Assessment of knowledge towards breast cancer early detection methods among female health professionals in Adigrat town public health institutions, Tigray, northern Ethiopia, 2018

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Research note

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Abstract

Objective The main objective of the study to determine breast cancer early detection method knowledge among female health professional, Adigrat, town, Tigray, Ethiopia, 2018. **Result** The study assessed the knowledge of health professionals. Majority of the health professionals 55.7% (60) were founded knowledgeable and 44.3% (48) were not knowledgeable.

Background

Cancer is a group of diseases characterized by the uncontrolled growth and multiply of abnormal cells. If the spread is not controlled, it can result in death (1). Breast cancer (BC) is an explosion of malignant cells that arises in the breast tissue and the term represents a range of disease, from non-invasive to invasive carcinoma (2). One of the most commonly diagnosed cancers worldwide was breast cancer which accounts 1.7 million (11.9%) of the total, and it is increasing particularly in developing countries where the majority of cases are diagnosed in late stages (3, 4). Breast cancer is the first most often occurring among women in Ethiopia. Thousands of more cases unreported as women living in rural areas often seek treatment from traditional healers before seeking help from medical centers (5) Data from the Addis Ababa population based cancer registry showed that breast and cervical cancers were the leading commonly diagnosed cancer comprising 22.6% and 10.8% respectively of all cases of cancers in Addis Ababa (6). The causes of breast cancer are not completely known. However, researchers have identified a number of risk factors that increase one's chances of getting breast cancer. These includes; family history of breast cancer, personal history of breast cancer, early menarche, (<12 years), late menopause (>55 years), aging, excessive alcohol use, late age at first full-term pregnancy (>30 years), never breast feeding a child, high fat diet, tobacco smoking, post-menopausal obesity, recent and long term use of hormone replacement therapy, high-dose radiation to chest and lack of physical exercises (2). Breast cancer early detecting is the systematic application of a test in a presumably asymptomatic population. It aims to identify individuals with an abnormality suggestive of cancer. Breast cancer early detection methods include breast self-examination (BSE), clinical breast examination (CBE), and mammography. CBE and mammography require hospital visit and specialized equipment and expertise whereas BSE is an inexpensive tool that can be carried out by women themselves (7). Several studies undertaken to assess the value of mammography for early detection of breast cancer demonstrated a significant reduction in rates of death from breast cancer (about 25%-30%) (8). Once breast cancer diagnosed there are specific treatment depends on stage and extent of the tumor. The main treatment options may include: surgery, radiation therapy, biological therapy (targeted drug therapy), chemotherapy and hormone therapy alone or in combination. Many studies have examined the role of female health workers in promoting breast cancer early detection methods (9, 26). If this knowledge is poor among those who should teach others, there will be difficulty promoting this life saving methods and it will be a contributing factor for late presentation. Addis Ababa city is selected because it accommodates people with different cultural backgrounds, norms and values and it has a considerable diversity of socio-demographic status and also according to Addis Ababa cancer registry, breast cancer incidence higher

compared to other areas. Female health workers play a unique role in alerting the community to the early detection of breast cancer methods as they are usually the closest contacts with patients.

This study was designed to evaluate the knowledge, attitude and practice of breast cancer early detection methods among female health workers in Adigrat town, Tigray Ethiopia

Methods

Study design

Institution Based Cross Sectional study design was employed

Study area

Adigrat hospital is a general hospital found in the Eastern Zone of Tigray, Ethiopia. It is a referral hospital for seven (7) primary hospitals and over forty two (42) health centers and health post in the region. It refers patients to Ayder teaching and referral Hospital, the second largest hospital in Ethiopia. It has a catchment area of over one million people. It has over two hundred and eighty (280) staffs, among them three (3) consultants (general surgeon, internist and the gynecologist), six (6) general practitioners, eighty three (83) nurses and 16 midwives from those 97 of them are female health professionals. The hospital has outpatient department, maternity and gynecology wards, surgical ward, one operating theaters, general medical ward, pediatric ward, neonatal intensive care unit (NICU), maternal child health (MCH) clinic, pediatric outpatient, radiology, laboratory, health information management (HIMS), finance, facility management, and kitchen and housekeeping departments. And also from those health center there are two health center in the town Meada agama health center and Tekleswat health center both have included a total of 35 female health professionals

Participant

All female health professional in Adigrat town public health institutions were considered as source population. The study subjects were female health professionals who was selected and consented to participate in the study.

The sample was determined by using single population formula considering 95% confidence intervals, and 5% marginal error. On a research done to assess knowledge of breast cancer and early detection methods among nurses in university hospitals in Addis Ababa 57.8% of the participants was knowledgeable so taking P value to be 0.578. The sample size was:-

$$P=0.578$$

$$Z=1.96$$

$$d=0.05$$

$$n = (z / 2)^2 P (1-p) = (1.96)^2 0.578(1-0.578) = 375$$

$$d^2 (0.05)^2$$

We have to use correction formula since our source of population is less than 10,000

$$n_i = n / 1 + n / N$$

$$N = 132$$

$$n = 375$$

$$n_i = 375 / 1 + 375 / 132 = 98$$

After adding 10% non-response rate the final sample size was 108

Instrument

A self-administered questionnaire was adopted from a research conducted in Addis Ababa public health institutions.

Results

Socio demographic characteristics of the study population

The participants were between the age group of 19 - 65 years with a mean age of 29 years and Standard deviation of 6.559 years. By age group, over fifty three of the study Participants (49.1%) were aged between 29 to 38 years. Most of the participants were married with 79(73.1%) respondents and single with 22 (20.4%) respondents. 67(62%) of the study. Participants were first degree holders. From the total study participants 64 (59.3%) of them were nurses, 10 (9.3%) were health officers and 24 (22.2%) midwives. The average work experience of the study participants were 2.53 years with standard deviation of 1.357 years, 30(27.8%) of the participants had worked four and less years, 34 (31.5%) of the participants had worked for five to nine years and twelve (11.1%) of the participants had worked for twenty and more years, respectively. Thirteen (12%) of them mentioned they have history of breast problem while ten (9.3%) have reported that they have family history of breast cancer. **(Table1)**

Knowledge of female health professionals on breast cancer risk factors and sign and symptoms

Among all of the participants Most of the participants 87 (80.6%) were mentioned smoking as a risk factor for breast cancer, 74 (68.5%) mentioned alcohol consumption 49 (45.4%) mentioned high fat diet, 46(42.6%) family history of breast cancer. The most commonly mentioned sign and symptom of breast cancer was discharge from the breast 65(60.1%), dimpling of the breast 64(59.3%), pain on the breast 63(58.3%), swelling of the breast 62(57.4%). **(Table 2)**

Knowledge of female health professionals on treatment options

From all respondents 95(88%) knew surgery as breast cancer treatment option, 63(58.3%)

knew Chemotherapy, 63(58.3%) knew Radiation therapy, 1(0.9%) mention hormonal therapy and 4(3.7%) don't know breast cancer treatment options

Knowledge of female health professionals on breast cancer early detection methods

From all of the respondents 56(51.9%) knew BSE as early detection method, 85(78.7%) knew

CBE, 58(53.7%) knew Mammography, and 9(2.3%) don't know breast cancer early detection

Methods.

Knowledge of respondents on breast cancer early detection methods

Among all the respondents 29(26.9%) of them mentioned BSE should be started at twenty years and 51(47.2%) of them mentioned Mammography should be started at 30 years. 34(31.5%) of the respondents knew that BSE should be done monthly, 9(8.3%) knew CBE should be done three yearly for women younger than forty, 27 (25%) mammography yearly. 43(39.8%) of the respondents answered that appropriate time to perform BSE is one to seven days after menses. Most of the respondents 37(34.3%) knew that mammography is used for both diagnostic and early detection purpose. **(Table 3)**

Discussion

This study tries to assess knowledge towards breast cancer early detection methods. Knowledge of breast cancer was assessed by combining responses regarding risk factor, sign and symptoms, early detection methods and treatment option assessing questions. Work experience of study participants. Age, work experience, marital status and knowledge. In this study smoking was the major risk factor reported for breast cancer, followed by positive family history of breast problem, alcohol consumption and increasing age. Findings in this research similar with researches in Saudi Arabia and Pakistan, increasing age, positive family history of breast problem, smoking were reported as risk factor for developing breast cancer (29,34).

The majority respondents mentioned sign and symptom of breast cancer were discharge from the breast (60.1%), dimpling of the breast (59.3%) and pain in the breast (58.3%). This finding is less than the research finding in Nigeria where breast lump was mentioned by 94.6%, discharge from nipple 89.2% (22). This could be attributed to the socioeconomic difference may result in increased knowledge about breast cancer sign and symptoms due to higher level of education.

In this study from all the respondents 78.7% knew CBE as early detection method, 51.9% knew

BSE and only 33.3% knew Mammography as a screening method for breast cancer. This study finding is lesser than a study done in government hospitals of Addis Ababa revealed that among female health professionals 77.6% female health professionals were aware of BSE as early detection method. CBE was

mentioned as early detection method by 78.7% and the least mentioned early detection method by the participants was. Mammography which was known by 53.7% respondents (14). The difference in the result could be attributed to the fact that professionals working in hospitals have more exposure to breast cancer cases and cases are referred to hospitals for further diagnosis and treatment and also experts that have more experience and knowledge are available for consultation. The finding in this research lower than a study done in Nigeria showed that, among the respondents, 97%, 93.2%, 99% were aware of breast self-examination, clinical breast examination and mammography as early detection tools respectively (22). This could be attributed to the socioeconomic difference may result in increased knowledge about breast cancer early detection methods due to higher level of education.

In this research among all female health professionals 88% knew surgery as one of treatment Option, 58.3% knew radiotherapy as one of treatment option and 58.3% knew chemotherapy as one of treatment option for breast cancer. This study finding is higher than a research done in central Africa republic showed that among health workers 44.2% of respondent knew surgery, 22.9% of respondents knew radiotherapy and 29.7% of respondents knew chemotherapy as a treatment options. This difference may be due to cultural and socio-economic deference among these two populations (40).

Conclusions

Based on the finding of this study, the following were concluded, More than half of the health professionals were found knowledgeable regarding breast cancer early detection.

Limitations

AAHB- Addis Ababa health bureau

BC - Breast Cancer

BCEDM- breast cancer early detection methods

BSE - Breast Self-Examination

CBE - Clinical Breast Examination

KAP - Knowledge, Attitude and Practice

FHW- Female Health Workers

LMCs- Low and Middle Income Countries

UK- United Kingdome

NCR- National Cancer Registry

NCI- National Cancer Institute

Abbreviations

AAHB- Addis Ababa health bureau

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Declarations

Competing Interest

The authors declare no competing interest.

Availability of data and materials

All generated data are included in this article and its supporting document.

Consent to publish

Not applicable

Ethics approval and consent to participate

Ethical clearance was obtained from Institutional Review board of Adigrat University, College of medicine and health sciences. All participants of the study were provided written consent, clearly stating the objectives of the study and their right to refuse. Study participants were also informed that; if they did not want to answer any question, they had the right to do so. All participants were randomly selected without any discrimination. Filled out questionnaires were carefully handled and all access to results was kept

strictly within the members of the group. Anonymity was maintained to ensure confidentiality of respondents. All participants were provided with Amharic language written consent and put their signature prior to participate in the study.

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Authors' contributions

AA participated in the conception, design of the study, reviewing the proposal, data analysis and report writing. AM participated in data analysis and report writing. AA prepared the manuscript for publication. All authors read and approved the final manuscript.

Author's information

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Tables

Table 1: Frequency distribution of socio-demographic characteristics of respondents at Public health institutions in Adigrat town, Tigray, 2018.

Socio demographic variables	Frequency n=389	Percentage (%)
Age in years		
19-28	31	28.7
29-38	53	49.1
39-48	18	16.7
≥49	6	5.6
Profession		
health officer	10	9.3
Nurse	64	59.3
Midwife	24	22.2
Other	10	9.3
Level of education		
MSc	0	0
Degree	67	62
Diploma	41	38
Work experience in years		
0-4	30	27.8
5-9	34	31.5
10-14	13	12
15-19	19	17.6
≥20	12	11.1
Marital status		
Single	22	20.4
Married	79	73.1
Divorced	5	4.6
Separated	2	1.9
Self-history of breast problem		
Yes	13	12
No		88

	95	
Family history of breast problem		
Yes	10	9.3
No	98	90.7

Table 2: knowledge of FHP on breast cancer risk factors, sign and symptoms at public health institutions of Adigrat town, Ethiopia, 2018.

Variable	Frequency	Percentage (%)
Risk factors		
Increasing age	39	36.1
Positive family history of breast cancer	46	42.6
High fat diet	49	45.4
Smoking	87	80.6
Race/Ethnicity	14	13
Alcohol consumption	74	68.5
First child at late age	42	38.9
Early onset of menarche	22	20.4
Late menopause	28	25.9
Stress	30	27.8
Spiritual curses	8	7.4
Having large breast	26	24.1
Other	2	1.9
I don't know	0	0
Sign and symptoms		
Lump in the breast	57	52.8
Discharge	65	60.1
Pain in the breast	63	58.3
Change in size of the breast	61	56.5
Dimpling of the breast	64	59.3
Ulceration of the breast	42	38.9
Weight loss	49	45.4
Changes in shape of the breast	59	54.6
Pulling in of nipple	41	38

Swelling of the breast	62	57.4
Lump under armpit	45	41.7
I don't know	0	0

Table 3: Knowledge of respondents on breast cancer early detection methods at public health institutions in Adigrat town, Tigray, Ethiopia, 2018.

Variable		Frequency	Percent (%)
Recommended age to start BSE			
at 20 years		29	26.9
at 40 years		12	11.1
after menarche		48	44.4
after menopause		6	5.6
Other Specify		9	8.3
I don't know		4	3.7
Frequency of BSE			
once in a month		27	25
once in a week		36	33.3
once in three months		16	14.8
Other Specify		4	3.7
I don't know		25	23.1
Appropriate time for performing breast self-examination			
During menses		0	0
1-7 days before menses		11	10.2
1-7 days after menses		43	39.8
at any time		27	25
Other Specify		8	7.4
I don't know		19	17.6
Frequency of clinical breast examination			
Monthly		34	31.5
Once in a year		26	24.1
Every three months		20	18.5
Once in three years		9	8.3
Other Specify		8	7.4
I don't know		11	10.2
Recommended age to start mammography examination			
30 years		51	47.2
35 years		23	21.3
40 years		11	10.2

45 years	3	2.8
Other Specify	3	2.8
I don't know	17	15.7

Frequency of mammography		
once in a year	27	25
every six months	39	36.1
once in two years	12	11.1
once in three years	7	6.5
Other Specify	1	0.9
I don't know	22	20.4
Use of mammography		
For diagnostic purpose	31	28.7
For screening purpose	36	33.3
For both	37	34.3
I don't know	4	3.7