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Mentally Effectiveness of any Educational Program on Nursing Women Awareness towards Breast Cancer

Hiba Jassim Hafidh[1], Fakhria Jaber Muhaibes[2], Mays Hadi Jebur[3]

[1] Adult Nursing, Ministry of Health/ Qadisiyah Health Directorate, Iraq.
[2]Prof PhD, Mustaqbel College University, Iraq.
[3]PhD, Department of Basic Medical Sciences/ College of Nursing University of Babylon, Iraq.

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Abstract

Background: One of the main causes of death for women and a global health concern is breast cancer. It is therefore essential to promote early detection through enhanced breast cancer awareness and breast cancer screening. **Objectives**: The study aimed to determine the effectiveness of an education intervention of awareness program towards breast cancer for nursing women.**Materials and Methods:**This experimental study was carried out in Diwaniyah Province. The study population consisted of the nursing womenadopted pre and post-test I and II approach. The validity of study instruments achieved through arbitrators and reliability achieved through pilot study. Data were collected and analyzed by descriptive and inferential approach.**Results:**The results indicatethat thenursing women awareness in pre test are differ from those who are in post test I (p= .000) and post test II (p= .000). The women awareness in post test I are differ from those in pre test (p= .000) and no differ from those who are in post test II (p= .430). The women awareness in post test II are differ from those in pre test (p= .000) and no differ from those who are in post test I (p= .430). **Conclusions:** The study findings show that the population had low baseline levels of awareness, which considerably increased as a result of educational intervention. adoption of breast cancer preventive initiatives, substantial attempts to raise community women's understanding and alter their attitudes through education and information campaigns, and specific attention paid to health education.

Key-words:Education Program, Awareness, Breast Cancer, Women.

Introduction

With 23% of the 1.1 million new cases of female cancer each year, breast cancer is the most prevalent cancer in women worldwide [1]. Additionally, it is the main reason for cancer-related fatalities globally, with low-resource nations having the greatest case fatality rates[2]. Breast cancer is the most common malignancy worldwide, affecting over 4.4 million women who received a diagnosis in the previous five years [3]. According to the most recent Iraqi Cancer Registry, breast cancer represents almost one-third of all documented female cancer cases in Iraq, making it the most prevalent type of female malignancy. This demonstrates that among the entire Iraqi population, breast cancer is the most common type of cancer, even topping bronchiogenic cancer [4].Risk factors for this malignancy include a family history of the disease, the age of the first pregnancy, early menstrual onset, late menopause, obesity following menopause, alcohol usage, smoking, inactivity, body mass index, hormone therapy, breast density, and exposure to chest radiography. Although they surely have an effect, lifestyle factors including job stress and women's night shifts[5][6].Even while breast cancer mortality has decreased, particularly in industrialized nations, the disease continues to provide a significant issue for those in charge of emerging nations' health policies, such as Iraq [7]. Therefore, it is crucial to find cancer early. Breast cancer is one of the few diseases that can be detected early, and it is estimated that more than a third of malignancies are avoidable [8]. Early diagnosis of breast cancer may result in quicker treatment and a lower mortality rate. Due to this fact, screening programs have been developed to find breast cancer in its earliest stages, when treatment can have the greatest positive effects on clinical outcomes [9]. Every civilization has a majority of women who take care of the entire population. Women with health records in health facilities can receive free examinations under the existing

Iraqi health system, however this program has encountered issues because of the women's irregular attendance, lack of understanding about breast cancer, and negative attitudes. On the other hand, though breast cancer is the most prevalent cancer among women and a significant issue in health priorities at the national and regional levels, there is no organized program in the nation to educate and learn breast cancer screening procedures, especially in metropolitan communities, the present study entitled the effect of educational program on awareness towards breast cancer for women.

Material And Methods

Design

This experimental study was carried out in 2022 in Diwaniyah Province, Iraq. The study population consisted of the womenwas used with adopted pre and post-test I and II approach.

Sample

A non-probability "purposive" sample had been consisted of (60) women have been selected to obtained represent and accurate data.

Instruments

The researchers employed a questionnaire to collect data for this study and to learn more about the women's demographics (such as their age, marital status, residents, monthly income, education level, occupation, as well as previous source of information about BC).

On the awareness level, there were 39 questions (related to breast cancer awareness, including the information about Concept of BC, Risk factors of BC, clinical manifestation of BC, Evaluation and diagnostic of BC and Management of BC). The multiple choice (MCQ) scale was used to score the responses (1 = incorrect responses and 2 = correct responses). The lowest and highest scores obtained were 39 and 78, respectively.A total of 39 multiple choice questions were used to measure the awareness of respondents regarding BC and the mean score was 65.1-78 as a greater level, 52.1-65 as moderate level and 39-52 as a lower level.

Validity and Reliability

Using the criteria of language appropriateness, correlation with the dimension of study variables to which it was assigned, and suitability for the study population, a panel of 11 arbitrators made a determination of the validity of each component of the study questionnaire.The test-retest method was used by the researcher to apply it to a random exploratory sample of 5 women. Each women from the sample was given a number from 1 to 5, and the questionnaire was distributed to them without their knowledge that they were being used as a sample to determine the tool's stability. After an interval of approximately 2 weeks, 5 questionnaires were redistributed to the same exploratory sample, and the participants from this sample were later excluded from the study.Cronbach's α of the current scale was 0.81, indicatingacceptable degree of reliability.

Statistical Analysis

The IBM SPSS 20.0 program was used for all the analyses that follow. Numbers and percentages (No. and%) were used to categorize the variables, while the mean and standard deviation were used to characterize the continuous variables (mean and SD). ANOVA test was used to compare continuous variables. Statistical significance was defined as a two-tailed p .05.

Results

In table (1), the age of participants women involved in this study, the mean age is 31, with the highest percentage (46.7%) being recorded for those between the ages of 20 and 29. Married women had the greatest marital status percentage (48.1%) compared to unmarried women (45.0%) and widowers (6.7%). According to data relating to the residents, urban residents predominated (78.3%), as opposed to rural residents (21.7%). In terms of monthly income, women reported having enough up to a certain point (50%) compared to having

enough (36.7%) and not enough (13.3%).Education associated findings, one-third of participants were read and write (36.7%).In terms of occupation, most of participants were unemployment and students (21.7%) for each them, followed by those who are free work and government employee (16.7%) for each them and those who are retired (23.3%).

Table (1):Socio-Demographic Characteristics

SDVs	Classification	no.	%
Age /years (M± SD= 31±10.08)	<20 years old	4	6.7
	20-29 years old	28	46.7
	30-39 years old	17	28.3
	40-49 years old	6	10.0
	50and older	5	8.3
Marital status	Single	27	45.0
	Married	29	48.3
	Widower	4	6.7
Residents	Urban	47	78.3
	Rural	13	21.7
Monthly income	Sufficient	22	36.7
	Sufficient to certain limit	30	50.0
	Insufficient	8	13.3
Education Level	Read and write	22	36.7
	Primary graduated	10	16.7
	Intermediate graduated	9	15.0
	Preparatory graduated	8	13.3
	Bachelor graduated	6	10.0
	Post-graduated	5	8.3
Occupation	Unemployed	13	21.7
	Free work	10	16.7
	Students	13	21.7
	Government Employee	10	16.7
	Retired	14	23.3
Previous source of information about BC	Family / relative/ friends	28	46.7
	Mass media	26	43.33
	Health personnel	5	8.3
	Library socialmedia	1	1.7

Findings in table (2) illustrated that the (85%) of women expressed a poor awareness at the pre-test period of measurement M (±SD)=47.2 ± (±8.45) (before intervention program) with regard breast cancer. While, at the post-test I (after application of intervention program), findings demonstrated that the (85%) of women expressed a good awareness M (±SD)= 68.5 (±5.10). After a month has been passed, women expressed a good awareness towards breast cancer M (±SD)= 67.5 (±6.06).

Table (2): Overall Women Awareness in Three Periods Measurement

Women Awareness	Pre-test			Post-test I			Post-test II		
	No.	%	M ± SD	No.	%	M ± SD	No.	%	M ± SD
Poor (M=39-52)	51	85.0	47.2±8.45	1	1.7	68.5±5.10	2	3.3	67.5±6.06
Fair (M=52.1-65)	6	10.0		8	13.3		12	20.0	
Good (M=65.1-78)	3	5.0		51	85.0		46	76.7	
Total	60	100		60	100		60	100	

Table (3) there are statistically significant differences in the awareness of women between the pre-test in comparison to the post-test I and II ($p< 0.05$), while there are no significant statistically significant differences between the post-test I and II ($p>0.05$).

Table (3): Multiple Comparison between Pre and Post Test I and II by their Overall Responses to the Awareness Scores

Period (I)	Period (J)	Mean Differences (I vs. J)	Std. Error	p-value
Pretest	Posttest I	-.54444-*	.03132	.000*
	Posttest II	-.51966-*	.03132	.000*
Posttest I	Pretest	.54444*	.03132	.000*
	Posttest II	.02479	.03132	.430
Posttest II	Pretest	.51966*	.03132	.000*
	Posttest I	-.02479-	.03132	.430

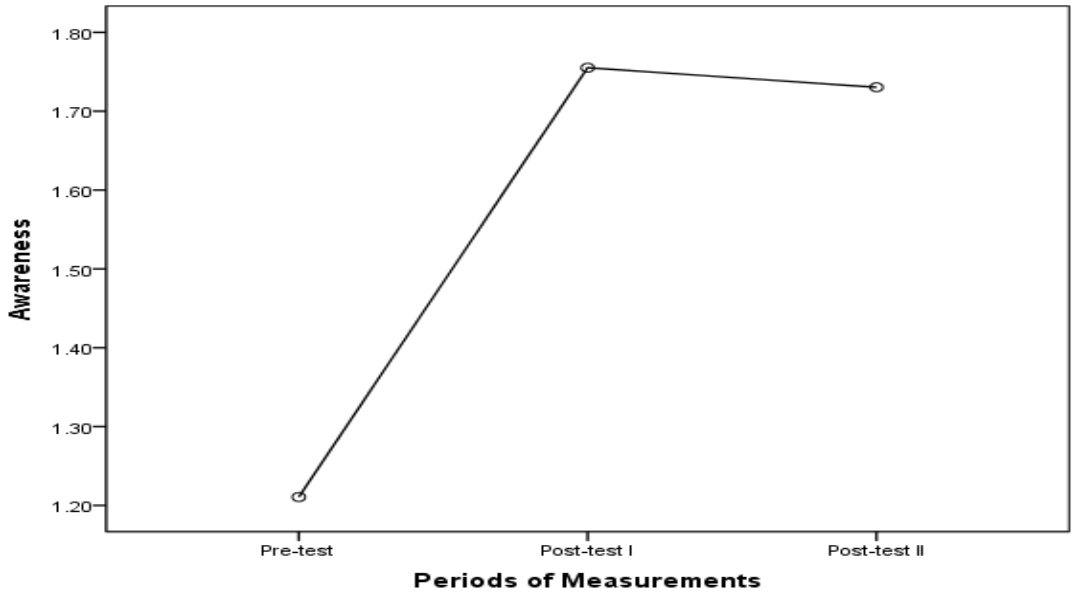

Figure (1): Women Awareness in Three Periods of Measurement

Discussion

In the current study, educational intervention increased the experimental group's mean awareness at posttest I and II compared to pretest. In other words, there is a substantial difference in women's awareness between the pre-test conducted prior to the intervention program and the post-test conducted following its implementation ($p=0.000$). According to the statistical mean, the study's findings show that women's awareness increased between the pre- and post-tests in terms of their scores. This discovery is in line with the findings of research done by Awwad et al. on increasing breast cancer risk prediction by raising awareness through longitudinal mammography data[10]. It is consistent with a different investigation by Mohsenipouya et al., which looked into the application of educational intervention in breast cancer screening in northern Iran [11]. Additionally, it agreed with research conducted by Heidari et al., Sabeg et al., and Sadeghi et al. [12][13].

Given that it was necessary to enhance awareness, promote positive attitudes and beliefs, and guarantee that breast self-examination was performed accurately and correctly, the educational program may have contributed to the increase. However, it was also essential to gain the necessary skills. On the other hand, the high mean awareness score in our study could be attributed to women in Iraq and other developing

countries becoming more informed about breast cancer as a result of their improved access to information and motivation to do so. They are now more conscious of the sickness than they were previously as a result.

According to the study's findings, (85%) of women reported having little knowledge of breast cancer during the pre-test period of measurement M (SD)=47.2 (8.45) (before intervention program). While results from the post-test I (after the implementation of the intervention program) showed that (85%) of women had a good awareness M (SD)= 68.5 (5.10). Women expressed good awareness of breast cancer after a month had gone M (SD)= 67.5 (6.06). That is, the women awareness in pre test are differ from those who are in post test I (p= .000) and post test II (p= .000). The women awareness in post test I are differ from those in pre test (p= .000) and no differ from those who are in post test II (p= .430). The women awareness in post test II are differ from those in pre test (p= .000) and no differ from those who are in post test I (p= .430). According to those findings, an education intervention program is required to raise women's knowledge and ensure that they remain unaffected by the passage of time. This is in line with the findings of Tuna et al study, "Online Education in Teaching Breast Self-Examination." [14]. In their study, Tuna et al. looked at 1679 women and found that while participants' knowledge of breast self-examination was on the low side prior to education, it improved significantly one month later and was unaffected by the passage of time after six months. Additionally, the results from Rakhshani et al. and Al Obeidy et al., [9][15].

Elshami et al. indicated that less than half of the women participating in this study demonstrated good awareness of BC symptoms, demonstrating the necessity of undertaking educational programs. In order to aid early diagnosis, more focused educational initiatives are required to raise Palestinian women's knowledge of BC symptoms [16].Additionally, there is a lack of awareness of breast cancer and BSE among Jordanian students. In order to find breast abnormalities, women need to be encouraged to self-monitor. To motivate women to participate in regular BSE, appropriate educational initiatives are critically needed [17]. Rehabilitation services like awareness programs and social support play a crucial role in raising women's knowledge of chronic diseases like breast cancer in order to encourage them to practice self-care and prevent the disease [18]. [19].

Conclusion

The study findings show that the population had low baseline levels of awareness, which considerably increased as a result of educational intervention. adoption of breast cancer preventive initiatives, substantial attempts to raise community women's understanding and alter their attitudes through education and information campaigns, and specific attention paid to health education.

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Conflicts of interest

There are no conflicts of interest.

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