Ministry of Higher Education and Scientific Research University of Basra College of Nursing

Knowledge of the students of University of Basra (Bab Al-Zubair Colleges campus) about Breast Cancer

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(بِسْمِ اللَّـهِ الرَّحْمَـٰنِ الرَّحِيمِ)

هُوَ الَّذِي بَعَثَ فِي الْأُمِّيِّينَ رَسُولًا مِّنْهُمْ يَتْلُو عَلَيْهِمْ آيَاتِهِ وَيُزَكِّيهِمْ وَيُعَلِّمُهُمُ الْكِتَابَ وَالْحِكْمَةَ وَإِن كَانُوا مِن قَبْلُ لَفِي ضَلَالٍ مُّبِينٍ (2)

(صدق الله العظيم)

سورة الجمعة / الآية رقم(2)

SUPERVISOR SUPPORT

I certify that this research entitled (knowledge of the students of university of Basra Bab Al-Zubair colleges campus about Breast Cancer) was prepared under my supervision at the College of Nursing, University of Basra as partial fulfillment of the requirements for the degree of baccalaureate in nursing sciences.

Lecturer

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Certification

We, the members of the examining committee, certify that after reading this thesis entitled **(Knowledge of the students of University of Basra (Bab Al-Zubair Colleges campus) about Breast Cancer),** which is submitted by **(Abdullah Imad Qassem, Ahmad Nazir Awad, and Abbas Kazem Talib),** and we have examined the student in its contents and what is related to it and we have decided that it is qualified for pursuing the degree of **(Baccalaureate) in (Nursing Sciences).**

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Sajad Salim Issa

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Date: / /2022

هدي هذا الجهد المتواضع:

إلى من ارتضى أن يكون الخريف لأكون أنا الربيع المزهر في هذا الكون أبي الغالي

إلى من سهرت وربت ليضاء في وجه الطريق ويبتسم على ثغر الزمان إلى من جعلت أناملي الدقيقة بصمة عز في كل مكان أمي الحنونة

إلى السوسن المزروع على طول الطريق, إلى من أظهروا لي ما هو أجمل من الحياة إخوتي

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Abstract

Background: Breast cancer is a disorder in which the cells of the breast get uncontrollably enlarge. There are various types of breast cancer. The type of breast cancer is determined by which cells in the breast become cancerous.

Objectives: To assess the level of knowledge of the university students about breast cancer and to assess the correlation between the socio-demographic characters of the participants and their knowledge about breast cancer.

Methods: A descriptive study was conducted on students of Bab Al-Zubair Colleges Campus about breast cancer. The period of the study was extended from the 15th of September 2021 to the 1st of April 2022. sample of the study was (200). To determine the content validity of the study, five experts were selected to review the questionnaire, and the reliability of the questionnaire is determined through the use of the Cronbach's Alpha test.

Results: The results of this study showed that 86% of the sample had poor knowledge about breast cancer, 13% of the sample had moderate knowledge and only 1% of the sample had good knowledge

Conclusions: The present study concluded that the nurses have poor knowledge about breast cancer.

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Chapter one
Introduction

Introduction

When healthy cells in the breast alter and expand out of control, they create a tumor, which is a mass or sheet of cells. Tumors can be malignant or benign. A malignant tumor is one that has the potential to grow and spread to other regions of the body. Benign tumor is a tumor that can develop but not spread. Breast cancer spreads when it invades nearby organs or other regions of the body, or when breast cancer cells travel through blood and/or lymph vessels to other parts of the body. This is referred as a metastasis. The stage of breast cancer refers to how far the cancer has progressed as well as whether or not it has spread. Breast cancer usually spreads to adjacent lymph nodes, but it can also spread to other parts of the body, including the bones, lungs, liver, and brain. Metastatic breast cancer is the most advanced form of the disease. Breast cancer can recur locally, meaning in the same breast and/or regional lymph nodes, following initial treatment. A distant recurrence (metastatic recurrence) can occur elsewhere in the body. [1]

Breast cancer is a disorder in which the cells of the breast get uncontrollably enlarge. There are various types of breast cancer. The type of breast cancer is determined by which cells in the breast become cancerous. Breast cancer can start in a variety of places in the breast. Lobules, ducts, and connective tissue are the three primary components of a breast. The glands that generate milk are known as lobules. The ducts are tubes that transport milk from the breast to the nipple. Everything is held together by connective tissue, which is made up of fibrous and fatty tissue. Breast cancer usually starts in the ducts or lobules. Breast cancer can spread to other parts of the body via blood and / or lymph vessels. When breast cancer spreads to other parts of the body, it is called metastatic breast cancer.[2]

To aid oncologic decision-making, cancer categorization strives to provide an accurate diagnosis of the disease as well as a prognosis of tumor behavior. Traditional breast cancer classification, which is mostly focused on clinical - pathological aspects and the use of routine biomarkers, may not be able to represent the wide range of clinical outcomes experienced by individual breast cancers. The biology that underpins cancer genesis and progression is complex. Recent high-throughput technology results have added to our understanding of the underlying genetic changes and biological processes in breast cancer. The information provides insights into new treatment strategies and patient stratifications that impact on the management of breast cancer patients. [3]

Breast cancer continues to be a global public health issue, and it is now the most frequent tumor on the planet. but still it is diagnosed in their advanced stages due to the negligence of women regarding the self-inspection and clinical examination of the breast. This review addresses anatomy of the breast, risk factors, epidemiology of breast cancer, pathogenesis of breast cancer, stages of breast cancer, diagnostic investigations and treatment including chemotherapy, surgery, targeted therapies, hormone replacement therapy, radiation therapy, complementary therapies, gene therapy and stem-cell therapy etc…for breast cancer [4]

Importance of the study:

This study carried out to assess extent of university students' knowledge about breast cancer at it is a widespread and serious health problem, including their knowledge about clinical picture, etiology, prevention, management and periodic self-examination for breast cancer. This study helps the participants to know about the spread of the disease and how to limit it.

Problem Statement

Knowledge of the students of University of Basra (Bab Al-Zubair Colleges campus) about Breast Cancer

Aims of the study

1. To assess the level of knowledge of the university students about breast cancer.
2. To assess the correlation between the socio-demographic characters of the participants and their knowledge about breast cancer.

Chapter Two
Review of literatures

2.1. Review of literatures

Breast cancer is a cancerous growth that develops in the glandular tissues of the breast. These tumors, also known as carcinomas, develop when the systems that regulate normal cell growth fail, allowing a single aberrant cell to multiply rapidly. Carcinomas, which kill an increasing amount of normal breast tissue over time, can migrate to other parts of the body, known as metastasis. Other than skin cancer, breast cancer is the most frequent cancer among women. It is a huge public health issue in many parts of the world, [5]

2.2. Epidemiology

Humans have known about breast cancer for a long time. For example, Edwin Smith Papyrus Jerahihacef cases of cancer Id. This medical text dates back to 3000-2500 BC The Renaissance saw the revival of surgery, with doctors to explore the human body. Select John Hunter, known as the father of the Scottish surgery survey, Lymph as a cause of breast cancer. Lymph is a fluid that carries white blood cells throughout the body. [6]

2.3. Etiology

1. Age.
2. Sex.
3. Family history and genetics.
4. Smoking.
5. Alcohol.
6. Obesity.
7. Radiation exposure.
8. Hormone replacement therapy. [7]

2.4. Clinical features

Cancer classification aims to provide an accurate diagnosis of the disease and prediction of tumor behavior to facilitate oncologic decision making. Traditional breast cancer classification, mainly based on clinic pathologic features and assessment of routine biomarkers, may not capture the varied clinical courses of individual breast cancers. The underlying biology in cancer development and progression is complicated. Recent findings from high-throughput technologies added important information with regard to the underlying genetic alterations and the biological events in breast cancer. [8]

2.5. Diagnosis

By analyzing a sample – or biopsy – of the afflicted area of the breast under a microscope, most types of breast cancer are easy to identify. There are also some forms of breast cancer that necessitate specialist lab tests. Physical examination of the breasts by a healthcare professional and mammography, the two most often used screening procedures, can provide an estimate of the risk that a lump is cancer and may also detect other abnormalities, such as a simple cyst. When these tests are unclear, a healthcare provider can take a sample of the lump's fluid for microscopic study (fine needle aspiration, or fine needle aspiration and cytology, Fine needle aspiration cytology (FNAC) to help determine the diagnosis. A needle aspiration can be done in the office or clinic of a healthcare professional. A local anesthetic may be used to numb the breast tissue to prevent pain during the treatment, but if the lump isn't beneath the skin, it may not be necessary. Clear fluid indicates that the bulge is unlikely to be carcinogenic, but bloody fluid should be examined under a microscope for cancerous cells. Physical examination of the breasts, mammography, and other tests are used together. Breast cancer can be diagnosed with a high degree of

accuracy with FNAC.A core biopsy or vacuum-assisted breast biopsy, both of which remove a part of the breast mass, or an excisional biopsy, which removes the entire lump, are two further possibilities for biopsy. Excisional biopsy as the definitive diagnosis and primary therapeutic approach is frequently justified by the results of a physical examination by a healthcare professional, mammography, and further tests that may be conducted in particular circumstances (such as imaging by ultrasound or MRI). [9]

2.6. Management

Breast cancer can be treated in a variety of ways. It is dependent on the type of breast cancer and the extent to which it has spread. Breast cancer patients frequently receive many treatments.

- Surgery. An operation where doctors cut out cancer tissue.
- Chemotherapy. Using special medicines to shrink or kill the cancer cells. The drugs can be pills you take or medicines given in your veins, or sometimes both.
- Hormonal therapy. Blocks cancer cells from getting the hormones they need to grow.
- Biological therapy. Works with your body's immune system to help it fight cancer cells or to control side effects from other cancer treatments.
- Radiation therapy. Using high-energy rays (similar to X-rays) to kill the cancer cells. [10]

2.7. Knowledge about breast cancer

Breast cancer incidence and death are significantly increasing in Asian nations. The majority of our existing information on breast cancer, on the

other hand, has come from Western populations. Because Asian and Western women have vastly different socioeconomic profiles, lifestyles, and cultures, and their genetic backgrounds differ to some extent, we must decide whether to 'accept' or 'adapt' Western information before using it in an Asian context. Breast cancer risk factors, which have mostly been examined in Western populations, are widely believed to be comparable across the world. The occurrence of gene–environment or gene–gene interactions, on the other hand, may change their relevance as causative factors in different populations. Diagnostic and prognostic research findings, such as breast cancer prediction criteria, are increasingly being found to be setting specific,' and hence must be confirmed in Asian women before being used in clinical treatment in Asia. Because of variations in tumor biology/profiles, medication metabolism, and health attitudes that might impact therapy acceptability and adherence, interventional study findings from Caucasian patients may not be relevant to patients in Asia. While breast cancer research in Asia is needed in many areas of medicine, diagnostic and prognostic studies are thought to be the most important for Asian breast cancer patients. In the meanwhile, international clinical studies with breast cancer patients from diverse Asian contexts are needed to get insight into the efficacy of novel treatment methods in this region of the world. [11]

Chapter three

Methodology

Methodology

Design of the Study

A study has been prepared on the knowledge of the students of the University of Basra Bab Al-Zubair about breast cancer

Setting of the study

After the study project was approved by the College of Nursing, the formal letter group began. Prior to data collection, permissions were obtained to conduct the study. Approval was obtained from the University of Basra, Bab Al-Zubair college campus. Then permission was obtained from the university students to collect data.

Study Sample

A random sample of (200) individuals from different age groups was selected within the University of Basra, collected from the colleges of Bab Al-Zubair

The study instrument

The study instrument is the questionnaire that was created and designed for the purpose of the study after extensive reviews of the available literature and related studies. The study tool consists of two parts. The first part includes the demographic characteristics of the participants from the study sample, and the second part includes questions about breast cancer.

This part related to the social and demographic characteristics of students consists of (5) items: age, gender, marital status, residential address, and type of college. Questions include risk factors, methods of diagnosis, treatment, and prevention.

Data collection

The data is collected through the use of a lengthy image questionnaire, and the researcher assumed full responsibility for the study interview after explaining and clarifying the objectives of the study, after taking the initial approval for the study.

The data collection was carried out from March 6, 2022 to March 10, 2022.

Validity of the Study Instrument:

The value of the competency assessment was determined by a fine of five experts from the College of Nursing / University of Basra. of the meal that qualifies them to examine the content of the questionnaire. These were occasions in terms of content and clarity, and some elements were accepted and others were added, after a face-to-face discussion with each expert, and after obtaining the explanation.

Statistical Data Analysis:

The data of the present study were analyzed through the use of Statistical Package of Social Sciences (SPSS) version 26. The following statistical data analysis approaches were used in order to analyze and evaluate the results of the study:

Descriptive Data Analysis:

a-   Statistical tables (Frequencies and percent).

b-   Arithmetic mean and standard deviation.

c- Mean of score (MS) and Relative sufficiency (R.S)

Inferential data analysis:

Chi-square - to test the differences between several categories of nominal scales.

Moral consideration

Subject consent according to study criteria was obtained from the study sample.

Chapter Four

Results

Chapter Four

Results of the Study

(4-1): Distribution of the Variables Related Demographic Characteristics N=200 Students

Table 4.1.1 Descriptive Statistics of Demographic Characteristics			
Demographic Variables	**Variables Classes**	**F**	**Percent**
Gender	Male	99	49.5 %
	Female	101	50.5 %
	Total	200	100 %
Age	Less than 20	37	18.5 %
	20-29	160	80 %
	30-40	3	1.5 %
	Total	200	100 %
Marital status	Married	25	12.5 %
	Single	175	87.5 %
	Total	200	100 %
Address	Al-Basrah	192	96 %
	Al-Nasiriyah	2	1 %
	Al-Kut	2	1 %
	Baghdad	3	1.5 %
	Diyala	1	0.5 %
	Total	200	100 %
College	Management and Economy	47	23.5%
	Literature	69	34.5%
	Law	12	6%
	Arts	13	6.5%
	Nursing	3	1.5%
	Al-Zahra's Medicine	8	4%
	Girl's Education	48	24%

F = frequency

According to this table, the socio-demographic characteristics of the students in this study were 50.5% were female (more than half), age group was (20-29) years (80%).Most of the students were single (87.5%). The highest percentage is seen with the nursing institute (41.5%) regarding educational levels. Regarding address, most of the students live in Al-Basrah. The highest percentage is from Literature College (48%).

(4-2): Students' Knowledge toward Breast Cancer

Table (4.2.2): Students' Knowledge toward Breast Cancer

Students' Knowledge						
Assessment levels	**F**	**%**	**Scale**	**Total**		
				MS	**Sd**	**Ass.**
Poor	173	86.5%	1 – 1.66	1.45	0.643	Poor
Moderate	26	13%	1.67 – 2.33			
Good	1	0.5%	2.34 – 3			
Total	200	100 %				

F = frequency, % = Percent, MS = Mean Score, Ass. = Assessment, Sd=Standard Deviation.

The results of this table indicate that most of the students (86.5%) have poor knowledge about breast cancer, (13%) of them have moderate knowledge, and only (1%) of them have good knowledge at the mean score and standard level deviation= (1.45+0.643) as shown in the figure (4.1.1).
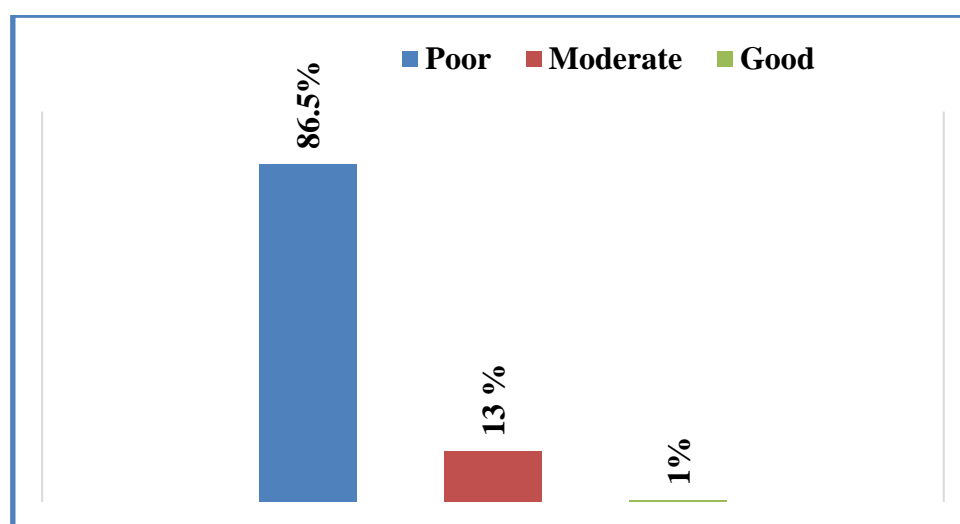

Figure 4.1.1 Students' Knowledge

Table (4.3.1): Relationships of Demographic Variables with Students' Knowledge   (all domains)

Df: Degree of freedom, P: Probability value, Sig= Significance, NS: Not Significant, HS: high significance

Demographic Variables	Variables Classes	Knowledge			Chi-Square (X^2)	df	P-Value	Sig.
		Don't Agree	Uncertain	Agree				
Gender	Male	83	15	1	1.879	2	0.391	NS
	Female	90	11	0				
Age	Less than 20	33	4	0	1.511	4	0.825	NS
	20-29	138	21	1				
	30-40	2	1	0				
Marital Status	Married	17	8	0	9.207	2	0.010	HS
	Single	156	18	1				
Address	Al-Basrah	167	24	1	5.516	8	0.701	NS
	Al-Nasiriyah	1	1	0				
	Al-Kut	1	1	0				
	Baghdad	3	0	0				
	Diyala	1	0	0				
College	Management and Economy	37	10	0	9.797	12	0.634	NS
	Literature	63	5	1				
	Law	11	1	0				
	Arts	10	3	0				
	Nursing	3	0	0				
	Al-Zahra's Medicine	8	0	0				
	Girl's Education	41	7	0				

This table shows a significant relationship between students' marital status and their knowledge toward breast cancer at a P-value ≤ 0.05.

Also, the results of this table shows there is no significant relationship between students' (gender, age, address, and college) and their knowledge about breast cancer at a P-value >0.05.

Chapter Five

Discussion

Discussion

When healthy cells in the breast alter and expand out of control, they create a tumor, which is a mass or sheet of cells. Tumors can be malignant or benign. A malignant tumor is one that has the potential to grow and spread to other regions of the body. Benign tumor is a tumor that can develop but not spread. Breast cancer spreads when it invades nearby organs or other regions of the body, or when breast cancer cells travel through blood and/or lymph vessels to other parts of the body. This is referred as a metastasis. The stage of breast cancer refers to how far the cancer has progressed as well as whether or not it has spread. Breast cancer usually spreads to adjacent lymph nodes, but it can also spread to other parts of the body, including the bones, lungs, liver, and brain. Metastatic breast cancer is the most advanced form of the disease. Breast cancer can recur locally, meaning in the same breast and/or regional lymph nodes, following initial treatment. A distant recurrence (metastatic recurrence) can occur elsewhere in the body. [12]

The study found that around half (49%) of the women were aware of breast cancer. The women who were aware of breast cancer considered lump in breast (75%), change in shape and size of breast (57%), lump under armpit (56%), pain in one breast (56%) as the important and common symptoms. Less than one-fifth of the women who were aware of breast cancer reported early menstruation (5.6%), late menopause (10%), hormone therapy (13%), late pregnancy (15%) and obesity (19%) as the risk factors for breast cancer. The multivariate regression analysis showed women who had more than 10 years of schooling were about 4 times more likely to be aware of breast cancer than women who had less than 10 years of schooling. [13]

The results of this study suggest that community-dwelling women in Nigeria have rather poor knowledge of breast cancer. This may partly explain the late presentation seen in over 70% of women with the disease. A mean knowledge score of 42.3% with only 22.9% scoring 50.0% and above portray the abysmal level of ignorance about risk factors and common symptoms of breast cancer in Nigerian women. Unlike previous studies on this subject in Nigerian women, we have recruited community-dwelling women spanning a wide spectrum of age, occupation and educational status. The wide age coverage was deliberate as breast cancer shows a younger age profile in Nigerian women similar to reports in other populations of black descent in the Diaspora but contrary to the older age distribution in Caucasian women; the reported mean ages of 38, 44, and 48 years at presentation reported by various investigators in Nigeria support this proposition. [14]

The results of the survey demonstrated that although British women have good understanding of some aspects of breast cancer there is poor awareness of other important issues, including knowledge of non-lump breast symptoms and lifetime risk of developing the disease. The survey also highlighted important age and SES variations in knowledge of risk and of the range of potential symptoms of breast cancer. These variations may help to explain some of the differences in help-seeking behavior observed among women with breast cancer symptoms in the UK. [15]

In the present study, 73.5% of the respondents knew breast mass is one of the symptom of breast cancer, 47.6% answered correctly the questions about bloody nipple discharge, and 25.8% about nipple retraction. These findings are supported by Rabia, (2014) that stated 55.3% of the participants knew that a breast lump could be a warning sign of breast cancer and 34.7% knew about bloody nipple discharge. In another study

among female teachers in Selangor, Malaysia, only 61% and 16.6% knew that breast lump and nipple retraction could be warning signs of breast cancer, respectively (Parsa et al., 2008). Having adequate knowledge of breast cancer risk factors is the essence of primary prevention of breast cancer (Awatif, 2006). This study showed participants had low level of knowledge about risk factors of breast cancer. The most identified risk factors were age (65.4%) and having family history of breast cancer (75%). Majority of participants did not know the effect of use of oral contraceptives (33.7%), use of HRT (30.4%), drinking alcohol (34.7%) and obesity after menopause (31.3%) on breast cancer. These findings are supported

stated more than half (62%) of respondents had low level of knowledge on risk factors of breast cancer. Consequently, there is a need to provide health educational program for improving knowledge of breast cancer among young female [16]

About 76% of participants were aware that breast cancer is the most common cancer among women in Jordan. About 53.7% of our participants were rated as having an intermediate level of knowledge regarding risk factors, and 44% were rated as having a good to an excellent level of knowledge about breast cancer signs and symptoms. The participants' level of education was the main factor identified as influencing the participants' knowledge of the risk factors, signs and symptoms, and knowledge of early detection methods of breast cancer. The study sample was rated as having an intermediate level of knowledge regarding mammography screening; however, their participation in this screening method was low. [17]

Chapter six
Conclusion &
Recommendations

Conclusion

The recent study conclusion the followings:

1- Top females than males in the questionnaire either Pellnsph average percentage for ages less than 20 either high percentage stood 30 and 40 above the ratio of weak either marital status Pellnsabh lineage married a small percentage of many singles.

2- A high percentage of students were found to have poor of the disease, as the percentage of those without knowledge (86.5%), those moderate (13%) and those with good (1%).

3- It was found that gender, age, address and college had no relationship to the students' knowledge of breast cancer.

Recommendations

1- Induce continuous breast self-examination

2- Urging students to know the initial signs of breast cancer

3- It is necessary to organize and hold awareness campaigns and activities about breast cancer

4- Educating students on how to behave in the event of breast cancer

5- Urging married students to breastfeed because it reduces the risk of breast cancer

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Appendices

Appendix (1)

	اسم الخبير	الشهادة	التخصص	مكان العمل
	قائمة الخبراء			
	اسم الخبير	الشهادة	التخصص	مكان العمل
1	ا.د محفوظ فالح حسن	الدكتوراه	الفسيولوجيا	كلية التمريض
2	ا.د. سجاد سالم عيسى	الدكتوراه	طب الأسرة	كلية التمريض
3	ا.د. وصفي ظاهر عبد علي	الدكتوراه	الفسلجة	كلية التمريض
4	م.د. فراس عبد القادر	الدكتوراه	طب الأسرة	كلية التمريض
5	م .م دعاء باجي	ماجستير	صحة نفسية وعقلية	كلية التمريض

Appendices

Appendix (2)

لدكتور/ة:.....................................

.....................الفاضل/ة....

للمكانة العلمية المرموقة التي تتمتعون بها أعرض بين أيديكم استمارة استبانه مقترحة لبحث التخرج المبين عنوانها في أدناه , راجين من جنابكم الاطلاع عليها وتقويمها وعطاء ملا حظاتكم القيمة .

مع وأفر ألشكر وألتقدير

Knowledge of the students of University of Basra (Bab Al-Zubair Colleges Complex) about Breast Cancer

(معارف طلاب جامعة البصرة ─مجمع كليات باب الزبير ─حول سرطان الثدي)

اسم الخبير: ....

اللقب العلمي : ....

مكان العمل : ....

عدد سنوات الخبرة : ....

التوقيع : ....

اسم المشرف:م. د. هشام حسين عبد الرؤوف

الباحثون (عبدالله عماد قاسم , احمد نظير عواد , عباس كاظم طالب)

Appendices

الجزء الأول : المعلومات الديموغرافية للطالب

		أنثى		ذكر	الجنس	1
					العمر	2
أرمل/ة	مطلق/ة	أعزب/ عزباء	متزوج/ة	الحالة الزوجية	3	
			المحافظة	عنوان السكن	4	
				الكلية	5	

الجزء الثاني: المعرفة حول سرطان الثدي

لا أوافق	غير متأكد	أوافق	السؤال	
			التشخيص المبكر لسرطان الثدي يزيد فرص الحصول على نتائج أفضل بالعلاج	
			العوامل التي تزيد من خطر ألاصابة بسرطان الثدي	
			عوامل وراثية	ا
			الزيادة بالوزن و الكثافة العالية في نسيج الثدي	ب
			التاريخ العائلي من التعرض لسرطان الثدي	ج
			التدخين	د
			الوصول الى سن ألياس في سن مبكرة نسبيا	ه
			الفحص الذاتي للثدي يساعد في التشخيص المبكر لسرطان الثدي	
			العلامات المهمة للاصابة بسرطان الثدي تشمل:	
			ظهور احمرار او ما يشبه الجلد المجعد على سطح الثدي (مثل قشرة البرتقالة)	ا
			تراجع الحلمة و انقلابها	ب
			أفراز مادة شفافة ام مشابه للدم من الحلمة	ج
			تغير حجم او ملامح الثدي	د
			ظهور كتلة او تكثف في نسيج الثدي مع الالم غالبا	ه
			تغير حجم او ملامح الثدي	و
			معظم عقد (كتل) الثدي التي تصيب السيدات ليست سرطانية	
			الغرض ألاساسي و الوحيد من الفحص الذاتي للثدي هو البحث عن الكتل	
			الرضاعة الطبيعية تقلل من ألاصابة بسرطان الثدي	
			من الضروري تنظيم و اقامة حملات و أنشطة توعية حول سرطان الثدي	
			يتم تشخيص الاصابة بسرطان الثدي بواسطة	
			الفحص السريري	ا
			التصوير الطبي	ب
			الفحص النسيجي	ج
			هناك نسب وفاة كبيرة للمصابين بسرطان الثدي	
			النظام الغذائي يقلل الخطر من الاصابة بسرطان الثدي	
			ينتقل السرطان من الثدي المصاب ألى الثدي الاخر	
			الفحص الدوري كل1-2 سنوات يساعد في التشخيص المبكر للإصابة بسرطان الثدي	
			طرق علاج سرطان الثدي تشمل:	
			الاستئصال الجراحي	ا
			الادوية الكيمياوية	ب

Appendices

			العلاج بالهرمونات	ج
			استئصال الثدي المصاب يؤدي ألى الشفاء التام من المرض	
			سرطان الثدي يصيب كلا الجنسين	
			تناول الكحوليات بكثرة يزيد الاصابة بسرطان الثدي	
			النساء اللواتي يستخدمن حبوب منع الحمل اكثر عرضة للإصابة بسرطان الثدي من غيرهن	
			النشاط البدني المنتظم يقلل الاصابة بسرطان الثدي	
			التعرض للاشعاع في منطقة الصدر في مرحلة الطفولة او الشباب يزيد باحتمالية الاصابة بسرطان الثدي	
			قد تتحول بعض الكتل الحميدة في الثدي الى كتل خبيثة	
			الوقاية من سرطان الثدي عند بعض النساء المعرضات للاصابة بكثرة تشمل	
			ا. الوقاية بوسائل كيمياوية	
			ب. الجراحة كأجراء وقائي	
			ج. تغيير نمط الحياة بناءا على عوامل الخطورة	

Appendices

Appendix(3)

Ministry Of Higher Education
And Scientific Research
Basrah University
College Of Nursing
Dean Assistant Office
For Scientific Affairs

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة البصرة
كلية التمريض
مكتب معاون العميد
للشؤون العلمية

العدد : ٧/٥٤/٥٤
التاريخ : ٨ / ١١ / ٢٠٢١

الى / مجمع كليات باب الزبير

م / تسهيل مهمة بحث التخرج

تحية طيبة ..

يرجى التفضل بالموافقة على تسهيل مهمة طلبة كليتنا (عباس كاظم طالب) , (عبد الله عماد قاسم)
و (احمد نظير عواد) لأجراء البحث الموسوم:

(معارف ومعتقدات طلبة كليات باب الزبيرحول موضوع سرطان الثدي)

...... مع التقدير ....

المدرس الدكتور
عادل علي حسين
معاون العميد للشؤون العلمية
٢٠٢١/١١/٢٨

نسخة منه الى //
❖ مكتب السيد العميد للتفضل بالاطلاع مع التقدير...
❖ مكتب السيد معاون العميد للشؤون العلمية .
❖ الصادرة . المختصة .

رقية ١١/٢٨

العراق . بصرة . مجاور مستشفى البصرة العام . هاتف : ٧٥.٩١٣٤٨٥٥
العنوان البريدي : مكتب اتصالات وبريد مدينة البصرة . ص . ب رقم ٤ - الرمز البريدي : ٤٢٠.٨
E-mail : nsgbasra@gmail.com ..... E-mail : nursing.college@uobasrah.edu.iq
www.basranursingcollege.com

الخلاصة

الخلفية: سرطان الثدي هو اضطراب تتضخم فيه خلايا الثدي بشكل لا يمكن السيطرة عليه. هناك أنواع مختلفة من سرطان الثدي. يتم تحديد نوع سرطان الثدي من خلال خلايا الموجودة في الثدي التي تصبح سرطانية.

الأهداف: تقييم مستوى معرفة طالبات الجامعة بسرطان الثدي وتقييم العلاقة بين الخصائص الديموغرافية للمشاركين ومعرفتهم بسرطان الثدي.

الطرق: اجريت دراسة وصفية على طلبة حرم كليات باب الزبير حول سرطان الثدي. أمتدت فترة الدراسة من ١٥ سبتمبر ٢٠٢١ الى الأول من أبريل ٢٠٢٢ وكانت عينة الدراسة (٢٠٠). لتحديد موثوقية الاستبيان تم اختيار خمسة خبراء لمراجعة الاستبيان, وتم نحديد ثباتية الاستبيان من خلال استخدام اختبار الفا كرونباخ.

النتائج: أظهرت نتائج هذه الدراسة ان ٨٦٪ من هذه العينة لديهم معرفة ضعيفة عن سرطان الثدي, ١٣٪ من العينة لديهم معرفة متوسطة, و ١٪ فقط من العينة لديهم معرفة جيدة.

الاستنتاجات: خلصت الدراسة الحالية الى ان الممرضين لديهم معرفة ضعيفة بسرطان الثدي.

جامعة البصرة

كليه التمريض

معرفة طلاب جامعة البصرة (مجمع كليات باب الزبير) بسرطان الثدي

مشروع بحث مقدم من الطلبة

عبدالله عماد قاسم

أحمد نظير عواد

عباس كاظم طالب

أشراف

ا.د هشام حسين عبد الرؤوف

2022