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Knowledge attitude and practices on breast self-examination for breast cancer among women in Tigray region, Northern Ethiopia

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Introduction: Global burden of cancer cases and deaths is rising from time to time. Breast cancer is one of the leading causes of cancer related morbidity and deaths in women. The trend of cases and deaths attributed to these cancer types is sharply rising in developing countries including Ethiopia. Increased awareness and healthy behaviors appeared to reduce the incidence of this jeopardy. A little is known about breast cancer knowledge, attitude and behavior in Tigray. The aim of this study was to assess the knowledge, attitude and practices of breast cancer in relation to screening practices to design appropriate awareness raising practices to enhance preventive measures.

Methods: A descriptive cross-sectional community based survey was conducted in Kilde-Awlaelo health and demographic surveillance survey sites and Mekelle town. This was undertaken as part of the wider WHO steps wise survey in the two settings. Data were collected in January 2014. A total of 1,433 women in the age group 25-64 years old were included. Face to face interview was employed to gather data from individual respondents. Poor knowledge or no knowledge was defined as woman who does not have any information regarding the risk factors of breast cancer its consequences and screening of breast cancer or who heard only the terms but without any further information. Data were entered to EPI data software and exported to SPSS version 20 to carryout descriptive and analytical statistics. Significant statistical association between the outcome and explanatory variables was declared using odds ratio and corresponding 95% confidence interval. The findings were presented using tables and figures

Results: The median age of the study participants was 31 year (ranged from 25-64 year). 739 (52.5%) were married or cohabiting at the time of the study. Majority (86.7%) of the study participants had no information or only heard the term breast cancer. 441 (34.9%) reported they did not have the worry that breast cancer could affect their families. Most (79.4%) did not know how to examine their breasts. About 80.5% of the women did not practice breast self-examination. Most (90.2%) did not have breast examination by a health worker. The predictors of practicing self-breast examination after adjusting for potential confounders were being a resident of Kilde Awlaelo 0.57(0.33-0.98), age group 25-34, 35-44 and 45-54 had 3.0(1.13-7.93), 3.07(1.14-8.26) 3.03(1.04-8.89) respectively, being government employee, NGO employee, self-employed, housewife and farmer 0.07 (.024-.22), 0.14 (0.03-0.62), 0.20 (0.08-0.48), 0.40 (0.16-0.95) and 1.17 (0.05-0.55) respectively, knowing nothing at all and knowing only the term 0.11 (0.03-0.39) and 0.29 (0.09-0.92) respectively, who worried sometimes 2.97 (1.61-5.48) and those women who had physical examination of their breasts by a health worker 9.70 (4.96-18.98).

Conclusions & Recommendations: The knowledge status of the study participants on breast cancer was very low. Negative attitudes were high. Practices of breast self-examination and examination by a health worker were far below expectation. Knowledge status about breast cancer, previous exposure to health worker and some socio economic conditions were found to be predictors of breast self-examination. Basic information on breast cancer has to be imparted using appropriate channels of communication. Health facilities should also provide relevant information and support to women on breast cancer information.

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