

# The Effect of Educational Intervention on Breast Cancer Self Examination Using BASNEF Model in Women Working in Comprehensive Health Service Centers in Shushtar

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## Abstract

**Objective:** Breast cancer is the most common type of cancer and the second leading cause of cancer death among women. Early detection of breast cancer leads to almost complete cure. Breast cancer screening includes breast self-examination, clinical breast examination, and mammography.

**Methods:** This is an interventional (descriptive) study. The study population was 400 female employees working for 20 years-45 years under the auspices of Shushtar health centers. Which were randomly divided into two groups of intervention (n=100) and control (n=100). The educational intervention was performed in two sessions of 60 minutes. Data were collected by completing a questionnaire as well as a performance checklist during a direct interview before the educational intervention and two months after. After co-ordination with all health centers in Shushtar city and making available the population of women working staff aged 20 years-45 years, sampling was performed in two stages. In order to analyze the data using SPSS software. Ver 25. To describe the data, frequency, percentage, mean and standard deviation, ANOVA and paired analysis test will be used.

**Results:** 400 women working in comprehensive health centers in Shushtar city were investigated in this study. Most of the surveyed working women were 35 years-40 years old (32/5) 130. The highest rate of marital status of working women is married (60) 240. Likewise, the results showed that the education level of most working women (45) was 180 of the participants in the bachelor study. The results of the t-test showed that there was a significant difference between all the components of breast self-examination before and after the intervention. The results of the paired t-test showed that there was a significant difference between all the components of breast self-examination before and after the intervention.

**Conclusion:** BASNEF model was effective in breast self-examination training in women aged 20 years-45 years in Shushtar comprehensive health centers and increased the scores of knowledge, attitude, abstract norms, enabling factors and performance.

**Keywords:** Breast self-examination • Knowledge • Attitude • Working women • Comprehensive health service centers

## Introduction

Breast cancer is the most common type of cancer among women around the world. This type of cancer is the fifth leading cause of death among all types of cancer and the second leading cause of

death in Iran after gastric cancer. Currently, this type of cancer is the most common cancer in developed countries and in developing countries. According to world health organization reports in 2008, 1.38 million new cases (23% of all cancers) were estimated. The death rate from breast cancer is high, with 458,000 people dying from

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the disease each year worldwide. The rate of new cases in Iran is 5692 tests per year (22% of all cancer cases among women) and the resulting mortality rate is estimated at 2614 cases per year [1]. Breast cancer is also the most common type of cancer among American women and is the second leading cause of death. In 2012, there were 22,880 new cases of invasive breast cancer and 39,510 deaths among American women. Over the last 20 years, the incidence and mortality rate of breast cancer in less developed countries has increased rapidly [2]. Iranian women get this type of cancer at least a decade earlier than other women in developed countries. Studies in Iran show an increase in its incidence and prevalence in recent years [3]. Many factors play a role in the pathogenesis of cancer, including family history, age, physical activity, diet and obesity. Anti-cancer is multidisciplinary and includes surgery, radiation therapy, chemotherapy and medication [4]. The survival rate of breast cancer is very different among the countries of the world, so that 80% in North America, Sweden and Japan varies up to 60% in middle-income countries and below 40% in low income countries, which resulted from The lack of premature diagnostic programs and lack of sufficient diagnostic and therapeutic facilities in low income countries. Breast cancer with 21.4% of the most common cancer in Iranian women [5]. The age of breast cancer in Iran is 10 years earlier than advanced countries. The most common age in Iran is 45 years [6]. One of the most important measures for early diagnosis of breast cancer is regular examination for information on the early stages. The self-examination by the individual is the most important action in identifying the tumor in the early stages so that more than 65% of all breast masses are discovered by the patient and in patients who regularly participate in breast self-examination programs. More than 85% of the specified lesions are detected by the patient itself [7,8]. This disease is also associated with age, so that 85% of breast cancer is diagnosed among women over 40 years of age. Women with breast cancer are more at risk for secondary cancers, especially uterine cancer and ovarian. Various factors are involved in the rate of cancer. These factors include: Age, premature maturation, late menopause, age of the first pregnancy, lactation duration, number of delivery, obesity and high fat intake in nutrition and positive family history [9]. One of the most important axes in controlling and prevention of disease, health education to society, health education is at risk or group that plays a major role in controlling the disease [10]. Awareness of people about illness is considered to be the basis for health education and giving information, changing attitudes and behavioral changes is one of the main goals of health education [11]. Being a woman and age, two important and irreplaceable factors in breast cancer disease, hence control and prevention of breast cancer are a serious and major health problem in women's health [12]. It should be noted that more than 80% of breast cancer is seen in women who have no risk factor, and it may be completely asymptomatic and still the main cause of the disease is unknown and a clear manner in preventing breast cancer. does not have. According to the world health organization, the best way to control it is diagnosis (early) of the disease [13]. The disease in our country is at the head of women's cancers, and its prevalence studies are more regional and unfortunately, due to the lack of critical registration of critical events, especially cancer, it can not be expressed in the incidence test, prevalence and rate of accurate mortality due to A definite opinion [14]. But according to experts, our country is not prevalent in terms of breast cancer, except for low logic, and studies show that Iranian women are infected from their Western counterparts 10 years

earlier [15]. Researchers consider the high mortality rate of women due to breast cancer due to late diagnosis of the disease, and the success of advanced countries in the control of mortality and other consequences of the disease depends on the timely detection of its (early) diagnosis, because survival The individual is directly related to the stage of the disease at the time of diagnosis [16]. Talama during the past 30 years, researchers are trying to explain the performance of breast cancer control using educational models and behavioral theories such as planned behavior theory, model of change, health belief model, precautionary adaptation process model The theory of logical practice and social learning theory [17]. Unfortunately, fundamental and preliminary information on how this behavior is very limited among women in our country, and so far no reports have been published or not available to researchers. According to the study, 70% of cancer women in Iran died due to delay in referral for diagnostic tests and the advanced stages of the disease in a short time [18]. Studies show that prognosis deterioration is proportional to the rate of cancer progression. The higher the speed of progress, the prognosis of worse and the number of survivors is lower after 5 years. Breast cancer metastases are usually performed by lymph node or vascular system to other parts of the body [19]. In a study that was conducted as a study of breast cancer screening tests and its effective factors in women referring to health centers in Ardabil in 2009 by salimi permar and colleagues, it was determined that due to the low level of cancer screening tests breast and identifying factors affecting it, provide appropriate training programs and interventional studies. In the study of Hassan the implementation of regular training and educational programs regarding the prevention of breast cancer, especially breast self-examination, breast examination and mammography were emphasized. In the review and colleagues, it was shown that women to increase their level of knowledge and attitude toward breast cancer and relevant screening programs, and, consequently, increasing their participation in these screenings to regular health education programs and compiled in The relationship with the prevention of breast cancer needs. The necessity of doing this study shows that the decision of individuals is dependent on their ideas and attitudes to perform breast cancer screening methods. By designing and implementing an educational intervention program based on the health belief model, people's attitude toward breast cancer screening methods, which ultimately change the attitude of individuals about performing screening methods to eligible women company Breast cancer screening programs leads. Therefore, we investigate the effects of educational intervention using the BASNEF model in the behavior of breast cancer in women in Shushtar city [20].

## Materials and Methods

- First, we conducted a cross-sectional study and then based on the results of that interventional study. The statistical population in this study was women working in comprehensive health services.
- The criteria for entering the study included the age range of between 20 years and 45 years, lack of history of breast cancer and residence in Shushtar city.
- The exit criterion of study included an unwillingness to participate or continue participation in the study.
- They were selected randomly in the winter of 1400. For this purpose, the list of comprehensive health centers in Shushtar city

was prepared and then 18 comprehensive health care centers were selected randomly from them. Sample size using kappa pocac (Relationship 1) and 95% reliability, 80% power and P1 allocation equal to 0.5 to adopt pre-interventional behaviors and P2 Baber with 0.75 to adopt preventive behaviors First, we did a cross-sectional study and then examined the results of that interventional study. After intervention, including 200 people for each experimental group. In order to consider the loss of samples in each group, 10 were randomly divided into two groups of intervention and control (400% and each group of 200).

**Relationship 1**

$$N = \frac{s_1^2 + s_2^2}{(\mu_2 - \mu_1)^2} f(\alpha, \beta)$$

Researchers will emphasize the option of participating in research and confidentiality of their information. The questionnaires were completed by the researcher for 30 minutes in the case of illiterate people with reading all questions. The data collection tool was designed by Sadeghi and colleagues (1394). Attitude and performance questions Includes 8 questions that are set up based on the Likert five option and fully agree with the results. Was 8 to 40 questions capable factors were 7 questions two options and the correct answer was 2 and the scores of scores were 7 to 14 investigating abstract norms to determine which people in breast self-examination behaviors were important included a five-choice question that responded to their frequency was calculated.

In this research, in order to determine the content validity of the questionnaire, all studies conducted in this field and studies questionnaire that were available and the initial draft was prepared according to the region's situation. The questionnaire was sent for 7 experts and professors of health and psychiatric education. After receiving comments on the need for questions, its relationship with the subject, and the understandability of the questions, the next version was prepared and designed in a number of women to avoid ambiguity in the questions. Therefore, some complex, irrelevant and inaudible phrases were eliminated and some other phrases were corrected. To determine the reliability, the questionnaire was completed by 30 samples. Then, using Cronbach's alpha test, the coefficient of knowledge about 0.86, an attitude of 0.81, 0.78 yield, 0.83 enabling factors and abstract norms were 0.90.

In this part of the researcher, after obtaining a license from the ethics committee of shiraz university of medical sciences and

coordination with comprehensive health service centers, after holding a justification session, a cross-sectional study was performed on 400 employed women, then based on the results of cross-sectional study, study The intervention was semi-experimental. Then, based on the results, the educational intervention of the pre-test questionnaire will be completed by the samples. Breast self-examination training and completion of questionnaires were conducted by capable midwifery experts in terms of communication and interest in training centers. After coordination with all comprehensive health service centers in Shoushtar and the availability of women aged 45 years-45 years old, sampling was carried out in two stages. In the first stage, using a randomized sample size classification method in each region In the second stage, simple random sampling method was selected in each facility. First, the pre-test questionnaire was completed during an interview with trained midwifery. Then, 400 intervention groups were divided into four groups of 100 people and the educational program was conducted at the site of comprehensive health service centers for the intervention group. The training program included two training sessions for one hour to be held in a speech, group discussion and practical work by trained midwifery. In the first session, in the case of breast anatomy and physiology, breast cancer and its diagnostic methods, and in the second session were explained in breast self-examination and its stages, then the breast self-examination steps explained by each of the women on their own self and pattern and the opportunity was given to practice on the model and feedback was given.

After 6 months of classes, post-test questionnaires were completed by trained midwife for two intervention and control groups. The collected data were analyzed by SPSS software version 25 using *Chi-square*, independent t-test, paired t-test and a significant level of test was considered 0.05.

**Results**

**Research findings**

400 women employed comprehensive health centers in Shushtar, in this study, were examined for two groups before and after intervention. Most employed women had 40 years-35 years old (32.5) 130. The highest level of marital status of women is married (60) 240. The results showed that the level of education was more employed (45) of 180 participants in a bachelor's study (Table 1).

Variable		(%) Number
Age	20-30	92 (23)
	30-35	78 (19.5)
	35-40	130 (32.5)
	40-45	100 (25)
Marital status	Singel	87 (21.8)
	Married	240 (60)
	Divorced	29 (7.2)

	Widowed	44 (11)
Education	Diploma	70 (17.5)
	Associate degree	150 (37.5)
	Bachelor	180 (45)
History of cancer	Yes	98 (24.5)
	No	302 (75.5)
Lactation history	Yes	283 (70.8)
	No	117 (29.2)
History of breast self-examination	Yes	66 (41.5)
	No	234 (58.5)

**Table 1.** Describes the frequency of initial variables participating in the study.

The results of the t-test showed that there was a significant difference between all components of breast self-examination before and after the intervention (P<0.05) (Tables 2 and 3).

Components of breast self-examination	Before intervention	3 months after the intervention	P-value
	Standard deviation ± mean	Standard deviation ± mean	
Awareness	3.36 ± 15.60	3.51 ± 15.88	0.001
Attitude	4.59 ± 29.84	4.59 ± 29.84	0.001
Enabling factors	2.52 ± 6.47	2.22 ± 7.22	0.001
Function	2.69 ± 8.96	2.63 ± 8.88	0.001
Abstract norms	2.69 ± 8.92	2.61 ± 8.40	0.001

**Table 2.** Comparing the mean and standard deviation of breast self-examination components before and after the intervention.

Components of breast self-examination	Before intervention	3 months after the intervention	P-value
	Standard deviation ± mean	Standard deviation ± mean	
Awareness	3.36 ± 15.60	3.51 ± 15.88	0.001
Attitude	4.59 ± 29.84	4.59 ± 29.84	0.782
Enabling factors	2.52 ± 6.47	2.22 ± 7.22	0.001
Function	2.69 ± 8.96	2.63 ± 8.88	0.924
Abstract norms	2.69 ± 8.92	2.61 ± 8.40	0.001

**Table 3.** Comparing the mean and standard deviation of breast self-examination components before and after the intervention.

The results of the paired t-test showed that there was a significant difference between all the components of breast self-examination except attitude and performance before and after the intervention (P<0.05).

## Discussion

The purpose of this study was to investigate the effect of educational intervention on breast cancer self-examination using the bezenf model in women working in comprehensive health service centers in Shushtar city. Breast cancer is one of the diseases that the major contribution of its prevention is entrusted to individuals, and

their knowledge, attitude and performance in various fields of prevention and control, especially screening, participation in training sessions and breast self-examination are of great importance. The results of this study showed that the number of 400 women working in comprehensive health centers of Shushtar city were examined in this study. Most of the surveyed working women were 35 years-40 years old (32/5) [21]. The highest rate of marital status of working women is married (60) 120. Likewise, the results showed that the education level of most working women (45) 90 of the participants in the postgraduate study was higher, this result is in agreement with the results of Mebeli, et al. educational intervention

based on the theory of planned behavior on performing breast self-examination in women who refer to health centers have been studied.

The results of the paired t-test showed that there was a significant difference between all the components of breast self-examination before and after the intervention.

In a study conducted by Robinson Lauren with the participation of Sydney women [22]. It was shown that the average awareness of people about breast cancer screening was weak, which could be the reason for the conflict between this study and the current study due to the difference in study locations and in the study that Latif Rabia conducted with the participation of Saudi women [23]. It was shown that the average score of people's awareness was average and their breast cancer screening behaviors were weak, which is almost consistent with the results of the present study. In the results of the Ghadazandeh study in Sari, it was shown that the level of awareness of the participants about breast cancer and the screening program was average in 67.3% of them [24]. Also, Mahori's study is consistent with the results of the present study, and the reason these studies are consistent with the present research can be due to the similarity of the investigated groups [25]. The reason for the conflicting result of the present study with the studies mentioned above can be because of the place and questions that were chosen to conduct the study, and the reason for the conflict between these two studies can be due to the difference in the studied population, cultural differences or the use of different tools to evaluate the attitude of women should be investigated. Based on the results regarding the relationship between demographic characteristics and knowledge and attitudes and preventive behaviors of breast cancer in the studied women, it was found that there was a significant relationship between the level of literacy and the level of knowledge, which is in line with the results of Mazloui and Khodayarian's (4) and Mahouri (10) were consistent, it seems that the similar results of the mentioned studies with the present study could be due to the fact that with the increase in the level of education of women, the probability of knowing and being aware of breast cancer increases, but the relationship No significance was shown between the level of literacy and the average score of attitude and preventive behaviors of breast cancer, which can be concluded that religious, psychological, as well as socio-cultural and economic factors can be more influential on attitude than the level of education and people. Those who have a higher education may not necessarily have a higher attitude towards health issues and preventive behaviors.

Also, Claudia studies health beliefs and breast cancer screening practices among African American women in California [26]. Numan effectiveness of an educational intervention on breast cancer screening methods, uptake, knowledge and beliefs among Yemeni female school teachers in the Klang Valley, Malaysia: A study protocol for a cluster randomized controlled trial [27]. Obesity and breast cancer screening: A cross-sectional survey of the behavioral factors surveillance system [28,29]. Mathiodatics to systematically investigate women's values and preferences regarding breast cancer screening and diagnostic services to predict women's goals for breast cancer screening based on the health belief model and the theory of planned behavior Korkut is consistent with the assessment of knowledge, attitudes and behaviors related to breast and cervical cancer in women in Western-Turkey [30-33].

## Conclusion

Considering the positive effect of the educational program based on BASNEF model on community activities, the importance of empowering women in promoting their health and prevention, as well as their sensitive role as models of future life, and also considering that applying the strategies of the education and community program through psychologists, health workers, public media, etc. It is recommended that training classes be held for different levels of women in different organizations and remind them of the need to increase responsibility in this important matter. Also, considering the great importance of the prevalence of cancer in human societies, including Iran, the use of emerging experiences and the emphasis on new scientific resources to promote this research and preventive behaviors among women, especially women at risk, requires special attention to the health system. In general, according to the mechanisms of BASNEF model, such as attention to the level of awareness and preventive behaviors, it can be said that the educational program is effective based on the level of awareness in women. The BASNEF model was effective in breast self-examination training in working women aged 20 years-45 years in Shushtar city and increased the scores of knowledge, attitude, abstract norms, enabling factors and performance.

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