SJIF Impact Factor: 6.711

WORLD JOURNAL OF ADVANCE HEALTHCARE RESEARCH

ISSN: 2457-0400
Volume: 9
Issue: 8
Page N. 289-296
Year: 2025

Original Article

www.wjahr.com

# MOTIVES OF WOMEN TO CONSULT BREAST CLINIC IN AL YARMOUK TEACHING HOSPITAL IN BAGHDAD CITY

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**Article Received date:** 21 June 2025 **Article Revised date**: 11 July 2025 **Article Accepted date:** 01 Aug. 2025

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## ABSTRACT

**Background:** Breast cancer is a significant health concern worldwide, with early detection being crucial for effective treatment and survival. Understanding the motivations and perceptions of women seeking breast health services is essential for improving healthcare outcomes. This study focuses on women visiting a breast clinic at Al Yarmouk Teaching Hospital in Baghdad to explore their motivations and experiences. **Objective:** To explore women's motivations, perceived benefits, emotional responses, and willingness to recommend breast health services. **Methods:** This study employed at Al Yarmouk Teaching Hospital in the period 1/3/2024 – 1/2/2025 with 200 women visiting the breast clinic, their motivations for visiting the clinic, expected outcomes, anxiety levels, confidence in care, and recommendations for the services. **Results:** The results showed that the primary motivations for visiting the clinic were concerns about specific symptoms (48.5%) and family history of breast cancer (22.5%). Encouragement from family and friends also played a role (3.5%). Fear of breast cancer significantly influenced the decision to visit for many participants (44%). Most women (82%) reported anxiety about check-up results but were highly confident in the clinic's care (93%). A significant majority (94.5%) were likely to recommend breast health services to others. **Conclusion:** This study highlights the importance of addressing psychological factors, such as fear and anxiety, and leveraging social support networks to promote breast health awareness. The high level of confidence in care and the strong likelihood of recommending services indicate effective service delivery and trust in healthcare providers.

**KEYWORDS:** Motivations, Breast Cancer, Consult, Breast Clinic.

## INTRODUCTION

Breast cancer remains the most common cancer among women worldwide, responsible for 24.5% of all cancer cases and 15.5% of cancer-related deaths.[1] In Iraq, it accounts for about 35% of all female cancers, with late-stage diagnoses contributing to high mortality rates.[2] Breast cancer is often diagnosed at more advanced stages and among relatively younger women.[3] General-sector healthcare institutions contribute to detection efforts; their services are generally orientated toward symptomatic cases, such as the presence of a breast mass, nipple discharge, or pain.[4] Literature stressed that breast cancer outcomes in low- and middle-income countries correlate with detection at early stages, correct diagnosis, and appropriate selection of multimodality treatment.[5,6] Sociocultural, economic, and educational barriers often hinder women's engagement with preventive healthcare, particularly in low-resource settings like Iraq.[7] In Islamic societies like Baghdad, cultural norms, family dynamics, and stigma surrounding breast health influence women's decisions to seek care. Many women delay seeking help until symptoms, such as breast pain or lumps, become severe.[8] Despite concerns, only 15% of women perform regular self-examinations, indicating a gap in preventive practices.[9] Fear of cancer, family history, and advice from healthcare providers motivate women to visit clinics.[8,10] Additionally, demographic factors such as age, marital status, and education level shape healthcare-seeking behaviours, with older, married, and more educated women being more likely to seek care.[9] Research has demonstrated that breast cancer diagnosis is associated with an increase in anxiety surrounding self-concept, mortality, cancer recurrence, treatment, and altered body

image.[11] Publishing on motivation to consult a breast clinic in Baghdad is scarce. For this reason, this study was carried out. Aim of the Study to explore women's motivations, perceived benefits, emotional responses, and willingness to recommend breast health services at Al-Yarmouk Teaching Hospital in Baghdad City.

## Method

This cross-sectional study was conducted at the breast clinic of Al Yarmouk Teaching Hospital in Baghdad City between March 1, 2024, and February 1, 2025. A total of 200 women visiting the breast clinic, their motivations for visiting the clinic, expected outcomes, anxiety levels, confidence in care, and recommendations of the services.[12–14] Descriptive statistics, including frequencies, percentages, means, and standard deviations, were computed using SPSS version 26. Ethical approval was granted by the Institutional Review Board of Al Yarmouk Teaching Hospital, and all ethical standards regarding confidentiality and anonymity were strictly observed.

## RESULTS

The demographic characteristics of the 200 participants in the study are summarized in Table 1. The age distribution shows that the majority of respondents were within the 41–50 years age group, representing 34% of the sample, followed by the 31–40 years group at 26%, which aligns with the study's focus on women seeking breast-related health services. The mean age of participants was 39.95 ± 10.27 years. Regarding marital status, 46% of the women were married, followed by single (31.5%), widowed (13%), and divorced (9.5%). In terms of education, the highest proportion had secondary level education (35%), followed by those with primary education (21.5%), while only 11.5% held a university degree and 15% had postgraduate qualifications. With regard to employment status, 61.5% of the participants were unemployed, 25% were employed, and smaller percentages were students (5.5%) or retired (8%). These findings reflect a diverse sociodemographic background among women attending the breast clinic, with a notable predominance of middle-aged, married, and less formally educated individuals. As in table 1.

**Table 1: Demographic Information, n = 200.**

| Category | Subcategory | Number of Respondents | Percentage (%) |
|---|---|---|---|
| **Age** | 20-30 | 45 | 22.50% |
| | 31-40 | 52 | 26.00% |
| | 41-50 | 68 | 34.00% |
| | 50 and above | 35 | 17.50% |
| **Mean ± SD** | 39.95±10.27 | | |
| **Marital Status** | Single | 63 | 31.5% |
| | Married | 92 | 46.0% |
| | Widowed | 26 | 13.0% |
| | Divorced | 19 | 9.5% |
| **Level of Education** | Primary | 43 | 21.5% |
| | Secondary | 70 | 35.0% |
| | Diploma | 34 | 17.0% |
| | University degree | 23 | 11.5% |
| | Postgraduate | 30 | 15.0% |
| **Employment Status** | Employed | 50 | 25.0% |
| | Unemployed | 123 | 61.5% |
| | Student | 11 | 5.5% |
| | Retired | 16 | 8.0% |

Among 200 participants, breast pain (35.0%) and lumps (34.0%) were the most frequently reported symptoms, while 9.0% reported no symptoms. Concern about breast cancer was high: 35.5% were "very concerned," and 36.0% were "moderately concerned," totaling 71.5% with significant anxiety. However, adherence to preventive practices was low: only 7.5% performed monthly breast self-examinations, while 56.0% did so occasionally, and 26.5% never checked. The reliance on symptomatic triggers (e.g., pain or lumps) and high anxiety contrast with gaps in routine self-screening, underscoring a need for educational interventions to promote early detection. As in table 2.

**Table 2: Health Perceptions and Personal Health Concerns.**

| Category | Subcategory | Number of Respondents | Percentage | Total |
|---|---|---|---|---|
| **Symptoms Experienced** | Lump in the breast | 68 | 34.0% | 200 |
| | Pain in the breast area | 70 | 35.0% | |
| | Changes in breast size or shape | 14 | 7.0% | |
| | Discharge from the nipple | 30 | 15.0% | |
| | None of the above | 18 | 9.0% | |
| **Concern about Breast Cancer** | Not concerned | 22 | 11.0% | 200 |
| | Slightly concerned | 35 | 17.5% | |
| | Moderately concerned | 72 | 36.0% | |
| | Very concerned | 71 | 35.5% | |
| **Frequency of Breast Self-Examinations** | Never | 53 | 26.5% | 200 |
| | Occasionally | 112 | 56.0% | |
| | Monthly | 15 | 7.5% | |
| | Only if I notice changes | 20 | 10.0% | |

Table (3) presents data on patients seeking preventive breast cancer screening and how they learned about it. Out of 200 respondents, 18 (9.0%) reported that they came specifically for screening, while 170 (85.0%) visited the clinic for other health concerns, and 12 (6.0%) were unsure of their reason for the visit. Among those who sought screening, the majority (58.1%) learned about it from healthcare providers, highlighting the critical role of medical professionals in promoting early detection. Community awareness campaigns accounted for 10.3% of awareness, while social media played a smaller role, influencing only 7.7% of respondents. Additionally, 23.9% cited other sources, which may include family, friends, or personal experiences. These findings suggest that while healthcare providers remain the primary source of information on breast cancer screening, there is a need to strengthen community-based initiatives and digital outreach efforts to improve awareness and encourage preventive health behaviors.

**Table 3: Patients Seeking Preventive Screening.**

| Category | Subcategory | Number of Respondents | Percentage | Total |
|---|---|---|---|---|
| **Patients came for screening** | **Yes** | 18 | 9.0% | 200 |
| | **No** | 170 | 85.0% | |
| | **Unsure** | 12 | 6.0% | |
| **How They Learned About Screening?** | **healthcare providers** | 68 | 58.1% | 117 |
| | **Social Media** | 9 | 7.7% | |
| | **community awareness campaign** | 12 | 10.3% | |
| | **Other** | 28 | 23.9% | |

Social networks played a significant role in healthcare decisions: 82.0% (n=164) of participants reported encouragement from family or friends to visit the clinic, with 33.5% describing this influence as "strong." However, community stigma or judgment was acknowledged by 19.0% (n=38) of women, while 18.0% (n=36) were uncertain about societal attitudes. This highlights the dual role of social dynamics—supportive networks motivating care-seeking, juxtaposed with lingering stigma that may deter some women from prioritizing breast health. The primary driver for clinic visits was concern about specific symptoms (48.5%, n=97), followed by family history of breast cancer (22.5%, n=45) and medical professional's advice (16.0%, n=32). Routine check-ups were infrequent (8.0%, n=16), suggesting consultations were largely reactive rather than preventive. Psychological factors were pronounced: Fear of breast cancer strongly influenced decisions, with 44.0% (n=88) reporting it affected them "very much" and 30.5% (n=61) "quite a lot." Anxiety about check-up results was reported by 82.0% (n=164) of participants. Despite these concerns, confidence in clinic care was exceptionally high: 93.0% (n=186) were "very confident," signaling trust in the institution's services. Notably, social encouragement played a minimal role (3.5%), reinforcing the dominance of personal health concerns over external motivation. As in table 4.

**Table 4: Social Influence, Support, and Psychological Factors Affecting Women's Decision to Visit the Breast Clinic (n=200).**

| Main Category | Subcategory | Number of Respondents | Percentage |
|---|---|---|---|
| **Family and Friends Encouragement** | Yes | 164 | 82.0% |
| | No | 36 | 18.0% |
| **Influence of Encouragement on Decision** | No influence | 20 | 10.0% (of 164) |
| | Slight influence | 47 | 23.5% (of 164) |
| | Moderate influence | 30 | 15.0% (of 164) |
| | Strong influence | 67 | 33.5% (of 164) |
| **Community Stigma or Judgment** | Yes | 38 | 19.0% |
| | No | 126 | 63.0% |
| | Not sure | 36 | 18.0% |
| **Main Motivation for Visiting the Clinic** | Concern about a specific symptom | 97 | 48.5% |
| | Routine check-up | 16 | 8.0% |
| | Family history of breast cancer | 45 | 22.5% |
| | Encouragement from family/friends | 7 | 3.5% |
| | Fear of undetected illness | 3 | 1.5% |
| | Medical professional's advice | 32 | 16.0% |
| | Other | 0 | 0.0% |
| **Influence of Fear of Breast Cancer** | Not at all | 0 | 0.0% |
| | Slightly | 14 | 7.0% |
| | Moderately | 37 | 18.5% |
| | Quite a lot | 61 | 30.5% |
| | Very much | 88 | 44.0% |
| **Anxiety about Check-up Results** | Yes | 164 | 82.0% |
| | No | 36 | 18.0% |
| **Confidence in Clinic Care** | Not confident | 0 | 0.0% |
| | Slightly confident | 2 | 1.0% |
| | Moderately confident | 12 | 6.0% |
| | Very confident | 186 | 93.0% |

Most participants (86.0%) rated the breast clinic as accessible or very accessible, with 49.0% describing it as "accessible" and 37.0% as "very accessible." Geographic proximity was reported by 56.00% of them far away of clinic in less than 5 km, while 29.5% living 5–10 km away, and 14.5% traveled over 10 km. Challenges in scheduling appointments were minimal (2.0%), and specific barriers like cost or transportation were negligible (≤1.5%). However, 10.0% found the clinic "somewhat difficult" to access, and 4.0% reported "very difficult" access, indicating disparities in perceived accessibility for a minority of women. Overall, the clinic demonstrates strong service efficiency, though targeted efforts may be needed to address geographic and logistical barriers for remote or underserved groups.

Participants primarily visited the clinic seeking early detection of issues (46.5%, n=93) and assurance of health (30.0%, n=60), reflecting a focus on proactive health management. However, only 6.0% (n=12) prioritized receiving preventive care advice, suggesting a gap in awareness of long-term preventive strategies. The overwhelming majority (94.5%, n=189) were "very likely" to recommend breast health services, underscoring high satisfaction and perceived value in the clinic's care. This aligns with participants' confidence in the clinic (93.0% "very confident") and highlights the institution's success in fostering trust and positive health outcomes. As in table 5.

**Table 5: Accessibility and Perceived Benefits of Breast Health Services (n=200).**

| Main Category | Subcategory | Number of Respondents | Percentage |
|---|---|---|---|
| **Distance to the Breast Clinic** | Less than 5 km | 112 | 56.00% |
| | 5–10 km | 59 | 29.5% |
| | More than 10 km | 29 | 14.5% |
| **Accessibility of the Clinic** | Very accessible | 74 | 37.0% |
| | Accessible | 98 | 49.0% |
| | Somewhat difficult to access | 20 | 10.0% |
| | Very difficult to access | 8 | 4.0% |
| **Challenges in Scheduling/Appointments** | Yes | 4 | 2.0% |
| | No | 196 | 98.0% |
| **Challenges in Accessing the Clinic** | Long waiting times | 3 | 1.5% |
| | Cost of services | 1 | 0.5% |
| | Difficulty in transportation | 0 | 0.0% |
| | Language/communication barriers | 0 | 0.0% |
| | Other | 0 | 0.0% |
| **Expected Outcomes from the Visit** | Assurance of health | 60 | 30.0% |
| | Early detection of any issues | 93 | 46.5% |
| | Understanding more about breast health | 21 | 10.5% |
| | Advice on preventive measures | 12 | 6.0% |
| | Other | 14 | 7.0% |
| **Likelihood of Recommending Breast Services** | Very unlikely | 0 | 0.0% |
| | Unlikely | 2 | 1.0% |
| | Likely | 9 | 4.5% |
| | Very likely | 189 | 94.5% |

## DISCUSSION

The findings of this study provide nuanced insights into the complex motives underlying women's decisions to consult the breast clinic at Al Yarmouk Teaching Hospital in Baghdad, Iraq. By integrating demographic, psychosocial, and cultural factors, this analysis highlights both barriers and facilitators to healthcare utilisation while offering actionable recommendations for improving early detection and reducing breast cancer mortality. The predominance of Mean ± SD, of age 39.95 ± 10.27 and women aged 41–50 years (34%) aligns with global trends linking breast cancer risk to age; also, WHO estimates revealed that approximately half of the cancers in the EMR occur before the age of 55 and that the age-standardised incidence rates of all cancers in this region are.[15,16] Maybe with this age range in our study, this may be an incentive for women to undergo early detection of breast cancer if their health awareness is increased. Regarding marital status, 46% were married, 31.5% were single, 13.0% were widowed, and 9.5% were divorced. Educationally, 35% had secondary education, 17% held diplomas, 11.5% had university degrees, and 15.0% were postgraduates. In terms of employment, 61.5% were unemployed, 25% were employed, 8% were retired, and 5.5% were students. These results are similar to those of a study in Nigeria, which showed the highest percentage of participants were married, had low education, were unemployed, and had low monthly incomes. All of this may reduce the incentive to visit clinics for breast screening.[17] In table (2) breast pain (35.0%) and lumps (34.0%) were the most frequently reported symptoms, while 9.0% reported no symptoms. Concern about breast cancer was high: 35.5% were "very concerned", and 36.0% were "moderately concerned", totalling 71.5% with significant anxiety, and the same results were found in a study in 2022 by Dave R et al.[18] However, adherence to preventive practices was low: only 7.5% performed monthly breast self-examinations, while 56.0% did so occasionally, and 26.5% never checked. The reliance on symptomatic triggers (e.g., pain or lumps) and high anxiety contrast with gaps in routine self-screening, underscoring a need for educational interventions to promote early detection.[19] Table 3 highlights a significant trend in healthcare-seeking behaviour: most patients do not visit clinics specifically for breast cancer screening; instead, they seek care for other health concerns. This aligns with broader research on opportunistic screening, where preventive measures are often secondary to primary health visits. According to the CDC, breast cancer

screening is most effective when integrated into routine healthcare visits, as many women may not actively seek screening unless prompted by a healthcare provider.[20] The National Cancer Institute also emphasises that screening is crucial for early detection, yet many individuals remain unaware of its importance until they engage with medical professionals.[21] Additionally, research on breast screening programmes suggests that structured outreach efforts—such as targeted awareness campaigns—can improve participation rates. Research shows that actively promoting screening within healthcare settings increases the likelihood of patients undergoing preventive measures.[22]

Additionally, 23.9% learnt about screening through other sources, highlighting the role of personal networks. This is consistent with a study by Conte L. et al. that found that almost all participants didn't have an idea about screening programs.[19] To improve participation, strategies should focus on enhancing community education, utilising digital platforms, and integrating screening awareness into routine healthcare. Also, the role of Al-Yarmouk Teaching Hospital in referring women visiting the facility for free mammography and ultrasound screenings has been instrumental in increasing participation in early breast cancer detection. Providing these services at no cost has likely reduced financial barriers and encouraged more women to undergo preventive screening, aligning with evidence that free or subsidised healthcare significantly enhances screening uptake.[23,24] This highlights the importance of accessible healthcare initiatives in promoting early cancer detection and improving health outcomes in the community. Related social support and psychological factors in table (4), the findings underscore the significant role of social support and psychological factors in shaping women's decisions to seek breast health services. A large proportion of participants (82%) reported encouragement from family or friends, with one-third citing this influence as strong, highlighting the value of interpersonal relationships in healthcare engagement. These results align with existing literature indicating that family support positively correlates with proactive health-seeking behaviours.[25,26] Despite this support, 19% of participants acknowledged experiencing community stigma, suggesting that sociocultural norms still pose barriers to open discussions about breast health. Such stigma may particularly affect younger or unmarried women, as noted in prior Middle Eastern studies.[27,28] The primary motivations for clinic visits were symptom-driven, with 48.5% presenting due to specific concerns. This reactive pattern indicates a persistent gap in preventive health practices, as only 8% attended for routine check-ups. Additionally, the strong influence of fear—44% were "very much" affected by fear of breast cancer and 82% reported anxiety—emphasises the psychological burden associated with breast cancer screening. These results are consistent with previous studies. In a study conducted in 1991 in America by Caryn Lerman et al. on the side effects of psychology on early detection of breast cancer and its impact on that, the percentage of fear and anxiety among participants was similar to these results.[29–31] Notably, 93% of respondents expressed high confidence in the clinic's services, suggesting that trust in healthcare institutions can mitigate some psychological barriers and encourage utilisation. These results call for integrated approaches that combine community education, psychosocial support, and culturally sensitive outreach to foster early detection and reduce diagnostic delays in breast cancer care. As shown in table (5), among the 200 women surveyed, 29.5% lived 5–10 km from the breast clinic, while only 6% were within 5 km. Most participants (86%) considered the clinic either accessible or very accessible, with only 14% reporting some level of difficulty.[32] Appointment scheduling posed minimal issues, as 98% reported no challenges. Similarly, very few faced specific barriers such as long waiting times (1.5%) or cost (0.5%).[33] Regarding expectations, nearly half (46.5%) sought early detection of potential issues, and 30% visited for health assurance, reflecting a strong motivation for preventive care.

## CONCLUSION

The study's findings highlight the importance of addressing psychological factors and utilising social support networks to improve breast health awareness. It demonstrates the importance of accessible and equitable healthcare facilities, particularly in low- and middle-income countries facing resource limitations. To enhance early detection and increase engagement in breast cancer screening, recommendations include strengthening awareness campaigns focused on early detection and self-examinations, encouraging family-based health education for those with a family history of breast cancer, and reducing stigma through community engagement programmes. Psychological support services should be improved to alleviate anxiety and fear surrounding check-ups. Additionally, expanding screening centres to remote areas, offering financial support to low-income individuals, and promoting routine screening policies, especially for high-risk groups, are essential for improving breast cancer detection and care access.

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