

A descriptive study to assess the knowledge regarding breast self-examination among women

Miss Nidhi¹, Miss Komal Saxena², Miss SHIVANI³, Ms. Suwaleha Malik⁴, Ms. Chhavi Rana⁵, Ms. Aanchal⁶, Ms. Muskan⁷, Ms. Parul Kaushik⁸
^{1,2,3} *Asst.Proffessor SUBHARTI UNIVERSITY*
^{4,5,6,7,8} *P.B.B.sc Nursing students IIMT UNIVERSITY*

Abstract—OBJECTIVES OF THE STUDY:1. To assess the level of knowledge regarding breast self-examination among women admitted in selected hospital Delhi.

2. To find out association between selected demographic variables and knowledge regarding breast self-examination among women admitted in selected hospital Delhi.

Index Terms—Knowledge, Breast Self-Examination, Women.

I. INTRODUCTION

The primary cause of death and morbidity in both industrialized and developing nations is cancer. There is proof these days that the prevalence of breast cancer is rising quickly. The female breast has historically been associated with femininity, sexuality, and childbirth. The possibility of mutilation or loss of a breast due to an actual or suspected sickness or injury can have catastrophic effects on women due to the psychosocial, sexual, and body image implications involved.

Despite not being proven to be effective in lowering mortality, BSE is still advised by healthcare professionals as a general strategy to raise awareness of breast health issues and possibly enable the early detection of any abnormalities. In addition, BSE is still advised because of psychosocial sexual and body image implication significance associated with it”.

BSE although not having been shown to be effective in reducing mortality is still recommended as a general approach to increasing breast health awareness and thus potentially allow for early

detection of any anomalies furthermore, BSE continues to be recommended by the healthcare practitioners because It is an affordable, non-invasive, painless, and simple technique to practice or sample. It is also convenient and low risk. Women ought to lead the way.

The WHO-affiliated International Agency for Research on Cancer estimates that in 2002, over 87,000 Indian women were affected by breast cancer, compared to an annual average of 79000. Between 2010 and the present, almost 207,000 women have been diagnosed with breast cancer.

Healthcare professionals have long advised breast self-examination as an adjunct to clinical breast examination and mammography. There has been improvement in BSE training, both individually and in groups, with guided practice. Women ought to lead the way. BSE in their 20s to understand how a healthy breast feels and looks, enabling a woman . women or girls to notice variations in her breast size. Every month, just after the menstrual cycle finishes, a premenstrual examination should be performed since the premenstrual period is when typical physiological changes that cause confusion take place. Prevention is still the best defense against breast cancer; malignant lesions should be avoided by identifying them as soon as possible. Using the BSE technique, any woman can examine her own breasts.

II. LITERATURE REVIEW

A review of the literature involves reading and arranging previously published works that are pertinent to a certain issue that needs to be looked into, as well as the framework and procedures that are needed to carry out the study.

The review of literature is discussed under the following headings:

I-STUDIES RELATED TO BREAST SELF EXAMINATIONS

In 2023, cross-sectional research with 836 women of reproductive age was carried out. Focus group talks and interviewer-administered questionnaires were employed in part of the study. Version 3.5.3 of Epi-info was used to create the data, and SPSS version 20 was used for analysis. We ran both multivariate and bivariate logistic regressions to look at the impact of the explanatory factors.

The aim of this study is to find out how much information female students at Addis Ababa University in Ethiopia who are in their 2022 academic year know about breast self-examination and its effects. A cross-sectional study design centered on schools was employed. Using stratified random sampling, participants were chosen from a final calculated sample size of 407. Data entry and coding were performed using EPI Data 3.1 data analysis software, and analysis was performed using SPSS version 18.

The data was described using descriptive analysis. To find out how strongly predictors and outcome variables were related, bivariate and multivariate logistic regression analyses were done. A p value of less than 0.05 and a 95% confidence interval were used to report statistical significance. 49.9% of respondents to the poll indicated that they knew about breast self-examination. AOR = 2.16, 95% CI (1.18-39.91), $p = 0.011$ showed that people who had previously lived in urban regions were around twice as likely to have favorable knowledge about BSE as people who had previously lived in rural areas. Positive attitudes were associated with positive BSE knowledge around three times more frequently than negative attitudes (AOR = 3.17, 95% CI (2.02–4.74), knowing a breast cancer patient).

I nearly developed breast cancer. greater than pupils who were in the dark by three times (AOR = 2.95, 95% CI (1.77-4.91), $p < 0.001$). The study's findings indicate that while some breast self-examination information had a favorable impact on female students' knowledge of breast self-examination, fewer than half of the students agreed with it.

II-STUDIES RELATED TO ASSESSMENT OF KNOWLEDGE REGARDING BSE–

A descriptive study was conducted in Tamilnadu in 2021 to evaluate women's BSE awareness. Of the women, just 14% knew that BSE needed to be completed once a month. A majority of participants (71.5%) were unaware of the gap between consecutive BSEs, and 14.5% believed that BSEs were required only once a year. Of those surveyed, 14% believed that BSE needed to be done once a month, but only 10% were aware that it needed to be done during the postmenstrual phase of every cycle. The majority of participants (83%) were unaware about the frequency of BSE required in postmenopausal women. The majority of participants were unaware of the alterations in the breast that could be seen during BSE.

58% of respondents were unaware of the proper posture for BSE; those that responded were in the standing, lying down, and sitting positions, making up 27%, 11%, and 4% of the sample, respectively. The majority of women (62.5%) were unaware of the BSE procedure. Thirty percent of women thought that during BSE, they ought to be completely naked up to their waists. 10% of respondents felt that hands should be forcefully put on the hip to check for changes in the breast, and 11.5% agreed that hands should be clasped behind the head and pressed forward when performing a breast inspection in front of a mirror. 14.5% of respondents said that gently squeezing the nipple is necessary to check for discharge. Utilizing finger pads to inspect breast tissue and the region between the breast and the underarm, respectively, were only known by 9.5% and 4.5% of the participants. A further 12.5% stated that BSE may be completed while taking a shower. For 31% of the participants, information about BSE came from healthcare professionals.

Globally, breast cancer is the primary cause of cancer-related death for women. The research was planned as a cross-sectional survey to be carried out in Pune, India, in 2020. The goal of this study was to find out how female medical students knew, felt about, and used breast self-examination. In the end, the study's summary revealed that most respondents—40.7% of whom were in the age range of 2123–draw ni–front 1-6th year medical students—had heard of breast cancer and breast self-examination—54.8%. of respondents were aware of breast cancer, and 85.8% were competent at doing a proper breast self-examination in front of a mirror.

III. RESEARCH METHODOLOGY

The "binding force" that ties every component of a research project together is the research design. The overall strategy for finding answers to the research questions and resolving issues that arise during the investigation is known as the research design. A non-experimental descriptive research design was employed in this study.

RELIABILITY OF THE TOOL

The reliability of the instrument is the degree of consistency with which it measures the attribute it is supposed to measure.²⁸

The reliability was assessed by testing the instruments is co-efficient of knowledge test was calculated by using [kuder Richardson 20 formula], it was found $r = 0.022$. It indicates tool is reliable.²⁹

Sampling technique:

In this study, non-experimental descriptive research design was used

Purposive random sampling technique was used for collecting the sample.

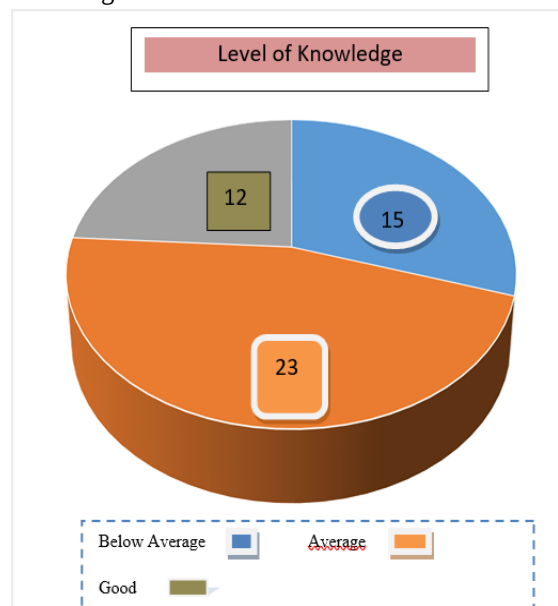
IV. DATA ANALYSIS PLAN

In order to employ both descriptive and inferential statistics, the data analysis is carried out to arrange and interpret the planned data analysis. The following data gathering strategy was created: Descriptive and inferential statistics were used to analyze the data in relation to the study's goal. The superb guidance of the specialist in the fields of nursing and statistics allowed for the development of the data analysis plan.

V. RESULTS

These results are consistent with previous research, and optimal sampling of a study can be carried out at random. Participants were evaluated using a self-structured assessment tool to gauge their knowledge of breast self-examination, and the results indicated that age, religion, and educational attainment were significant. The chi-square (χ^2) test was used to determine the relationship between the knowledge score and the demographic variable at the $P < 0.05$ level of significance. Regarding breast self-examination, 12 women have good knowledge, 23

have average knowledge, and 15 have below average knowledge.



1. AGE IN YEARS

Variable	Category	Frequency	Percentage
Age in years	20-25	11	22%
	25-30	9	18%
	30-35	19	38%
	35-40	11	22%

2. OVERALL MEAN, MEAN % AND STANDARD DEVIATION OF ASPECT OF BREAST SELF EXAMINATION

Aspect of Breast self examination	Mean	Mean%	Standard Deviation SD
Knowledge of BSE	0.4546	45.46%	2.25

VI. DISCUSSION

The study found that women had little awareness about breast cancer and that a very small percentage of people were aware of mammograms, one type of screening check for breast cancer. Even among people who are aware of mammography, their lack of understanding of breast cancer and their ignorance of the screening test account for their non-usage of the machine. Age, marital status, educational

attainment, and the source of one's breast cancer knowledge were all significantly correlated with knowledge of the disease. The ramifications of these discoveries extend to nursing practice, education, administration, and research. The results of the current study may help a nurse educator better understand her patients and help them reach their full potential for self-care. Among the essential and accountable providers are nurses, who are crucial in spreading knowledge and assisting the local population in the early detection of breast cancer. The current nursing curriculum is focused on the community and prioritizes preventive care above curative care. The target group can be inspired and motivated to seek health care by the practicing nurse. The public can learn through innovative teaching methods, which will enhance their usage of the health services that are available to them.

REFERENCES

- [1] Abduljewad hussen; Frontiers in oncology; original research article; front. Oncol, 08 june 2023; sec breast cancer; volume 13- 2023.
- [2] Chepkwurui joyce; Elsevier; international journal of Africa nursing sciences; volume 12, 2020, 100186.
- [3] Mikiyas amare getu; biomed research international journal; research article; volume 2022; article id 2870419.
- [4] Dolar_Doshi B. Shrikant_Reddy / Breast self examination_knowledge attitude and practice, www.ncbi,nin,nim,gov/pmc 3401738.
- [5] Gupta S.K, Asian Pac J Cancer 2009. www.ncbi.nlm.nih.gov/m/pubmed.
- [6] Pawan Kumar Sharma, Disha Nagda, T.Kamaraju. Research J of medical science 2012, volume 6 issue 6, page nos 272527453
- [7] Bhalwar R. Text Book of Public Health and Community Medicine, 1st edition published by department of community Medicine AFMC Pune with WHO, India offices New Delhi,2009.
- [8] K.R.Mehta, AsianPac Canceri Breast Cancer: www.ncbi.nlm.nih.gov/m/pubmed.
- [9] R.S.P. Rao, Sumar IG Kamath Indian Journal of Medical Science, year 2005, volume 59, issue 9 page 393402)
- [10] INKOOA, ARA, BRB, OAT knowledge attitude & practice of Breast self-examination among Female Medical Student, 2007, www.ncbi.Nin,nim.gov/m/pubmed.
- [11] India Journal of public health Research & Development, 2014, volumes, Issue: First, page no.-72-75.
- [12] Agarwal N,Saneeja A; feinale Breast gynaecologist view point; NewDelhi, Jaypee Brothers, 2000, Bailey T. Nurses role in promoting Breast awareness Nursing Standards 2000. 44
- [13] Brunner & Suddhartha's Text book of Medical Surgical Nursing, 11edition, published by Wolters Klüwer (India), pvt.Ltd; New Delhi, page no.1707.
- [14] Adrienne Dill Linton, Introduction to Medical Surgical Nursing, 4th edition, published by Elsevier India Pvt. Ltd; page no. -1038.
- [15] Sunita Patney, A text book of Community Health Nursing, 1ēdition 2005, CBS publishers & distributors Pvt. Ltd; - page no.-196-198.
- [16] B.T Basavanthappa, Text book of Midwifery & Reproductive Health Nursing, 1stēdition, 2006, published by Jaypee Brothers Medical publishers Pvt. Ltd; page no.-742-743.
- [17] Joyce M. Black, Jane Hokanson Hawks, Medical Surgical Nursing, 8th edition, published by Elsevier India pvt.Ltd; page no.-858.
- [18] Althuis MD, Dozier JM, Anderson WF, Devesa SS, Brinton LA. Global trends in breast cancer incidence and mortality 1973-1997. Int J Epidemiol. 2005; 34:405– 122. Availablefrom: <http://www.globocan.iarc.fr/factsheets/populations/factsheet.asp>.
- [19] Raina V, Bhutani M, Bedi R, Sharma A, Deo SV, Shukla NK, et al. Clinical features and prognostic factors of early breast cancer at a major cancer center in North India. Indian J Cancer. 2005; 42:40–5. Tasci A, Usta YY. Comparison of Knowledge and Practices of Breast Self-Examination (BSE): A Pilot Study in Turkey. Asian Pac J Cancer Prev. 2010; 11:1417–20.
- [20] Hallal JC. The relationship of health beliefs, health locus of control, and self-concept to the practice of breast self-examination in adult women. Nurs Res. 1982; 31:137–42.
- [21] Humphrey LL, Helfand M, Chan BK, Woolf SH. Breast cancer screening: A summary of the evidence for the U.S. Preventive Services Task

- Force. *Ann Intern Med.* 2002; 137:347–60. *Prev Med.* 2000; 31:417–28.
- [22] McMichael C, Kirk M, Manderson L, Hoban E, Potts H. Indigenous women's perceptions of breast cancer diagnosis and treatment in Queensland. *Aust N Z J Public Health.* 2000; 24:515–9 45
- [23] Yadav P, Jaroli DP. Breast cancer: Awareness and risk factors in collegegoing younger age group women in Rajasthan. *Asian Pac J Cancer Prev.* 2010; 11:319–22.
- [24] Lierman LM, Young HM, Powell-Cope G, Georgiadou F, Benoliel JQ. Effects of education and support on breast self-examination in older women. *Nurs Res.* 1994; 43:158–63 and Rosmawati NH. Knowledge, attitudes and practice of breast self-examination among women in a suburban area in Terengganu, Malaysia. *Asian Pac J Cancer Prev.* 2020; 11:1503–8.
- [25] Hisham AN, Yip CH. Overview of breast cancer in Malaysian women: A problem with late diagnosis. *Asian J Surg.* 2009; 27:130–3. Salazar MK. Breast selfexamination beliefs: A descriptive study. *Public Health Nurs.* 1994; 11:49–56.
- [26] SI, Khurram M, Mazhar T, Mir ST, Ali S, Tariq S, et al. Knowledge, attitude and practice of a Pakistani female cohort towards breast cancer. *J Pak Med Assoc.* 2010; 60:205–8 and Carelli I, Pompei LM, Mattos CS, Ferreira HG, Pescuma R, Fernandes CE, et al. Knowledge, attitude and practice of breast self-examination in a female population of metropolitan São Paulo. *Breast.* 2018; 17:270–4.
- [27] Cavdar Y, Akyolcu N, Ozbaş A, Oztekin D, Ayoğu T, Akyüz N. Determining female physicians" and nurses" practices and attitudes toward breast self-examination in Istanbul, Turkey. *Oncol Nurs Forum.* 2017; 34:1218–21.]
- [28] Haji-Mahmoodi M, Montazeri A, Jarvandi S, Ebrahimi M, Haghighat S, Harirchi I. Breast self-examination: Knowledge, attitudes, and practices among female health care workers in Tehran, Iran. *Breast J.* 2012; 8:222–5.
- [29] Lippin Cott, *Manual of Nursing practice*, 8th edition, published by Japee Brothers Medical publishers Pvt. Ltd; New Delhi, page no. -859
- [30] B.T Basvanthappa, *Community Health Nursing*, 2nd edition, Jaypee Brothers Pvt. Ltd; page no.- 810. 31) Suresh K Sharma, *Nursing Research & Statistics*, published by Elsevier, India Pvt, Ltd; page no. -378.