.0
Widow	18	9.0
Educational level		
Illiterate	93	46.5
Primary	25	12.5
Secondary	13	6.5
Higher school and more	64	32.0
Occupation		
Housewife	126	63.0
Employed	74	37.0
Income(LD/month)*		
<500	122	61
500-1000	57	28.5
>1000	19	9.5

*LD= Libyan Dinars

Table 2: Knowledge about breast cancer, n=200

	Variable	Yes	
		f	(%)
1	Breast cancer is the most common cancer in women	130	65.0
2	Breast cancer affects women of all racial and economic classes	164	82.0
3	Age of 35 or more is a risk factor for breast cancer	138	69.0
4	Early menarche is a risk factor for breast cancer	113	56.5
5	Late menopause is a risk factor for breast cancer	129	64.5
6	First pregnancy at 30 is a risk factor for breast cancer	99	49.5
7	Lack of breast feeding is a risk factor for breast cancer	172	86.0
8	Obesity is a risk factor for breast cancer	92	46.0
9	Non healthy food consumption is a risk factor for breast cancer	112	56.0
10	Lack of physical activity is a risk factor for breast cancer	60	30.0

11	Smoking is a risk factor for breast cancer	65	32.0
12	Use of oral Contraceptive Pills	53	26.5
13	Hormonal replacement therapy is a risk factor for breast cancer	44	22.0
14	Exposure to radiation is a risk factor for breast cancer	154	77.0
15	Having had a previous history of breast cancer is a risk factor for breast cancer	100	50.0
16	Family history of breast cancer is a risk factor for breast cancer	56	28.0
17	Early detection of breast cancer increases survival	127	63.5
18	Mammography, ultrasound, Physical Breast Examination, Self-Breast Examination are used for early detection of breast cancer	92	46.0
19	I did not know I need to perform Breast self-examination (BSE)	35	17.5
20	Mammography screening is not important*	136	68.0
21	Mammography may cause cancer*	137	68.5
22	Cytodiagnosis is a method that helps in early detection and management	60	30.0
23	Cancer has no treatment*	20	10.0
24	Treatment options for breast cancer include surgery, chemotherapy, radiotherapy and hormonal manipulation	88	44.0
25	Mammogram treats cancer*	88	44.0
26	Histopathology is important for diagnosis and management plan	78	39.0
27	Hormonal receptors are important for management plan	114	57.0
28	Following medical instructions is important for long survival	121	60.5
	Total Knowledge Score (27 item)		
	Mean±SD	13.1	±2.6
	Observed range**	7-22	
	Knowledge Status		
	Inadequate	119	59.5
	Adequate	81	40.5

* Score was reversed for these responses before calculating the total knowledge score,

** Possible range: 0-27,

Table 3: Association between socio-demographic characteristics and breast cancer knowledge status, n=200

Variable	Knowledge status				χ^2	P-value
	Inadequate		Adequate			
	f	(%)	f	(%)		
Age(years)	47.6	±12.3	48.5	±11.9	0.546[a]	0.586
Marital status					1.479[b]	0.721
Single	8	72.7	3	27.3		
Married	92	57.1	69	42.9		
Divorced	5	62.5	3	37.5		
Widow	12	66.7	6	33.3		
Educational level					4.523	0.210
Illiterate	58	62.4	35	37.6		
Primary	10	40.0	15	60.0		
Secondary	8	61.5	5	38.5		
Higher school and more	40	62.5	24	37.5		
Occupation					0.084	0.772

Housewife	74	58.7	52	41.3		
Employed	45	60.8	29	39.2		
Income(LD/month) [c]						
<500	75	61.5	47	38.5	1.146	0.587
500-1000	26	53.1	23	46.9		
>1000	12	63.2	7	36.8		

[a] Independent t test statistic, [b] Fisher's Exact test statistic, [c] LD= Libyan Dinars

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الملخص باللغة العربية

دراسة مستعرضة حول تقييم معرفة النساء الليبيات بسرطان الثدي وعوامل الخطر المهيئة له

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الملخص

المقدمة: سرطان الثدي هو أكثر أنواع الأورام الخبيثة شيوعًا ، ويزداد معدل حدوثه في ليبيا. تهدف هذه الدراسة إلى تقييم مدى انتشار عدم كفاية المعرفة حول سرطان الثدي وعوامل الخطر الخاصة به بين النساء الليبيات المقيمات في سرت ، ومعرفة ما إذا كان أي من خصائصهن الاجتماعية والديموغرافية (العمر ، المهنة ، الحالة الاجتماعية ، المستوى التعليمي والدخل)) مرتبطة بالحالة المعرفية غير الكافية.

الطرق: أجريت دراسة مستعرضة لـ 200 أنثى ليبية من يناير إلى يونيو 2019 في مدينة سرت. تمت مقابلة النساء باستخدام استبيان مصمم خصيصًا لجمع البيانات المتعلقة بسرطان الثدي وعوامل الخطر الخاصة به. تم تحليل البيانات باستخدام برنامج SPSS.

النتائج: كان متوسط عمر المشاركات في الدراسة 48.0 ± 12.1 ، وشكلت الفئة الغير متعلمة 46.5٪ من العينة. بشكل عام ، كانت المعرفة الغير الكافية بسرطان الثدي معتبرة (59.5٪). ما يصل إلى 90.0٪ يعرفون أن عبارة "السرطان ليس له علاج" غير صحيحة. وكان عامل الخطر الأكثر شيوعًا لسرطان الثدي هو "نقص الرضاعة الطبيعية" (86.0٪). ومع ذلك ، كانت عوامل الخطر الأقل شيوعًا لسرطان الثدي هي العلاج بالهرمونات البديلة (22.0٪) واستخدام حبوب منع الحمل (26.5٪). لا يوجد ارتباط واضح بين مستوى المعرفة بسرطان الثدي وأي من الخصائص الاجتماعية والاقتصادية المدروسة.

الخلاصة: أظهرت النتائج نسبة كبيرة إلى حد ما من المعرفة غير الكافية حول جوانب عديدة من سرطان الثدي وعوامل الخطر. لذلك ، هناك حاجة للتخطيط لبرامج تعليمية وتنفيذها لتحسين مستوى المعرفة حول سرطان الثدي وعوامل الخطر الخاصة به بين النساء في سرت. ومن المتوقع أن تسهم هذه الإجراءات في الوقاية من سرطان الثدي بين النساء الليبيات.

الكلمات المفتاحية: سرطان الثدي - عوامل الخطر - اجتماعي - ديموغرافي – فز او تمحيص - ليبيا

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