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Knowledge Attitude and Practices towards Breast Cancer Radiological Detection Methods among Females Living in the Taif City, Saudi Arabia

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Original Research Article

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Abstract: The objectives of this study was to provide an idea about the knowledge, attitude and practice towards breast cancer in methods of radiological detection Mammography, MRI and Sonar (ultrasound) among women in Taif city Saudi Arabia. It also aim to give general knowledge about the breast cancer and other method of investigation. The study hoped to encourage other personal working in the health field to focusing attention to make varies studies like this study. In this study a total of 100 females who are living in Taif city and aged 18 – 60 years will be selected randomly after having there verbal consent, from studied settings. Data will be analysis using SPSS statistical computer program. The analysis was done taken into consideration the following variables, age, occupation, location, socioeconomic condition and marital status. The result showed that there was a good knowledge about using Mammogram in diagnosis of breast cancer, with a percentage of 93%, while only 7% were of poor knowledge. Also the result showed that there was a good knowledge about using MRI in diagnosis of breast cancer. More than half of studied sample showed a good knowledge with a percentage of 53%, while 47% were of poor knowledge. The results of ultrasound showed that there was a good knowledge about using ultrasound in diagnosis of breast cancer. With a percentage of 66%, while 34% were of poor knowledge. In conclusion the study showed that there was very good knowledge about using mammography and sonar (ultrasound) while poor knowledge about using MRI.
Keywords: Practice, Breast, Tumor

INTRODUCTION

There were few studies which have been done about knowledge Attitude and Practices (KAP) on breast cancer in KSA .However, most of these studies concentrated on KAP of the disease itself. There is no study done before related to KAP about radiological diagnosis Mammography, MRI and Sonar (U/S) of breast cancer among females living in Taif city.

Breast cancer is a type of cancer originating from breast tissue, most commonly from the inner lining of milk ducts or the lobules that supply the ducts with milk [1]. Breast cancer ranks second to lung cancer as the leading cause of death from cancer among women.

Cancers originating from ducts are known as ductal carcinoma, while those originating from lobules are known as lobular carcinoma. Breast cancer occurs in humans and other mammals. The majority of human cases are in women but breast cancer can also occur in men [2]. However, breast cancer is the most commonly detected cancer in women world-wide and accounts for more premature death [3].

The American Cancer Society estimates that one of every eight women will get cancer of the breast in her lifetime. Fortunately, breast cancer can be diagnosed at an early and highly curable stage by the appropriate use of mammography. In recent years, breast cancer mortality has decreased because of a rise in the frequency of early diagnosis. Indeed, patients with screening-detected breast cancer have a survival rate at least 30% greater than symptomatic patients .The following are guidelines established by American Cancer Society and endorsed by the American College of Radiology (ACR) regarding screening for breast cancer and appropriate use of mammography[4].

The incidence of breast cancer increases with age and is rarely diagnosed before age 25 yet begins to increase significantly afterwards. Recent increases in

the incidence of breast cancer have received considerable attention. Researchers feel this dramatic increase is due not only to a true increase in the rate of the disease but partly to a coincidence with the dramatic increase in public awareness of the need for breast self-examination and mammographic screening. The American Cancer Society recommends a baseline mammogram at age 35 and an annual or semiannual mammogram after age 40. In Netherlands, public health authorities recommend all women aged between 50 and 70 to have mammogram each year [4].

Breast cancer is the most common cancer in women both in the developed and less developed world. It is estimated that worldwide over 508 000 women died in 2011 due to breast cancer. Although breast cancer is thought to be a disease of the developed world, almost 50% of breast cancer cases and 58% of deaths occur in less developed countries. Incidence rates vary greatly worldwide from 19.3 per 100,000 women in Eastern Africa to 89.7 per 100,000 women in Western Europe. In most of the developing regions the incidence rates are below 40 per 100,000. The lowest incidence rates are found in most African countries but here breast cancer incidence rates are also increasing. Breast cancer survival rates vary greatly worldwide, ranging from 80% or over in North America, Sweden and Japan to around 60% in middle-income countries and below 40% in low-income countries. The low survival rates in less developed countries can be explained mainly by the lack of early detection programs, resulting in a high proportion of women presenting with late-stage disease, as well as by the lack of adequate diagnosis and treatment facilities [5-6].

In Saudi Arabia Breast cancer is representing 24% of all cancer cases according to the National cancer registry around 8000 cases are discovered each year comparing with the WEST ,almost 50-60 % diagnosed at late stage [7]. There were few studies which have been done about knowledge, Attitude and Practices (KAP) on breast cancer in KSA. However, most of these studies concentrated on KAP of the disease itself. To the knowledge of researchers, there is no study done before related to KAP about radiological diagnosis of breast cancer among females living in Taif city.

Breast cancer is sometimes found after symptoms appear, but many women with early breast cancer have no symptoms. This is why getting the recommended screening tests before any symptoms develop is so important. If something suspicious is found during a screening exam, or if any of the symptoms of breast cancer appear, the doctor will use one or more methods to find out if the disease is present. If cancer is found, other tests will be done to determine the stage (extent) of the cancer [8].

In this study the radiological method of detection the breast cancer are Mammography, Magnetic Resonance Imaging (MRI) and Sonography (U/S). The hypothesis in this study the researchers anticipates that less females in al-taif city has an idea and knowledge attitude and practice about the radiological investigation for breast cancer, MRI, U/S, Mammography.

MATERIALS AND METHODS

The target population was females aged (18-60 years) who live in Taif, Saudi Arabia.

Data collected by designed questionnaire .it will include three parts:

First

Included basic data as age, occupation, residence, social level, education, history of cancer in her family.

Second

Included questions about basic knowledge and attitude of females about the radiological procedure that use in detection of breast cancer e.g. MRI, U/S, Mammogram.

-if she has knowledge about the radiologic investigation, then source of this knowledge has been asked.

Third

Included questions about practice of studied sample about using radiological detection of breast cancer (1-Did she do previous breast cancer examination, 2- How many times and 3- Is it in governmental or private centers

Study Settings

College of Applied Medical Sciences, Taif university female section. Houses in which females more than 18 till 60 years live.

This study was conducted in Taif city , for 100 sample females who are living in Taif city and aged between 18 – 60 years will be selected randomly after having there verbal consent, from studied settings.

DATA ANALYSIS

Data analyzed using SPSS statistical computer program.

RESULTS

Table-1: Frequency distribution of demographic characters of studied sample

demographic characters	Frequency		Cumulative freq.
	N0.	%	
Age (years)			
18-25 years	71	71	71
26-35 years	16	16	87
36-60 years	13	13	100
Residence			
Rural	7	7	7
Urban	93	93	100
Occupation			
Housewife	17	17	17
Employee	10	10	27
Student	68	68	95
Others	5	5	100
Marital status			
Single	78	78	78
Married	22	22	100
Socioeconomic status			
High	7	7	7
Moderate	89	89	96
Low	4	4	100
Total	100	100	

Table1 showed the demographic characters of the studied sample. Majority of them were in age group 18-25 years (71%), students (68%), living in urban area (93%), of moderate socioeconomic slandered (89%), and single regarding the marital status (78%).

Mammogram knowledge groups	Frequency		Cumulative freq.
	N0.	%	
Good knowledge (6-13)	93	93	93
Poor knowledge (14-18)	7	7	100
Total	100	100%	

Table-2: Frequency of knowledge groups about using mammogram in diagnosis of breast cancer among studied sample.

Mammogram practiced groups	Frequency		Cumulative freq.
	N0.	%	
Practiced	2	2	2
Not practiced	96	96	98
Cannot remember	2	2	100
Total	100	100%	

Table-3: Frequency of attitude groups about using mammogram in diagnosis of breast cancer among studied sample.

Mammogram attitude groups	Frequency		Cumulative freq.
	N0.	%	
Good attitude	65	65	65
Poor attitude	6	6	71
Fair attitude	29	29	100
Total	100	100%	

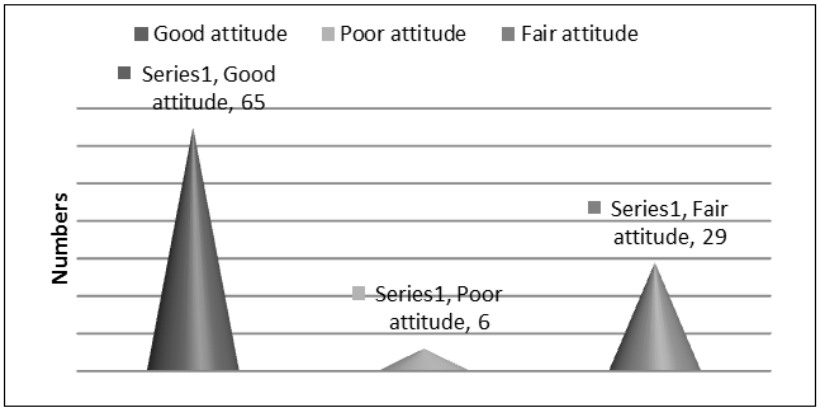

Fig-3: Frequency of attitude groups towards using of Mammogram in diagnosis of breast cancer

Table3 and Fig.3 show the frequency of attitude groups towards using of Mammogram in diagnosis of breast cancer. About two thirds of studied sample demonstrated good attitude, while only 6% exhibited 6%, and about one third were of fair attitude (29%).

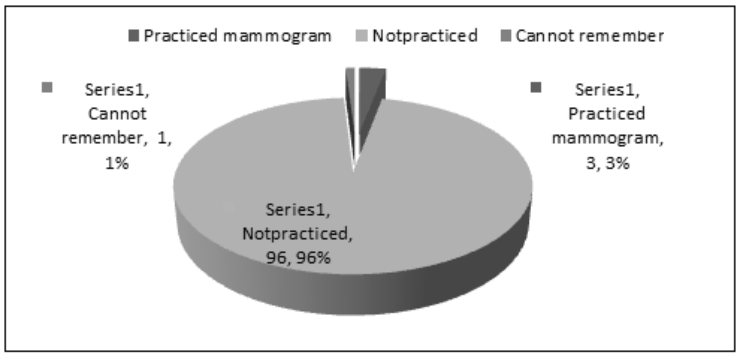

Fig-4: Frequency of practice groups towards using of mamogram in diagnosis of breast cancer

Table-4: Frequency of knowledge groups about using Sonar in diagnosis of breast cancer among studied sample

Sonar knowledge groups	Frequency		Cumulative freq.
	N0.	%	
Sonar Poor knowledge (14-18)	34	34	34
Sonar Good knowledge (6-13)	66	66	100
Total	100	100%	

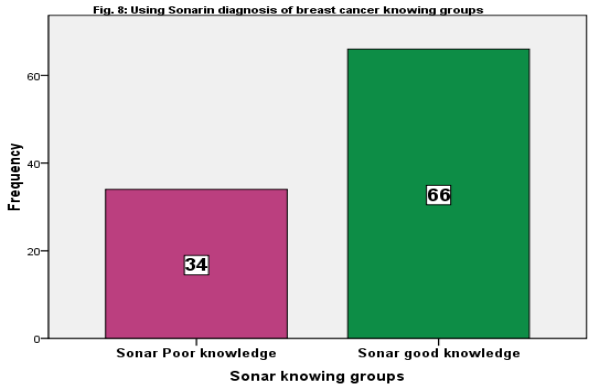

Fig-5: Frequency of knowledge groups about using Sonar in diagnosis of breast cancer among studied sample

Table 4 and Fig.5 show that there was a good knowledge about using Sonar in diagnosis of breast cancer. More than two thirds of studied sample showed a good knowledge with a percentage of 66%, while

34% were of poor knowledge. Also those who were poor knowledge may be from housewives who constituted 17% of our studied sample.

DISCUSSION

Table1 and Fig.1 show the demographic characters of the studied sample. Majority of them were in age group 18-25 years (71%), students (68%), living in urban area (93%), of moderate socioeconomic slandered (89%), and single regarding the marital status(78%). ,demonstrated that there was a good knowledge about using Mammogram in diagnosis of breast cancer. The majority of studied sample showed a good knowledge with a percentage of 93%, while only 7% were of poor knowledge. This result may be due to the high percentage of our studied sample of university students. Also those who were poor knowledge may be from housewives who constituted 17% of our studied sample. Highlight that there was a good knowledge about using MRI in diagnosis of breast cancer. More than half of studied sample showed a good knowledge with a percentage of 53%, while 47% were of poor knowledge. Also those who were poor knowledge may be from housewives who constituted 17% of our studied sample.

Table5 and Fig.5 show that there was a good knowledge about using Sonar in diagnosis of breast cancer. More than two thirds of studied sample showed a good knowledge with a percentage of 66%, while 34% were of poor knowledge. Also those who were poor knowledge may be from housewives who constituted 17% of our studied sample. There were not similar studies found regarding knowledge and attitude of breast cancer among Saudi population throughout the literature available for researchers.

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