

Original Article

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

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Background: Breast cancer in women is a major health problem for women in both developed and developing countries. It is the world's second greatest cause of death in women worldwide. Recently, the global cancer statistics indicated that breast cancer incidence is rising faster among women in developing countries. **Aim:** The goal of this study was to determine how women's awareness of breast cancer and its risk factors influenced the prevalence of breast cancer and its risk factors among Libyan women living in the western area. **Methods:** This study was designed as a descriptive cross-sectional survey. A self-administered questionnaire was used to collect the information from the female lady. **Results:** The 110 women who participated in the study had an average age of 50.9 (SD 12.10; age range: 2- ≥85) years. The majority of participants (71%) were under the age of 60, with (70.5%) being unmarried, (30.5%) being illiterate, (27.4%) having a university degree, The women surveyed had a reasonable understanding of breast cancer risk factors; (71%) of those surveyed aware that increasing age was linked to a higher risk of breast cancer, and (82%) of surveyed polled knew that late menopause is a risk factor for breast cancer. However, there was no significant association different between knowledge and demographic factors. **Conclusion:** The study results showed insufficient knowledge of breast cancer among women whereas. Therefore, more educational programs could be designed to provide comprehensive information of breast cancer and breast self-examination to improve women's knowledge, which can help in the early detection of breast cancer for the better treatment.

Keywords: Risk factor, breast cancer, knowledge, Libyan women, western regio

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Introduction:

According to World Health Organization breast cancer is one of the most preventive

diseases worldwide and its rates are increasing in nearly every region around the world ;however, they are still higher in more developed countries. Statistics show

that it affects over 2.1 million women yearly and also causes the highest number of cancer-related deaths among women. (WHO 2018).

In 2018, 627,000 women died from the disease which means approximately 15% of all cancer deaths among women (WHO 2018). Over 50% of women diagnosed with breast cancer in most African countries present late and report to the hospital with advanced stage III and IV, a primary reason for poor prognosis (Donkor A et al, 2015). An epidemiological study in 2018 conducted that breast cancer is most common cancer in females in western Libya (Elazouki T et al, 2009). Another study on cancer incidence, survival and mortality in Eastern Libya from the Benghazi Cancer Registry for cases diagnosed from 2003 to 2005 also showed similar result (EL Mistiri M et al, 2015).

Moreover, delayed diagnosis is reported as very serious problem in Libya and is associated with complex interactive between many factors (such as fear and shame) and with advanced stages (Ermiah E et al, 2015). In Libya, a number of studies have shown that breast cancer constitutes about 20% of all cancer types. Most of diagnosed cases are young, and approximately a half of them at advanced stage (Elzouki, et al 2018). The lack of early detection programs, as well as proper diagnosis and treatment facilities, in less developed countries can be attributed to a large number of women presenting with late-stage illness (WHO 2015). To reduce mortality rates, early diagnosis is based on awareness of early signs and symptoms and screening are two strategies for early detection of breast cancer. The screening is considered as the most well-known and widely used tool for

prediction of life time and style risks of developing breast cancer for women aged between 25-85 years. (Bener A et al, 2012).

Breast cancer (BC) represents 10% of all cancers diagnosed annually and the second

principal cause of cancer deaths in women worldwide [WHO 2015]. The number of new cases is predicted to climb from 10 million in 2002 to 15 million by 2025, with emerging countries accounting for 60% of those cases. Data from the Arab world has placed breast cancer at the number one position with almost half of cases occurring in women under the age of 50 [El Saghir NS, Khalil MK et al, 2007]. On other hand, the majority of female patients in developing countries, particularly in Middle East and North Africa, are younger than those in European countries [Najjar H, Easson A, 2010].

Knowledge deficits may result in a delayed presentation of advanced stages with little or no benefit from any treatment. Women must be "breast aware" in order to present at an early stage; they must be capable of identifying symptoms of BC through routine screening [Latif R, 2014]. 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 [collaborative reanalysis of individual data, 2002].

This study aimed to assess the prevalence of inadequate knowledge about cancer breast and its risk factors among Libyan women resident in western region, 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.

Methodology

Study design:

This is a descriptive and cross-sectional study carried out between First of August to the middle of October 2021 among a sample of adult women in western Libya. Women who participated in the study were interviewed using a pre-tested validated questionnaire. The questionnaire included questions pertaining two sections: 1) socio-demographic characteristics of women participating in the study; 2) knowledge of breast cancer risk factors. The partakers included in this study were 110 women between the ages of 30 and 89 years , using convenient

sampling method. Recruitment was done on voluntary bases, and consents of the participants were considered. All participants were Libyan women who are citizens of Libya . Women were excluded from the study if they reported that has a history of uncontrolled medical conditions, or were undergoing treatment of cancer. The study took place in a community sample of women at medical out patient department(OPD) in Sabratha oncology center . Prior to data collection , the study was ethically approved by faculty of medicine –University of Zawia and local health Directorate of Sabratha oncology center.

3.Results

The 110 women who participated in the study had an average age of 50.9 (SD 12.10; age range: 2- ≥85) years .The majority of participants (71%) were under the age of 60, with (70.5%) being

unmarried, (30.5%) being Illiterate, (27.4%) having a university degree, and (74.7%) having no family history of breast cancer (Table 1).

Table 1: Socio-demographic characteristics of the respondents (n=110)

Variable	f	(%)
Age(years)		
Mean±SD	50.91	±12.1
20-35	3	3.2
36-55	68	71
56-57	24	25
≥80	5	1.2
Marital status		
Single	23	24.2
Married	67	70.5
Divorced	2	2.01
Widow	3	3.02
Educational level		
Illiterate	29	30.5
Primary	4	4.2
Secondary	36	37.9
Higher school and more	26	27.4
Occupation		
Housewife	43	45.3
Employed	57	54.7
Age of first menstrual period		
< 11 years	15	16.2

>11 years	77	82.8
Menopausal Status		
Menopause	77	82.8
Still having period	16	17.2
History of using Contraceptive /Hormonal replacement		
Yes	32	33.7
No	63	66.3
Family history of breast cancer		
Yes	24	25.3
No	71	74.7

Table 2 demonstrates respondents' understanding of breast cancer risk factor. The women surveyed had a reasonable understanding of breast cancer risk factors; (71%) of those surveyed aware that increasing age was linked to a higher risk of breast cancer, and (82%) of

surveyed polled knew that Late menopause is a risk factor for breast cancer . However, only a third of the participants (16.7) correctly identified the Lack of breast feeding is a risk factor for breast cancer .

Table 2: Knowledge regarding breast cancer risk factors among study participants

Variable	Yes	F
(%)		
1.Age of 35 or more is a risk factor for breast cancer	86	71
2. Late menopause is a risk factor for breast cancer	77	82.8
3. Early menarche is a risk factor for breast cancer	15	16.2
4. First pregnancy at 30 is a risk factor for breast cancer	43	45.3
5. Repeated pregnancy is a risk factor for breast cancer	21	
33.9		
6. Lack of breast feeding is a risk factor for breast cancer	11	16.7
7. Use of oral Contraceptive Pills	32	33.7
8. Lack of physical activity is a risk factor for breast cancer	92	96.8
9. Hormonal replacement therapy is a risk factor for breast cancer	21	22.0
10. Exposure to radiation is a risk factor for breast cancer	22	23.2
11. Having had a previous history of breast cancer is a risk factor for breast cancer	24	25.3
12. Family history of breast cancer is a risk factor for breast cancer	16	17.2
13. History of Breast problem	11	16.7

Age of the participants, marital status and their level of education did play a significant role in determining the

knowledge attitude, while positive family history of

breast cancer was not significantly associated with BC knowledge (Table 3).

cancer knowledge status of respondents

Table 3: Relationship between socio-demographic characteristics and breast

Variable	Knowledge status				χ^2	P-value
	insufficient		sufficient			
F (%)	f (%)	f (%)	f (%)			
Age(years)		91 95.8%	4 4.2%	69.495	0.000	
Marital status		91 95.8%	4 4.2%	116.832	0.000	
Single						
Married						
Divorced						
Widow						
Educational level		93 97.9%	2 2.1%	53.474	0.000	
Illiterate						
Primary						
Secondary						
Higher school and more						
Positive family history of BC	61 64.2%		34 35.8%	7.674	0.006	
History of Breast problem	71 74.7%		24 25.3%	23.253	0.000	

Chi Square test was performed. Level of significance is at $p < 0.05$

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. More than half of the respondents in this survey had insufficient knowledge regarding breast cancer. This could explain why some Libyan breast cancer patients present later than others. Like in this study, literature showed a low level of knowledge in several Arab countries in comparison with developed countries [El Saghir NS, Khalil MK et al , 2007]. However, El-Hamadi and colleagues research showed a relatively higher knowledge of breast cancer

screening and risk factors among Libyan Women [Meluda R. El-Hamadi, et al , 2019]. This is not in line with our study and Habsa A and , Sana T, study, the highest rate of adequate knowledge status was among women who reported primary education compared to other educational level categories.

For instance, 86% of women recognized breastfeeding as a preventive behavior. The age of the participants, marital status and their level of education did play a significant role in determining the knowledge attitude, while positive family history of breast cancer was not significantly associated with BC knowledge contrary to the findings from a previous study in the Libyan context

[Meluda R. El-Hamadi, et al , 2019], hormonal replacement therapy and use of oral contraceptive were the least frequently correctly identified risk factors those corresponding to the findings from another study done in in the Libyan

5. Conclusions

The women who took part in this study were fairly informed about the dangers of breast cancer risks, and the findings appeared to reflect a growing knowledge of BC screening methods among women. However, the health education message, on the other hand, should be presented and given in a culturally sensitive manner,

Ethical Approval

Permissions were obtained from by faculty of medicine –University of Zawia and local health Directorate of Sabratha oncology center and prior orientation of participants was carried out. The data collection tools were anonymous, and data

Disclaimer

The article has not been previously presented or published, and is not part of a thesis project.

Conflict of Interest

There are no financial, personal, or professional conflicts of interest to declare

community which were hormonal replacement therapy and use of oral contraceptive that were the least frequently correctly identified risk factors [Habsa A and ,Sana T , 2020].

with basic and clear information to avoid erroneous ideas and misconceptions about the disease, its screening methods, and treatment options.

Consent

All authors declare that written informed consent was obtained from the participants for publication.

confidentiality was maintained throughout the study.

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