International Journal of Bio-Science and Bio-Technology
Vol.8, No.6 (2016), pp. 145-162
http://dx.doi.org/10.14257/ijbsbt.2016.8.6.15

Breast Cancer Survivors in Iloilo City: Profile, Knowledge, and Health Seeking Behaviors

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Abstract

This study was conducted to determine the level of knowledge about breast cancer and health seeking behaviors of breast cancer survivors in Iloilo City, Philippines. The respondents of this investigation were the 43 breast cancer survivors. Based on the findings, breast cancer survivors were knowledgeable about breast cancer and they practiced correct health seeking behaviors. The level of knowledge in the rehabilitative aspect seemed to influence their curative health seeking behavior. The results still highlight the importance of further education to improve the knowledge about breast cancer in the promotive, preventive, and curative aspects as well as the health seeking practices of breast cancer survivors. The lack of generalizability because of the small sample size, underscores the need to investigate in a larger prospective study.

Keywords*: Breast cancer, knowledge about cancer, health seeking behavior, breast cancer survivors*

1. Introduction

Breast cancer is the most common cancer in women worldwide and the second most common cancer overall [1]. It affects one in eight women during their lives [2]. The breast cancer ranks as the fifth cause of death from cancer overall and while it is the most frequent cause of cancer death in women in less developed regions, it is now the second cause of cancer death in more developed regions (198,000 deaths, 15.4 percent) after lung cancer [3].

Incidence rates vary greatly worldwide, with higher incidences in developed countries although the incidence rates in developing countries are on the rise [4]. Chances for survival vary by stage of breast cancer. Survival rates after diagnosis of breast cancer varies worldwide, ranging from 80 percent in some developed countries to below 40 percent in developing countries. The low survival rate in developing countries is greatly attributed to late detection where patients present with late stage disease [4].

Non-invasive (stage 0) and early stage invasive breast cancers (stages I and II) have a better prognosis than later stage cancers (stages III and IV). And, cancer that has not spread beyond the breast has a better prognosis than cancer that has spread to the lymph nodes.The poorest prognosis is for metastatic breast cancer (stage IV), where the cancer has spread beyond the lymph nodes to other parts of the body [5].

The Philippines is at the center of the fight against breast cancer in Asia. It is the number one cause of cancer morbidity and mortality among Filipino women accounting for almost 30 percent of all female malignancies. Latest data reveals that three out of every 100 Filipino women are likely to develop breast cancer in their lifetime and that one out of every 100 are likely to die from the disease before age 75 [6].

Breast cancer presents most commonly as a painless breast lump and a smaller proportion with non-lump symptoms. For women to present early to hospital they need to be "breast aware", they must be able to recognize symptoms of breast cancer through routine practice of practicable screening [7]. In addition, knowledge and identification of

ISSN: 2233-7849 IJBSBT

risk factors for breast cancer are the key challenges for health promotion and cancer prevention within nursing practice. The lack of basic knowledge and an effective information delivery system for breast cancer further threatens their life and well-being [8, 9].

The health seeking behavior of women with breast cancer is vital reducing breast cancer mortality and increases the chance of survival. Thus, patient delay makes a critical contribution to late diagnosis, adverse outcomes, and poor survival in cases of breast cancer [10, 11].

With the increase in mortality rate of breast cancer among women, their knowledge of reducing its risk should be given importance. Their knowledge of the increased risk of breast cancer will help inform their health actions. Not only that knowledge might dramatically improve the attitude, disbelieve, and misconception and consequently enhance screening practice [12]. As noted, few studies have explored the knowledge and health seeking behavior of women with breast cancer in the Philippines, validating therefore the need for further investigation.

2. Objective of the Study

This study was conducted to determine the level of knowledge about breast cancer and health seeking behaviors of breast cancer survivors in Iloilo City, Philippines.

3. Significance of the Study

The results of this study would provide new insights and valuable information to breast cancer survivors, thus, reducing and preventing further complications to breast cancer. They may adequately gain knowledge and information regarding breast cancer and health seeking behaviors, which could enhance their perspective as well as they may improve their quality of life throughout their cancer journey.

This study would strengthen the program of the Department of Health about breast cancer that could provide information to individuals and communities in an effort to promote, maintain, and improve healthy lifestyle.

This study would render responsibility to health educators for them to collect and analyze data for the purpose of researching, designing, and presenting health care programs.

This study would give nurses the experience to deepen their level of compassion for cancer patients. Thus, providing basis for planning rational and realistic client teaching interventions and strategies to cancer patients. This study would also equip student nurses with the knowledge and skills to develop their critical thinking abilities needed in their professional life in caring for cancer patients.

This may also help the family and relatives of breast cancer patients to better understand what the cancer patient is going through, thus providing adequate support and assistance which could improve the comfort level and quality of life of the cancer patients.

The result of this study may serve as a guide to other researchers in making follow up studies so that eventually new ideas may be created in this area.

4. Methodology

4.1. Research Design

This study is descriptive-correlational research, one-shot survey. The descriptive study describes systematically, factually, and accurately the facts and characteristics of the respondents under study [13]. The relational analysis measures the extent or magnitude of association between two variables.

4.2. Respondents

The respondents of the study were the breast cancer survivors. They were taken in an organization of cancer survivors in Iloilo City, Philippines. Of the 57 members, six members had died, two members had already gone abroad, and one member had refused to participate in the study. Five members served as pre-test respondents and excluded from the study sample. There were only 43 members included as the final respondents of the study.

Profile of the Respondents

The respondents of this study are described in terms of their age, civil status, highest educational attainment, work status, family monthly income, and family history of breast cancer. Table 1 show the sample distribution of the respondents.

Age. Majority (74.4 percent)) of the 43 respondents included in this study were 50 years old and above. Less than one-fourth (23.3percent) were 40- 49 years old and only 2.3 percent was below 39 years old. The mean age was 56.40.

Civil Status. Most of the respondents were married (62.8 percent) and less than one-third (30.2 percent) were single. Only 7.0 percent were widowed. The data indicate that there were more married than single respondents.

Educational Attainment. The data further show that majority of the respondents had attained college education (69.8 percent) and more than one-fourth had attained high school education (27.9 percent), while 2.3 percent of the respondents had completed elementary education. This indicates that most of the respondents were highly educated.

Work Status. The data reveal that more than one-half (55.8 percent) were employed and only 44.2 percent were unemployed.

Family Monthly Income. Majority (60.5 percent) of the respondents had a family monthly income of 10,000-20,000 pesos, while less than one-third (27.9 percent) had 20,000 pesos or more earnings. Only 11.6 percent had a family monthly income of below 10,000 pesos.

Family History of Cancer. The data further show that among the 43 respondents, majority had no history of cancer (83.7percent) while 16.3 percent had history of cancer.

Relationship to Respondents, Type of Cancer, Date of Diagnosis, and Present State. The findings show that less than one-half (42.9 percent) of the respondents had a history of cancer from their immediate family. However, most of them (57.1 percent) had history of cancer among relatives. The type of cancer present in the family and relatives include liver cancer (42.9 percent), breast cancer (28.9 percent), and ovarian cancer (14.3 percent). In addition, one of the relatives was diagnosed this year (14.3 percent) and most of them (85.3 percent) were diagnosed from previous years. The mortality rate of the family and relatives of the respondents further show 100 percent.

Table 1. Distribution of Respondents When Classified According to Age, Civil Status, Highest Educational Attainment, Occupation, Family Monthly Income, and Family History of Cancer

Personal Characteristics	Frequency	Percentage
I. Entire Group	43	100.0
II. Age		
39 years old and below	1	2.3
40 to 49 years old	10	23.3
50 years old and above	32	74.4
Total	**43**	**100.0**
Mean Age=56.40		
III. Civil Status		
Single	13	30.2
Married	27	62.8
Widowed	3	7.0
Total	**43**	**100.0**
IV. Educational Attainment		
Elementary Level	1	2.3
High School Level	12	27.9
College Level	30	69.8
Total	**43**	**100.0**
V. Work Status		
Employed	24	55.8
Unemployed	19	44.2
Total	**43**	**100.0**
VI. Monthly Income		
10,000 and below	5	11.6
10,000 to 20,000	26	60.5
20,000 and above	12	27.9
Total	**43**	**100.0**
VII. Family History of Cancer		
Yes	7	16.3
None	36	83.7
Total	**43**	**100.0**
Relationship to Respondents		
Immediate Family	3	42.9
Relative	4	57.1
Total	**7**	**100.0**

Type of Cancer		
Breast Cancer	2	28.6
Liver Cancer	3	42.9
Ovarian Cancer	1	14.3
Others	1	14.3
Total	**7**	**100.0**
Date of Diagnosis		
Within this year	1	14.3
Previous years	6	85.7
Total	**7**	**100.0**
Present State		
Well	0	0
Deceased	7	100.0
Total	**43**	**100.0**

4.3. Research Instrument

This investigation utilized a researcher-made questionnaire. Part I contained questions on the personal characteristics of breast cancer survivors such as age, civil status, highest educational attainment, work status, family monthly income, and family history of breast cancer. Part II, contained questions on the knowledge about breast cancer based on the promotive, preventive, curative, and rehabilitative aspects. This was measured using a 40-item researcher-made questionnaire depending on the number of correct scores obtained. Part III, contained questions about the respondent's health seeking behaviors. This was measured by a 28-item questionnaire, 7 for each aspect based on the promotive, preventive, curative, and rehabilitative health seeking behaviors.

Content validation was done by the three research experts in the field of nursing and medicine. Comments and suggestions were integrated in the final draft of the questionnaire. The instrument was pre-tested and the results of Alpha (Cronbach) test indicated a reliability coefficient of 0.68 for knowledge about breast cancer and 0.67 for health seeking behavior. The research instruments were found to be reliable.

4.4. Ethical Considerations

Prior to administering the questionnaires, permission to conduct the study was obtained from the President of the organization of the breast cancer survivors. The objective of the study was clearly explained to them and the informed consent was obtained. They were informed that their answer would be treated with utmost t confidentiality.

Respondents were also informed that their participation was voluntary and that they could withdraw from the study at any time if they wished to do so. Provisions were made to have respondents' concerns relating to the study addressed and misconceptions were corrected.

The data-gathering instrument was personally administered by the researcher and a personal interview was done to them. Upon retrieval, the questionnaires were inspected for completion of data.

4.5. Data Processing and Analysis

The data for the study were processed and analyzed using the Statistical Package for Social Sciences (SPSS) software.

Frequency distribution was used to analyze descriptive data while Pearson's r was used to determine the correlational analysis between the level of knowledge and health seeking behaviors of breast cancer survivors. This was set at .05 level of significance.

5. Results and Discussions

5.1. Knowledge About Specific Information on the Promotive, Preventive, Curative, Rehabilitative Aspects of Breast Cancer

Knowledge on Promotive Aspect. Table 2 show that majority of the respondents were aware that breast cancer is the most common invasive cancer in women (95.3 percent), other remedies such as herbs, vitamins, and homeopathic remedies can assist the body to heal and boost immune system (95.3 percent). Furthermore, there were also a high percentage of respondents who maintained their health and well-being in health care (95.3 percent). Some respondents were also aware that women with a family history of breast cancer have greater risks and concerns (93.0 percent). Some of them had an idea of the symptoms of breast cancer which include breast lump, breast pain, and tenderness (88.4 percent).A little more than three-fourths (76.7 percent) of the respondents were aware that early detection is important to successful treatment. However, more than one-half (51.2 percent) of them knew that ultrasound is not done to determine whether a tumor is malignant or benign. The least percentage knew that women who breast-feed do not have the risk of acquiring breast cancer (41.9 percent). On the other hand, more than one-third (34.9 percent) were aware that the cause of breast cancer is not known. Only a few knew that breast cancer stages from 0-4 (16.3 percent).

The results are supported by the findings of [14] that 90.5 percent of women knew about breast cancer and 65.2 percent could identify up to two breast cancer signs and symptoms. Contradictory to the findings, [15] found that only one-half of the women were aware of breast cancer and women in high risk group had poor knowledge of the risk factors for breast cancer [16]. Furthermore, most patients were unfamiliar with the subject of cancer and they expressed lack of knowledge of cancer as a disease and its symptoms [17].

Knowledge on Preventive Aspect. In this area, a very high percentage of the respondents knew that engaging in exercise activities may maintain body's fitness and limiting stress could avoid the growth and proliferation of cancer cells (97.7 percent and 97.7 percentage, respectively), and mammography is helpful to identify the breast lump (95.3 percent). Most of them were also aware that optimism can buffer stress from illness (88.4 percent), that physical stress lowers the body's natural defenses (67.4 percent), and that eating a diet high in animal fat and preservatives is not good for the health (62.8 percent). An equal of percentage noted that performing breast self-examination weekly is not recommended, rest periods during daytime are advisable, and wearing of tight-fitted brassiere and using talc powder could not predispose a person to develop breast cancer (60.5 percent, 60.5 percent, and 60.5 percent, respectively). The respondents were not aware, however, that gaining weight would predispose a person the risk of having breast cancer (58.1 percent).

[18] have found that university female students in Muscat were well informed that breast self-examination is used as a screening method for breast cancer, however, only 77 percent knew the correct procedure to perform breast self-examination. Only 72.61 percent of the participants correctly identified that breast self-examination should be performed monthly on a regular basis, though only 96 (61.1%) respondents knew the correct timing for performing breast self-examination. Despite the increase in the uptake

of screening modalities, a lack of knowledge about breast cancer screening is still evident. Almost half (44.8%) of women who never had a clinical breast exam and 44.1 percent of women who never had a mammography expressed a lack of knowledge about the existence of these screening techniques. Nearly one third of the participants interpreted the presence of a breast lump incorrectly and, moreover, expressed fewer worries about the nature of the lump than would normally be expected [19]. [20] have found that poor knowledge and practice of breast screening are likely to lead to late stage presentation of breast cancer disease.

Knowledge on Curative Aspect. The data in Table 3 show that a big majority (95.3 percent) of the respondents believed that chemotherapy is used to treat advanced or recurrent disease, that exercise builds strength, boost immune system and help recover from treatment such as chemotherapy (90.7 percent), and that definitive diagnosis of breast cancer is made with biopsy (88.4 percent). More than three-fourths (79.1 percent) of the respondents also knew that herbal medicine such as green tea may strengthen and tone body's immune system. On the other hand, only a little more than one-half (51.2 percent) of the respondents knew that magnetic resonance imaging (MRI) will confirm a diagnosis of malignancy. Less than one-half (48.8 percent) of the respondents, however, believed that the physician should talk to the patient and relate to the family regarding the respondents' present state. Moreover, 41.9 percent knew that anti-neoplastic medications kill or inhibit the reproduction of cancer cells. Only 37.2 percent of the respondent knew that expert information of the treatment can decrease uncertainty and accompanying feelings of stress. An equal percentage of the respondents were aware that internal radiation is not used alone depending on the stage of illness and family caregivers together with the physician were considered as an integral part of the advanced cancer care partnership (27.9 percent and 27.9, respectively). [21] have found that majority of patients had a good understanding of the chemotherapy regimen they were receiving, however, only 52.2 percent of patients were able to list the specific chemotherapy agents.

Knowledge on Rehabilitative Aspect. The data show that all of the respondents (100 percent) believed that spiritual counseling can assist the patient, family members, and caregivers in coping with the demands of care. Majority of them were aware that maintaining a healthy and normal lifestyle provides a boost in self-esteem and overall mental attitude which in turn may strengthen the immune system and support of family members and friends would be helpful in dealing with the illness (95.3 percent and 95.3 percent, respectively). A high percentage of respondents also knew that joining support groups promote fellowship and socialization to cope and find mutual support from others (93.0 percent). It was noted that most (74.4 percent) of the respondents were aware that false reassurance about illness and care will not facilitate family coping, while 72.1 percent knew that "incurable" in breast cancer does not mean untreatable and uncontrollable and 67.4 percent of the respondents knew that family caregivers need emotional responses to the patients' diagnosis and prognosis, and require coaching and emotional support themselves. Slightly more than one-half (55.8 percent) of them were aware that grieving a lost body part (breast) after mastectomy is normal. However, only 48.8 percent of the respondents did not believe that superstitions is one of the most powerful means by which a person draws on their own resources to deal with serious illness and more than one-third (41.9 percent) of the respondents were aware that communication not only between physician and family members but with the patient is helpful in providing good therapeutic care. Parallel to the findings of [22] that spirituality provided considerable emotional and logistical assistance to both survivors and their supporters, with particularly churches playing a potentially important role in the development of social support programs.

Table 2. Knowledge About Specific Information on the Promotive and Preventive, Aspects of Breast Cancer

Knowledge About Breast Cancer	Correct Answer	Number of Respondents Who Got Correct Answer (N=43)	Percentage
I. Promotive			
.Breast cancer is the most common invasive cancer in women.	True	41	95.3
.Herbs, vitamins and homeopathic remedies can assist the body to heal and boost immune system.	True	41	95.3
. Maintaining the health and well-being of patient must also be considered in health care.	True	41	95.3
. Women with a family history of breast have greater perceived risks and concern.	True	40	93.0
Symptoms of breast cancer includes breast lump, breast pain, and tenderness.	True	38	88.4
Early detection is not important tosuccessful treatment.	False	33	76.7
Ultrasound is done to determine whether a tumor is malignant or benign.	False	22	51.2
Women who breast-feed have a decreased risks of breast cancer.	False	18	41.9
The cause of breast cancer is known.	False	15	34.9
10. Breast Cancer stages range from 1- 4.	False	7	16.3
II.Preventive			
Engaging in exercise activities may maintain body's fitness.	True	42	97.7
Limit stress to avoid causing the growth and proliferation of cancer cells.	True	42	97.7
Mammography is helpful to identify the breast lump.	True	41	95.3
Optimism can serve to buffer stress from illness.	True	38	88.4
Physical stress lowers the body's natural defenses.	True	29	67.4
Healthy living includes eating a diethigh in animal fat and preservatives	False	27	62.8
Performing breast self-examination weekly is recommended.	False	26	60.5
Rest periods during daytime are not advisable.	False	26	60.5
Wearing of tight-fitted brassiere and using talc powder could predispose a person to develop breast cancer.	False	26	60.5
Gaining weight would decrease the risk of breast cancer.	False	25	58.1

Table 3. Knowledge About Specific Information on the Curative and Rehabilitative Aspects of Breast Cancer

Knowledge About Breast Cancer	Correct Answer	Number of Respondents Who Got Correct Answer (N=43)	Percentage
III. Curative			
Chemotherapy is used to treat advanced or recurrent disease.	True	41	95.3
Exercise builds strength, boost immune system and help recover from treatments such as chemotherapy.	True	39	90.7
Definitive diagnosis is made with biopsy.	True	38	88.4
Herbal medicine such as green tea may strengthen and tone body's immune system.	True	34	79.1
Magnetic resonance imaging (MRI) will confirm a diagnosis of malignancy.	True	22	51.2
Physician should talk only to the patient and should not relate to the family.	False	21	48.8
Antineoplastic medications aid in reproduction of cancer cells.	False	18	41.9
Expert information of the treatment can increase uncertainty and accompanying feelings of stress.	False	16	37.2
Internal radiation is used alone depending on the stage of illness.	False	12	27.9
. Family caregivers is solely considered as an integral part of the advanced cancer care partnership.	False	12	27.9
IV. Rehabilitative			
Spiritual counseling can assist patient, family members, and caregivers in coping with the demands of care.	True	43	100.0
Maintaining a healthy and normal lifestyle provides a boost in self –esteem and overall mental attitude which in turn may strengthen the immune system.	True	41	95.3
Support of family members and friends would be helpful in dealing with the illness.	True	41	95.3
Joining support groups promote fellowship and socialization to cope and find mutual support from others.	True	40	93.0
False reassurance about illness and care may facilitate family coping.	False	32	74.4
'Incurable" in breast cancer does not mean untreatable and uncontrollable.	True	31	72.1
Family caregivers do not need emotional responses to the patient's diagnosis and prognosis, and may not require coaching and emotional support themselves.	False	29	67.4
Grieving a lost body part (breast) after mastectomy is a serious problem.	False	24	55.8
Believing in superstitions is one of the most powerful means by which a person draws on their own resources to deal with serious illness.	False	21	48.8

Communication between physician and family members only is helpful in providing good therapeutic care.	False	18	41.9

5.2. Level of Knowledge on the Promotive, Preventive, Curative, and Rehabilitative Aspects of Breast Cancer

In the promotive aspect, most of the respondents had average level of knowledge (65.1 percent) while less than one-third (30.2 percent) had high level of knowledge. Only 4.7 percent were found to have low level of knowledge. In the preventive aspect, the data further reveal that a little more than one-half (55.8 percent) of the respondents had high level of knowledge, 39.5 percent had average level of knowledge, while 4.7 percent had low level of knowledge.

The data also show that majority of the respondents had average level of knowledge (53.3 percent) in the curative aspect while the same percentage was noted to those respondents who had high and low level of knowledge (23.3 percent and 23.3 percent, respectively). In the rehabilitative aspect, more than one half of them had high level of knowledge (55.8 percent). Less than two-fifths (39.5 percent) of them had average level of knowledge, while two of the respondents were found to have low level of knowledge (4.7 percent). The findings indicate that the respondents were more knowledgeable in the preventive and rehabilitative aspects of breast cancer. Overall, the level of knowledge was average (65.1 percent).

The result was supported by the findings of [23] that majority had moderate to poor knowledge levels. However, less than one-half of study participants had high awareness levels about screening approaches, risk factors, early warning signs, and therapeutic modalities of breast cancer, respectively. In contrary, the level of knowledge of Egyptian women of breast cancer was high at 80 percent [24].

Table 4. Level of Knowledge in Terms of Promotive, Preventive, Curative and Rehabilitative Aspects

Level of Knowledge	**Frequency**	**Percentage**
I. **Promotive**		
High (8-10)	13	30.2
Average (5-7)	28	65.1
Low (1-4)	2	4.7
Total	**43**	**100.0**
II. **Preventive**		
High (8-10)	24	55.8
Average (5-7)	17	39.5
Low (1-4)	2	4.7
Total	**43**	**100.0**
III. **Curative**		
High (8-10)	10	23.3
Average (5-7)	23	53.5
Low (1-4)	10	23.3

Total	**43**	**100.0**
V. **Rehabilitative**		
High (8-10)	24	55.8
Average (5-7)	17	39.5
Low (1-4)	2	4.7
Total	**43**	**100.0**
Over-all Knowledge		
High (8-10)	13	30.2
Average (5-7.9)	28	65.1
Low (1-4.9)	2	4.7
Total	**43**	**100**

5.3. Health Seeking Behaviors in terms of Promotive and Preventive Aspects

Promotive Health Seeking Behavior. The data in Table 5 reveal that the majority of the respondents asked on information on the causes, medical and surgical interventions, and complications of breast cancer (88.4 percent). Only 79.1 percent of them read cancer related information on books, brochures, journals, magazines, and leaflets and some of them read updated guidelines that provide new strategies for the prevention and treatment of breast cancer (76.8 percent). The same percentage were able to discuss information of breast cancer with family, friends and relatives and acknowledge feelings of fear and anxiety to self and others regarding disease process (72.1 percent and 72.1 percent, respectively). Moreover, 65.2 percent attended discussions and seminars about breast cancer. Only a few of them, however sought approaches to identify support groups and assistance in maintaining mental health and well-being (62.8 percent).

Similar result was found by [24] that 94 percent of the respondents had heard about breast cancer while 60 percent of them have found that television and radio were the main sources of information. In some cases, however, advice from family and friends resulted in a timely medical consultation. The poor clinical practices of some health workers and the inadequate involvement by decision makers regarding the issue of cancer awareness discouraged patients from seeking and adhering to appropriate therapy [25].

Preventive Health Seeking Behavior. The data further show that the majority of the respondents practiced good personal hygiene measures to prevent infection (90.7 percent). The same percentages of respondents visited the doctor regularly and took multiple vitamins and minerals that aid in healing process (88.4 percent and 88.4 percent, respectively). In addition, there were a big percentage of those who eat nutritious foods rich in vitamins and minerals (86.0 percent). Most of them also adhere to recommendations by the physician (79.1 percent) and do exercise and breast self-examination regularly (62.8 percent). In fact, more than one-half of the respondents (58.2 percent) did not drink beverages containing caffeine.

Contrary to the findings of [18], the appropriate time to practice breast self-examination was not very good. [20] have found that poor practice of breast screening and examinations were likely to lead to late stage presentation of breast cancer disease.

Table 5. Distribution of Respondents According to Promotive and Preventive Health-Seeking Behaviors

Health Seeking Behavior	Number of Respondents Who Practiced Correct Seeking Behavior (N=43)	Percentage
I. Promotive		
Ask information on the causes, medical and surgical interventions, and complications of breast cancer.	38	88.4
Read cancer related information on books, brochures, journals, magazines and leaflets, to be aware of breast cancer issues.	34	79.1
Read updated guidelines that provide new strategies for the prevention and treatment of breast cancer.	33	76.8
Discuss related information of breast cancer to family, friends and relatives.	31	72.1
Acknowledge feelings of fear and anxiety to self and others regarding disease process.	31	72.1
Attend discussions and seminars about breast cancer.	28	65.2
Seek approaches to identify support groups and assistance in maintaining mental health and well-being.	27	62.8
II. Preventive		
Perform good personal hygiene measures to prevent infection.	39	90.7
Visit the doctor regularly for examination.	38	88.4
Take multiple vitamins and minerals to assist my body's own defenses.	38	88.4
Eat nutritious foods rich in vitamins and minerals that aid in my healing process.	37	86.0
Perform breast self-examinations regularly.	34	79.1
Exercise regularly.	27	62.8
Do not drink beverages containing caffeine such as coffee, tea, and soft drinks.	25	58.2

5.4. Health Seeking Behaviors in terms of Curative and Rehabilitative Aspects

Curative Health Seeking Behavior. Most of them obtained specific information of the disease process and complied with laboratory test as advice by the physician (93.0 percent and 93.0 percent, respectively). They also visited the doctor for signs and symptoms of infection (90.0 percent) and asked regarding the side effects of the drugs given (88.3 percent), as well as following recommendations for surgical management (88.3 percent). Moreover, the big majority subjected themselves for radiation and chemotherapy (86.0 percent) and took medications religiously as advised by the physician (79.0 percent). The same is true with the findings of [26] that majority (92.6%) of the respondents had followed the physician's recommendation to comply with the screening programs. [27] have found that a good number of the patients resorted to the hospital as the first point of call in seeking healthcare for breast cancer they did so at an advanced stage. On the other

hand, a little more than half had visited the health facility within 30 days after the symptoms of cancer appeared and less than 20 percent visited after 31-80 days and 81-130 days, respectively [28].

Rehabilitative Health Seeking Behavior. The data further show that a big majority of the respondents maintained a normal lifestyle that provides a boost in self-esteem (95.4 percent). Most of them acknowledged the need for emotional support from family, friends, and relatives (93.0 percent). It was also reported that they sought immediate medical care at the time of cancer recurrence and promoted positive attitude in dealing and managing the side effects of cancer treatment (90.7 percent and 90.7 percent, respectively). More than three-fourths of them (79.1 percent) attended regular masses for spiritual healing. A little over one-half sought spiritual advice from a priest/minister to cope with the disease (65.1 percent), while 60.5 percent reported that they participated in programs designed to help care with cancer.

The findings are supported by the results of [29] in which breast cancer patients benefited from the telephone support and counselling provided by the physiotherapist one week after surgery as well as from the face-to-face counselling six months after surgery. The breast cancer patients who took part in the telephone intervention had a statistically and clinically better body image, less postoperative side-effects and they had a better future outlook. Furthermore, [30] have found that breast cancer patients had the desire to receive basic information about treatment-related issues as early as possible, specifically including side-effects from chemotherapy.

Table 6. Distribution of Respondents According to Curative and Rehabilitative Health-Seeking Behaviors

Health Seeking Behavior	**Number of Respondents Who Practiced Correct Seeking Behavior (N=43)**	**Percentage**
III. Curative		
. Obtain specific information of the disease process from the physician.	40	93.0
. Comply with the laboratory test as per advice by the physician.	40	93.0
. Visit the doctor if signs and symptoms of infection occur.	39	90.7
. Mindfully ask the physician regarding the side effects of the drugs given.	38	88.3
. Follow the doctors' recommendation for surgical management.	38	88.3
6. Subject for radiation/chemotherapy as per advice by the physician.	37	86.0
7. Take religiously medicines prescribed by the physician.	34	79.0

IV. Rehabilitative		
Maintain a normal lifestyle that provides a boost in self-esteem.	41	95.4
Acknowledge the need for emotional support from family, friends and relatives.	40	93.0
Seek immediate medical care at the time of cancer recurrence.	39	90.7
Promote positive attitude in dealing/managing the side effects of cancer treatment.	39	90.7
Attend regular masses for spiritual healing.		
Seek spiritual advice from priest in coping with the disease.	34	79.1
7. Participate in programs designed to help care with cancer.	28	65.1
	26	60.5

5.5. Correlational Analysis among Major Variables

This section presents the result of correlational analysis between the level of knowledge about breast cancer and the health seeking behaviors of breast cancer survivors in Iloilo City.

As shown in Table 7, there is no significant relationship between the level of knowledge on the promotive aspect and the promotive, preventive, curative, and rehabilitative health seeking behaviors (p=.885, p=.258, p=.503, and p=.793, respectively). Furthermore, the levels of knowledge on the preventive and curative aspects were found to be not significantly correlated with all aspects of health seeking behaviors. However, there is a significant correlation between the level of knowledge in the rehabilitative aspect and the curative health seeking behavior (p=.041). The results indicate that the higher level of knowledge in the rehabilitative aspect, the better their curative health seeking behavior. In fact, the finding suggests that being knowledgeable in this area could have resulted to a better curative seeking behavior. The respondents were more compliant in following doctors' recommendations such as obtaining specific information of the disease, complying with the laboratory test, visiting the doctor if signs and symptoms of infection occur, taking of medications religiously, complying with the laboratory test and subjecting self for radiation and chemotherapy. No significant correlation, however, was noted between level of knowledge on the rehabilitative aspect and the promotive, preventive, and rehabilitative health seeking behaviors.

Table 7. Correlation Matrix Among Major Variables

	Promotive behavior	**Preventive behavior**	**Curative behavior**	**Rehabilitative behavior**
Promotive knowledge	r -.023 p=.885	r -.176 p=.258	r .105 p=.503	r .04 p=.793
Preventive knowledge	r -.066 p=.672	r -.066 p=.222	r .222 p=.152	r .23 p=.129

Curative knowledge	r .044 p=.781	r .036 p=.818	r .278 p=.071	r .21 p=.166
Rehabilitative knowledge	r -.074 p=.638	r .104 p=.508	r .314 p=.041	r .18 p=.230

6. Summary of Findings

1. The majority of the respondents were married and above 50 years old. The mean age was 56.40. More than one-half of the respondents were employed, had attained college education, and belonged to the middle income group. Majority had no history of cancer.
2. In terms of the knowledge on the promotive aspect, majority of them were aware that breast cancer is the most common invasive cancer in women, and other remedies such as herbs and vitamins can assist the body to heal and boost immune system. A high percentage of respondents were also noted to those who maintained their health and well-being in health care and those who have greater risks and concerns. Some of them, however, did not know the breast cancer stages.
3. In terms of the preventive aspect, a very high percentage of the respondents knew that engaging in exercise activities may maintain body's fitness, limiting stress could avoid the growth and proliferation of cancer cells, and mammography is helpful to identify the breast lump.
4. In the curative aspect, majority of the respondents believed that chemotherapy is used to treat advanced or recurrent disease, that exercise builds strength, boost immune system and help recover from treatment, and that definitive diagnosis of breast cancer is made with biopsy (88.4 percent).
5. In terms of the knowledge on the rehabilitative aspect, all of the respondents believed that spiritual counseling could assist the patient, family members, and caregivers in coping with the demands of care. Majority of them were aware of maintaining a healthy and normal lifestyle provides a boost in self-esteem and mental attitude and the support of family members and friends would be helpful in dealing with the illness. Also, a high percentage of respondents knew that joining support groups promote fellowship and socialization to cope and find mutual support from others.
6. The over-all level of knowledge about breast cancer was average.
7. In health seeking behaviors, promotively, the majority of the respondents had asked on information about the causes, medical and surgical interventions, and complications of breast cancer. Only some of them had read cancer related information on books, brochures, journals, magazines, leaflets, and updated guidelines that provide new strategies for the prevention and treatment of breast cancer. In the preventive aspect, the majority of the respondents had practice good personal hygiene measures to prevent infection, visited the doctor regularly and took multiple vitamins and minerals that aid in healing process.
8. In the curative seeking behavior, most of them obtained specific information of the disease process and complied with laboratory test as advice by the physician. They also visited the doctor for signs and symptoms of infection, asked regarding the side effects of the drugs given, following recommendations for surgical management, and subjected themselves for radiation and chemotherapy.
9. In terms of rehabilitative seeking behavior, the majority of them maintained a normal lifestyle that provides a boost in self-esteem. They also acknowledged the need for emotional support from family, friends, and relatives, seek immediate medical care

for cancer recurrence, promote positive attitude in dealing and managing the side effects of cancer treatment and attended regular masses for spiritual healing.

10. There is no significant relationship between the level of knowledge on the promotive aspect and the promotive, preventive, curative, and rehabilitative health seeking behaviors.
11. The level of knowledge on the preventive and curative aspects were found to be not significantly correlated with all aspects of health seeking behaviors.
12. There is a significant correlation between the level of knowledge in the rehabilitative aspect and the curative health seeking behavior.

7. Conclusion

Breast cancer survivors were knowledgeable about breast cancer and they practiced correct health seeking behaviors. Level of knowledge in the rehabilitative aspect seemed to influence their curative health seeking behavior. The results still highlight the importance of further education to improve the knowledge about breast cancer in the promotive, preventive, and curative aspects and the health seeking practices of breast cancer survivors. The lack of generalizability because of the small sample size, underscores the need to investigate in a larger prospective study.

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