

Assess Knowledge and Practice of Regular Breast Self-examination among Female Employee of ITM Trust Member

Meenal Arvind Rane

Department of Community Health Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Rajasthan, India

Abstract

Background: Breast cancer is the leading cause of death worldwide. Diagnosis of breast cancer at an earlier stage increases the chance of long-term survival. Breast self-examination (BSE) once in month contributes to a woman's heightened awareness of what is normal for her.

Aim: This study aims to assess the knowledge and practice of regular BSEs among female employee of ITM trust, Mumbai.

Materials and Methods: A descriptive questionnaire study was conducted on female employee of ITM trust. The aim of this study was to assess the knowledge and practice regarding BSE in female employees. Data were collected by self-administered pretest closed-ended questionnaire. This study involved a cohort 150 female of whom, 145 completed questionnaire. 80% of respondent were not aware that BSE is the best method for breast cancer screening. 86.4% of respondent were not knowing the correct technique of BSE. Means and standard deviation and categorical variables were described using frequency distribution and percentage.

Results: Knowledge and practice were categorized into good or poor based on 70% of point out of the total expected score for each $P < 0.05$ considered statistically significant. Most of the respondents have inadequate knowledge about risk factors and early signs and symptoms of breast cancer, in the level of practice of BSE about 86.12% of women have expressed their view that it is easy and reliable primary method of early breast cancer detection.

Conclusion: The study highlights that the need for educational program is create awareness regarding regular BSE screening behavior.

Keywords: Breast cancer, diagnosis, questionnaire

INTRODUCTION

Breast cancer is global health issue and leading cause of death among women internationally. In India, it accounts for the second most common cancer in women. In the present scenario, roughly, 1 in 26 women are expected to be diagnosed with breast cancer in their lifetime. Breast cancer is distinguished from other types of cancer by the fact that it occurs in visible organ and be detected and treated at an early stage. Among women who practice breast self-examination

(BSE), breast cancers may be detected when they are at an earlier stage.^[1-9]

The WHO promotes breast cancer control within the context of comprehensive national cancer control program that is integrated into non-communicable disease and other related problems. Comprehensive cancer control involves prevention, early detection, diagnosis, treatment, and palliative care.^[3,10]

Early detection and diagnosis can greatly increase chances for successful treatment and thus increasing awareness of the possible warning signs of the disease among the general public is necessity. The three screening methods recommended for breast cancer include BSE, clinical breast examination method of early detection of cancer of the breast, especially in resource-poor countries more than 90% of cases of breast cancer can be detected by women themselves, and stressing

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Address for Correspondence:

Meenal Arvind Rane, Department of Community Health Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Rajasthan, India.
E-mail: meenalarane59@gmail.com

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the importance of BSE as the key breast cancer detection mechanism.^[3,5]

BSE is processed, whereby women examine their breast regularly to detect any abnormal swelling or lumps to seen prompt medical attention.

This study was designed to “assess knowledge and practice of regular BSE among female employee of ITM trust member.”

Finding from this study provides data about the level of knowledge and practice of BSE. The results of this study are of great importance as it may assist in planning health education for these female employees. Furthermore, from this

finding, health screening which includes breast examination education could be included as one of the annual activities in ITM trust’s calendar.

Objective

The objective of this study was to assess the knowledge and practices regarding BSE in female employee members in ITM trust member.

MATERIALS AND METHODS

A descriptive questionnaire study was conducted on female employees of ITM trust, Mumbai, Maharashtra, participation was on voluntary basis. Anonymity and confidentiality of the response was assured.

Data were collected by self-administered pretest closed-ended questionnaires.

The questionnaire comprised 28 items for knowledge items, categorical response (true/false/do not know) was applied and for practice similar ordinals (never/seldom/irregular/frequent/always) were applied.

ITM trust 1st line is having unit educational program and total female employees working in this trust.

Data were analyzed using the SPSS software (version 1.2) continuous variables described by means and standard deviation and categorical variables were described using frequency distribution and percentage. The total scores for knowledge and practice were categorized into good or poor based on 70% at it points out of the total expected score for each. *P* < 0.05 was considered statistically significant.

RESULTS AND DISCUSSION

This study involved a cohort of 150 ITM female employees of whom, 145 completed questionnaire. The age range of the study population was 25–60 years with a mean age of participants 41.2.

About 62% of respondents were married and more than 80% of respondents father and mother attended higher education.

About 8% of the respondents have family history of breast cancer and over half (52.4%) of the respondents previous knew women with breast cancer [Figure 1].

Only 11.2 of the respondents had good knowledge of risk factors signs and symptoms of breast cancer 88.8% have satisfactory to poor knowledge regarding these aspects [Figure 2].

Concerning their knowledge on the frequency BSE 23.2% of the participants correctly reported that BSE should done monthly and 29.4% of them reported annually, every 3 months or occasionally whole of the (47.4%) respondent do not know when and how often should be done 86% of women were aware of that breast cancer could be treatable or not. Surgery (91%) was most mentioned means at treatment [Figure 3].^[10,11]

About 20.4% of the participants have done BSE before 79.6% of them have not ever done BSE at all. Lack of knowledge and

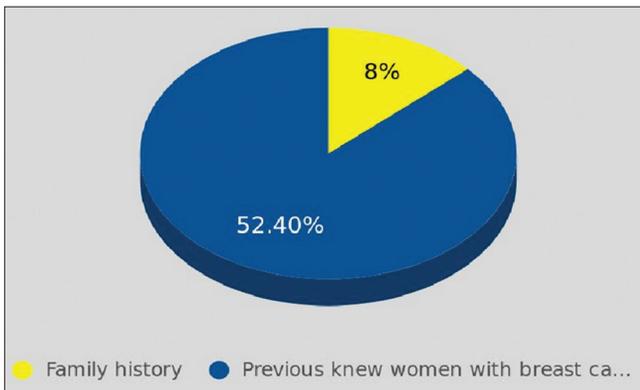


Figure 1: Pie diagram showing percentage-wise distribution who are having previous family history regarding breast cancer

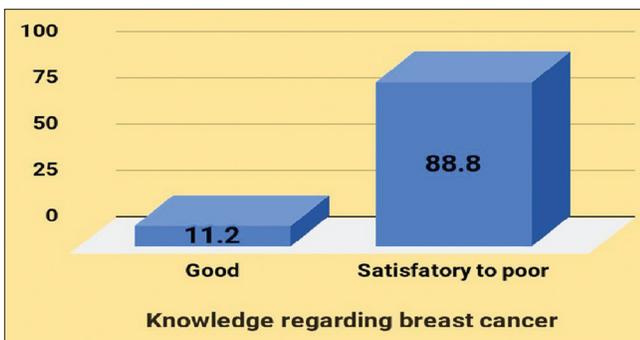


Figure 2: Column diagram showing percentage of knowledge regarding breast cancer

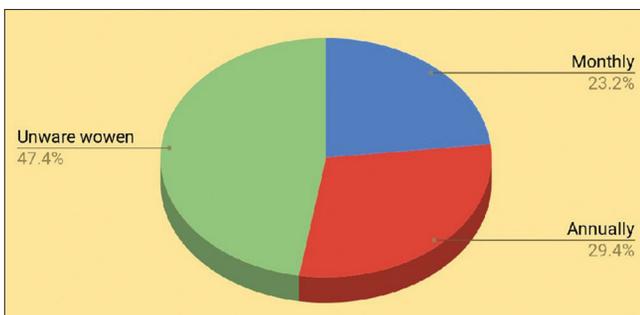


Figure 3: Pie diagram showing percentage of knowledge regarding frequency of breast self-examination

Table 1: Percentage of practicing participants performing correct steps of BSE

BSE steps	No (145)	%
Looking at breasts in mirror with arms at side	34	23.44
Looking breasts in mirror with arms raised over head	39	26.89
Looking at breasts in mirror with hands-on thigh	40	27.58
Observing breast in mirror for swelling, dimpling of skin, and changes in nipple	56	38.62
Examining breasts, while lying down, place a pillow under shoulder before examining breasts on that side	32	22.06
Examining breasts while lying down, place hand above head before examining breasts on that side	35	24.13
Use right hand to examine the left breast left hand to examine the right breast	39	26.89
Examining one breast at a time	50	34.48
Examine breast in circular, clockwise motion from outside to inside	36	24.82
When examining breast, feel for lumps, hardball, or thickening	47	32.41
Squeezing the nipple of each breast to look for discharge	49	33.79

BSE: Breast self-examination

amp; fear of pain were 78.2%. Most participants mentioned these reason for not practicing BSE.^[11]

About 80% of respondent were not aware that BSE is a best mentioned for breast cancer screening, 86.4% of respondent were not knowing the correct techniques of BSE.^[10,12,13]

The major source of the information on the knowledge and practices of BSE was gained through the television and internet and 8.1% was through friends while 12.2% was through newspapers [Table 1].

The level of the practice of BSE about 86.12% have expressed their view that it is easy and reliable primary method of early breast cancer detection 14.8% felt it easy, but for reliability, they are not sure.^[14,15]

CONCLUSION

Women unaware about correct technique of BSE performance, most of the women never done BSE for them self; respondent believed that BSE is a positive behavior to detect the breast cancer. Therefore, the study highlights the need for educational program to create awareness regarding regular BSE screening behavior.

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