RESEARCH ARTICLE

KNOWLEDGE AND ATTITUDE ON BREAST SELF EXAMINATION

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ARTICLE INFO	ABSTRACT
	Breast cancer appears to be a disease of both the developing and developed worlds. It is the leading type of cancer in women. **Aim:** To assess the knowledge and attitude among women on breast self examination. **Methodology:** quantitative descriptive survey research design was adopted. A sample of 50 women was selected using convenient sampling technique. Data was collected using structured questionnaire and a 5 point rating scale. Data analysis was done using descriptive and inferential statistics. **Results:** The test scores reveals among 50 women 22 (44%) had inadequate knowledge, 16 (32%) had moderate knowledge, and 12 (24%) had adequate knowledge. 12 (24%) had low attitude, 19 (38%) had medium attitude, and 19 (38%) had high attitude. **Conclusion:** Early detection and prompt treatment offer the greatest chance of long term survival. [2] clinical breast examination (CBE), breast self examination (BSE) are the secondary preventive measures used to screen breast cancer in early stages[3]

INTRODUCTION

Breast cancer is the most common cancer in women worldwide, with nearly 1.7 million new cases diagnosed in 2012 second most common cancer overall. This represents about 12% of all new cancer cases and 25% of all cancers in women[4.] Breast self-examination (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 (Kösters *et al.*, 2003). Breast self examination is a screening method used in an attempt to detect early breast cancer. The method involves the women herself looking at and feeling each breast for possible lumps, distortions or swelling. Variations in breast tissue occur during the menstrual cycle, pregnancy, and the onset of menopause. Normal changes must be distinguished from those that may signal disease. It is done with regular breast self examination (Ginsberg, 2012). There is evidence that screening for breast cancer has a favourable effect on mortality from breast cancer. The basic technique for early detection of breast cancer is BSE. All women should be encouraged to perform breast self examination (Kösters, 2003). Breast cancers are more frequently found by women themselves than by a physician during a routine examination.

For younger women BSE training and adherence is a gate way health promotion behavior provides women with the knowledge that set the stage for adherence to CBE and mammography screening guidelines in the later life (Ginsberg, 2012).

Need for study

M. J anda, Obermair A Hairdinger G (2000) conducted cross-sectional study on Austrian women's knowledge and attitude towards breast self examination. The data was collected by means of a questionnaire, 975 healthy women in an Austria were selected. The results were revealed that sample 897 (92%) of women knew BSE but only 30 (31%) practiced thoroughly. Registe. Marlaine F (March 2008) conducted study on the relationship between health beliefs, knowledge, attitudes and the performance of BSE among 1130 african American women. Results includes 947 (83.8%) reported practicing BSE within the past 12 months, 183 (16.2%) women had never practiced BSE (Marlaine, 2008).

Problem statement

"A study to assess the knowledge and attitude of women regarding breast self examination at Bommagunta area, Tirupati".

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Objectives

- To assess knowledge and attitude among the women on breast self examination
- To compare knowledge and attitude of women on breast self examination
- To associate knowledge and attitude among women with their selected demographic variables

Hypothesis

There is a significant association between knowledge and attitude of women on breast self examination with selected socio demographic variables.

MATERIALS AND METHODS

Research design: Descriptive survey research design was adopted.

Setting: The study was conducted at Bommagunta area, Tirupati. The setting was chosen on the basis of investigators feasibility in terms of availability of required sample, and co-operation extended by women who are residing at Bommagunta area Tirupati. The place is 3 km away from SVIMS University, opposite to Ramakrishna pushkarini, beside Nehru nagar. Formal permission was obtained fro m the medical officer RASS, UHU, Tirupati.

Population: women of reproductive age group

Sample: A sample of 50 women were selected

Sampling technique: Non- probability Convenient sampling technique was selected.

Instrument: The study was carried out by using a structured questionnaire and rating scale. It consists of 3 sections:

Section-I: This consists of socio demographic data such as name, education, occupation, type of work, marital status , number of children, age of menarche, age at 1st delivery, duration of breast feeding, family history of breast cancer and information about breast cancer.

Section-II: It consists of a 5 point standardized Likert rating scale on attitude of women on breast self examination. Total items in the rating scale were 14 items and the responses were "strongly agree", "agree", "can't say", "disagree", "strongly disagree". The total score is 70.

Score interpretation: Total knowledge, and attitude on breast self examination scores as follows:

Knowledge score

<50%:Inadequate Knowledge
50-75%:Moderate Knowledge
>75%:Adequate Knowledge

Attitude score

01-24: Low Attitude
25-48: Moderate Attitude
49-70: High Attitude

Content validity: Questionnaire was validated by experts from the department of psychiatry, obstetrics and gynecology, medical officer, RASS, Medical officer, MCH. Necessary modification in relation to the content , relevance of items and language obtained from a telugu professor.

Pilot study: The pilot study was conducted with a sample size of 10 women after formal permission obtained from the medical officer, RASS, UHC, Tirupati. Reliability of the instrument on knowledge was 0.875 and on practices was 0.81.

Data collection procedure: data collection was collected at bommagunta area Tirupati. Tirupati. A sample size of 50 women were selected by using convenient sampling technique, the purpose of the study was explained. The data was collected using structured questionnaire and rating scale. Data analysis: Descriptive statistics and inferential statistics were used to analyze the data.

RESULTS

Major findings of the study reveals out of 50 women 22 (44%) had inadequate knowledge, 16 (32%) had moderate knowledge, and 12 (24%) had adequate knowledge. out of 50 women 12 (24%) had low attitude, 19 (38%) had medium attitude, and 19 (38%) had high attitude.
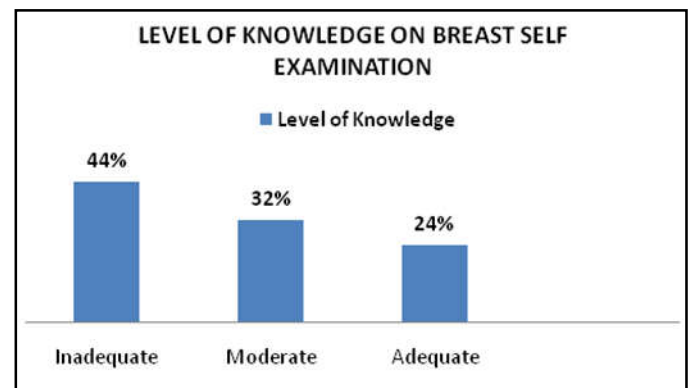
Table 1. Distribution of level of knowledge among the women on breast self examination

S.No	Level of knowledge	Frequency N	Percentage %
1.	Inadequate Knowledge	22	44
2.	Moderate Knowledge	16	32
3.	Adequate Knowledge	12	24

Table 1. Shows that among 50 women 22 (44%) had inadequate knowledge, 16 (32%)% had moderate knowledge, and 12 (24%) had adequate knowledge.

DISCUSSION

The first objective of the study was to assess to assess knowledge and attitude among the women on breast self examination.
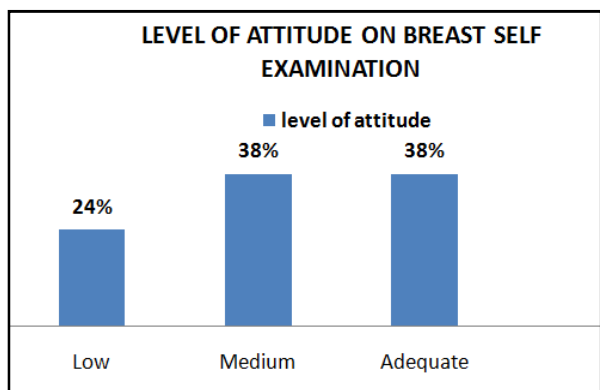

Fig. 1. Distribution of level of knowledge among the women on breast self examination

Table 2. Distribution of level of attitude among the women on breast self examination

S.no	Attitude	Frequency N	Percentage %
1.	Low	12	24
2.	Medium	19	38
3.	High	19	38

Table 2. shows that among 50 women 12 (24%) had low attitude, 19 (38%) had medium attitude, and 19 (38%) had high attitude.
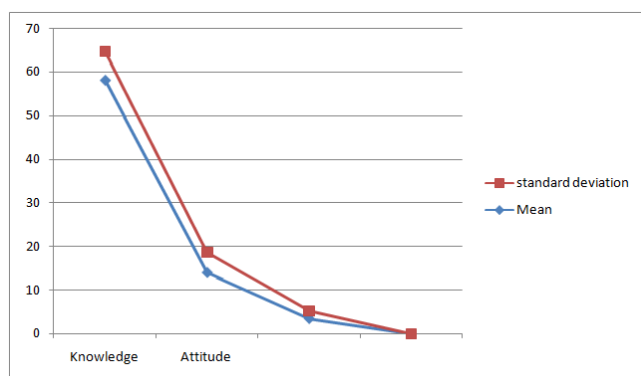

Fig. 2. Distribution of level of Attitude among the women on breast self examination

The second objective was to compare knowledge and attitude of women on breast self examination.

Table 3. Distribution of mean and standard deviation on knowledge and attitude of womwn on breast self examination

S.No	Variables	Mean	Standard Deviation
1.	Knowledge	58.02	6.66
2.	Attitude	14.10	4.68

Table 3: revealed that the distribution of mean and standard deviation of knowledge and attitude of women on breast self examination was 58.02; 14.10, and.6.66; 4.68 respectively.

Fig. 3. Distribution of knowledge and Attitude among the women on breast self examination

The third objective is to associate knowledge and attitude among women with ther selected demographic variables. It revealed that there is a significant relationship between the knowledge with demographic variables like age at first delivery at p=0.05 level. There is no significant relationship between knowledge with other demographic variables like age, education, occupation, type of work, age at menstruation, marital status, no. of children, years of breast feeding, history of breast feeding and source of information. It revealed that there is no statistically significant relationship between the attitudes with demographic variables like age, education, occupation, type of work, age at menstruation, marital status, age at first delivery, number of children, years of breast feeding, history of breast cancer in family and source of information.

Conclusion

Early detection and prompt treatment offer the greatest chance of long term survival clinical breast examination, breast self examination are the secondary preventive measures used to screen breast cancer in early stages.

Recommendations

- A comparative study can be done between urban and rural women
- Same study can be replicated using large sample
- Same study can be done on nursing students and staff

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