Effect of an Educational Program about Breast and Cervical Cancer on Knowledge, Attitude and practices of Working Women in Benha University

Protocol

Submitted for partial fulfillment of doctorate degree in Nursing sciences Maternal and New born Health Nursing ("Obstetrics and Gynecology)

By
Heba Abdel -Fatah Ibrahim

Supervisors

Prof. Dr. Galal Ahmed El-Kholy Professor of Obstetrics and Gynecology Faculty of Medicine Benha University

Prof. Dr. Nadia Mohammed Fahmy Professor of Maternity and Neonatal Nursing Faculty of Nursing Ain Shams University

Faculty of Nursing
Benha University
Breast cancer is a cancer that starts in the cells of the breast in women and men. Worldwide, breast cancer is the second most common type of cancer after lung cancer (10.4% of all cancer incidence, both sexes counted) and the fifth most common cause of cancer death. In 2005 breast cancer caused 519,000 deaths worldwide (7% of cancer deaths; almost 1% of all deaths) (World Health Organization, 2006).

National Cancer Institute in Cairo registry reported breast cancer to represent 35.1% of female cancers (El Saghir et al., 2007). Breast cancer being one of the leading cancers among women in developing countries, prevention or identification of the disease at an early stage is paramount importance in saving as well as improving the quality of life (Rao et al., 2005). As breast cancer represents an important public health problem, primary prevention should be given the highest priority in the fight against the disease. Early detection must be considered the best choice for reducing mortality. Breast self-examination, physical examination by the treating physician, ultrasound and mammography have been used along with other procedures to detect breast cancer early (Omar, et al., 2003).

Detection of breast cancer while it is still small and confined to the breast provides the best chance of effective treatment for women with the disease. Benefits of early detection include increased survival, increased treatment options and improved quality of life. For women, age remains the biggest risk factor in the development of breast cancer with over 70% of cases found in women aged 50 years and older. However, in younger women, tumors are likely to be larger and more aggressive and overall survival is lower than for older women with the disease. It is therefore important that women of all ages understand the importance of finding and treating breast cancer early (National Breast Cancer Centre, 2004).

Although breast cancer cannot be prevented, the risks of developing breast cancer can be minimized through specific preventive activities. These include changes in lifestyle, diet, overall physical characteristics and obesity, and interventions for women at high risk of developing breast cancer using estrogen-like compounds. The most important and beneficial protection activity is the early detection of breast cancer (screening) (World Health Organization, 2006).

Cancer of the cervix is the second most common cancer in women worldwide, with about 500,000 new cases and 250,000 deaths each year. Almost
80% of cases occur in low-income countries. Virtually all cervical cancer cases (99%) are linked to genital infection with human papillomavirus (HPV), which is the most common viral infection of the reproductive tract (World Health Organization, 2009).

Early detection and treatment has caused a marked decrease in mortality from cervical cancer, early detection through pap smear testing is recommended because 8 to 9 years is generally required for precancerous changes to progress to invasive carcinoma, also known as infiltrating cancer. Almost all early stage cancer can be effectively treated, pap smears can detect precancerous changes years before invasive cancer sit in (Littleton and Engebretson, 2005).

Because the disease progresses over many years, an estimated 1.4 million women worldwide are living with cervical cancer, and two to five times more up to 7 million worldwide may have precancerous conditions that need to be identified and treated. If it is not detected and treated early, cervical cancer is nearly always fatal. The disease, which affects the poorest and most vulnerable women, sends a ripple effect through families and communities that rely heavily on women’s roles as providers and caregivers (Ashford and Collymore, 2005).

WHO recognizes the importance of cervical cancer and other HPV-related diseases as global public health problems and recommends that routine HPV vaccination should be included in national immunization programmes, provided that prevention of cervical cancer or other HPV-related diseases, or both, constitutes a public health priority; vaccine introduction is programmatically feasible; sustainable financing can be secured; and the cost effectiveness of vaccination strategies in the country or region is considered (World Health Organization, 2009).

Advanced practice nurses in the oncology setting are ideal healthcare providers to assess patients' risk of breast and cervical cancer, determine physical findings that can influence that risk, provide risk education, synthesize existing data, and make recommendations for lifestyle changes, and genetic counseling and testing. Limitations in the existing data in cancer prevention provide excellent opportunities for nursing research (Vogel, 2007).

There is a need for culturally sensitive and linguistically appropriate educational material to increase the awareness and understanding of cervical cancer and the benefits of cervical screening and to increase discussion about cervical screening in order to get support from families, friends, and communities to encourage women to have regular screening (Gao et al., 2008).
**Significance of the study**

A recent article about breast cancer in Cairo indicates a high incidence rate of 8 per 1000 breast cancer cases upon first screening of a target group, which suggests that many women in the community with early but palpable breast cancer fail to seek medical attention until their cancer is advanced. National Cancer Institute of Cairo data showed breast cancer stages III and IV to be around 80–90% (*El Saghir et al., 2007*). One of the barriers to breast and cervical cancer screening is the attitude of some women. Generally, a low level of knowledge, acculturation and modesty are factors resulting in a low acceptability of screening. Hence, there is a need for a public education program to encourage and inform about breast and cervical cancer and the benefits of screening, as well as to dispel myths and misconceptions (*Tan et al., 2007*).
Aim of the study

To study the effect of educational program about cervical and breast cancer on knowledge, attitude and practice of working women in Benha University, this aim will be attained through

- Assessment women's knowledge, attitude and practice about cervical and breast cancer.
- Designing and implementing an educational program about cervical and breast cancer.
- Evaluate the effect of the educational program on women's knowledge, attitude and practices about cervical and breast cancer.

Research Hypothesis

- The majority of working women in Benha University have a lack of knowledge and poor attitude and practices about cervical and breast cancer, before application of program.
- After the application of program, working women in Benha University knowledge, attitude and practices about cervical and breast cancer will improved.
Subjects and Methods

Study Design

Interventional study

1- Technical Design

A) Research setting

The study will be conducted at Benha University faculties

B) Sample

- Type:

  Simple random sample

- Size:

  Around 300 women

- Sample technique:

  - 50% about (6 faculties) of the total 12 of Benha University faculties will be selected randomly
  - 50% of the working women in the selected (6) faculties will be selected randomly.

- Criteria:

  - Age from 20 to 59 years
  - Not had a history breast or cervical cancer
  - Not under the treatment of chemotherapy or radiotherapy

- Ethical and legal considerations:

  - The aim of the study will be explained to each woman's before applying the tools to gain their confidence and trust.
- An oral consent will be obtained from each woman's to participate in the study and withdrawn when she need.
- The study will be not having any physical, social, or psychological risks on the participant.
- Data will be collected and treated confidentially.

C) Tools of Data collection

Three tools will be used for collecting data

I- **Self administrated questionnaire sheet**

It will include the following;

**Part (1):**

Socio-demographic data as (name, age, and level of education ….,etc).

**Part (2):**

Assessment the knowledge of working women in Benha University as regarding to cervical and breast cancer as (definitions, abnormal sign and symptoms, risk factors and early detection measures…..,etc).

II- **A modified likert scale:-**

Will be used to assess attitude of the working women in Benha University as regarding to cervical and breast cancer.

III- **An observation checklist:-**

Will be used to assess practice of the working women in Benha University as regarding to breast self examination.

IV- **A guide booklet:-**

Will be designed by the researcher using simple Arabic languages and different illustrated pictures in order to facilitate women's understanding.
2- Operational Design

A- Preparatory phase

Local and international related literatures about cervical and breast cancer that help in developing the tools were reviewed.

B- Pilot study

A pilot study will be carried out on 10% of the sample for the purpose of modification and clarification.

C-The educational program

Will be designed and implemented through four sequential phases:

First Phase:
Assessment of the knowledge, attitude and practice of the women about cervical and breast cancer through using the developed tools as a pre-test.

Second phase:
- Analysis of the pretest findings to detect women needs toward the cervical and breast cancer according the finding of a pretest.

Third Phase :( Planning &Implementation of the program)
General and specific objectives of the educational program will be designed after implementation of educational program which include 5 sessions for each faculty, which include the following items.
- Anatomy and physiology of female reproductive organs and breast
- Breast and cervical cancer prevalence, definitions, abnormal signs and symptoms, risk factors and their impact on various aspects of life.
- Early detection and screening measures and it's importance
- Demonstration and re-demonstration to practice the breast self examination

The time of each session will be verified 30 minutes, different teaching methods e.g. (Lectures, group discussion, role play and demonstration and re-
demonstration) will be used. Women's knowledge, attitude and practices will be evaluated by the end of the sessions as a post-test.

**Fourth Phase:**

Follow up test will be conducted after 3 months using the same post-test tool.

### 3- Administrative Design

An official letter signed from the dean of Benha Faculty of Nursing contains the title and objectives of the study will be directed to the chairman of Benha University then the deans of the selected faculties to obtain the official agreement to conduct the study.

### 4- Statistical Design

Data collected will be tabulated and analyzed using the appropriate statistical techniques.

**Discussion**

Discussion of the obtained findings will be done in the light of related local and international references.

**Conclusion and Recommendation**

Appropriate Conclusion and recommendations will be made on the finding of this study.

**Summary**

Appropriate summary will be made on the finding of this study.
References


