

Introduction

Cancer is a term used for malignant uncontrolled growth of epithelium cells. Cancer begins with irreparable damage to one or more genes controlling cellular growth, proliferation and apoptosis in a single cell which results in further genetic damage leading to abnormal cellular proliferation and evasion of the body's immune system (*Nnodu et al., 2010*).

Women at high risk for cervical and breast cancer morbidity and mortality have a low education level, low income, and low health literacy. They also have the socio-demographic characteristics that most complicate screening and care (*Mauad et al., 2009*). Many low- and middle-income countries face the double burden of cervical and breast cancer need to implement combined cost-effective and affordable interventions to tackle these highly preventable diseases (*WHO, 2010*).

Although effective strategies for preventing breast and cervical cancer have yet to be developed, following early detection practices can reduce the impact of the disease and allow for a greater range of treatment options (*Amin, 2008*). Lower levels of cancer screening among women are the result of psychosocial factors including fear of cancer, invasive procedures, and pain, lack of knowledge about cancer and its screening methods, attitudes of fatalism, religious or spiritual beliefs, concerns over confidentiality, embarrassment, and partner disapproval. External factors also influence screening such as lack of health insurance, regular sources of health care, and physician referral, transportation barriers, cost, and restrictive work policies (*Fernández et al., 2009*).

The primary factors that increase risk of breast cancer in women include certain inherited genetic mutations, a personal or family history of breast cancer, long menstrual history, obesity after menopause, recent use of oral contraceptives, postmenopausal hormone therapy, nulliparity or having the first child after 30 years of age, exposure to radiation, or consumption of one or more alcoholic beverages per day. Factors that decrease breast cancer risks include breastfeeding, physical activity, and the maintenance of a healthy body weight (*Elsie et al., 2010*).

Cervical cancer is the second most common type of cancer among female genital tract cancer. Almost 80% of cases today and an even higher proportion of deaths from cervical cancer occur in low-income countries, where access to cervical cancer screening and treatment virtually does not exist (*WHO, 2009*). Development of cervical cancer is a multi-stage process that generally occurs over many years and nearly always begins with a woman's infection with an oncogenic type of the human papillomavirus (HPV). HPV is one of the most common sexually transmitted infections, and types 16 and 18 are responsible for approximately 70% of all cervical cancers (*Lenahan et al., 2008*). The other known risk factors are the early onset of sexual activities, multiple sex partners, long use of oral contraceptives, immunosuppressants, smoking and specific dietary factors (*Hoque and Hoque, 2009*).

Knowledge is a necessary predisposing factor for behavioral change and plays an important role in improvement of health seeking behavior. Not only that knowledge might dramatically improve the attitude, disbelieve, and misconception but also enhance screening practice (*Mia, 2007*). Healthcare professionals are a direct source of information for the patients and for the general public at large and since they hold such a pivotal role, it is imperative that the information they

convey is accurate and helps in building additional awareness (*Kumar et al, 2009*).

Breast and cervical cancer screening are important in the reduction of cancer-related mortality. When breast cancer is diagnosed early when confined to the breast, the 5-year survival rate is over 95%. As for cervical cancer, early diagnosis has resulted in a decline of approximately 40% in the incidence and mortality associated with invasive cervical cancer. Knowledge, attitudes, and beliefs toward disease and illness have been shown to influence breast and cervical cancer screening in specific populations. Awareness and perceptions toward breast and cervical cancer screening among women hold promise for identifying barriers to early detection and could aid in the creation of interventions to promote screening (*Dang et al., 2010*).

Significance of the study

Breast cancer is the most frequent malignant tumor in women worldwide. In Egypt, it is the most common cancer among women, representing 18.9% of total cancer cases (*Salem et al., 2010*). Raising general public awareness on the breast and cervical cancer problem and the mechanisms to control as well as advocating for appropriate policies and program are key strategies of population-based breast and cervical cancer control (*WHO, 2011*).