

KNOWLEDGE, ATTITUDES AND SOURCES OF INFORMATION RELATED TO MAMMOGRAPHY AMONG WOMEN IN SHKODRA, ALBANIA

Zamira SHABANI¹, Marta MARKAJ², Raimonda DODA¹, Nora FRROKU³, Arlinda RAMAJ⁴

¹ Department of Nursing, Faculty of Natural Sciences, University of Shkodra "Luigj Gurakuqi", Shkoder, Albania;

² Regional Hospital of Lezha, Hemodialysis Department "Diavita", Albania

³ Health Center Postribe, Public Health Directory of Shkodra, Albania

⁴ Faculty of Public Health, University of Medicine, Tirana, Albania.

INTRODUCTION

Screening mammography (SM) is an important tool for detecting early breast cancer. SM refers to x-ray examination of the breast for women who are asymptomatic, that is, have no apparent breast problems [1]. Estimates of SM sensitivity range from 75 to 90%, with specificity ranging from 90% to 95% [2]. The positive predictive value of SM for breast cancer ranges from 20% in women under the age of 50 years, to 60 and up to 80% in women aged 50-69 years. Randomized clinical trials have demonstrated a 30% reduction in breast cancer mortality in women 50-69 years who are screened annually or biannually with mammograms. The data on women under age 50 years are less clear [2]. Conclusions on the value of SM in these women have been hampered by inadequately designed studies, including the failure of randomization and inadequate sample size, low compliance in the intervention group, and high screening rates (cross-over) in the control groups [3,4]. A few studies have suggested adverse effects on mortality in the early years after screening implementation, but both the occurrence and potential etiology of these effects are poorly understood [4,5]. In many countries, screening programs are mandatory for women over 50 years of age. This is due to the higher incidence of breast cancer in older women there, consideration of cost-benefit ratio, and past fears about radiation risks in younger women [6,7]. One review discounts the last factor, indicating that even in women as young as 25, the benefits of mammographic screening far outweigh any risks [8]. The lack of public knowledge about cancer is a potential barrier preventing people from participating in such studies and in cancer control activities [9,10]. Mammography, a screening procedure, is an x-ray examination of the breast that has decreased the risk of death from breast cancer by 25 to 30% [11].

The aim of this study was to assess the level of knowledge and attitude as well as sources of information regarding mammography in Shkodra, the largest region in north Albania.

BACKGROUND: Breast cancer screening procedures include: clinical examination, self examination and mammography. Mammography screening is used to detect breast cancer in women who are asymptomatic, so that should not be problematic signs associated with breast cancer. The aim of this study is to evidence the level of knowledge and attitude related to mammography test among women in Shkodra city.

METHODS: This study was conducted as a descriptive and cross-sectional research design. The study was conducted in Shkodra city during the period January - February 2017. The study sample consisted of 200 women. In this study there were completed 200 questionnaires. The information was collected through self-report. We held random cases in different health centers at family doctor among women over 30 years old. All cases were women that go randomly to family doctors to take different health services. All data collected were calculated with the SPSS 20 program. A structured questionnaire was used including several closed questions. The questionnaire measured the information, attitudes and convictions related to mammography. The privacy of participating women was protected.

RESULTS: The total number of females who participated in the study was 200, with a response rate of 100%, min=30, max=68, mean=45.5, range=38. The majority of participants (63%) were over 45 years old and 37% were between 30-45 years old. The female with an elementary level of education constituted 56% of the sample, while 31% had a high school level and only 13% the university level. The majority of participants (70%) were housewives, and only 30% were employed. The majority of participants were married (89%), 7% of them were widowed and 4% were single.

CONCLUSION: The analysis revealed that the only two variables that were significant and positively associated with a positive attitude toward mammography were the positive family history of breast cancer ($p<0.0001$) and the participant's level of education ($p<0.007$). Poor knowledge and attitude were observed among 57% of all participants, especially in relation to not having mammography done.

Keywords: Albania, attitude, breast cancer, mammography screening, knowledge.

METHODS

This study was conducted in the period January-February 2017. The population in this study consisted of women between 30-65 years old in Shkodra city. The total number of women was about 200, and was composed from females with miscellaneous jobs. A simple random sampling approach was employed.

Participants were asked using a structured questionnaire.

The variables in the questionnaire concerned: marital status, number of children, level of education, occupation, history of previous mammography, family history of breast cancer, number of mammography tests done, who made the decision about mammography, motive for doing mammography, reasons for not doing mammography, sources of knowledge about mammography, and a series of seven questions describing the positive or negative attitude toward mammography screening.

The data was analyzed using the Statistical Package for Social Sciences (SPSS 20).

RESULTS

The total number of females who participated in the study was 200, with a response rate of 100%. The

majority of participants (63%) were over 45 years old and 37% were between 30-45 years old. The female with an elementary level of education constituted 56% of the sample, while 31% had a high school level and only 13% the university level.

The majority of participants (70%) were housewives, and only 30% were employed. The majority of participants were married (89%), 7% of them were widow and 4% were single.

About 82% of participants have 1-4 children, 11% didn't have any and only 7% have more than 5 children. The familiar anamnesis related to breast cancer was negative in the majority part of the participants. Overall, 158 (79%) of women declared that have had a negative familiar history with breast cancer, while 42 (21%) have had a positive familiar history. Regarding experiences with mammography, 114 (57%) of women didn't have previous experiences with mammography and 86 (43%) women had previous experience with mammography. The group of women who had a mammography experience, 56 (28%) of them had it done once, 28 (14%) twice and 2 (1%) three times.

Also, the decision for mammography for 35 (80%) of the participants was made by themselves, while for 8 (19%) the decision had been made by others.

A total of 86 (43%) participants were motivated to have a mammography test. About 81% of them decided by themselves to do this test and 19% of cases were the others that took this decision instead of them. The motif they were pushed to take this exam was for different reasons: 56 (65%) for fear of cancer and 16 (18%) based on their knowledge wanted to be exanimate, 4 (5%) because they were diagnosed before with cancer and 10 (12%) did it for different reasons.

As we can show in the Figure 1, however, 114 (57%) participants did not have a motif to have a mammography. The absence of motivation was that they have had no breast problems for 62 (54%) of them, were afraid of discovering that they had cancer 30 (26%) of them, or were too busy 6 (5%) to be exanimate. They admitted different reasons: could not afford the cost 4 (4%), were afraid of radiological hazards 4 (4%), or different reasons such as uncertain of its benefits 8 (7%) for their life.

In Figure 2 are presented the main source of knowledge about mammography was uncertainly from the mass media 122(61%), private doctors 26 (13%), personal knowledge and conviction 50 (25%), their partner 2 (1%).

There were significant differences in the relationships between two variables (positive family history with breast cancer and previous experience with mammography). Pearson Chi-Square = 12.15, d.f.=1, p<0.0001. Also, significantly more participants with a positive family history of breast cancer displayed a positive attitude than those with a negative family history (P< 0.0001).

The women that are more predisposed to do the test were those that have had some other familiar diagnosed with breast cancer. They are more informed about the importance of early breast cancer screening.

There were significant differences in the relationships between two variables (level education and previous

Figure 1. Lack of motivations for mammography

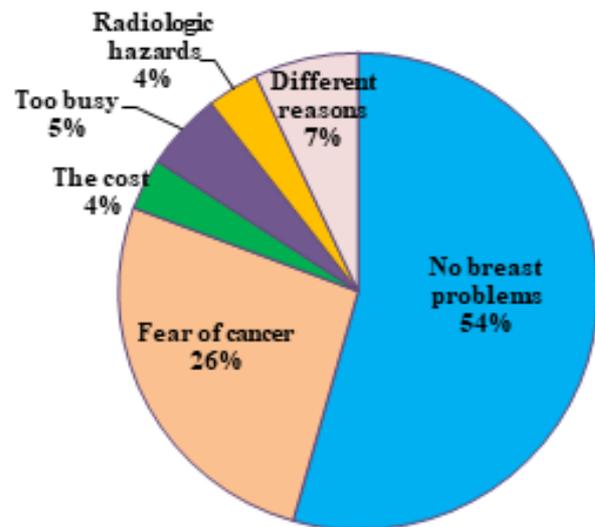
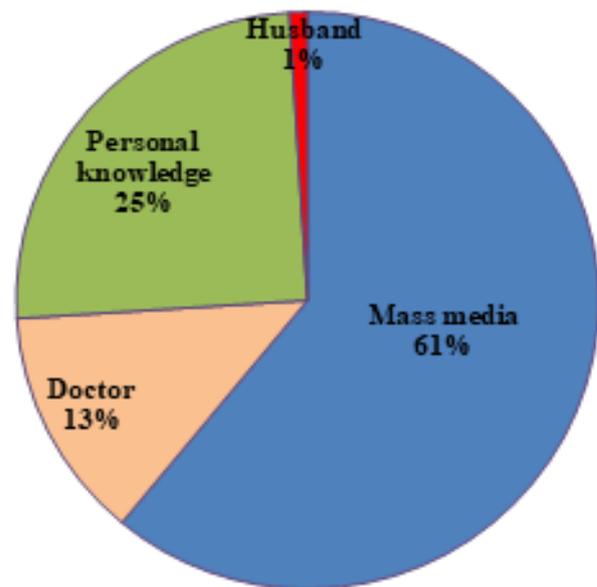


Figure 2. Sources of knowledge about mammography



experience with mammography) Pearson Chi-Square = 9.84, d.f.=2, p=0.007. The participants with the highest level of education displayed a positive attitude compared with a low level of education. The women that are more predisposed to do the test were those that have a university degree. They are more informed about the importance of early breast cancer screening.

DISCUSSION

In our study conducted in the main region of north Albania, there was no significant relationship between the positive attitudes towards screening mammography with any of the other variables studied in this survey. The analysis revealed that the only two variables that were significant and positively associated with a positive attitude toward mammography were the positive family history of breast cancer and the participant's level of education.

The delay may be due to the ignorance about this disease, low level of education and/or the inaccessibility of specialized medical care.

Positive family history of breast cancer was the most significant factor that was positively associated with individual knowledge and attitude towards screening mammography ($p < 0.0001$). There was a significant association with the level of education ($p < 0.007$). Poor knowledge and attitude were observed among 57% of all participants, especially in relation to not having mammography done or not wishing to have it done. The sources of knowledge about mammography consisted of the mass media, private doctors, personal knowledge and conviction, husband. This study showed that there has been deficient knowledge and attitude toward screening mammography especially among the less educated, and stressed the need for health education on the importance of screening.

Similar to previous reports from the international literature, the lack of public knowledge about cancer is a potential barrier also in Albania preventing people from participating in such studies and in cancer control activities [9,10].

More work should do the media, private doctors on community education for the successful implementation of activities on cancer control and disease prevention. A joint effort by the primary care physician and community oncologist in this task will be necessary. The development of more widespread screening and educational programs will be of benefit to the women in all regions of Albania.

Overall, this study provides evidence about the level of knowledge, attitude and sources of information regarding mammography among women in Shkodra, which constitutes the largest region in north Albania, a transitional country which is striving toward universal health coverage.

Conflicts of interest: None declared.

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