KNOWLEDGE, ATTITUDE AND PRACTICE ON BREAST SELF EXAMINATION AMONG WOMEN IN TAMILNADU, INDIA

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Abstract

Breast cancer is still a leading source worldwide in terms of deaths. Non-experimental descriptive design was adopted to determine the amount of knowledge, attitude, and practice of women on breast self-examination. A non-probability convenient sampling approach was used to choose 100 women who met the inclusion criteria. The demographic characteristics of breast self-examination knowledge, attitude, and practice among women were assessed using a structured questionnaire. The findings regarding breast self-examination uncovered the fact that the majority of women (47%) had insufficient expertise. 35 (35%) women had average knowledge and 18 (18%) women had adequate knowledge. The findings regarding attitude towards breast self-examination depicted that majority of 84 (84%) women had positive attitude and 16 (16%) women had negative attitude. The findings regarding level of practice depicted that majority of 81 (81%) women had poor level, 9 (9%) women had better level, and 10 (10%) women had good level. The results revealed that there was no evidence of a link between knowledge and success. Attitude, practice on breast self-examination among women with maturity, family status, ethnicity, educational background, employment, and current address are some of the criteria they have. Hence it was concluded that the women had an inadequate knowledge, positive attitude, and poor level of practice regarding breast self-examination. Therefore, the investigator felt that through effective educational intervention, understanding and application of breast self-examination will be improved to restore their health in a positive way.

Keywords: Breast Self-examination, Attitude, Educational intervention.

INTRODUCTION

Breast cancer is quite frequent all around the world. It was responsible for an estimated 2.1 million cancer cases in 2018, making it the world's sixth largest cause of cancer mortality. (1,3). Breast cancer affects one out of every nine women in industrialised nations and one out of every twenty women in developing countries. (4).

Approximately one in every eight American women (12%) may get invasive breast cancer over her lifetime. In the United States, 27,6480 new cases of invasive breast cancer and 48,530 new cases of non-invasive breast cancer are expected to be identified year women in 2020. In the United States, breast cancer is expected to kill 42,170 individuals by 2020. Women under the age of 50 have had steady mortality rates since 2007, whereas women beyond the age of 50 have continued to drop. The overall death rate from breast cancer dropped by 1.3 percent each year between 2013 and 2017. Improvements in treatment and early detection through screening are thought to be the root causes of many diseases. (2).

In both developed and developing nations, breast cancer is the most common type of cancer in women. Breast cancer affects around 1.15 million individuals globally each year, with 502,000 women dying as a result of the disease, making it the second largest cause of cancer-related death in women, behind lung cancer. (5)

Breast cancer survival rates in India are poor since the disease is detected late. Increased awareness is the only way to modify these figures. Breast cancer is a curable illness with a better chance of survival if caught early. The only way to do so is to understand how it may be discovered and diagnosed early on. (6).
This involves living a healthy lifestyle and being informed of family medical histories so that, if one knows he or she is genetically predisposed to it, preventative medicines or surgery can be used. Being able to perform a self-breast examination is the most basic form of breast cancer prevention. After the age of 30, women should do this on a regular basis. (7).

**METHODOLOGY**

The Ethical Committee of SRM College of Nursing, SRM IST, Kattankulathur, Kancheepuram District, accepted the research proposal. After describing the nature and duration of the study, the study The individuals supplied their informed consent after being promised that the report would remain confidential.

The Dean of SRM College Of Nursing granted formal approval. The research was conducted in Maraimalai Nagar, Tamil Nadu, over the course of one week. Non-probability convenient sampling was used to choose the samples. A total of 100 samples were chosen that fulfilled the inclusion requirements. The investigator described the study's objective and promised the ladies that the information gathered would be kept private. Following the selection of the subjects, the women were given a self-introduction and a strong rapport was established. The ladies were informed about the study's goals and methods of data collecting by the researchers. Written consent was acquired, and the replies' confidentiality was ensured. The researchers utilised a standardised questionnaire to examine demographic characteristics, as well as women's breast self-examination knowledge, attitudes, and practises. The research and the technique were explained in general terms. It took an average of 15 minutes for a person to hand over the filled instruments.

**RESULTS**

Regarding the age, most of the women 50(50%) 26 (26 percent) were in the 36-45 year age group, and 26 (26 percent) were in the 36-45 year age group 26-35,13(13%) were in the age group of 36-45 years,9(9%) of those surveyed were between the ages of 26 and 35, 2(2%) were in the age group of >60 years. Regarding the marital status 93(93%) were married 7(7%) were single. Regarding the religion 81(81%) were Hindus, 9(9%) were Christians, 8(8%) were Muslims and 2(2%) were others. Regarding the educational status most of the women 30(30%) were high school certificate, 24(24%) were graduate or post graduate, 19(19%) were profession of honour, 16(16%) were illiterate, 11(11%) were middle school certificate. Regarding the occupation of women 65(65%) were unemployed, 9(9%) were semi skilled worker, 8(8%) were unskilled worker, 8(8%) were skilled worker, 2(2%) were in clerical line and shop owners, 4(4%) were semi profession and profession. Regarding the residency of women 72(72%) were lived in urban, 17(17%) were in semi urban, 11(11%) were in village.

The findings depicted that majority 47(47%) women had inadequate knowledge on breast self examination, 35(35%) women had average knowledge on breast self examination and 18(18%) women had adequate knowledge on breast self examination.

The findings depicted that majority 84(84%) women had positive attitude on breast self examination and 16(16%) women had negative attitude on breast self examination.

The findings depicted that majority 81(81%) women had poor level of practice, 9(9%) women had better level of practice and 10(10%) women had good level of practice.

The findings indicated that there was no significant relationship between breast self-examination knowledge, attitude, or practise among women and their demographics variables such as age, marital status, religion, educational status, occupation, and place of residency.
DISCUSSION

Only half of the people in the study were aware of breast cancer, according to Somdatta and Baridalyne, and knowledge rose with greater literacy and socioeconomic level. This was similar to our research. Women with a living in poverty have a lower breast cancer incidence than those with a higher income, but they die at a greater rate due to higher death rate.

The same survey found that half of the participants believed that Only a doctor’s clinical examination can determine whether or not you have BC. Only 11% of women were aware of BSE, and only two of them had ever participated in it. However, none of them do it on a regular basis. The barriers identified as contributing to poor BC screening rates in underserved women show that personal and health-care variables impact screening participation. Lack of awareness or understanding of cancer screening, shame about engaging in real screening procedures, poor trust in prevention, and fear of disease are all personal obstacles. Personal barriers such as procrastination, societal and cultural attitudes, and feelings of discrimination in the health-care system all prevent impoverished women from participating in screening. (13)

In this study which was done among the urban population, the women residing in particular area had high literacy rate and exposed to all kinds of social media. Most of the women are working in different sectors, always women were too busy in doing household works to take care of the children nor have no time to concentrate on their own health. On the other hand in Tamilnadu the women didn’t want to talk and discuss about the breast self examination.

Therefore, the investigator felt that awareness programmes can be conducted in work places through women self groups and mahila mandals which can be a great impact in changing the knowledge and practice among women.

CONCLUSION

Hence it was concluded that, the women had an inadequate knowledge, positive attitude, and poor level of practice regarding breast self examination. Therefore, investigator felt that knowledge, attitude and Breast self-examination will be improved by effective educational intervention in order to improve their overall health.

ETHICAL CLEARANCE

Ethical clearance was obtained from ethical committee, SRM College of Nursing, Kattankulathur.

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AUTHORS CONTRIBUTION

Sharmila and Keerthiga helped in data collection, Mrs. Geetha prepared the manuscript and the suggestions given by Dr. C. Kanniammal.

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