Thi-Qar Medical Journal (TQMJ):Vol.(25),No.(1),2023

Web Site: https://jmed.utq.edu **Email:** utjmed@utq.edu.iq

ISSN (Print):1992-9218, ISSN (Online):1992-9218

Barriers to Early Detection of Breast Cancer Among Iraqi Women in Baghdad

Ibtidaa Muhsin Obaid MBChB/FIBMS (FM), AL-Yarmook Teaching Hospital, Iraq

Hiba D. AL-Ameri MBChB, FABHS (CM), AL-Imamein al Kadhimaein Medical City, Early Detection Clinic of Breast Cancer, Iraq

Lamees Adnan Shubber CABOG MBChB, AL-Imamein al Kadhimaein Medical City, Department of Gynecology and Obstetrics, Iraq

Ahmed Hassan Hussien FICSM(psy),consultant and professor of psychiatry, Sumer Medical College, Iraq

Abstract:

Introduction: Breast cancer BC is the most common type of malignancy globally and the most prevalent cancer among women in both developed and developing countries. BC is a related to higher mortality rate in Iraqi women. BC in Iraq tends to be diagnosed at an advanced stages and among younger age groups compared to their counterparts in high-income countries.

Objectives: identification of the barriers to early detection of breast cancer among Iraqi women in Baghdad.

Methods: a cross-sectional descriptive study. Six hundred twenty women were recruited to participate in the study and a special questionnaire was used to obtain data . SPSS 16.0 version was used for analyzing data

Results: The mean age of participants was 33.9 ±SD 8.2 and 70.9 % of them were married ,86.4 percent have undergraduate and postgraduate university education. More than forty percent of studied women have poor knowledge and 53.2% have good knowledge about BC risk factors. The main barriers are lack of awareness of: the importance of visiting doctor before the appearance of symptom,about location of clinic,of a specialty to consult first where most of them consult gynecologist, as well as the long time waiting for consultation.

Conclusion: there were many barriers hinder the early detection of breast cancer .A systemic health education program about the early detection and screening of BC is required and adding a new BC early detection units in addition to the established units.

Key words: Breast Cancer, Early detection, Barriers, Identifying, women**.**

Introduction:

The most common type of malignancy globally and the most prevalent cancer among women in both developed and developing countries is breast cancer BC [1,2,3].BC is associated with high mortality rate among Iraqi women and it tends to be diagnosed at advanced stages and among younger age groups compared to their counterparts in high income countries[1].To compact the national burden of cancer, the breast cancer early detection (BCED) program has been established since 2000 by the Iraqi Ministry of Health and Environment (MoH) to promote early detection of BC in an attempt to downstage it at presentation and decrease related mortalities. The Iraqi health system has been experiencing challenging circumstances since the 1980s, as a result of continuous wars, conflicts and population displacement that led to the deterioration of health indicators and capacities within the country (WHO, 2022), ((2021)., 2022). Nevertheless, initiatives have been put in place to strengthen the system, which have led to improvements in some health indicators (Alwan N. &., 2018). These efforts were supported by the establishment of the Iraqi National Cancer Research Centre (INCRC) by the Ministry of Higher Education in 2012 [7,8,9,10]. Gaps in awareness of BC-related facts are still present among Iraqi women which are negatively affecting their attitudes and practices towards the early detection of the disease[1]. Women highlighted their concerns regarding losing family support if they were diagnosed with BC those living in rural areas and internally displaced populations face difficulties in reaching specialized health centers. There are deficiencies in the required human resources and infrastructure available to the breast cancer early detection program as it lacks direct budget allocation from the government. Other obstacles include poor implementation of the national protocol guidelines and weak monitoring and evaluation systems [1,11,,12]. Also poor survival is the result of the late stage of presentation, reflecting limited access to screening, diagnostic and treatment facilities along with a lack of awareness of the importance of early detection of breast cancer among the population [13,14,15].

Aim of the study:

To identify barriers to early detection of breast cancer among Iraqi women in Baghdad.

Material & Methods: A descriptive cross-sectional survey was conducted using a special questionnaire to assess the level knowledge about etiology of BC and barriers for early detection and screening of BC among a sample of Iraqi women attending the early detection of breast cancer unit in Al-yarmook hospital at Baghdad.Six hundred twenty eligible women were randomly selected.The questionnaire consists of three part(personal information,level of knowledge and barriers).The questions about knowledge and barriers are of yes or no type.

Data management and statistical analysis:

The collected data were coded and analyzed using (spss)16.0 .The continuous variables expressed in mean and slandered deviation while the categorical data by number and percentage .

Results:

The mean age of the studied women was 33.9 ± 8,26 years and their mean age at menarche was 12.86± 1.4. (table 1).Married women were 452 (70.9%) and single women were 151(24.3%).Of the studied women,536(86.4%) were university undergraduates and graduates,596(96%) live in rural areas. Regarding the gynecological and obstetric history,429(69.10%) had 1-12 pregnancies and 175(28.2%) had a history of miscarriage (table2).

Table (1) Age And Reproductive Details Of Participants N = 620

Demographic Characteristics	N	Means ± Sd
Age (Year)	620	33.91±8.26
Age At Menarche (Year)	620	12.86±1.41
Age At Marriage (Year)	469	24.85±5.76
Sd = Standard Deviation.		

Employees were 480(77.4%) and women have (1-10) children 410(66.13%) table 2.

Thi-Qar Medical Journal (TQMJ):Vol.(25),No.(1),2023

Web Site: https://jmed.utq.edu Email: utjmed@utq.edu.iq

ISSN (Print):1992-9218, ISSN (Online):1992-9218

Table (2) Demographic Characteristic Of Participants N = 620

Area	Characteristics	Frequency (%)
Marital Status:	Single	151 (24.35)
	Married	452 (70.90)
	Widow	6 (0.96)
	Divorced	11 (1.77)
Level Of Education:	Illiterate	5 (0.80)
	Can Read & Write	15 (4.42)
	Primary School	25 (4.03)
	Secondary School	27 (4.35)
	Institute	12 (1.93)
	Under Graduate & Above	536 (86.45)
Occupation:	Housewife	84 (13.54)
	Student	47 (7.58)
	Employee	480 (77.42)
	Retired	9 (1.45)
Residency:	Urban	596 (96.13)
	Rural	24 (3.87)
Number Of Pregnancies	Zero	191 (30.80)
	1-12	429 (69.19)
Number Of Children	Zero	210 (33.87)
	1-10	410 (66.13)
Number Of Miscarriages	Zero	445 (71.77)
	1- 6	175 (28.22)

Type Of Contraceptive	**Don't Use**	**330 (53.22)**
	Occp	**55 (8.87)**
	Injection	**2 (0.32)**
	Iud	**64 (10.32)**
	Others	**169 (27.25)**
Occp = Oral Contraceptive Pills, Iud= Intrauterine Device		

Table (3) shows the level of knowledge and awareness among the participants of the factors that increase the probability of developing breast cancer.Regarding obesity,335 (54.03%) answered yes ,the effect of menstruation at early age ,298 (48.06%) answered yes, delayed menopause ,261 (42.09%) answered yes,age of 35≥ ,467 (75.32%) answered yes.

Table (3) Knowledge Of Participants Of Risk Factors That Increase Of Probability Of Breast Cancer, (N=620)

Details		Frequency (%)
If Obesity Effected?	**Yes**	**335 (54.03)**
	No	**285 (45.96)**
Early Onset Of Menstruation	**Yes**	**298 (48.06)**
	No	**322 (51.93)**
Late Menopause	**Yes**	**261 (42.09)**
	No	**359 (57.90)**
If The Age ≥35 Years	**Yes**	**467 (75.32)**
	No	**153 (24.67)**

If The First Child After The Age Of 30 Years	Yes	321 (51.77)
	No	299 (48.22)
Hormonal Therapy After Menopause	Yes	369 (59.51)
	No	251 (40.48)
Habits: (Smoking):	Yes	336 (54.19)
	No	284 (45.80)
mily history of breast can	Yes	445 (71.77)
	No	175 (28.22)

p= oral contraceptive pills,

The result of barriers presented in table 4 and 5.Seventy eight percent of studied women believe that they have to visit only when symptoms appear , 451 (72.74%) lacking knowledge of location of clinics for early detection of cancer,446 (77.8%) lacking knowledge about which medical specialty that have to consult for breast complaints , 307 (49.51%) have time constraint barrier.The majority(more than 80%) of studied women have barriers concerning presence of female staff,privacy,and appropriateness of the place of examination.Non-availibilty of services in one place (institution) was a barrier in 325 (52.41%) .

Thi-Qar Medical Journal (TQMJ):Vol.(25),No.(1),2023

Web Site: https://jmed.utq.edu Email: utjmed@utq.edu.iq

ISSN (Print):1992-9218, ISSN (Online):1992-9218

Table (4) Frequency And Percentage Distribution Of Level Of Knowledge Among Participants That Concern Barriers For Early Detection Of Breast Cancer (N=620)

Barriers	(Yes) Frequency (%)
Lack Of Awareness:	
Visit The Doctor Only When The Disease Or Symptoms Appear.	**488 (78.71)**
There Is No Benefit From Early Detection Of Breast Cancer.	**24 (3.87)**
Lack Of Knowledge Of Location Of Clinics For Early Detection Of Cancer.	**451 (72.74)**
Lack Of Knowledge Of The Priority Of The Visit When An Early Examination Is Desired Or Symptoms Appear:	
Radiologist & U/S:	**74 (11.93)**
General Surgeon:	**30 (4.84)**
Specialized In Early Detection Of Cancer:	**174 (28.06)**
Obstetrics & Gynecology Specialist:	**339 (54.67)**
Laboratory Specialist:	**3 (0.48)**
Responsibility Barriers:	
The Family Does Not Agree To Go For The Examination:	**27 (4.35)**
Can't Leave Workplace And Go For The Examination.	**307 (49.51)**
Disease Apprehension Barriers:	

Fear Of Being Diagnosed With Cancer:	**203 (32.74)**
Fear Of Pain During The Examination:	**80 (12.90)**
Fear Of Exposure To Radiation:	**182 (29.35)**
Organization And Health	
Services Barriers:	
If There Is Females Staff For The Examination:	**562 (90.64)**
If There Is Concern For Patient's Privacy:	
If The Place Of Examination Is Appropriate:	**521 (84.03)**
If Services Are Available In One Place In Institution:	**507 (81.77)**
Long Time Waiting For Examination:	**325 (52.41)**
If Health Staff Are Not Cooperative:	
	323 (52.09)
	100 (16.12)

Table 5: Frequency And Percentage Distribution Of Socioeconomic Barriers For Early Detection Of Breast Cancer (*N*=620)

Barriers	(Yes) Frequency (%)
Economic Barriers:	
The Cost Of Examination Is High:	**51 (8.22)**
The Cost Of Going To Health Institution Is High:	**71 (11.45)**
There Is No Financial Possibility To Commit To Multiple Visits To The Cancer Early Detection Center:	**195 (31.45)**
Sociocultural Barriers:	
Shamed Of The Examination:	**121 (19.51)**
The Effect Of Advising Some Women Not To Go For The Examination:	**23 (3.70)**

Discussion:

Globally, breast cancer is a public health problem and has low rate of early detection.This study focused on knowledge and barrier to early detection of breast cancer in women .The main finding of this study is that there is a big gap in the knowledge of breast cancer risk factors although most studied women have higher level of education which in contradict with result of many studies like Heba M. Mamdoh etal [16,18] .Nearly half of the studied women have insufficient knowledge of the risk factors of breast cancer.Other finding is that there are many barrier for early detection of breast cancer.The main barriers found in this study were no presence of female staff, visiting the doctor only when the disease or symptoms appear,difficulty in finding the location of screening units.This goes with the finding of many studies conducted in developing counteries [12,17,18].In developed countries ,economic and educational are the main barriers for early breast cancer detecting program compared to this study finding .The sample studied in this study is a hospital based and this not representative of the women in the community .

Conclusion and Recommendations:

There were many barriers for early detection of breast cancer. Insufficient knowledge of breast cancer risk factors and the importance of early detection found in a large proportion of the studied women. we recommend a continuous health education program to increase the awareness of women about breast cancer and the increase and expansion of the number of clinics for early detection of cancer in general. A large scale thorough studies are needed to explore the barriers and knowledge .

References:

[1] J. J. N. N. A. Mina Maallah, "Barriers Impeding Early Detection of Breast Cancer in Iraq: A Critical Analysis," Azerbaijan Medical Journal,, vol. 62, no. 07, pp. 2845-2863, 2022.

[2] I. (2020a)., "Data visualization tools for exploring the global cancer burden in 2020.," CANCER TODAY. Lyon: International Agency for Research on Cancer., 2022.

[3] B. G. B. S. J. A. S. S. Sathwara JA, "Sociodemographic Factors and Late stage Diagnosis of Breast Cancer in India: A Hospital based Study.," Indian J Med Paediatr Oncol, vol. 38, pp. 277-281, 2017.

[4] WHO, "2022). The Global Health Observatory, Health workforce.," WHO, 18 July 2022. [Online]. Available: https://www.who.int/data/gho/data/themes/topics/health-workforce..

[5] P. f. H. R. (2021)., "Challenges Faced by the Iraqi Health Sector in Responding to COVID-19.," Physicians for Human Rights, 28 July 2022. [Online]. Available: https://phr.org/our-work/resources/challenges-faced-by-the-iraqi-health-sector-in-responding-to-covid-19/..

[6] N. &. K. D. (. Alwan, "Cancer control in war-torn Iraq.," The Lancet Oncology,, vol. 19, no. 3, p. 291–292, 2018.

[7] N. (. Alwan, "Establishing National Guidelines For Early Detection Of Breast Cancer In Iraq: Clinical Implications And Perspectives.," International Journal of Advanced Research,, vol. 3, no. 12, pp. 539-555., 2015.

[8] T. U. S. A. f. I. D. &. M. (2013), "Guidelines for Early Detection and Periodic Screening of Breast and Cervical Cancers in Primary Health Care Settings in Iraq.," 28 July 2022. [Online]. Available: http://pdf.usaid.gov/pdf_docs/PA00K4N5.pdf.

[9] A. N. &. D. L. (. Sankar R, " How Can We Improve Survival from Breast Cancer in Developing Countries?" Future Medicine, 2 (3):," Breast Cancer Management, , vol. 2, no. 3, pp. 179-183., 2013.

[10] G. 2012, "International Agency for Research on Cancer,," Lyon, IARC Press,, 2013.

[11] Y. R. K. R. V. D. A. D. G. Neha Tripathi, "Barriers for early detection of cancer amongst Indian rural women," South Asian Journal of Cancer., vol. 3, no. 2, p. 122, 2014.

[12] T. L. Defny D'almeida, "Barriers for Early Detection of Breast Cancer among South Indian Women," Indian Journal of Community Medicine, vol. 46, no. 4, p. 708, 2021.

[13] 1. V. L. C.-D. a. S. M. Naomi N. Modeste, "Barriers to early detection of breast cancer among women in a Caribbean population," Rev Panam Salud Publica/Pan Am J Public Health 5(3), 1999, vol. 5, no. 3, pp. 152-153, 1999.

[14] I. C. B. (2015), "Results of the Iraqi Cancer Registry 2012.," Baghdad, Iraqi Cancer Registry Center, Ministry of Health., 2012.

[15] A. N. (2010)., "Breast cancer: demographic characteristics and clinico-pathological presentation of patients in Iraq.," EMHJ;, vol. 16, no. 11, pp. 1159-1164., 2010.

[16] World Health Organization, "Towards a Strategy for Cancer Control in the Eastern Mediterranean Region. 1st. ed. Regional Office for the Eastern Mediterranean," 2010 .

[17] A. N. e. a. (2012)., "Knowledge, attitude and practice regarding breast cancer and breast self-examination among a sample of the educated population in Iraq.," EMHJ, 18 (4):, vol. 18, no. 4, pp. 337-345., 2012.

[18] A. E. K. (. Allam MF, "Evaluation of the level of knowledge of Egyptian women of breast cancer and its risk factors. A cross sectional study.," J Prev Med Hyg.;, vol. 53, no. 4, pp. 195-8., 2012.