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Knowledge, Attitudes and Practices Regarding the Screening of Colorectal Cancer among Primary Care Physicians in Baghdad During 2022

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Abstract:

Background: Colorectal cancer (CRC) is the third most common cancer in the world and the fourth leading cause of death. In Iraq, it is primarily a disease of old age, but its incidence and mortality rates are increasing across all age groups. To address this concerning trend, it is crucial to raise public awareness, implement screening programs, and develop effective management strategies.

Objectives: To evaluate primary care physician's knowledge, attitude, and practice regarding early screening for colorectal cancer.

Methods: A cross-sectional study was carried out in Baghdad, from the 1st of June 2022 to the 1st of January 2023. The study involved 400 physicians who provided primary health care services. Data were collected through direct interviews using a self-structured questionnaire. The association between variables was explored using the Chi-square test, with a P value of less than 0.05 being considered statistically significant.

Results: The study involved physicians with a mean age of 38.0±7.62 years. Of the total participants, 27.3% (109) were males and 72.8% (291) were females. The study found that 268 (67.0%) participants had good knowledge, 178 (44.5%) had a positive attitude, and 122 (30.5%) participants had good practice. Those aged between 36-45 years, with less than 10 years of employment experience, and family medicine residents had significantly higher levels of good knowledge ($P < 0.05$). Females had a significantly more positive attitude (P=0.001).

Conclusions: It was observed that participants had good knowledge about the CRC screening program. However, they showed poor attitude and practice towards it. The age group of 36-45 years, individuals with less than 10 years of employment, and family physicians had better knowledge than others. Among the family medicine female residents, a positive attitude was observed.

Keywords: Knowledge; Attitudes, Practices; Early Screening; Colorectal Cancer.

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Introduction

Cancer is a current global healthcare issue, killing millions of people each year(1). Colorectal cancer (CRC) is the third most common cancer and the fourth leading cause of death in the world. By 2030, it would have increased by 60%, as investigators are finding high incidence rates. The severity of the situation is growing rapidly in third-world countries, which may be due to a shift to the western lifestyle (2).Reports of the "Iraqi Cancer Registry" from the 1980s onwards revealed that the incidence of this cancer in Iraq has doubled up to 2.6-fold increase. An increase in colon cancer frequency was detected during the year 2013 compared with previous years, with a notable increase among young adults, a high percentage of whom presented with advanced and aggressive disease (3). CRC in Iraq remains a disease of old age, but the prevalence, morbidity, and death rates are increasing among all people; which requires a review of the health policy on CRC, with public awareness and strategies to investigate and manage these serious changes (4).

Current guidelines recommend screening at a younger age for people with a family history of CRC and a personal history of inflammatory bowel disease. While this approach is cost-effective, there is concern that it will divert resources away from older people who have a higher absolute risk of cancer (5, 6).

Improving public awareness has helped in managing and controlling the disease. Increasing educational level of people about CRC, promoting screening, and expanding healthcare access will improve outcome of this disease (7). Inadequate knowledge leads to negative attitudes and low participation in CRC screening. A recent study on a population aged 26 and over found that less than 30% of subjects had adequate knowledge about CRC and its screening. This resulted in a low participation rate in CRC screening programs (CRCSP) because they were uninformed about CRC or screening tests for CRC and were concerned about possible discomfort during procedures and program expenses (8, 9).

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CRC represents a major cancer-related health problem in Iraq and has a significant attribution to cancer morbidity and mortality. It ranked as the 7th most common malignant tumour in Iraq 2020 and accounted for 5.4% of all cancers in this country. (10) Great attention should be paid to start screening programs in Baghdad and country-wide to detect CRC at an early stage and decrease its mortality (4).

Aims of the study:

To assess the knowledge, attitude, and practice of primary care physicians regarding colorectal cancer and its early screening and to explore associations between these factors with demographic and other variables such as age, gender, years of employment, and family or personal history of CRC.

Subject and Methods

A cross-sectional study with an analytical component was conducted from 1st of June 2022 to 1st January 2023. Primary health care centers (PHCC) at Al-Karkh and Al-Rusafa health directorates in Baghdad, and Medical City Complex hospitals were included in the study. From each of the two directorates, the researcher selected ten PHCC randomly in addition to one hospital from the Medical City Complex (Baghdad teaching hospital-out clinics).

Inclusion criteria: All physicians who provided PHC services in these centers and in the out-patient clinics of Baghdad teaching hospital were interviewed and included in the study after obtaining their verbal consent.

Exclusion criteria: Physicians who practice other specialties.

A simple random sample of 400 primary health care physicians was the study group. Data collection was done by direct interview by the researcher herself using a self- structured questionnaire derived from previous literatures (11, 12). The questionnaire was composed of four parts: Sociodemographic variables, Knowledge, Attitudes, and Practices. Approval from the Scientific Committee of Iraqi Board for Medical Specializations and MOH were obtained. Verbal consent from participants was taken before filling the questionnaire. Data was fed into SPSS version 26. The Chi-square test was applied to show the association and the independent sample t-test to study the difference between means, with $P < 0.05$ to determine significances.

Results

The mean age of the physicians participated in this study was 38.0±7.62 years. The age group distribution is shown in figure 1, where 170 (42.5%) participants were between 26-35 years, and 132 (33.0%) were between 36-45 years. Just over a quarter of the participants (27.3%) were males. There were 26 (6.5%) family medicine (FM) consultants, 176 (44.0%) FM specialists, 119 (29.8%) FM residents, and 79 (19.8%) general practitioners. Family history of CRC was positive in 77 (19.3%) participants, while personal history of CRC or polyp was positive in 6 (1.5%) participants.

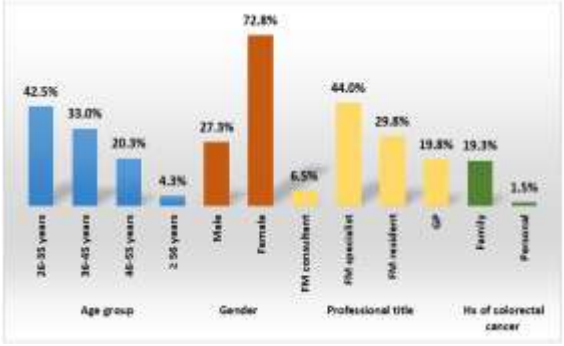

Figure (1): Distribution of the studied variables among participants

A good level of knowledge about CRC was found in 268 (67.0%) participants, an average knowledge in 24 (6%), and poor knowledge in 108 (27.0%) participants, Figure 2.

Figure (2): Knowledge on the early screening of CRC among PHC physicians

The attitude was positive in 178 (44.5%) participants, average in 151 (37.8%), and negative in 71 (17.8%), Figure 3.

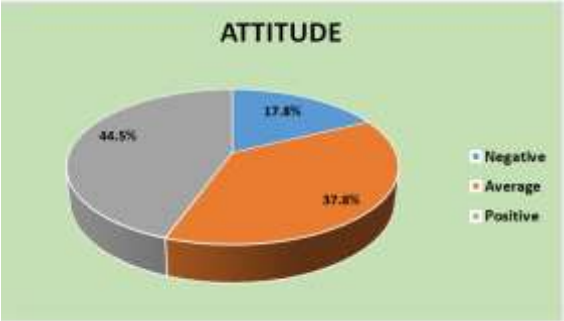

Figure (3): Attitude regarding the early screening of CRC in PHC physicians

Practice was good in 122 (30.5%) participants, average in 183 (45.8%), and poor in 95 (23.8%), Figure 4.

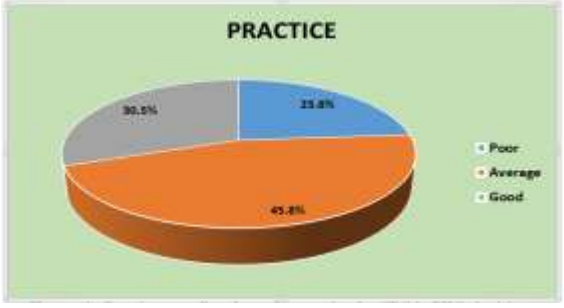

Figure (4): Practice regarding the early screening for CRC in PHC physicians

Good knowledge was significantly higher among participants 56 years of age or more, <10 years of employment, and FM resident (P=0.002, P=0.03, and P<0.001) respectively, Table 1

Table (1): Distribution of participants by studied variables according to their knowledge on the early screening of CRC

Studied variables	Categories	Knowledge						P* value
		Poor		Average		Good		
		No.	%	No.	%	No.	%	
Age group (Years)	26-35 years	37	21.8%	8	4.7%	125	73.5%	0.002 S
	36-45 years	36	27.3%	9	6.8%	87	65.9%	
	46-55 years	35	43.2%	5	6.2%	41	50.6%	
	≥ 56 years	0	0.0%	2	11.8%	15	88.2%	
Gender	Male	33	30.3%	9	8.3%	67	61.5%	0.27
	Female	75	25.8%	15	5.2%	201	69.1%	
Years of employment	<10 years	37	20.3%	8	4.4%	137	75.3%	0.03S
	10-19 years	44	33.3%	9	6.8%	79	59.8%	
	≥20 years	27	31.4%	7	8.1%	52	60.5%	
Marital status	Single	24	32.0%	4	5.3%	47	62.7%	0.057
	Married	75	24.9%	16	5.3%	210	69.8%	
	Divorced/widow	9	37.5%	4	16.7%	11	45.8%	
Professional title	FM consultant	8	30.8%	2	7.7%	16	61.5%	<0.001HS
	FM specialist	48	27.3%	16	9.1%	112	63.6%	
	FM resident	17	14.3%	4	3.4%	98	82.4%	
	GP	35	44.3%	2	2.5%	42	53.2%	
Family history of CRC	Yes	26	33.8%	5	6.5%	46	59.7%	0.07
	No	82	25.4%	19	5.9%	222	68.7%	
Personal history of CRC or polyp	Yes	0	0.0%	0	0.0%	6	100.0%	0.089
	No	108	27.4%	24	6.1%	262	66.5%	

Chi-Square Test (or Fisher's Exact test), S= significant, HS= highly significant

A positive attitude was significantly higher among female participants, P=0.001, while an average attitude was highest among GP, P<0.001, Table 2.

Table (2): Distribution of participants by studied variables according to their attitude regarding early screening of CRC

Studied variables	Categories	Attitude						P* value
		Poor		Average		Good		
		No.	%	No.	%	No.	%	
Age group (Years)	26-35	33	19.4	59	34.7	78	45.9	0.33
	36-45	21	15.9	51	38.6	60	45.5	
	46-55	17	21.0	31	38.3	33	40.7	
	≥ 56	0	0.0	10	58.8	7	41.2	
Gender	Male	29	26.6	47	43.1	33	30.3	0.001S
	Female	42	14.4	104	35.7	145	49.8	
Years of employment	<10	33	18.1	67	36.8	82	45.1	0.82
	10-19	23	17.4	47	35.6	62	47.0	
	≥20	15	17.4	37	43.0	34	39.5	
Marital status	Single	11	14.7	34	45.3	30	40.0	0.35
	Married	53	17.6	109	36.2	139	46.2	
	Divorced/widow	7	29.2	8	33.3	9	37.5	
Professional title	FM consultant	9	34.6	12	46.2	5	19.2	<0.001HS
	FM specialist	28	15.9	55	31.3	93	52.8	
	FM resident	14	11.8	41	34.5	64	53.8	
	GP	20	25.3	43	54.4	16	20.3	
Family history of CRC	Yes	15	19.5	24	31.2	38	49.4	0.41
	No	56	17.3	127	39.3	140	43.3	
Personal history of CRC or polyp	Yes	2	33.3	4	66.7	0	0.0	0.08
	No	69	17.5	147	37.3	178	45.2	

***Chi-Square Test (or Fisher's Exact test), S= significant, HS= highly significant**

The average practice was significantly higher among participants with ≥20 years of employment, divorced/widowed, FM consultants, and negative family history of CRC, (P<0.001, P=0.002, P=0.044, P<0.001) respectively. Poor practice was significantly higher among participants with personal history of CRC or polyp, P<0.001, Table 3.

Table (3): Distribution of participants by studied variables according to their practice regarding early screening of CRC

Studied variables	Categories	Practice						P* value
		Poor		Average		Good		
		No.	%	No.	%	No.	%	
Age group (Years)	26-35	38	22.4	75	44.1	57	33.5	0.65
	36-45	31	23.5	59	44.7	42	31.8	
	46-55	20	24.7	42	51.9	19	23.5	
	≥ 56	6	35.3	7	41.2	4	23.5	
Gender	Male	27	24.8	55	50.5	27	24.8	0.30
	Female	68	23.4	128	44.0	95	32.6	
Years of employment	<10	44	24.2	75	41.2	63	34.6	<0.001HS
	10-19	27	20.5	54	40.9	51	38.6	
	≥20	24	27.9	54	62.8	8	9.3	
Marital status	Single	25	33.3	26	34.7	24	32.0	0.002S
	Married	70	23.3	138	45.8	93	30.9	
	Divorced/widow	0	0.0	19	79.2	5	20.8	
Professional title	FM consultant	4	15.4	20	76.9	2	7.7	0.044S
	FM specialist	42	23.9	77	43.8	57	32.4	
	FM resident	26	21.8	53	44.5	40	33.6	
	GP	23	29.1	33	41.8	23	29.1	
Family history of CRC	Yes	33	42.9	25	32.5	19	24.7	<0.001HS
	No	62	19.2	158	48.9	103	31.9	
Personal history of CRC or polyp	Yes	6	100.0	0	0.0	0	0.0	<0.001HS
	No	89	22.6	183	46.4	122	31.0	

***Chi-Square Test (or Fisher's Exact test), S= significant, HS= highly significant**

When attitude and practice of participants were distributed by the levels of their knowledge, good knowledge was significantly higher among participants with a positive attitude and good practice (P<0.001 and P=0.032) respectively, Table 4.

Table (4): Distribution of attitude and practice by the levels of knowledge regarding early screening of CRC among participants

Variables	Categories	Knowledge						P* value
		Poor		Average		Good		
		No.	%	No.	%	No.	%	
Attitude	Negative	49	69.0	10	14.1	12	16.9	<0.001 HS
	Average	44	29.1	4	2.6	103	68.2	
	Positive	15	8.4	10	5.6	153	86.0	
Practice	Poor	35	36.8	9	9.5	51	53.7	0.032S
	Average	44	24.0	10	5.5	129	70.5	
	Good	29	23.8	5	4.1	88	72.1	

****Chi-Square Test (or Fisher's Exact test), S= significant, HS= highly significant***

Discussion

Nearly two thirds of the recruited sample had good knowledge about CRC screening program. These findings were in disagreement with a study done in Oman by Muliira et al., 2016 (13) who reported lower knowledge regarding CRC screening. The low prevalence of CRC in Oman may reflect a lower clinical experience about the disease. Other studies which were inconsistent with the current study, is a study done by Al-Shaikhi et al., 2021(14) conducted in primary healthcare centers in Abha, Saudi Arabia, and concluded that about two-thirds of the selected sample had insufficient knowledge regarding CRC screening. Omran et al., 2015 (15) in Jordan reported that 49% of primary care doctors did not have satisfactory knowledge regarding the guidelines for CRC screening. Good knowledge in the current study was significantly higher among participants aged 56 years or more. Aldukhayel et al., 2021 (16-18) found that the knowledge was higher among physicians aged 24-33 and 44-53 than others. These differences may be due to the differences in the demographic characteristics of the participants (as mean age, male and female ratio). In the current study good knowledge was also found among those with less than 10 years of employment, similar to the findings of Aldukhayel et al., 2021 (16) where the years of employment were negatively correlated with the level of knowledge. The present study found that good knowledge was significantly higher among FM residents which was inconsistent with a study by Muliira et al., 2016(13) that failed to find a significant association between the level of knowledge and professional title.

The current study revealed that less than one half of the sample had a positive attitude regarding CRC screening program which was lower than the findings of Muliira et al., 2016 (13) that most of their sample had good attitude. Females in the current study appeared to have positive attitudes. This is different from Altwijri and Rabbani's cross-sectional study 2022 (19) who found that positive attitude toward CDC screening was associated with male doctors. An average attitude in this study was found to be significantly associated among general practitioners, which may be explained by their limited experience in relevant specialties, since in our country, CRC screening candidates are dealt with by specialized centers and not by general practitioners, due to the limited facilities, and the lack of proper training for colorectal screening, leaving GPs with only what they learned during their undergraduate years.The current study reported good practice among one third of the participants only. A study by Yusoff et al., 2021 (20), revealed that only

21.3% of the GPs in the private sector had sufficient knowledge and only 3.9% of them had a good practice for CRC screening, which was inconsistent with our finding. The variation in the level of practice might be due to differences in the measures used to define good practice. Good practices of CRC screening in the current study were higher among those with ≥20 years of employment, similar to the findings of Yusoff et al., 2021 (20) who found that the duration of practice as a private GP was significantly associated with good practice for CRC screening. This study showed that poor practice was significantly higher among participants with personal history of CRC or polyp, which may be due to the stressful experience of going through the CRC screening process (waiting time and delays in getting the results). Some of them actually had to face CRC associated problems. These factors may make physicians reflect their bad experience when they face a patient with a similar complaint, and might lead to poor practice. This study had revealed that good knowledge was significantly related to participants with a positive attitude and good practice, which was in accordance with the results of Demyati 2014 (21), where its results had showed significant positive association between knowledge score and practicing CRC screening.

Conclusion: Good knowledge, poor attitude, and poor practice about CRC screening program were found among participants. Good knowledge appeared to be dominant among participants within age group 36-45 years, with less than 10 years of employment, and among family physicians. Family medicine female residents showed positive attitude.

Authors' declaration:
We confirm that all the Figures and Tables in the manuscript belong to the current study. Besides, the Figures and images, which do not belong to the current study, have been given permission for re-publication attached to the manuscript. Authors sign on ethical consideration's approval-Ethical Clearance: The project was approved by the local ethical committee of Iraqi Board for Medical Specializations.

Conflicts of Interest: None

Author Contributions:
Study conception & design: (Lujain A. Alkhazrajy). Literature search: (Lujain A. Alkhazrajy). Data acquisition: (Mays M. Abbas). Data analysis & interpretation: (Mays M. Abbas). Manuscript preparation: (Mays M. Abbas). Manuscript editing & review: (Lujain A. Alkhazrajy).

References

1. *Rezavandi S, Masoumpoor A, Farahani AS, Nasiri M. The Relationship between Spiritual Intelligence and Depression in Parents of Children with Cancer. Journal of Biochemical Technology. 2018;9(3):45.* https://jbiochemtech.com/storage/models/article/ykzlojnUTLr4Sn7NncMQ5sxojX95qSJnDLzUhMBfiqjsA8wi88wH8afMPdPP/the-relationship-between-spiritual-intelligence-and-depression-in-parents-of-children-with-cancer.pdf

2. Arnold M, Sierra MS, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global patterns and trends in colorectal cancer incidence and mortality. Gut. 2017; 66:683. https://doi.org/10.1136/gutjnl-2015-310912

3. Ibraheem NM, Alrawi NQ, Banoosh AK. Assessment the Characteristic Features of Colorectal Cancer among Patients Attending Tikrit Teaching Hospital from 2009-2013. Kirkuk Journal of Medical Sciences. 2021;6(1):125-35. https://doi.org/10.32894/kjms.2021.169421

4. Ibrahim S, Ahmed H, Zangana S. Trends in colorectal cancer in Iraq over two decades: incidence, mortality, topography, and morphology. Annals of Saudi Medicine. 2022;42(4):252-61. https://doi.org/10.5144/0256-4947.2022.252

5. Clarke WT, Feuerstein JD. Colorectal cancer surveillance in inflammatory bowel disease: Practice guidelines and recent developments. World journal of gastroenterology. 2019;25(30):4148. https://doi.org/10.3748/wjg.v25.i30.4148

6. Ladabaum, U. Cost-Effectiveness and National Effects of Initiating Colorectal Cancer Screening for Average-Risk Persons at Age 45 Years Instead of 50 Years. Gastroenterology. 2019. 157(1):137-148. https://doi.org/10.1053/j.gastro.2019.03.023

7. Khoja A, Aljawadi M, Al-Shammari SA, Bokhari NN, Aldarwish AA, Mardini WK, et al. Utilization of Colorectal Cancer Screening among Saudi Elderly Population: A Study from the Saudi National Survey for Elderly Health. Asian Pacific journal of cancer prevention: APJCP. 2018;19(12):3401. https://doi.org/10.31557/APJCP.2018.19.12.3401

8. Tran MT, Jeong MB, Nguyen VV, Sharp MT, Yu EP, Yu F, et al. Colorectal cancer beliefs, knowledge, and screening among Filipino, Hmong, and Korean Americans. Cancer. 2018; 124:1552-9. https://doi.org/10.1002/cncr.31216

9. Wong GC, Lee KY, Lam KF, Fan SY. Community- based survey of knowledge of attitudes to and practice of colorectal cancer screening in Hong Kong. Journal of digestive diseases. 2017;18(10):582-90. https://doi.org/10.1111/1751-2980.12544

10. Altoriah KM, Jumaah AA, Abdulhussein AA, Aljanabi AA, Al-Haddad HS, Al-Quzweni A, et al. Immunohistochemical Study of Adenomatous Polyposis Coli Protein in Colorectal Carcinoma and its Precursor Lesions in Iraq. Age. 2020;21(30):31-40.
https://www.sysrevpharm.org/abstract/immunohistochemical-study-of-adenomatous-polyposis-coli-protein-in-colorectal-carcinoma-and-its-precursor-lesions-in-ira-65608.html

11. lshammari SA, Alenazi HA, Alshammari HS. Knowledge, attitude and practice towards early screening of colorectal cancer in Riyadh. J Family

Med Prim Care. 2020 May 31;9(5):2273-2280. https://doi.org/10.4103/jfmpc.jfmpc_290_20

12. Al-Thafar AK, Al-Naim AF, Albges DS, Boqursain SK, Aldhafar AS, Ghreiz SM, et al. Knowledge Attitude and Practice of Colorectal Cancer among School Teachers in Al-Ahsa Saudi Arabia. Asian Pac J Cancer Prev. 2017 Oct 26;18(10):2771-2774. https://doi.org/10.22034/APJCP.2017.18.10.2771

13. Muliira JK, Melba SD, Ahmed SM, Al-Dhahli SN, Al-Jahwari FR. Barriers to colorectal cancer screening in primary care settings: attitudes and knowledge of nurses and physicians. Asia-pacific journal of oncology nursing.2016;3(1):98-107. https://doi.org/10.4103/2347-5625.177391

14. Alshaikhi SA, Assiri AS, Alshaikh AA, Alshaikhi SA, Assiri HA, Alshaiki OA et al. Knowledge, Attitude and Practice of Primary Care Physicians Regarding Colon Cancer in Abha City, Saudi Arabia. Middle East Journal of Family Medicine. 2021; 19(5). https://doi.org/10.5742/MEWFM.2021.94052

15. Omran S, Barakat H, Muliira JK, Aljadaa N. Knowledge, experiences, and barriers to colorectal cancer screening: a survey of health care providers working in primary care settings. J Cancer Educ. 2015; 30(1):53-61. https://doi.org/10.1007/s13187-014-0676-0

16. Aldukhayel AM, Alsudairi HA, Alhomidani RA, Almutairi NS, Alturki FM, Almehmadi RG, et al. Knowledge and attitude of primary healthcare physicians toward colorectal cancer screening in Qassim region, Saudi Arabia. International Journal of Medicine in Developing Countries. 2021; 5(10):1784–1790. https://doi.org/10.24911/IJMDC.51-1631463181

17. Dhahir NK, Noaman AA. A Comparative Study of Colorectal Cancer Based on Patient's Age. JFacMedBagdad. 2021 Jul. 13 [cited 2023 Feb. 10];63(2):70-3. Available from: https://iqjmc.uobaghdad.edu.iq/index.php/19JFacMedBaghdad36/article/view/1825

18. Aljarshawi M, Albadree H, Bahar H, Al-Imam A. Misleading Presentation of Colorectal Cancer in an Otherwise Healthy Patient. JFacMedBagdad. 2021 Feb. 21 [cited 2023 Feb. 10];62(4):132-8. Available from: https://iqjmc.uobaghdad.edu.iq/index.php/19JFacMedBaghdad36/article/view/1800

19. Altwijri A, Rabbani U. Knowledge, Attitude, And Practice Towards Colorectal Cancer Screening Among Primary Health Care Physicians In Buraydah, Qassim, Saudi Arabia. Journal of Women Medical and Dental College. 2022;1(3). https://doi.org/10.56600/jwmdc.v1i3.26

20. Yusoff M, Zin FM, Daud N, Yusoff HM, Draman N. Colorectal Cancer Screening: Knowledge and Practice among Private General Practitioners in Northeast Peninsular Malaysia. Education in Medicine Journal. 2021; 13(1). https://doi.org/10.21315/eimj2021.13.1.5

21. Demyati E. Knowledge, attitude, practice, and perceived barriers of colorectal cancer screening among family physicians in National Guard Health Affairs, Riyadh. International journal of family medicine. 2014. https://doi.org/10.1155/2014/457354

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المعارف، السلوكيات والممارسات للفحص المبكر للكشف عن سرطان المستقيم والقولون بين أطباء الرعاية الصحية في بغداد خلال سنة ٢٠٢٢

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الخلفية: يعد سرطان القولون والمستقيم (CRC) ثالث أكثر أنواع السرطان شيوعًا في العالم ورابع سبب رئيسي للوفاة. في العراق، يعد هذا المرض في المقام الأول مرضًا يصيب كبار السن، لكن معدلات الإصابة به والوفيات تتزايد بين جميع الفئات العمرية. ولمعالجة هذا الاتجاه المثير للقلق، من الضروري رفع مستوى الوعي العام، وتنفيذ برامج الفحص، وتطوير استراتيجيات الإدارة الفعالة.

الأهداف: لتقييم معرفة طبيب الرعاية الأولية وموقفه وممارسته فيما يتعلق بالفحص المبكر لسرطان القولون والمستقيم.

منهجية البحث: أجريت دراسة مقطعية في بغداد للفترة من 1 حزيران (يونيو) 2022 إلى 1 كانون الثاني (يناير) 2023. وشملت الدراسة 400 طبيب يقدمون خدمات الرعاية الصحية الأولية. تم جمع البيانات من خلال المقابلات المباشرة باستخدام استبيان ذاتي التنظيم. تم استكشاف الارتباط بين المتغيرات باستخدام اختبار مربع كاي، حيث تعتبر قيمة P أقل من 0.05 ذات دلالة إحصائية.

النتائج: شملت الدراسة أطباء بمتوسط عمر 38.0 ± 7.62 سنة. ومن إجمالي المشاركين، كان 27.3% (109) ذكور و72.8% (291) إناث. وجدت الدراسة أن 268 (67.0%) مشاركًا لديهم معرفة جيدة، و178 (44.5%) لديهم موقف إيجابي، و122 (30.5%) مشاركًا لديهم ممارسات جيدة. أولئك الذين تتراوح أعمارهم بين 36-45 سنة، مع أقل من 10 سنوات من الخبرة في العمل، والمقيمين في طب الأسرة لديهم مستويات أعلى بكثير من المعرفة الجيدة (P <0.05). كان للإناث موقف أكثر إيجابية بشكل ملحوظ (P = 0.001).

الإستنتاجات: وقد لوحظ أن المشاركين لديهم معرفة جيدة ببرنامج فحص سرطان المستقيم والقولون. ومع ذلك، فقد أظهروا موقفًا وممارسة سيئين تجاه ذلك. وكانت الفئة العمرية 36-45 سنة، والأفراد الذين لديهم أقل من 10 سنوات من العمل، وأطباء الأسرة لديهم معرفة أفضل من غيرهم. وقد لوحظ وجود موقف إيجابي بين المقيمات في طب الأسرة.

الكلمات المفتاحية: المعارف، السلوكيات، الممارسات، الفحص المبكر، سرطان المستقيم والقولون