Descriptive Study to assess the knowledge of females regarding Breast Self Examination, and to find out relationship between socio demographic variables and breast self-exam

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Abstract

Background: The cost-effective method of early detection of cancer of the breast especially in resource poor countries breast self examination. Breast carcinoma is an important public health problem. Due to low levels of awareness many studies have suggested the practice of breast self examination as an important method of prevention.

The most common cause of death among women worldwide is due to the breast cancer [1]. Primary prevention should be given the highest priority in the fight against cancer so the Breast self-exam (BSE) is considered an important public health procedure

There was some 6.2 million cancer related deaths, accounting for 12% of all deaths globally which in developed countries is the send leading cause of death [2]. if told about the diagnosis patient may loss hopes and become devastated and crippled or even dies earlier, as Patients perception toward this disease and preference concerning the types and aims of their treatment are vary [3] I assessed breast-self examination (BSE) knowledge, among females in selected areas of Damoh, District

The aim of the study was

1. To assess the knowledge of females regarding BSE
2. To find out relationship between socio demographic variables and breast self-exam.

In the selected areas of Damoh 100 female participants were selected and questionnaire was prepared for data collection which consisted of two parts i.e.

1. Socio demographic characteristics for study sample.
2. Women's knowledge about breast self exam.

The total period of data collection was done for the period of 30days ie 1st July to 31th July 2016..

The study showed that there poor knowledge of BSE among the females and no any significant difference was found among the females with the demographic variables.

To reduce the incidences of breast cancer it was recommended that the implementation of educational programmes related to Knowledge, practice and awareness of breast cancer,BSE, in females by the health team to be undertaken.

Keywords: knowledge, practice, breast self-exam; Cancer; urban, female,

1 Introduction

Carcinoma of the breast is an important public health problem with its associated high morbidity and mortality [4].Therefore BSE is an important and easy method for early diagnosis of breast cancer. The current studies shows that more than one million females are been affected annually due to the adoption of westernization life style(6) and 3.5% of this women will die from breast cancer. (7). **the early diagnosis helps in good prognosis and also prevents the complication, disability with increase in the life quality and survival. It was found that the females among the different groups had below average of awareness of the risk factors and early warning signs of disease [8, 9].**

In a study carried out by Philip et al., 54.0% of 304 patients with newly diagnosed breast cancer claimed to practice BSE [10]. In a meta-analysis of 12 studies Hill et al.

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revealed that **females performing BSE and found small mass of breast cancer had a better prognosis and** there was good evidence of the benefit of encouraging women to practice BSE [11] It was found that those who performed BSE had reported their symptoms to health personnel sooner than the other subjects.

Primary prevention should be given the highest priority to fight against the breast cancer as it represents the important public health problem and the most common cause of death among women worldwide(1) being the first among the cancers globally . It has also reported that 10% of women may be affected during their life time12.As per the report of WHO every year

[12]. Million cases of breast cancer are diagnosed worldwide of which 10% consists of diagnosed and 22% of new cases which is the commonest cancer in women [13].

Many cancer organizations and authorities around the world are promoting the BSE. As it was reported that 11% of all diagnosed cancer worldwide in 2002 BSE should be combined with the mammography and Clinical Breast Examination (CBE) and not as substitute for other methods [14]

The main purposes of the BSE for women helps in learning the topography of breast and how are the normal breasts feel and can identify any changes which may occur in future.

The two steps involved in BSE are

1. Visual examination of breast
2. Tactile examination breast

BSE can be performed using vertical strip, wedge section and concentric circle detection method [15]. In the past ten years breast cancer is increasing steadily and a most common form of cancer in women among the outpatients clinics in hospitals being an epidemic for women due to lack of awareness and it has also been more aggressive and affects women in a very young age while compared with other countries it affects over 50 year (2)

Among the several risk factors of breast cancer one of the strongest risk factor identified is family history. The risk is also increased with increasing age so at the age over 50 [16].

The health care professionals such as physician, nurse or assistant physician in performing the clinical breast examination and it includes both looking at the breast and palpation. The areas examined include the entire breast lymph nodes above and below the collar bone and under each arm [17]. An effective way to reduce mortality and to improve the prognosis of the disease is that screening for early detection of breast cancer which has been suggested in several studies.

In USA, for example, a 30% reduce on in mortality was achieved over 10-12 years follow-up for women aged 50-69 years [18]. Mammography alone, or combined with physical examination by health professionals has been widely used in developed countries and found to reduce the mortality from breast cancer

2 RESULTS

Table 1: Demographic characteristics of the study sample

Variable	frequency	Percentage
Age		
18-20 year	25	25%
21- 23year	10	10%
24-26 year	65	65%
Social status		
Single	58	58%
Married	42	42%
Economic status		
High	45	45%
Medium	30	30%
Low	25	25%

It shows that the majority of female were between 24-26 years old, 58 single and 45 from high economic status.

Table 2: Differences between mean of scores and theoretical mean

Variable	No.	Mean of core	Std. Dev.	Theoretical Mean	t-value	Sig.
Knowledge	100	5.8	2.817	10	10.089	0.001

No. =Number; Sig. = Significance;
Std. Dev. = Standard deviation

Table (2) shows that the knowledge of female toward breast self-examination was poor.

Table 3: Differences in knowledge according to age

Source of variance	Sum of Squares	df	Mean Square	F-value	P-value
Between Groups	361.122	47	7.6	1.813	0.174
Within Groups	27.858	2	13..9		
Total	388.980	49			

df= Degree of freedom; F-value= ; P-value= Level of probability

Table (3) shows that there were no significant differences among female students about breast self-exam knowledge according to age.

Table 4: Differences in knowledge according to marital status

Socio status	No.	Mean	Sd.	t-value	P-value
Single	4	4	1.291	1.098	0.278
Marred	96	6	2.884		

df= Degree of freedom; F-value= ; P-value= Level of probability

Table 4: displays that there was no significant differences between two groups about knowledge of breast self exam according to marital status.

Table.5. Differences in knowledge according to economic status

Economic status	No.	Mean	Sd.	t-value	P-value
High	45	6.0	2.8993	1.058	0.295
Medium	30	5.2	3.2337		
Low	25	5.4	3.4001		

df= Degree of freedom; F-value= ; P-value= Level of probability

Table5: displays as well that there was no significant differences between two groups about knowledge of breast self exam according to economic status.

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