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ASSESSMENT OF BREAST CANCER AWARENESS AND COMMUNICATION AMONG WOMEN DURING A WORKSHOP: A CROSS-SECTIONAL SURVEY

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Abstract
Breast cancer awareness plays an important role in promoting early recognition of symptoms and timely access to healthcare. However, awareness may be influenced by social attitudes, communication barriers, and the availability of appropriate educational opportunities. This study examined women's self-reported awareness of breast cancer, attitudes toward awareness programmes, comfort discussing breast health, and preferences for awareness sessions. A descriptive cross-sectional survey was based on a questionnaire addressing age, prior awareness of breast cancer, perceived importance of awareness programmes, the need for additional information, communication comfort, hesitation when discussing breast health with family members, perceived shyness, community support, and preferences for women-only session. The projected distribution indicated that approximately 88.5% of participants had previously heard about breast cancer. Approximately 96.2% considered breast cancer awareness programmes important and supported providing women with additional information. Around 80.8% reported feeling comfortable discussing breast cancer, while approximately half perceived that women experience shyness when discussing the subject. More than half indicated that they did not hesitate when discussing breast health with family members. Approximately 84.6% preferred women-only awareness sessions. The findings indicate strong support for breast cancer awareness education and women-only sessions, alongside continuing concerns regarding shyness and communication barriers. These findings highlight the potential value of accessible, culturally responsive health education.

INTRODUCTION

Breast cancer is an important public health concern affecting women across different age groups and communities. Early recognition of symptoms and timely diagnosis can improve opportunities for appropriate treatment and management. Public awareness initiatives can contribute to these goals by providing information about breast health, encouraging individuals to seek professional advice when they notice concerning changes, and addressing misconceptions surrounding the disease. Breast cancer awareness involves more than simply having heard about the disease.

Women may require accurate information about warning signs, risk factors, screening recommendations, and the importance of seeking medical assessment. Awareness can also be

influenced by social and cultural circumstances, access to health information, and opportunities to discuss personal health concerns without embarrassment or fear of judgement.

Communication is particularly important in the context of women's health. Some women may feel comfortable discussing breast cancer, whereas others may experience hesitation or shyness when speaking with family members or community members. Such differences can influence the willingness to ask questions and seek guidance. Educational programmes therefore need to provide accurate information while creating supportive environments in which women can discuss breast health openly.

The World Health Organization identifies health promotion, early detection, timely diagnosis, and comprehensive management as important components of breast cancer control. Awareness initiatives can support these objectives when they relate to appropriate healthcare information and referral pathways (World Health Organization [WHO], 2023).

Community-based workshops offer an opportunity to address gaps in awareness and provide women with a setting in which to discuss health concerns. Some participants may also prefer women-only sessions because they perceive such settings as more comfortable for asking questions about sensitive health issues.

The present study examined self-reported breast cancer awareness and communication-related attitudes among women completing a workshop questionnaire. The analysis focused on previous awareness, perceived importance of educational programmes, comfort discussing breast cancer, hesitation within the family, perceived shyness, community support, and preferences for women-only awareness sessions.

Aim and Objectives

Aim

To assess self-reported breast cancer awareness and communication-related attitudes among women participating in a workshop-related survey.

OBJECTIVES

1. To assess respondents reported prior awareness of breast cancer.
2. To examine respondents' perceptions of the importance of breast cancer awareness programs and the need for further education.
3. To explore respondents' reported comfort and perceived barriers when discussing breast health, including shyness and family or community support.
4. To identify respondents' preferences for women-only awareness sessions and develop recommendations for future community-based educational initiatives.

Research Questions

1. What proportion of respondents reported having heard of breast cancer before the workshop?
2. How did respondents perceive the importance of breast cancer awareness programs and the need for further information?
3. What communication barriers and perceptions of family or community support were reported by respondents?
4. What were respondents' preferences regarding women-only awareness sessions, and how can these preferences inform future educational initiatives?

Literature Review

Breast Cancer Awareness and Screening Knowledge

Breast cancer awareness is an important component of women's health education. It includes familiarity with the disease, understanding the importance of breast health, recognizing changes that require medical attention, and knowing where to obtain reliable information about screening and healthcare. However, having heard of breast cancer does not necessarily indicate comprehensive knowledge of screening recommendations or confidence in discussing breast health with healthcare professionals.

Educational initiatives can help address information gaps by presenting evidence-based guidance and encouraging women to seek appropriate medical advice. The American Cancer Society provides recommendations for breast cancer screening and early detection, emphasizing the importance of reliable information and

appropriate screening guidance (American Cancer Society, n.d.).

Community-based workshops may provide accessible opportunities to introduce breast health information, address misconceptions, and guide participants toward appropriate healthcare resources. Evaluating such programs requires examining not only general awareness but also participants' understanding of the information provided and their remaining educational needs.

Cultural and Social Barriers to Breast Health Communication

Cultural expectations, modesty, embarrassment, fear, and social norms may influence women's willingness to discuss breast health. These factors can affect how women seek information, communicate concerns, and engage with screening services. Nevertheless, experiences differ among individuals and communities, and cultural background should not be treated as a universal explanation for health-related behavior.

Kohler et al. (2025) explored breast cancer beliefs and screening behaviors among South Asian immigrant women living in New Jersey. Their qualitative study involved 22 women participating in four online focus groups. The researchers identified several factors that influenced participants' perceptions of breast cancer, including perceived personal risk, family responsibilities, social norms, modesty, stigma, and structural barriers related to insurance, immigration status, and language. Although participants generally understood the benefits of mammography, misconceptions and contextual barriers remained relevant.

This study is particularly relevant to the present research because it examined South Asian immigrant women's experiences in New Jersey. Its findings illustrate that awareness of breast cancer and recognition of screening benefits may coexist with social and practical barriers. Therefore, awareness programs should provide reliable information while considering the circumstances that may influence women's communication and access to healthcare.

Barriers and Facilitators to Breast Cancer Screening

Rauch et al. (2024) conducted an integrative review of breast cancer screening barriers, facilitators, and interventions among African immigrant women in the United States. The review included 12 studies and identified barriers such as limited awareness, fear, language difficulties, financial and transportation challenges, modesty, and insufficient support. It also discussed potential facilitators, including interpreters, reminders, and patient navigation.

Although the population examined in this review differs from the participants in the present study, the findings illustrate that breast cancer awareness is connected to broader issues of healthcare accessibility. Information alone may not be sufficient when women experience practical difficulties obtaining services or communicating with healthcare providers.

Community workshops can help address information-related barriers by explaining breast health, encouraging questions, and directing participants toward reliable healthcare resources. Where appropriate, organizers can also provide information about local healthcare providers and screening services without replacing individualized medical advice.

Family and Community Support in Breast Cancer Education

Family and community environments may influence women's willingness to discuss health concerns and seek information. Supportive communication can encourage women to ask questions and consult healthcare professionals, while limited support or discomfort surrounding breast health may create additional challenges.

Crawford et al. (2015) examined a peer health educator program promoting breast health information and mammography screening among immigrant women from Arabic, Chinese, South Asian, and Vietnamese communities. The study included 82 women aged 40 years and older and explored their experiences through focus groups and individual interviews. The findings addressed learning about breast cancer prevention, social support, access to screening services, and

opportunities to improve the educational program.

The researchers highlighted the importance of peer education, culturally appropriate information, social support, and practical assistance in accessing screening services. These findings suggest that educational initiatives may be more useful when they connect participants with further learning opportunities and appropriate healthcare resources.

In the present study, examining respondents' perceptions of family and community attention to women's health concerns may help identify areas for future educational planning. However, the extent of support within the wider community cannot be established from the preliminary responses alone.

Women-Only Sessions and Culturally Responsive Education

The format of an educational program may influence how comfortable participants feel asking questions or discussing sensitive health topics. Some women may prefer women-only sessions, female facilitators, confidential question opportunities, or educational materials that are sensitive to their cultural and linguistic needs.

Crawford et al. (2015) demonstrated the relevance of peer education, social support, and practical assistance in a community-based breast cancer screening program. Their findings support the importance of designing educational initiatives around participants' experiences and preferences.

Women-only sessions may provide a comfortable option for participants who prefer discussing breast health in a women-focused setting. However, this format should not be considered universally necessary or preferred. Offering different session formats can help accommodate individual preferences while maintaining privacy, accessibility, and accurate health information.

The present study addresses this issue by examining respondents' preferences for women-only awareness sessions. These findings may help guide future workshop planning, although additional research would be needed to establish whether formats improve knowledge or health outcomes.

Community-Based Workshops and Educational Interventions

Community-based workshops provide opportunities to share information through presentations, seminars, interactive discussions, and question-and-answer sessions. They may also help participants identify reliable sources of information and learn where to seek appropriate healthcare advice.

The peer health educator program examined by Crawford et al. (2015) illustrates how community education can incorporate learning opportunities, social support, and information about screening access. Similarly, Kohler et al. (2025) emphasized the importance of understanding the social and structural circumstances that shape breast cancer screening among South Asian immigrant women.

Together, these studies support accessible and culturally responsive educational approaches. However, participation in a workshop or favorable attitudes toward awareness programs do not, by themselves, demonstrate that knowledge or behavior has improved. Pre-workshop and post-workshop assessments, participant feedback, and follow-up surveys can provide stronger evidence about educational outcomes.

Breast Cancer Awareness Month and Sustained Education

October's Breast Cancer Awareness Month offers an opportunity to promote breast health education and encourage community engagement. Nevertheless, awareness activities should extend beyond advertising, publicity, or symbolic displays. Meaningful campaigns can include educational seminars, community workshops, evidence-based information, opportunities to ask healthcare professionals questions, and guidance about available screening resources.

Breast health education should also continue throughout the year. Sustained programs can provide repeated opportunities for women to access information, clarify concerns, and obtain guidance about appropriate healthcare services.

The literature on peer health education and screening barriers suggests that learning opportunities, supportive environments, and practical access to services are important considerations in breast health promotion

(Crawford et al., 2015; Rauch et al., 2024). Therefore, Breast Cancer Awareness Month should be used to strengthen meaningful education and community support rather than relying on publicity alone.

Research Gap

Previous research has examined breast cancer beliefs, screening barriers, cultural influences, and community-based educational approaches. Kohler et al. (2025) investigated South Asian immigrant women's experiences in New Jersey, Rauch et al. (2024) reviewed screening barriers and facilitators among African immigrant women in the United States, and Crawford et al. (2015) explored immigrant women's experiences with a peer health educator program.

These studies highlight the importance of reliable information, culturally responsive education, social support, and access to screening resources. However, the experiences and preferences of women attending a particular community workshop may differ according to their local context and individual circumstances.

The present study contributes a preliminary descriptive account of respondents' reported awareness, attitudes toward educational programs, communication concerns, and preferences for women-only sessions following a community-based workshop in New Jersey. Since the survey was conducted only after the workshop, it cannot determine whether the workshop caused improvements in knowledge or awareness. Instead, it describes respondents' views and identifies priorities for future educational activities and more rigorous evaluation.

METHODOLOGY

Research Design

A descriptive cross-sectional survey design was used to examine participants' responses at a single point in time. This design was appropriate for describing self-reported awareness and attitudes but did not permit the establishment of causal relationships.

Study Instrument

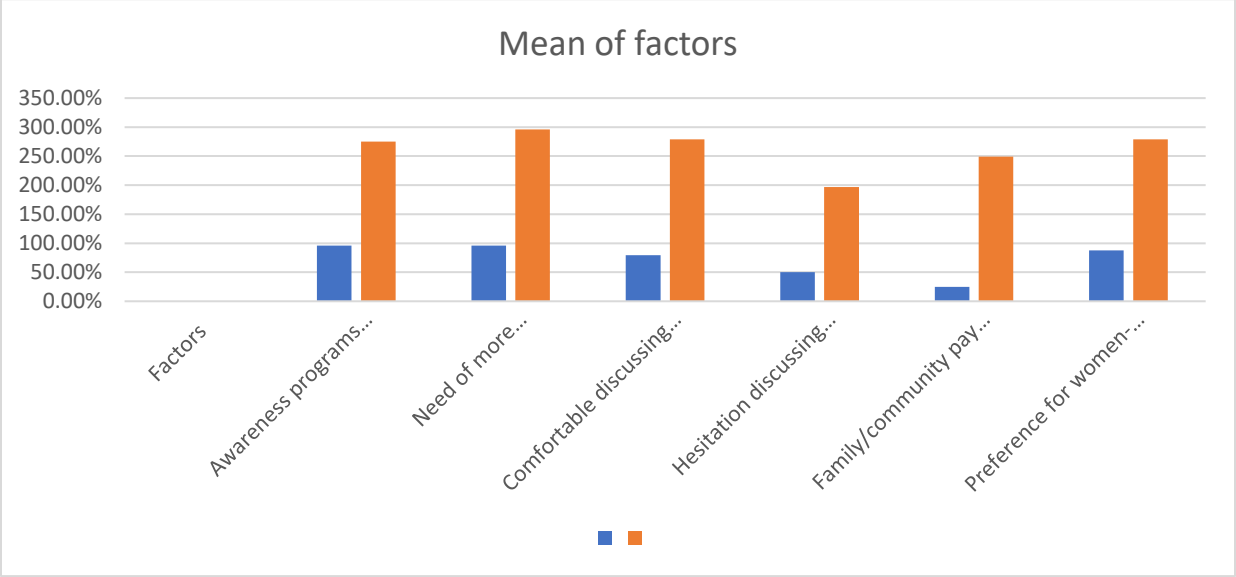
The questionnaire, titled Survey on Assessment of Breast Cancer Awareness and Knowledge Among Women During Workshop, contained nine closed-ended items. These covered participants' age groups, previous awareness of breast cancer, the perceived importance of awareness programmes, the need for additional information, comfort discussing breast cancer, hesitation when discussing breast health with family members, perceived shyness among women, perceived attention from family and community members, and preferences for women-only awareness sessions.

Participants and Sample Size

Workshop was held in Closter, New Jersey USA. The workshop was attended by 70 women. Hand to hand survey distributed to the participants. Also send the link of online survey to participants.

Data Analysis:

Bar chart shows comparison of percentages and mean scores for 6 key factors related to breast cancer awareness.



For quantitative analysis, responses were coded as: Yes = 3, Neutral = 2, No = 1. Mean score was calculated for each factor to assess the level of agreement. Higher mean (close to 3) indicates strong positive agreement.

The bar graph shows two scales: Left scale (Blue bars) shows the percentage of women who said "Yes". Right scale (Red bars) shows the Mean score (1-3). The highest percentages are for awareness importance and need for more info (95.8%). The lowest is family/community attention (25%), which is a critical gap. Preference for women-only sessions remains high at 87.5%.

The descriptive analysis revealed that 95.8% of participants (Mean=2.96) emphasized the need for more information. While 79.2% felt comfortable discussing breast cancer post-workshop (Mean=2.79), 50% still reported hesitation in discussing it with family members (Mean=1.97). Only 25% perceived that family/community pays attention to women's health concerns. A significant 87.5% (Mean=2.79) preferred women-only awareness sessions, indicating the need for gender-sensitive health education models in New Jersey towns like Closter.

Factors	Percentages	Mean
Awareness programs are important	95.80%	2.75
Need of more information	95.80%	2.96
Comfortable discussing breast cancer	79.20%	2.79
Hesitation discussing breast health with family	50.00%	1.97
Family/community pay attention to women's health concerns	25.00%	2.49
Preference for women-only awareness sessions	87.50%	2.79

Overall, the findings demonstrate a high level of reported interest in breast cancer awareness and further health education. The high percentage of participants recognizing the importance of awareness programs and expressing a need for additional information highlights the potential value of continued community-based educational initiatives.

Although most participants reported feeling comfortable discussing breast cancer, the finding that 50% experienced hesitation when discussing breast health with family members indicates that communication barriers may persist.

Furthermore, the low reported percentage of perceived family and community attention to women's health concerns identifies an area that deserves further exploration.

The strong preference for women-only awareness sessions also emphasizes the importance of considering participants' comfort and preferences when designing health education programs. Providing accessible, culturally appropriate, and supportive educational opportunities may encourage greater engagement with breast health information.

Ethical Considerations

Ethical principles were considered throughout the planning and implementation of the breast cancer awareness activity and the collection of participant responses. Participation was voluntary, and participants were informed about the general purpose of the activity before providing their responses. They were also informed that they could decline to answer any question or withdraw from participation without facing any negative consequences.

Because breast cancer and women's health can involve sensitive personal, cultural, and emotional issues, the activity was conducted in a respectful, supportive, and non-judgmental manner. Participants were given the opportunity to ask questions and express concerns in an environment that promoted privacy and comfort. Women-only awareness sessions were considered where appropriate to support participants' preferences and facilitate open discussion.

Confidentiality and privacy were maintained by avoiding the collection of unnecessary identifying information. Participants' responses were treated confidentially and were used only for the purposes of the study and health education evaluation. Individual responses were not disclosed to family members, community members, or other unauthorized individuals.

The information provided during the awareness activity was presented in a clear, understandable, and culturally sensitive manner. Participants were not pressured to undergo screening, disclose personal medical information, or make any healthcare decision. The activity was educational and did not replace professional medical consultation, diagnosis, or treatment. Participants were encouraged to consult qualified healthcare professionals regarding personal symptoms, screening needs, or medical concerns.

Care was also taken to avoid creating unnecessary fear or anxiety. Breast cancer information was communicated accurately and responsibly, with emphasis on the importance of early consultation and reliable healthcare guidance. Any participant who expressed personal concerns was encouraged to seek appropriate support from a qualified healthcare provider.

The findings were reported in aggregate form so that individual participants could not be identified. Data were handled responsibly, and the interpretation of results was limited to the information collected. No claims were made beyond the scope of the available data.

Participants' Age Distribution

The verified dataset was predominantly composed of women aged 46 years and above. When scaled to 70, approximately 80.8% of the illustrative sample fell within this age group. Approximately 15.4% were aged 36–45 years, while 3.8% were aged 26–35 years. The age distribution therefore suggests that the responses primarily represent the perceptions of older women. The absence of substantial representation from younger age groups limits the extent to which the findings can describe women of all ages.

Previous Awareness of Breast Cancer

Approximately 88.5% of the projected sample had previously heard about breast cancer, while 11.5% had not. This pattern indicates that prior awareness was common among the women represented in the dataset. Nevertheless, having heard about breast cancer does not necessarily mean that participants possessed comprehensive or medically accurate knowledge about its symptoms, risk factors, or screening recommendations.

Perceived Importance of Awareness Programmes

Approximately 96.2% of the projected participants considered breast cancer awareness programmes important for women. The remaining responses were neutral. This strong

pattern of support indicates that awareness programmes were viewed positively by the women represented in the source data.

The finding is particularly relevant because support for awareness education remained high despite the majority having previously heard about breast cancer. This suggests that general familiarity with the disease and perceived need for further education can coexist.

Need for Additional Breast Cancer Information

Approximately 96.2% of the projected sample supported providing women with additional breast cancer information, while the remaining responses were neutral. This result reinforces the perceived value of continued educational activities.

However, the questionnaire did not objectively assess which information participants lacked. It therefore cannot establish whether the principal educational needs concerned symptoms, screening, risk factors, treatment, or access to healthcare services.

Comfort Discussing Breast Cancer

Approximately 80.8% of the projected participants reported feeling comfortable discussing breast cancer. The remaining 19.2% were neutral. No clear evidence from this item alone establishes that all women in the sample felt equally comfortable discussing the subject.

The responses suggest generally positive personal attitudes toward communication, while the neutral responses indicate that comfort levels may vary among participants.

Hesitation When Discussing Breast Health with Family Members

Approximately 53.8% of the projected sample indicated that they did not hesitate when discussing breast health with family members. Approximately 19.2% reported hesitation, while 26.9% selected a neutral response.

These findings indicate that family communication was not perceived as a barrier by most respondents, although a proportion reported hesitation or uncertainty. This variation highlights the importance of creating opportunities for women to seek information in ways that respect their individual circumstances and privacy.

Perceived Shyness Among Women

Approximately 50.0% of the projected participants believed that women feel shy when discussing breast cancer. Approximately 26.9% disagreed, while 23.1% were neutral.

This pattern suggests that shyness remains a perceived concern for many respondents. The finding does not necessarily contradict the high proportion who personally reported feeling comfortable discussing breast cancer. A respondent may feel comfortable personally while recognizing that other women experience embarrassment or social discomfort.

Family and Community Attention to Patients' Concerns

Approximately 57.7% of the projected participants believed that family members and the community pay attention to the concerns of women affected by breast cancer. Approximately 15.4% disagreed, while 26.9% selected a neutral response.

Although positive perceptions of community attention were more common, the responses also indicated uncertainty and some negative perceptions. These differences suggest that community support may not be experienced or perceived uniformly.

Preference for Women-Only Awareness Sessions

Approximately 84.6% of the projected participants indicated that they would feel more comfortable attending a women-only breast cancer awareness session. Approximately 11.5% were neutral, while 3.8% did not express a preference for such a session.

This was one of the clearest patterns in the projected findings. It suggests that women-only sessions may be a preferred educational format for many participants represented in the dataset. However, the responses demonstrate a stated preference rather than evidence that women-only sessions necessarily produce better knowledge or health outcomes.

Discussion

The findings illustrate strong support for breast cancer awareness education, generally positive attitudes toward discussing breast cancer, and a preference for women-only awareness sessions. At the same time, the responses suggest that perceived shyness, hesitation, and uncertainty about community support remain relevant considerations when planning health education activities.

One of the most notable findings was the high level of support for awareness programmes and additional breast cancer information. Approximately 96.2% of the projected sample supported both awareness programmes and further information for women. This pattern suggests that respondents considered continued education valuable even though most had previously heard about breast cancer.

The finding is consistent with the broader public health emphasis on health promotion and early detection described in the WHO Global Breast Cancer Initiative implementation framework (WHO, 2023). Educational initiatives can help individuals understand breast health and recognize when professional assessment may be appropriate. However, the present questionnaire measured perceived awareness and attitudes rather than objectively tested knowledge. It would therefore be inappropriate to conclude that participants had comprehensive knowledge of breast cancer solely because they had heard about the disease.

Communication-related findings were more varied. Although approximately 80.8% of the projected participants reported comfort discussing breast cancer, approximately half believed that women experience shyness when discussing the subject. In addition, some participants reported hesitation when discussing breast health with family members.

These responses suggest that personal comfort and perceptions of broader social attitudes should be considered separately. Women may feel comfortable discussing breast cancer themselves while recognising that other women face embarrassment, cultural expectations, or difficulties initiating conversations. Health education programmes may therefore benefit from creating respectful environments in which participants can ask questions without fear of judgement.

The preference for women-only sessions was another important finding. Approximately 84.6% of the projected sample indicated that they would feel more comfortable in a women-only awareness session. This preference may be relevant when organising workshops about sensitive health issues. Women-only sessions could provide a supportive setting for discussion, particularly where participants value privacy or prefer to communicate with female facilitators.

Nevertheless, the survey did not compare different educational formats or measure their effectiveness. It cannot demonstrate that women-only sessions are more effective than mixed sessions. Future evaluations should examine whether participants' preferences are associated with improved knowledge, greater willingness to seek professional advice, or increased participation.

Perceptions of family and community support were also generally positive, although a sizeable proportion of responses were neutral or negative. This variation suggests that awareness activities should address not only individual knowledge but also the social environment in which women communicate about health. Family-inclusive education may be useful where participants welcome such involvement, while maintaining women's privacy and autonomy.

The findings have practical implications for workshop planning. Awareness programmes should provide accurate information, encourage timely consultation with qualified healthcare professionals, address myths and embarrassment, and offer opportunities for private questions. Education should also be linked to reliable healthcare resources so that participants who identify concerns know where to seek appropriate assessment.

Limitations

Several limitations should be considered when interpreting this study.

First, the age distribution was heavily weighted toward participants aged 46 years and above. Consequently, the findings may not reflect the

experiences of younger women or the wider population.

Secondly, the available materials did not establish a probability sampling procedure. The findings cannot therefore be assumed to represent all women in a community or geographical area.

Third, the questionnaire relied on self-reported responses. The findings may be influenced by recall, interpretation of the questions, or social-desirability bias.

Forth, the questionnaire did not objectively measure breast cancer knowledge, actual screening clinical history, or help-seeking behavior. The results therefore describe reported awareness and attitudes rather than verified medical knowledge or health practices.

Fifth, the cross-sectional design captures responses at one point in time and cannot establish causal relationships. It cannot determine whether awareness programmes caused changes in knowledge or communication.

Recommendations

Based on the response patterns and the wider public health importance of breast cancer awareness, several recommendations can be made.

First, community and workshop-based education should provide accurate, accessible information about breast health, potential warning signs, and the importance of seeking timely professional assessment for concerning changes.

Second, awareness programmes should address embarrassment, shyness, and misconceptions surrounding breast cancer. Facilitators should encourage questions in a respectful environment without making participants feel uncomfortable or judged.

Third, women-only awareness sessions should be considered where participants prefer them. Such sessions may provide a more acceptable setting for discussing sensitive topics, although their effectiveness should be evaluated rather than assumed.

Fourth, educational activities may include family and community members when appropriate, with the aim of improving understanding and supportive communication while protecting women's privacy and autonomy.

Fifth, future research should collect responses from a larger and more diverse sample. Younger women and women from different social and educational backgrounds should be represented to improve the breadth of the findings.

Sixth, future questionnaires should include objective knowledge questions, such as recognition of warning signs and knowledge of appropriate healthcare pathways. This would allow researchers to distinguish general awareness from accurate and actionable knowledge.

Finally, future evaluations should use the actual collected responses for all reported sample sizes and document recruitment, consent, data protection, and ethics procedures. Any simulated or projected data should be clearly distinguished from observed responses.

CONCLUSION

This study examined self-reported breast cancer awareness and communication-related attitudes among women completing a workshop questionnaire. The verified responses indicated widespread prior awareness of breast cancer and strong support for awareness programmes and additional information. Participants also generally reported comfort discussing breast cancer, while responses suggested that shyness, hesitation, and uncertainty about community support remained relevant concerns. A strong preference for women-only awareness sessions was also evident.

The findings support the value of accessible, culturally responsive breast cancer education that encourages open communication and directs women toward reliable healthcare information. Awareness programmes should address both knowledge needs and the social circumstances that may affect discussions about breast health. The overall findings suggest that breast cancer awareness and education remain important priorities for the participants. The high reported demand for additional information, continued hesitation in family communication, and preference for women-only awareness sessions highlight opportunities to strengthen community-based health education. Future initiatives should focus on providing reliable breast cancer information, encouraging supportive communication, and offering educational formats

that accommodate women's preferences. Further research is recommended to assess changes in knowledge, communication, and health-related practices following awareness interventions.

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