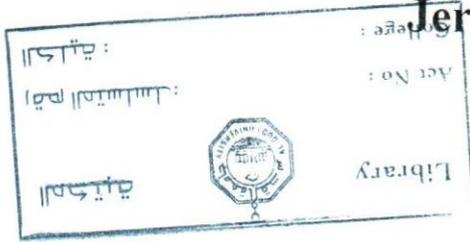


69.
c.3

**“Knowledge of Palestinian Women on Breast Cancer
and Breast Self- Examination in Two Villages-East
Jerusalem”.**



**By
Sylvia Hashem Mutlaq Hasanat**

B.Sc. in Medical Technology from Al-Quds University / Palestine

**A thesis submitted in partial fulfillment of
requirements for Master degree in Public Health.**

School of Public Health

Al-Quds University

November, 2001

Dedication

In thankfulness this thesis is dedicated to my parents "Hashem and Salwa"; to my husband Anwar; to my brother Rami; and of course to the two candles in my life: My son Abdallah.... And my daughter Sara...
With loving appreciation for their constant support and guidance...

Sylvia Hasanat

Master of Public Health/ School of Public Health

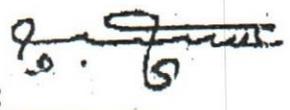
Deanship of Graduate Studies

**“Knowledge of Palestinian Women on Breast Cancer
and Breast Self- Examination in Two Villages-East
Jerusalem.”**

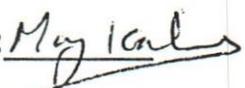
By: Sylvia Hashem Mutlaq Hasanat

Registration No: 9910728

Supervisor: Dr. Yehia Abed

Signature: 

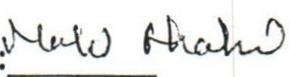
Co - Supervisor: Dr. May Kaileh

Signature: 

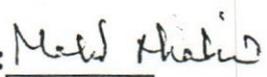
Master thesis submitted and accepted on 21/11/2001.

The examining committee:

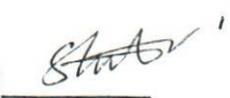
1- Dr. Mohammed Shaheen.
(Head of Committee)

Signature: 

2- Dr. Mohammed Shaheen.
(Internal Examiner)

Signature: 

3- Dr. Shukry Odeh.
(External Examiner)

Signature: 

Al-Quds University

2001

Acknowledgment

My deep gratitude to my first supervisor: Dr Yehia Abed for his supervision, directions and assistance throughout this study.

MY special thanks and appreciation to my second supervisor Dr May Kaileh for her supervision, kind collaboration and support throughout this study.

My special thanks to Dr Mohammed Shaheen for his consultant and advice.

Special thanks to Mr. Sha'ban Murtaja in Gaza for his helping in the communication via the Email.

My thanks to Dr. Omayya Elayyan for her support.

Many many thanks to AL- Quds University and to all my instructors throughout the two years of studying the Master Degree in the School of Public Health

ABSTRACT

This is a cross sectional study aimed at exploring knowledge of Palestinian women on breast cancer and breast self – examination in two villages of East Jerusalem. Data was collected from a convenient sample-using questionnaire and face to face interviews. The consent rate was about 96% and the ages of the participants ranged between (20-64) years. However, results of this study show that 46.2% of the total respondents were from the (20-34) age group, 74.8% were married, 65.2 % were housewives; and 10.6% were illiterate. Of the 385 respondents; 74.3% reported that they had general knowledge on breast cancer but results of this study show that women in the two villages still hold misconceptions related to the disease; and that fear was the predominant feeling expressed throughout the interviews. This study confirmed the strong association between both: the participants' educational level and type of their job with the participant' knowledge on breast cancer separately. Of the total respondents; 72.7% had knowledge on breast self- examination while only 18% indicated that they would classify their breast self – examinations as regular. This study also confirmed the strong association between the educational level of the respondents and the frequency of their breast self exams. However, the most commonly cited resource stated by the participants for obtaining breasts self-examination information were radio and television. Results also show that 53.5% of the total respondents had information on mammography but only 6.3% of those informed women had practiced the mammogram.

A family history of breast cancer was reported in about 15% of all the respondents in the two villages. However, this study does not confirm the association between positive family history and the participants' knowledge on breast cancer on one hand, and between positive family history of the disease and knowledge and practices of breast self-examination on the other hand, (0.087, 0.610 respectively). On the contrast;

this study confirmed the positive association between positive family history and knowledge and practices of mammography, ($P = 0.02$, $P = 0.001$ respectively). Results of this study identified a high risk group for breast cancer according to different risk factors, as the majority of the respondents were over the age of 34; 7.5% of the married respondents didn't have children; and of the parous women there were 7.1% who had their first child over the age of 30, in addition to the 15% with positive family history of the neoplasm. The respondents addressed the lack of desire to learn on the disease; the lack of educating materials; and the lack of educating centers in the area as barriers for the lack of information on breast cancer. The majority of the respondents in the two villages agreed with the minor activities of the health clinics on educating the public with an emphasis of their desire to learn on breast cancer. The majority of the respondents show to have a desire to learn on the disease.

Recommendations were suggested in order to educate the public on breast cancer and to promote the utilization of the screening methods especially the breast self – examination.

الخلاصة

تهدف هذه الأطروحة إلى دراسة معرفة النساء الفلسطينيات المتعلقة بسرطان الثدي وبالفحص الذاتي للكشف المبكر عن سرطان الثدي وذلك في قريتين شرقي القدس . تم جمع البيانات عن طريق تعبئة الاستبيانات الخاصة بالدراسة وذلك من خلال المقابلات الشخصية للمشاركات من كلا القريتين . كان معدل ألا استجابته حوالي (٩٦ ٪) وتراوحت أعمار النساء المشاركات في الدراسة ما بين (٢٠-٦٤) عاما . أظهرت النتائج أن أعمار (٤٦,٢ ٪) من بين النساء المشاركات في الدراسة تراوحت بين ال (٢٠-٣٤) عاما ؛ (٧٤,٨ ٪) منهن متزوجات ؛ (٦٥,٢ ٪) ربات بيوت؛ وان ما نسبته (١٠,٦ ٪) من مجموع المشاركات أميات.

من بين (٣٨٥) امراه شاركن في الدراسة ؛ (٧٤,٣ ٪) أفدن بوجود معلومات لديهن حول سرطان الثدي؛ لكن نتائج هذه الدراسة أشارت لوجود الكثير من المعتقدات الخاطئة لدى السيدات المشاركات حول المرض وان الخوف من سرطان الثدي كان جليا من خلال المقابلات التي تمت . أثبتت نتائج هذه الدراسة العلاقة القوية بين المستوى التعليمي للمشاركات وبين وجود معلومات لديهن حول سرطان الثدي ؛ كذلك بين نوع العمل للمشاركات وبين وجود معلومات لديهن حول المرض . من جهة أخرى أفادت (٧٢,٧ ٪) من النساء بمعرفتهن حول الفحص الذاتي للكشف المبكر عن سرطان الثدي بينما أفادت (١٨ ٪) فقط بممارستهن للفحص الذاتي الشهري للثدي وان مصدر المعلومات المستقاة حول الفحص الذاتي للكشف المبكر عن المرض كان بشكل رئيسي من خلال المذياع والتلفاز . هذا وقد أثبتت نتائج هذه الدراسة أيضا العلاقة بين المستوى التعليمي للمشاركات وبين ممارستهن للفحص الذاتي الشهري للكشف المبكر عن المرض . النتائج أشارت أيضا لوجود (٥٣,٥ ٪) من المشاركات ممن لديهن معلومات عن الماموغرافي ولكن نسبة قليلة جدا منهن قد قامت بعمل هذا الفحص.

من جهة أخرى أشارت النتائج لوجود أقارب أصيبوا بسرطان الثدي لدى حوالي (١٥ %) من بين النساء المشاركات في الدراسة في القريتين. لكن هذه الدراسة لم تثبت وجود علاقة بين كل من: وجود أقارب للمشاركة أصيبوا بسرطان الثدي ووجود معلومات لديهن حول المرض من جهة وبين كون لديهن أقارب أصيبوا بالمرض وبين ممارستهن للفحص الذاتي الشهري من جهة أخرى. على العكس تماما أثبتت نتائج هذه الدراسة العلاقة القوية بين وجود أقارب أصيبوا بالمرض وبين ممارسة النساء المشاركات في الدراسة للماموغرافي.

كانت معظم المشاركات في الدراسة فوق سن الرابعة والثلاثين؛ (٧,٥ %) من المتزوجات لم يكنن؛ و ما نسبته (٧,١ %) ممن لديهن أطفال انجبن طفلهن الأول فوق سن الثلاثين؛ هذا كله بالإضافة لوجود (١٥ %) ممن يحملن تاريخ مرضي لأقارب توفوا بسرطان الثدي. هذا وقد أفادت المشاركات بان ما يحول دون حصولهن على معلومات خاصة بالمرض يتلخص في عدم رغبة البعض أصلا للتعلم عن المرض و بنقص المواد والمحاضرات والمراكز التعليمية والتثقيف الصحي حول سرطان الثدي هذا مع التأكيد لرغبة معظم منهن للتعلم عن المرض وكيفية الكشف المبكر عنه.

اقترحت بعض التوصيات التي تهدف إلى تثقيف العامة عن سرطان الثدي ولتوعيتهم لأهمية استخدام الوسائل

المختلفة للكشف المبكر عن هذا المرض وبالذات الفحص الذاتي للكشف المبكر عن سرطان الثدي.

Table of contents

Topic	Page
Dedication	
Endorsement	
Declaration	i
Acknowledgement	ii
Abstract	iii
Contents	vii
List of Tables	xii
List of Abbreviation	xiv
Chapter one	
1. Introduction	1
1.1. Statement of the problem	3
1.2. Justification and significance	4
1.3. Purpose of the study	6
Chapter two	
2. Literature Review	7
2.1. Epidemiology of breast cancer	7
2.2. Risk factors for breast cancer	15

2.2.1. Age, Gender, and Ethnicity	15
2.2.2. Genetic factors and family history	16
2.2.3. Over exposure to estrogen	17
2.2.3.1. Early menstruation and late menopause	17
2.2.3.2. Pregnancy and Abortion	18
2.2.3.3. Oral contraceptives	18
2.2.3.4. Hormone replacement therapy	19
2.2.4. Breast abnormalities	19
2.2.5. Diet	19
2.2.6. Environmental factors	20
2.3. Knowledge and practices on breast cancer & breast screening tests	21
2.4. Interventions on breast cancer	27
2.4.1. Screening interventions	27
2.4.2. Dietary interventions	30
2.4.3. Technological interventions	32
2.4.3. Treatment interventions	33
2.4.5. Educational Interventions	34
Chapter Three	
3. Materials and Methods	37
3.1. Design	37
3.2. The study area	37

3.2.1. Jerusalem Governorate	37
3.2.2. Al- Azaria and Abu-Dees	38
3.3. Sampling	39
3.3.1. The study population	39
3.3.2. The sample	39
3.3.3. Sampling Approach	39
3.4. Basic definitions and concepts	42
3.5. Ethical consideration	44
3.6. Data collection instruments	45
3.7. Pilot testing	46
3.8. Response rate	46
3.9. Limitation of the Study	46
Chapter Four	
4. Results	48
4.1. Socio Demographic characteristics	48
4.1.1. Age	48
4.1.2. Educational level	48
4.1.3. Type of Job	48
4.1.4. Marital Status	49
4.2. Reproductive health characteristics	50
4.2.1. Parity	50

4.2.2. Pregnancy status	50
4.2.3. Breast feeding	50
4.3. Knowledge on breast cancer	52
4.3.1. Examining the relationship between knowledge on breast cancer and demographic characteristics: age group, educational level; type of job	52
4.3.2. Examining the relationship between knowledge on breast cancer and knowledge and practices of the screening methods of the disease	55
4.3.3. Occurrence of breast cancer	56
4.3.4. Reasons for the occurrence of breast cancer	57
4.3.5. Signs of breast cancer	59
4.3.6. Treatment of breast cancer	60
4.3.7. Obesity and breast cancer	61
4.3.8. Barriers for the lack of information on breast cancer	62
4.4. Breast self-examination	63
4.4.1. Knowledge and practices of BSE	63
4.4.1.1. Distribution of the study population on the BSE variables	63
4.4.1.2. Investigate the relationship between group of age, educational level, type of job and the frequency of BSE	65
4.4.1.3. Examining the relationship between knowledge of BSE and practicing the BSE	66
4.4.2. Sources of information on BSE	67
4.5. Mammography	68
4.5.1. Knowledge and practices on mammography	68
4.5.2. Examining the relationship between knowledge on mammography and practicing mammography for the respondents in the two villages	68

4.6. Family history of breast cancer and BSE	69
4.6.1. Positive family history of breast cancer	69
4.6.2. Examining the relationship between positive family history and presence information on breast cancer	71
4.6.3. Examining the relationship between positive family history of breast cancer and knowledge and practices on BSE	72
4.6.4. Examining the relationship between positive family history of breast cancer and knowledge and practices on mammography	74
4.7. Activities of the health clinics and desire to learn on breast cancer	75

Chapter five

5. Discussion	77
Conclusion	82
Recommendations	83
Appendix 1	85
Appendix 2	90
References	95

List of Tables

Table Number	Title	Page
Table 1	Distribution of the study population by the socio-demographic variables	49
Table 2	Distribution of the study population by the reproductive health variables	51
Table 3	Distribution of the respondents according to their knowledge on breast cancer and different socio demographic characteristics	54
Table 4	Distribution of the respondents according to their knowledge on breast cancer and their knowledge and practices of the screening methods	55
Table 5	Distribution of the study population by their knowledge on the occurrence of the breast cancer variables	56
Table 6	Distribution of the study population by their knowledge on the reasons of breast cancer variables	58
Table 7	Distribution of the study population by their knowledge on the signs of breast cancer variables	59
Table 8	Distribution of the study population by their knowledge on the different methods of treatment variables	60
Table 9	Distribution of the study population by their knowledge on the presence of a relationship between obesity and breast cancer.	61
Table 10	Distribution of the study population by presence of knowledge on breast cancer and reasons for the lack of such knowledge	63
Table 11	Distribution of the study population by breast self – examination variables	64
Table 12	Distribution of the frequency of the BSE variables and the respondents' different socio demographic characteristics	65
Table 13	The relationship between knowledge on BSE and practices of BSE for the total respondents' in the two villages.	66
Table 14	Distribution of the study population by the source of information on breasts self – examination variables	67
Table 15	Distribution of the study population by their knowledge and practices on mammography variables	68