"Trends of University Girls Towards Breast Cancer Prevention "

Prepared by

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Abstract:
The objective of the study was to identify the trends of university girls towards cancer prevention, with the following sub-objectives: Identification of cognitive trends for university girls towards the prevention of breast cancer, identification of emotional trends for university girls towards the prevention of breast cancer, identification of behavioral trends for university girls towards the prevention of breast cancer. The sample-style social survey curriculum was used for a sample of female students enrolled in the fourth division and their number (120) Individual, the study tools were to prepare a measure of the trends of university girls towards breast cancer prevention. The study found that the cognitive dimension of university girls came at a high rate. Followed by the emotional and behavioral dimension, the study recommended that the social worker play a range of roles to develop the tendencies of university girls towards the prevention of breast cancer with the girls' coordinator, university coordinator and community coordinator.
Key Words:
 Trends, University girls, Prevention ,Breast cancer.

"اتجاهات الفتيات الجامعيات نحو الوقاية من الإصابة بسرطان الثدي "

الملخص:

هدفت الدراسة إلي تحديد اتجاهات الفتيات الجامعيات نحو الوقاية من الإصابة بسرطان وينبثق منها الأهداف الفرعية التالية : تحديد الاتجاهات المعرفية للفتيات الجامعيات نحو الوقاية من الإصابة بسرطان الثدي , تحديد الاتجاهات الوجدانية للفتيات الجامعيات نحو الوقاية من الإصابة بسرطان الثدي , تحديد الاتجاهات السلوكية للفتيات الجامعيات نحو الوقاية من الإصابة بسرطان الثدي . تم استخدام منهج المسح الاجتماعي بأسلوب العينة , لعينة من الطالبات المقيدات بالفرقة الرابعة وعددهم (١٢٠) مفردة , وتمثلت أدوات الدراسة في مقياس اتجاهات الفتيات الجامعيات نحو الوقاية من الإصابة بسرطان الثدي وتوصلت الدراسة إلي أن البعد المعرفي للفتيات الجامعيات جاءت بنسبة مرتفعة , ويليها البعد الوجداني ويليه البعد السلوكي , وأوضحت الدراسة بأن الأخصائي الاجتماعي يقوم بمجموعة من الأدوار لتنمية اتجاهات الفتيات الجامعيات نحو الوقاية من الاصابة بسرطان الثدي مع نسق الفتيات ونسق الجامعة ونسق المجتمع .

الكلمات المفتاحية :

الاتجاهات , الفتيات الجامعيات , الوقاية , سرطان الثدي .

Introduction:

Human happiness and the well-being of society are organically linked to health, as it is a requirement of success in all spheres of life, and life needs to be harmonized with it. This can only be obtained in the presence of physical health that is key to mental health (Redouane, 2006:5).

Health care is a basic necessity and an urgent requirement. It is an indispensable element for human survival and enjoyment of life. The level of health attained by human beings depends on man's interaction with his environment (Saleh, 2001:5).

This is what the United Nations stated in its Charter, emphasizing the importance of health and that it is a fundamental human right indispensable for the enjoyment of the highest attainable standard of health and for living in dignity (organization, 2022).

Chronic illness is the most serious to human life and the most affected by social factors when working to prevent it, treat it or rehabilitate its patients where the disease lasts for a long time. (Shehata, 2017:271).

Cancer is a serious medical disease that kills a large number of people in society. Therefore, global, local, official and civil bodies are interested in providing information about cancer, its causes and how to prevent it, especially since it is a global disease that is not exclusively infected in a country without another country or civilization without others, as it affects males, young females and adults (Ghanem, 2011:101).

In this regard, a study (Maryam Aisi) (2012) identified the multiple types of cancer in the Gaza Strip and showed the prevalence of the disease in the governorates based on the results of the study and the Ministry of Health's reports, comparing it with some Arab States. The study showed some factors that may contribute to the incidence of the disease and its causes (Jesus, 2012:188).

This is also what Jihad Brahima's study referred to. (2016) which aimed to detect the level of psychological pain of cancer patients and know the differences in levels. The study was conducted on a sample of 230 patients referenced for cancer control centers. Anxiety, pressure, according to age and so for its height in females compared to males as found in the pressure level to calculate the patients receiving chemotherapy (Brahima, 2016).

Cancers vary and vary among them. These types (liver, lung, pancreatic, bone, advanced breast cancer and other cancers) (lam, MD, 2003).

Breast cancer is the most common cancer ever in a woman and is also the first killer among them, so it is one of the scariest, most detected by the patient and most varied in treatment. For hospitals, breast cancer is at the forefront of the list of surgical, radiotherapy, drugs and hormones (Abu Garara, 1990:95).

Breast cancer is the most diagnosed type of cancer among women today, even occurring in a few men. This cancer is considered to be one of the most important diseases leading to death among females and males and when detected early, survival rates are almost very high (Health, 2000:6). This is what Watkins, Elyse (2019) suggests that every year more than 250, 000 woman has breast cancer in the United States and despite the low total mortality rate for breast cancer patients, However, it is the second most common cause of death among women and doctors working elsewhere other than oncology must understand breast cancer to help care for women at risk (Elyse, J, 2019). The study (Ibrahim Abdul Karim) (2015) also showed that breast cancer is most prevalent among females and that social factors such as (age-level education) have a role in developing the disease (Karim, 2015).

According to World Health Organization (WHO) statistics in its annual cancer report, which showed that the disease took many lives equivalent to (10 million people) approx. (2020m), or equivalent (1 death) Almost every (6 deaths), and that one of the most common deaths from this disease in 2020 is (breast cancer by 685000 deaths), stomach cancer by (769000 deaths), The following are the most common cancers in 2020 in terms of new cancers (WHO, 2022).

Table (1) shows the prevalence of cancer in 2020

Number of cases	Cancer Type	M	Number of cases	Cancer Type	M
120million cases	Skin Cancer	4	2.26 million cases	Breast Cancer	1
1.41 million cases	Prostate Cancer	5	2.21 million cases	Lung Cancer	2
1,09 million cases	Stomach Cancer	6	1.93 million cases	Straight colon cancer	3

From the previous table it is clear that the highest incidence of cancer is breast cancer of all other species where the number of cases of breast cancer is (2.26 million cases) and was ranked first in the number of infected cases. This is confirmed by a study (Abdelbaset al-Khawalda) (2002), which aimed to learn about health information about breast cancer and to learn about its prevalence in Jordan and the social and health factors that affected Jordanian society (Al-Khawalda, 2002). The Chauchane (2013) study, which found that the incidence of breast cancer is increasing in the Middle East and North Africa, also shows Arab women averaging at least 10 years of appearance among women in Europe and America (L.ET Al, 2013).

Breast cancer can affect an unmarried girl. Because it is a disease that may affect women of different ages, with the indication that the incidence of this disease may be very low under the age of 40, In any event, having breast cancer at an early age and having unmarried girls often results from having specific genetic traits that raise the risk of being replicated. Noting that having some of these factors does not necessarily mean having it, Not having one does not mean preventing infection (ALtibbi, 2015). This is confirmed by the study (Hussein Nasser) (2013) that abnormal breastfeeding and delayed marriage for girls are considerably controlling causes of cancer, including female breast cancer, and that non-marriage and delay are factors that make females more vulnerable to breast cancer (Nassir, 2013). The Zainab study (2021) showed that there are social problems facing unmarried girls with breast cancer, among them (the problem of performing social roles and the problem of social relations) (compilation, 2021).

The university community needs to raise awareness of breast cancer, especially (women and girls), in order to raise their awareness and provide them with the necessary support to raise awareness about it and know ways of preventing it to reduce its spread and encourage the necessary tests, as it contributes to the early detection and treatment of the disease and rapidly raise its recovery rates (Ezzat, 2022). This was agreed by the Sahar Far gel Study (2008) on the need to raise awareness of periodic screening for early detection of breast cancer and knowledge of the seriousness and consequences of the disease (Mohammed, 2008).

He also agreed with the Dina Syed study (2018) that one of the needs of breast cancer patients is the need for periodic self-examination and the need to raise awareness of the associated effects (Qaas, 2018). The study

(Made,2010) highlighted the importance of early detection and effective preventive treatment to reduce morbidity and mortality rates among females and emphasized the stabilization of the mortality rate in recent years (Piasecka, 2010).

Girls should therefore be interested in periodic detection and screening for early detection of breast cancer, thus avoiding risks resulting from breast cancer and developing knowledge about the disease to maintain their overall health (Rosenthal, 2001).

The social work profession is a humanitarian occupation concerned with dealing with human beings in all situations in which they are subjected in order to protect them (Khalil, 2011:249). Hence its role as one of the professions dealing with individuals, groups and societies in the face of their problems is based on scientific studies that address the problems of society and its individuals and provide services and programmes to them (Maher, 1997:31).

The Social Medical work is an important area in which the role of a social worker is highlighted by the provision of assistance and services beneficial to patients, in order to obtain appropriate treatment suited to their health conditions (Al-Qabadi, 2013:188).

This is confirmed by Abbott's study (2017) that social work is instrumental in treating breast cancer patients and identifying obstacles to early detection of the disease (Abbott, 2017,531). The study Kauffman (2016) also agreed with them that the most important roles a social worker plays with breast cancer patients in identifying their problems and helping them overcome the condition resulting from anxiety and fear and supporting the patient psychologically and socially (Bitz, 2016).

The Van study (2016) noted that the roles of a social worker in the creation of certain activities and urged breast cancer patients to participate in these activities and invest their abilities leading to positive changes for them (Carbonatto, 2016). She also agreed with the Hala Mahmoud Study (2016), which focused on the role of social work in helping breast cancer patients and alleviating their (social and family) problems to them in medical institutions (Mahmoud, 2016). It also agreed with him on a study (Al-Fat Abd Al-Rahim) (2022), which aimed to test the effectiveness of the professional intervention program using a power-giving model to improve the social performance of breast cancer survivors towards the self and the surroundings, and found the program's effectiveness in improving the social performance of breast cancer

recoveries (Solomon, 2022). Thus, the social service profession has a generally active role with women in society and especially with university girls to develop their tendencies towards breast cancer prevention.

In the light of the above, the study's problem can be formulated in the following questions :

-What are the tendencies of university girls towards the prevention of breast cancer from which the following sub-questions emerge

a. What cognitive trends for university girls towards breast cancer prevention?

B-What are the emotional trends of university girls towards breast cancer prevention?

C-What are the behavioral trends of university girls towards breast cancer prevention?

 Second: The importance of the study:

1-Disease of any kind is one of the most important factors affecting human life and its ability to perform its roles in life.

2-Women make up half of society (mother, wife, sister, girl).

3-Cancer is considered a serious disease, especially as a disease 4-Breast cancer is the most common cancer in women and the most diagnosed type among women.

5-Breast cancer, as the statistics indicate, is the highest in cancers and accounts for about 26. 2 million cases (WHO, 2022).

6-The need for university girls to develop their cognitive, behavioral and emotional attitudes to prevent breast cancer.

Third: Objectives of the study:

1-Identification of university girls' trends towards breast cancer prevention with the following sub-objectives:

A-Identifying cognitive trends for university girls towards breast cancer prevention.

B-Identifying the emotional trends of university girls towards breast cancer prevention.

C-Identification of behavioral trends of university girls towards the prevention of breast cancer.

Fourth: Concepts of the study:

1-concept of Trends: It is a very stable tendency to respond in a consistent manner to certain things and situations or individuals and trends include a

range of emotions and emotions directed to certain goals (Melham, 2005, 318).

It is a consistent orientation or stable organization of cognitive or emotional and behavioral processes, as it is a concept that expresses an individual's sentiment and knowledge (Torbi, 2014, 87)

Board Ness and Horutez (2008) stated that the trend is a state of mental and neurological preparedness organized through experiment, exerting a directive or dynamic influence on an individual's response to all the things and attitudes associated with it(Kenneths& Irwin,2008,157) .

Trends properties: (Abed, 2013, 63).

-Acquired through socialization methods and the indicators, training and experience to which the individual is exposed.

-Self-preparedness for action and reaction .

-It has a constant character and its strength varies.

-"Trends consist of three main components: (Judge, 2015, 80-81).

A-Knowledge component: It includes knowledge (i.e. an individual's beliefs about a particular thing).

B-Emotional component: it means that part of the trends that relate to an individual's feelings for something.

C-Behavioral component: means the way in which an individual acts or intends to act. The trends in this study are intended to prevent girls from developing breast cancer, whether through their knowledge and knowledge of breast cancer and medical institutions providing medical and therapeutic services to them. as well as their feelings and feelings about breast cancer and their willingness to prevent breast cancer as well as the behaviors used by university girls towards preventing breast cancer.

2- concept of University girls: The collector identified the girl as (girl) (name), collecting girls, girl young (Al many, 2023). And the girl (missed his majority in bully) (Arabic, 2023). In this study, female university students enrolled in the 4th Division are members of the College of Social Service of Married and Unmarried Women who have knowledge of the stages of discovery of breast cancer or not, their thoughts on the disease, medical examination of the disease and the practice of good habits that protect them from infection and their knowledge of centers specialized in the treatment of the disease.

3- concept of Prevention: Prevention in the social work is a word used in different ways, it refers to the parts that prevent something from happening. In a broader sense, prevention in the social service is seen in two appropriate

ways so that personal and community problems do not appear at all, so that personal, family and community problems do not occur again, even though there are enormous problems with their consumers (San hori, 2007,277). Prevention refers to protection, alert, preservation and defence for further clarification. Prevention means other medical, psychological, social and educational measures aimed at preventing or minimizing the effects of the problem.

-Prevention objectives

-Helping people to prevent the incidence of problems in general and social problems in particular.

-Instill people's social goals.

-Support positive attitudes and behaviors related to people's prevention.

-Helping people change personal attitudes and customs so that the concept of prevention becomes an essential part of each person's life, every group, every organization and every society.

-Helping people increase their abilities and equip them with the skills and experiences that make them strengthen themselves (Praat, 2007,277).

-Protection levels:

-Primary prevention: Actions by social workers and others to prevent known conditions causing social problems to prevent appearance.

-Secondary prevention: These are efforts that limit the extent of the seriousness of the problem through the early detection of its existence, isolating the problem and its impact on others or reducing the attitudes that lead them to the problem.

-Prevention of the third degree: rehabilitation efforts carried out by social workers and other individuals and provided after problem solving with the aim of preventing the return and recurrence of the problem again (Zakaniya, 2020,195).

Prevention in this study is intended to help university girls, strengthen their cognitive, behavioral and emotional attitudes and develop them to prevent breast cancer.

-Breast cancer:

Cancer is defined as a malignant tumor that arises as a result of abnormally doubling certain cells. Growth does not stop when it is in contact with other cells and may be spread either by invasion of surrounding tissue or by malignancy (Barker, 1987,19).

Breast cancer is defined as a painless lump in the breast. And the exit of blood or excretion from the nipple, as many types of lumps of benign type,

Breast cancer occurs when chest cells get out of control, It begins with the invasion of nearby tissue and then spreads into the body parts, It begins in the form of a small tumor, then continues to spread directly into the breast cells and tissue and then the skin, muscles and chest

Breast cancer is a malignant tumor that has grown in breast cells (Shaker, 2010, 44). Breast cancer is defined as (the abnormal continuous growth of a group of breast cells. The tumor is not subject to the factors that regulate the organ's cells under normal conditions. Nor does this growth serve a particular symptom or function, as well as its continued persistence, resulting (in the destruction of the organ in which Mary & Sozanne, 1998,1127). Breast cancer is defined in the study as a serious disease of married or unmarried girls and death-inducing disease that affects girls' ability to fulfill their roles in life and represents a burden on girls, given the seriousness and nature of the disease and the suffering experienced by their patients from the discovery of the disease to treatment, it needs to develop cognitive, behavioral and emotional trends for university girls to prevent breast cancer.

Sixth: Methodological procedures for the study:

A-Type of study: This study belongs to the pattern of comparative descriptive studies to determine girls' cognitive, emotional and behavioral attitudes towards breast cancer prevention.

B-Curriculum used: This study was based on the sample survey curriculum for female students enrolled in the 4th Division - Faculty of Social work - Helwan University.

C- Fields of study:

1-Spatial field: Faculty of Social Work - Helwan University.

2- Human field: Students enrolled in the 4th Division regularly who study the subject of the general practice of social work in the medical field, where the subject studies cancer for them and their number (120) individually.

3-Time area: The period of data collection for the study lasted one month from 1/2/2023 to 2/3/2023.

4-Study tools: Data collection tools for study we:

-Measuring university girls' trends towards breast cancer prevention:

1-Build on the theoretical framework of the study and previous studies associated with the use of some of the criteria and questionnaire forms associated with the study's subject to determine the terms associated with the dimensions of the study

2-Determine the dimensions on which the scale depends and which consisted in three dimensions (after cognitive trends and after emotional trends, and after behavioral trends).

3-Identify and formulate the phrases for each dimension, which number (46) and distribute them as follows: after cognitive trends (15) phrase, after emotional trends (15) phrase, after behavioral trends (16) phrase.

4-The scale is based on triple graduation, so that the response to each phrase (yes, to some extent, No), And I gave each of these responses yes (three degrees), to some extent (two degrees), No (one degree).

Table(2) shows the positive and negative phrases of university girls' trends towards the prevention of breast cancer.

1 , 2, 4, 5 , 6, 7 , 9, 10 , 11 , 13 , 14 , 15 .	Knowledge dimension	Ferry Positive
1 , 2, 3 ,4, 5 , 6, 7 ,8 , 9, 10 , 11 , 12 ,13 , 14, 15.	The Emotional Dimension	
1 , 2, 3 ,4, 5 , 6, 7 ,8 , 9, 10 , 11 , 12 ,13 , 14,15,16.	Behavioral dimension	
3,8,12.	Knowledge dimension	Ferry Negative
———	The Emotional Dimension	
———	Behavioral dimension	

5-Believe the tool:

a. Apparent honesty of the instrument: The tool was presented to a number (4) of faculty members of the Department of Social work Fields of Helwan University, in order to express an opinion on the validity of the tool in terms of the language integrity of the phrases on the one hand and its connection with the dimensions of the study on the other hand. (80%), some phrases have been deleted and some have been reworded, and the scale has accordingly been drafted in its final form.

B-Believe the content of the tool:

To verify this type of honesty, the following has been done:

1-Look at literature and books, theoretical frameworks, and previous studies and research on the dimensions of the scale.

2-Analyze these literature, research and studies in order to reach the different dimensions and expressions associated with these dimensions associated with

the problem of study, in terms of identifying the trends of university girls towards the prevention of breast cancer.

6-Methods of statistical analysis:

The data were processed by the following statistical methods: repetitions, percentages, weighted average, total weights, estimated percentage.

-Results of the field study:

Theme I: Describing University Girls' Study Society:

Table No. (3) Description of school society for university girls (n = 120).

Percentage%	K	Responses	Variable
49.16%	59	20 years old - less than 22 years old	Age
50.83%	61	22 years old - less than 25 years old	
87.5%	105	Single	Social situation
12.5%	15	Married	
25%	30	Rural	Residence
75%	90	Attend	
94.16%	113	With Family	Housing
4.16%	5	Shared with friends	
1.66%	2	Independent on my own	
20.83%	25	Yes	Is there any family member with breast cancer?
79.16%	95	No	
60%	15	Early Stage	If yes at any stage of disease detection
28%	7	Intermediate stage	
12%	3	Late stage	

The previous table shows that the highest proportion of college girls is from "22-under 25", where they are in proportion (50.83%), followed by age "20-under 22 years" (49.16%). The social situation of college girls is the highest "single" rate. (87.5%), followed by "married" in the proportion of (12.5%), and

for the place of residence in the highest percentage of college girls doing "attend" in the proportion of (75%), followed by "rural" by (25%), and for housing by "family" by "family" (94.16%), followed by "Shared with Friends" by (4.16%) and "Independent by myself" by (1.66%), and "Does a family member have breast cancer" by (no) (79.16%), the "yes" came in at 20.83%, and for "if yes at any stage of disease detection" the "early stage" came in at 60%, followed by the "middle stage" at 28% and the "late stage" at 12%.

Second axis: University girls' trends towards breast cancer prevention: Dimension of cognitive trends:

Table (4) shows the cognitive dimension of university girls to prevent breast cancer

(n = 120)

arrangement	estimated percentage %	weighted average	Total weights	responses			phrase	M
				No	to some extent	yes		
6	68.8%	2.06	248	31	50	39	I know how to self-examine the breast	-1
15	40.55%	1.21	146	79	17	11	Breastfeeding was considered unnecessary	-2
14	49.16%	1.47	177	6	45	69	I think I can't bear breast cancer.	-3
2	92.22%	2.76	332	٦	16	98	I know the need for early breast detection.	-4
9	58.33%	1.75	210	62	26	32	I have bad experience of breast cancer.	-5
10	57.5%	1.72	207	56	41	23	I'm thinking about having	-6

						breast cancer.	
13	50%	1.5	180	75	30	15	I know breast cancer has no cure.	-7
8	60.55%	1.81	218	35	28	57	I don't know when to do a breast self-examination.	-8
1	96.11%	2.88	346	-	14	106	I think early detection of breast cancer contributes to treatment.	-9
5	70.27%	2.10	253	35	37	48	I don't know what diet prevents injury.	-10
4	74.16%	2.22	267	28	37	55	I have knowledge of specialized breast cancer treatment centers.	-11
3	74.72%	2.24	269	54	41	25	I have no idea about the symptoms of breast cancer.	-12
7	67.22%	2.01	242	32	54	34	I think breast cancer is hereditary.	-13
12	51.94%	1.55	1.87	68	37	15	I expect to have breast cancer.	-14
11	54.44%	1.63	196	64	36	20	I don't know which	-15

Average level	64.22%	1.92	3468	The total				institutions provide services for breast cancer.	

The previous table shows that the level of cognitive dimension of girls in universities for the prevention of breast cancer was average by calculating the relative degree of dimension measurement and came in a percentage (64.22%) At a weighted average (1.92) this is reflected in the terms of the cognitive dimension, where in the first order "I believe that early detection of breast cancer contributes to treatment" (96.11%) At a weighted average (2.88%), the second ranking read, "I know the need for early breast detection" (92.22%). At a weighted average (2.76), the third ranking read, "I have no idea of the symptoms of breast cancer" at 74.72%. At a weighted average (2.24), the fourth ranking read: "I have knowledge of the centers specializing in the treatment of breast cancer" (74.16%). At a weighted average (2.22), the fifth ranking was "ignorant of the diet that prevents injury" (70.27%). At a weighted average (2.10), the sixth ranking read, "Know how to self-examine the breast" (68.8%). At a weighted average (2.06), the seventh ranking was "I think breast cancer is hereditary" (67.22%). At a weighted average (2.01), the eighth ranking read, "I don't know when to do a breast self-examination" at 60.55%. At a weighted average (1.81), the ninth ranking was "I have bad breast cancer experiences" at 58.33%. At a weighted average (1.75), the tenth ranking was 57.5%. At a weighted average (1.72), in the eleventh ranking "I am not aware of the institutions that provide services for breast cancer" (54.44%) At a weighted average (1.63), the twelfth ranking was "I expect to have breast cancer" by 51.94 and a weighted average (1.55), and the thirteenth ranking was "I know breast cancer has no treatment" by 50%. At a weighted average (1.5), the fourteenth ranking read, "I think I don't tolerate breast cancer" (49.16%). At an average weighted "1.47", the fifteenth and final ranking read "breastfeeding is considered unnecessary" at 40.55%. On average (1.21) this confirms that early detection of breast cancer contributes to early treatment. This is due to the information that girls have about the disease and how to deal with it and the institutions that provide services to breast cancer sufferers. This is agreed upon by a study (Dina Syed) (2018) The importance of early detection and effective preventive treatment to reduce disease infection rates and rate.

Table (5) shows the emotional dimension of university girls to prevent breast cancer

(n = 120)

arrangement	estimated percentage %	weighted average	Total weights	responses			phrase	M
				No	to some extent	yes		
3	91.11%	2.73	328	6	26	88	I'm afraid of breast cancer.	-1
1	96.66%	2.9	348	9	12	99	I hope to increase the number of breast cancer institutions	-2
5m	89.44%	2.68	322	4	24	92	I'm hard on my pain.	-3
4	90.27%	2.70	325	-	12	108	Earth by spending God on breast cancer	-4
9	79.72%	2.39	287	9	20	91	I'm afraid of getting a mastectomy.	-5
7	84.72%	2.54	305	5	25	90	I'm worried when I know there's a girl with breast cancer.	-6
6	89.16%	2.67	321	24	25	71	I'm afraid when I have strange symptoms on my breast.	-7

8	82.77%	2.48	298	4	47	69	I tend to know all the information about breast cancer.	-8
11	71.94%	2.15	259	4	31	85	I'm afraid of the idea of not having children.	-9
10	73.33%	2.2	264	6	50	64	I worry about the results of the medical examination	-10
3	91.11%	2.73	328	30	41	49	I feel like getting sick is losing a girl's femininity.	-11
1	96.66%	2.9	348	24	48	48	I'm afraid the medical examination is on my breasts.	-12
13	67.5%	2.02	243	30	57	33	I feel like thinking about the disease leads to injury.	-13
12	70.83%	2.12	255	27	51	42	I'm upset when I go for a scan.	-14
14	51.66%	1.55	186	67	40	13	I feel like having cancer is the end of life.	-15

High level	81.35%	2.44	4393	**The total**

It is clear from the previous table that the level of conscientious dimension of girls in universities for the prevention of breast cancer was high by calculating the relative degree of dimension measurement and came in a percentage (81.35%) At a weighted average (2.44) this is reflected in the phrases contained in the emotional dimension, where in the first order "a land by God when I have breast cancer" (96.66%) At a weighted average (2.9), the second ranking was "I hope to increase the number of breast cancer institutions" by 91.6 and by a weighted average (2.75). The third ranking was "I am hard on my pain" by 91.11%. At a weighted average (2.73), the fourth ranking read, "I am concerned when I know there is a girl suffering from breast cancer" at 90.27%. At a weighted average (2.70), the fifth ranking read "I am afraid of breast cancer" and "I am afraid of exposure to mastectomy" by 89.44%. At a weighted average (2.68), the sixth ranking was "afraid of the idea of not having children" at 89.16%. At a weighted average (2.67), the seventh ranking was "I tend to know all the information about breast cancer" at 87.72%. With a weighted average (2.54), the eighth ranking came "worry about the results of the medical examination" at 82.77%. At a weighted average (2.48), the ninth ranking read, "I'm afraid when I have strange symptoms on my breast" at 79.72%. At a weighted average (2.39), the tenth ranking was "I fear a medical examination on my breasts" at 73.33%. At a weighted average (2.2), the eleventh ranking read, "I feel like having the disease loses a girl's femininity" by 71.94%. At a weighted average (2.15), the twelfth ranking read, "I feel upset going for a scan" at 70.83%. At a weighted average (2.12), the thirteenth ranking read, "I feel like thinking about the disease leads to infection" at 67.5%. At a weighted average (2.02), the fourteenth and final ranking was "I feel like having cancer is the end of life" (51.66%). On average (1.55) this confirms that patience and satisfaction with the judiciary contribute to the treatment of breast cancer and that the feelings associated with fear of injury or removal and the results of the examination may negatively affect the girl.

Table (6) shows the behavioral dimension of university girls to prevent breast cancer

(n = 120)

arrangement	estimated percentage %	weighted average	Total weights	responses			phrase	M
				No	to some extent	yes		
12	57.22%	1.71	206	53	47	20	do physical activity every day.	-1
15	53.88%	1.61	194	60	46	14	Be careful to attend medical seminars on breast cancer	-2
2	80.27%	2.40	289	15	41	64	I avoid overweight	-3
1	81.11%	2.43	292	27	14	79	Stay away from taking the pill for a long time	-4
3	78.05%	2.34	281	19	41	60	Make sure you have a healthy diet.	-5
10	59.72%	1.79	215	57	31	32	I follow up with the doctor in consecutive periods.	-6
14	54.16%	1.62	195	66	33	21	I visit institutions interested in breast cancer	-7
7	65.55%	1.96	236	46	32	42	I donate to institutions breast	-8

						cancer	
13	56.66%	1.7	204	58	40	22	I find it difficult to contact institutions with breast cancer	-9
4	77.77%	2.33	280	22	36	62	I encourage those around me to volunteer for breast cancer institutions.	-10
8	62.77%	1.88	226	46	42	32	Contributing my effort to the completion of breast cancer institutions' activities	-11
11	58.88%	1.76	212	57	34	29	Check breasts regularly	-12
5	70.27%	2.10	253	33	41	46	I eat sugar in most of my food.	-13
5m	70.27%	2.10	253	29	49	42	Collect medical information on breast cancer	-14
6	69.72%	2.09	215	35	39	46	I advise my colleagues to examine themselves	-15

9	60%	1.8	216	48	48	24	I go to the institutions for medical examination.	- 16
Average level	65.39%	1.9	3767	The total				

It is clear from the previous table that the level of behavioral dimension of girls in universities for the prevention of breast cancer was average by calculating the relative degree of dimension measurement and came in a percentage (65.39%) With a weighted average (1.9%) this is reflected in the phrases of the behavioral dimension, where in the first order "I am away from taking the pill for a long time" (81.11%) At a weighted average (2.43), the second ranking was "I avoid overweight" (80.27%) and a weighted average (2.40), and the third was "I make sure to follow a healthy diet" (78.05%). At a weighted average (2.34), the fourth ranking was "The most encouraging around me to volunteer in breast cancer institutions" (77.77%). At a weighted average (2.33), the fifth ranking was "I eat sugar in the majority of my eaters" and "I collect medical information on breast cancer" (70.27%). At a weighted average (2.10), the sixth ranking read, "I advise my colleagues to examine themselves" at 69.72%. At a weighted average (2.09), the seventh ranking was "Donate to breast cancer institutions" (65.55%) and a weighted average (1.96), and the eighth ranking was "Contribute my effort to the delivery of breast cancer institution activities" (62.77%). At a weighted average (1.88), the ninth ranking was "Go to institutions for medical examination" at 60%. At a weighted average (1.8), the tenth ranking was "I follow up with the doctor at consecutive intervals" at 59.72%. At a weighted average (1.79), the eleventh ranking read, "Check breasts regularly" at 58.88%. At a weighted average (1.76), the twelfth ranking was "daily physical activity" (57.22%). At a weighted average (1.71), the thirteenth ranking read, "I have difficulty contacting breast cancer institutions" (56.66%) At a weighted average (1.7), the fourteenth ranking read, "I visit institutions interested in breast cancer" (54.16%). At a weighted average (1.62), the fifteenth and final ranking read: "Make sure to attend the medical seminars on breast cancer" by 53.88% A weighted average (1.62) shows that girls' positive attitudes towards cancer and cancer have a positive impact on them.

Table (7) shows the level of dimensions of university girls' trends towards breast cancer prevention (n = 120).

Level	Ranking	Percentage	Weighted Average	Total Weights	Problem	M
Average	3	64.22%	1.92	3468	Knowledge dimension	1
High	1	81.35%	2.44	4393	The Emotional Dimension	2
Average	2	65.39%	1.9	3767	Behavioral dimension	3
High level		70.21%	2.10	11628	Dimensions as a whole	

The previous table shows the level of distancing of the trends of university girls towards breast cancer prevention, which is high by calculating the relative degree of dimension as a whole, at 70.21%, at a weighted average (2.44%), in the phrases of the whole dimension, where in the first order there is a "conscientious dimension" at a weighted average (81.35%), and in the second order "behavioral dimension" at a weighted average (1.99%) and a weighted ratio (6.9%).

Theme III: Discussion of the study's findings and recommendations:

1-The highest percentage of college girls is from "22-under-25", with 50.83%, followed by "20-under-22s" (49.16%) indicating diversity in age groups.

2- The societal status of university girls is the highest of "single" (87.5%), followed by "married" (12.5%) and because most girls prefer to remain single at the educational level.

3- For the place of residence, the highest percentage of university girls are in "Dahr" (75%), followed by "Reef" (25%), and for housing (94.16%.(

4- In the case of a family member with breast cancer, the highest "no" rate (79.16%), "yes" (20.83%), and "if yes is answered at any stage of disease detection", the highest "early stage" (60%), followed by "middle stage" (28%) and "late stage" (12%).

5-With regard to the cognitive dimension of university girls towards breast cancer prevention, the proportion has come (64.22%). This indicates that university girls need a lot of information on breast cancer disease and how to

prevent it, the food systems followed and the necessary tests, which in turn contribute to the early detection of the disease or the prevention of the disease. (GG.2008) The importance of raising awareness of screening for early detection of breast cancer and raising awareness of the importance of periodic screening and identifying the seriousness and consequences of the disease and how to follow a healthy lifestyle that reduces the risk of developing cancer, especially breast cancer, because it is more prevalent among women and girl.

6-With regard to the conscientious dimension of university girls towards breast cancer prevention, a high proportion of women ' (81.35%) This shows that there is agreement among university girls in their feelings of breast cancer, which is explained by a study (Zemore & Shepel: 1999) and emphasized the identification of the emotional consequences of breast cancer patients, that receiving treatment does not mean not worry and fear, and that when women hear about this disease, they develop feelings of anxiety and fear and have concerns about this disease.

7-As regards the behavioral dimension of university girls towards breast cancer prevention has come at an average level (65.39%) This shows that girls engage in some behaviors and activities that contribute to early prevention of breast cancer and there are some behaviors that need to be increased positively for girls, as confirmed by a study (Abd al-Karim 2015) that there is a correlation between women's behaviors such as (her dietary habits, weight gain, environmental contaminants) and the spread of cancer tumors.

The study recommends that the social worker as a general practitioner play a range of roles to develop the tendencies of university girls towards the prevention of breast cancer:

A. The social worker with the university girls' coordinator:

1. Strengthen the positive trends of university girls and modify the unwanted negative trends of breast cancer.

2. Assist university girls in the development and development of their cognitive framework on breast cancer.

3. Social worker's interest in presenting models that have passed the disease and recovered from it.

4. Assist university girls in dealing with problems facing them and how to solve them.

5- Assist university girls to benefit from institutions available in society.

6-To prepare and organize field visits to institutions related to breast cancer, with a view to strengthening the positive trends of university girls and developing their awareness.

7. Work field research on breast cancer disease, how to prevent it, proper feeding methods and how to deal with the disease in its stages.

8-Seminars on breast cancer to sensitize university girls on ways to prevent and develop their positive attitudes.

9. Help university girls follow correct methods to protect them from breast cancer. Free monthly awareness-raising campaigns for university girls in partnership and cooperation with the University and breast cancer institutions.

B. The social worker with the university coordinator:

1. To assist the University in achieving its objectives and developing its services.

2. Holding seminars within the university in which doctors and medical and psychological professionals lecture to shed light on breast cancer disease and how to prevent it.

3. Linking the university to the surrounding environment of institutions and hospitals providing services on breast cancer.

4-Urge universities to establish mobile medical clinics aimed at educating university girls about breast cancer.

5. Work protocols with medical and psychological professionals to work in clinics. Identify the views of university girls and university staff and communicate them to officials.

c. Roles of social worker with community format:

1-Coordination between the University and other institutions in society to link the University with society and its institutions.

2-To contribute to the preparation of research and studies with specialized institutions in order to identify breast cancer at all stages and methods of proper nutrition and prevention.

3-Advocacy among citizens to assist institutions that take care of breast cancer patients physically and morally so that they carry out their responsibilities towards their patients.

4-Encourage volunteering and volunteers from cancer patients' friends among groups of society to benefit from their efforts.

5-Work to provide institutions that take care of the disease during or after recovery or to raise awareness of the seriousness of the disease and how to prevent it.

6-Attention to breast cancer awareness and early detection through the media.

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