



**FACULTY OF ADMINISTRATIVE SCIENCE & POLICY STUDIES
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**THE INFLUENCE OF PERCEIVED BENEFITS, RISK PERCEPTION
AND CULTURAL BELIEF TOWARDS MAMMOGRAM SCREENING
INTENTION AMONG WOMEN IN BUJANG VALLEY**

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DECLARATION

We hereby declare that the work contained in this research proposal is our own except those which have been duly identified and acknowledged. If we are later found to have plagiarized or act to have committed other forms of academic dishonesty, action can be taken against our under the Academic Regulations of UiTM's.

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I have reviewed the final and complete research proposal and approve the submission of this report for evaluation.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

Breast cancer is the most frequent diagnosed cancer among women worldwide (Globocan, 2008; World Health Organization, 2013; Soskolne, Marie & Manor, 2006). According to Globocan (2012), the estimation of breast cancer incidence rate of population is 1.7 million people. According to American Cancer Society (2015), in 2015, it is estimated 231,840 new cases of breast cancer will be diagnosed among women and approximately 40,290 women will be died from breast cancer. Breast cancer disease is the most common cancer after lung cancer when ranked by cancer occurrence in both sexes, (Ferlay, Hery, Autier & Sankaranarayanan, 2010). According to National Cancer Institute (2017), globally the total number of new cases of breast cancer diagnosed annually exceeds one million, and this figure is expected to reach 1.6 million by 2015 in United States.

Breast cancer appears to be a major global health problem of both the developing and developed countries (Parkin et al., 2005; Al-dubai et al., 2011). The incidence of breast cancer varies between countries. In the develop country the highest incidence of breast cancer is in the United States and Northern South America, while the highest incidence rate of breast cancer in developing country of Asia is China (Pisani et al., 2002; GLOBOCAN, 2012). It is rising rapidly in Asian countries because of longer life expectancy and dramatic changes in parity and lifestyle. The increasing burden of breast cancer in Asian countries is exacerbated by late presentation and limited access to therapies, resulting in poorer outcomes. A number of reasons for poor uptake have been described in Singapore, Thailand, Malaysia and Iran, and these include cost of