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"A Study To Assess The Knowledge And Expressed Practices Regarding The Breast Self-Examination Among Women In Selected Urban Areas Of District Shimla (H.P) With A View To Develop An Informational Booklet.''

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ABSTRACT

Introduction: Breast self-examination, or routinely inspecting your breasts on your own, can be a valuable tool for detecting breast cancer early, when it is more likely to be effectively treated. **Objective:** The objective of the study to assess the knowledge and expressed practices regarding the Breast Self-Examination among women in selected urban areas of District Shimla (H.P) with a view to develop an informational booklet. **Methodology:** The research design was adopted for the study was descriptive cross-sectional non-experimental research design. Chi square test was used to check the association between the knowledge and practices with selected socio-demographic variables. With the help of convenient sampling technique and self structured questionnaires data was collected from 100 study samples. **Results:** The study revealed that 17% of the sample had good knowledge, whereas 49% had adequate knowledge, and 34% of the sample had inadequate knowledge that needed further improvement. The study showed that 92% i.e. majority of women had an inadequate level of practice, whereas 8 women were having moderate levels but not a single woman was having an adequate level of practice. The chi-square result demonstrates that there was an association between the knowledge and practices of women with their Family income and history of breast cancer/Lump. **Conclusion:** This study's results showed that only 17% of women out of 100 were having adequate knowledge, 49% were having an average level of knowledge and 34% were having an inadequate level of knowledge whereas if we talk about practices of breast Self-Examination none of the participants was having adequate practices whereas, 92% of women were having inadequate practices and only 8% of women were having a moderate level of practices. The calculated 't' value was greater than the table value at 0.05 level of significance. As compared to the knowledge the practices of women were very low.

Key words: Breast Self-Examination, Knowledge level, Practice level.

INTRODUCTION:

Breast self-examination, or routinely inspecting your breasts on your own, can be a valuable tool for detecting breast cancer early, when it is more likely to be effectively treated. While no single test can detect all breast tumors early, there are few that can. The American Cancer Society feels that using a breast self-exam in conjunction with other screening measures can improve the chances of early detection. There has been some dispute concerning the value of breast self-examination in finding breast cancer early and boosting the chances of survival over the years. [1]

Breast cancer survival rates are improved by early detection and prompt therapies. The three most commonly suggested screening tests are regular breast self examination (BSE), clinical examination, and mammography. Unlike clinical examinations, which necessitate the services of a specialist doctor and hospital visits, and mammography and scans, which are technology-dependent and costly, BSE is a simple, painless, non-invasive, non-hazardous, and self-monitoring procedure that women can perform in complete privacy.[11]

Breast cancer is the most common cause of cancer-related death worldwide. In 2017, an estimated 252,710 new cases of invasive breast cancer were detected in women, with an estimated 40,610 women dying from the disease. With a predicted 1.7 million new cases and 521,900 deaths, it's also the most often diagnosed cancer among women. Because breast cancer is such a dangerous disease, early detection is crucial to the disease's prognosis.[14]

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding the Breast Self-Examination among women in selected urban areas of District Shimla (H.P).
2. To assess the expressed practices regarding the Breast Self-Examination among women in selected urban areas of District Shimla (H.P).
3. To find out the association of knowledge and expressed practices regarding Breast Self-Examination with socio-demographic variables among women in selected urban areas of District Shimla (H.P).
4. To develop and introduce informational booklet regarding the Breast Self-Examination among women in selected urban areas of District Shimla.

HYPOTHESIS

H_1: There is significant association in between knowledge and expressed practices regarding Breast self-examination among women of age 18-45 years at < 0.05 level of significant

H_0: There is no significant association in between knowledge and expressed practices regarding Breast self-examination among women of age 18-45 years at < 0.05 level of significant.

MATERIAL AND METHODS:

Research design

A Descriptive cross-sectional community-based research design was used in this study.

Research Setting:

The setting of present research study was selected urban areas of District Shimla (H.P).

Selection of the study subjects:

Target Population: In this study women of age 18-45 years were the target population.

Accessible Population: In this study women of age 18-45 years in selected urban areas of District Shimla (H.P) were the accessible population.

Research Sample And Sample Size

The sample of this study included 100 women of age 18-45 years in selected urban areas of District Shimla (H.P).

Research Sampling Technique

Non- Probability convenience sampling technique was adopted for the study.

Inclusion criteria: The study included women who were:

• Encompassing the 18 to 45 age range.

• Present when the data were collected.

• Give authorization for participation in the study.

Exclusion criteria: The study included women who were:

• Were unwilling to participate in the study were eliminated from the study.

• A female who has had a mastectomy.

Development And Description Of Research Tool:

Females were included in the study based on the systemic random method. A self-structured questionnaire was used to assess the knowledge and expressed practices among women of selected urban areas of District Shimla (H.P).

The data gathering tool is divided into two sections:

Section I: Personal and socio-demographic data included the baseline information about the women like age, educational level, marital status, type of family, religion, dietary pattern, family income, occupation, source of information regarding Breast Self-Examination, and history of breast cancer.

Section II

Section II (A) Structured Questionnaire was used to assess the knowledge and it was consisted of 20 knowledge items. Each was a multiple choice in nature with four options.

Section II (B)

A self-structured rating scale was used to assess the expressed practice regarding Breast Self- Examination among women. Each item consisted of 5 options and the score ranged from "0" to "4".

RESULTS AND DISSCUSSION:

SECTION-A: Findings related to socio-demographic variables of women in terms of frequency and percentage

Table 4.1: Frequency and percentage distribution of women according to demographic variables

N=100

CHARACTERISTICS	(f)	(%)
Age (in year)		
18-23 year	38	38%
24-29 year	23	23%
30-35 year	15	15%
36-41 year	11	11%
42-45 year	13	13%
Education		
No Formal education	2	2%
Primary school	1	1%
Middle school	-	--
High school	12	12%
Secondary school	28	28%

Graduate	48	48%
Other	9	9%
Marital Status		
Unmarried	64	64%
Married	34	34%
Divorced/Separated	1	1%
Widow	1	1%
Type of Family		
Nuclear	54	54%
joint	44	44%
Three generation family	2	2%
Religion		
Hindu	97	97%
Muslim	-	--
Christian	-	--
Sikh	3	3%
Other	-	--
Dietary Pattern		
Vegetarian	61	61%
Non - vegetarian	33	33%
Ovo - vegetarian	6	6%
Family Income (per month)		
< Rs15,000/-	18	18%
Rs 15,001- 30,000/-	19	19%
Rs 30,001 – 45,000/	23	23%
>Rs 45,001/-	40	40%
Occupation		
Housewife/ Homemaker	17	17%
Govt. job	12	12%
Private job	11	11%
Own business	10	10%
Student	50	50%
Source of Information regarding BSE		
Family	16	16%
Peer group	9	9%
Health Personnel	22	22%
Mass media	53	53%
History of Breast Cancer/Lump		
Personal history	4	4%
Family history	3	3%
Other	1	1%
No history	92	92%

SECTION B: Finding related to level of knowledge score regarding Breast Self-Examination.

Table 4.2: Frequency and percentage distribution of knowledge regarding Breast Self-Examination **N=100**

Level of Knowledge	Knowledge score	(f)	(%)
Adequate Knowledge	15-20(>75%)	17	17.0%
Average Knowledge	8-14(36-74%)	49	49.0%
Inadequate Knowledge	0-7(<35%)	34	34.0%

Maximum score=20 **Minimum score=0**

Table 4.3: Descriptive Statistics showing Mean, Median, Standard deviation, median Score, maximum and minimum, range, and mean% level of knowledge score of samples. N=100

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean%
Knowledge Score	10.00	10	4.50	20	1	19	50.00

Maximum score= 20 **Minimum score=0**

SECTION C: Findings related to level of expressed practice score regarding Breast self-Examination among women

Table 4.4: Frequency and percentage distribution of level of expressed practice score regarding Breast Self-Examination **N=100**

Score Level	Practice Score	(f)	(%)
Adequate	**41-60(>68.33)**	**0**	**0%**
Moderate	**21-40(33.34-68.32%)**	**8**	**8%**
Inadequate	**0-20(<33.33%)**	**92**	**92%**

Maximum score=60 **Minimum score=0**

Table 4.5: Descriptive statistics table showing Mean, Median, Standard deviation, median Score, maximum and minimum, range, and mean% of Level of Expressed Practices scores. N=100

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean%
Practice Score	7.37	6	5.88	24	1	23	12.28

Maximum score=60 **Minimum score=0**

SECTION D: Findings related to association score between knowledge and expressed practices regarding Breast Self-Examination with socio-demographic variables among women.

Table 4.6: Association of level of Knowledge scores with selected socio-demographic variables

N=100

DEMOGRAPHIC VARIABLES	Adequate Knowledge	Average Knowledge	Inadequate Knowledge	df	Chi Test	Table Value	P Value
Age (in year)							
18-23 year	7	20	11	8	13.195	15.507	0.105
24-29 year	3	14	6				
30-35 year	6	3	6				
36-41 year	0	5	6				
42-45 year	1	7	5				
Education							
No Formal education	0	1	1	10	6.002	18.307	0.815
Primary school	0	1	0				
Middle school	0	0	0				
High school	2	6	4				
Secondary school	3	12	13				
Graduate	9	25	14				
Other	3	4	2				
Marital Status				6	3.565	12.592	0.735
Unmarried	11	33	20				
Married	6	15	13				
Divorced/Separated	0	0	1				
Widow	0	1	0				
Type of Family							
Nuclear	11	29	14	4	6.078	9.488	0.193
joint	5	20	19				
Three generation family	1	0	1				
Religion							
Hindu	17	47	33	2	0.723	5.991	0.697
Muslim	0	0	0				
Christian	0	0	0				
Sikh	0	2	1				
Other	-	-	-				
Dietary Pattern							
Vegetarian	12	29	20	4	1.968	9.488	0.742
Non - vegetarian	4	16	13				
Ovo - vegetarian	1	4	1				

Family Income (per month)							
< Rs15,000/-	0	9	9	6	15.744	12.592	**0.015***
Rs 15,001- 30,000/-	2	9	8				
Rs 30,001 – 45,000/	3	9	11				
>Rs 45,001/-	12	22	6				
Occupation							
Housewife/ Homemaker	1	9	7	8	6.634	15.507	0.577
Govt. job	4	5	3				
Private job	3	4	4				
Own business	1	4	5				
Student	8	27	15				
Source of Information regarding BSE				6	5.184	12.592	0.520
Family	2	5	9				
Peer group	1	5	3				
Health Personnel	5	10	7				
Mass media	9	29	15				
History of Breast Cancer /Lump				6	14.887	12.592	**0.021***
Personal history	2	1	1				
Family history	2	0	1				
Other	1	0	0				
No history	12	48	32				

Table 4.7: Association of level of Expressed Practice score with selected socio-demographic variables

N=100

DEMOGRAPHIC VARIABLES	**Adequate**	**Moderate**	**Inadequate**	**df**	**Chi Test**	**Table Value**	**P Value**
Age in Years							
18-23 year	0	2	36	4	6.203	9.488	0.184
24-29 year	0	3	20				
30-35 year	0	3	12				
36-41 year	0	0	11				
42-45 year	0	0	13				
Education							
No Formal education	0	0	2	5	3.813	11.070	0.577
Primary school	0	0	1				
Middle school	0	0	0				
High school	0	0	12				
Secondary school	0	2	26				
Graduate	0	4	44				

Other	0	2	7				
Marital Status				3	0.208	7.815	0.976
Unmarried	0	5	59				
Married	0	3	31				
Divorced/Separated	0	0	1				
Widow	0	0	1				
Type of Family							
Nuclear	0	5	49	2	5.623	5.991	0.060
joint	0	2	42				
Three generation family	0	1	1				
Religion							
Hindu	0	8	89	1	0.269	3.841	0.604
Muslim	0	0	0				
Christian	0	0	0				
Sikh	0	0	3				
Other	0	0	0				
Dietary Pattern							
Vegetarian	0	4	57	2	1.456	5.991	0.483
Non - vegetarian	0	4	29				
Ovo - vegetarian	0	0	6				
Family Income (per month)							
< Rs15,000/-	0	0	18	3	8.539	7.815	**0.036***
Rs 15,001- 30,000/-	0	0	19				
Rs 30,001 – 45,000/	0	1	22				
>Rs 45,001/-	0	7	33				
Occupation							
Housewife/ Homemaker	0	0	17	4	3.084	9.488	0.544
Govt. job	0	1	11				
Private job	0	2	9				
Own business	0	1	9				
Student	0	4	46				
Source of Information regarding BSE							
Family	0	2	14	3	3.665	7.815	0.300
Peer group	0	2	7				
Health Personnel	0	1	21				
Mass media	0	3	50				
History of Breast cancer/Lump				3	54.169	7.815	**<0.001****
Personal history	0	3	1				
Family history	0	2	1				
Other	0	1	0				
No history	0	2	90				

DISCUSSION OF THE PRESENT STUDY

Objective 1: To assess the level of knowledge regarding the Breast Self-Examination among women in selected urban areas of District Shimla (H.P). The study revealed that 17% of the sample had good knowledge, whereas 49% had adequate knowledge, and 34% of the sample had inadequate knowledge that needed further improvement. A similar study conducted in the Kingdom of Saudi Arabia by M.Dalal, H.Sahar et.al. (2000) showed that only 8.2% of samples were having good knowledge.[50]

Objective 2: To assess the expressed practices regarding the Breast Self-Examination among women in selected urban areas of District Shimla (H.P). The study showed that 92% i.e. majority of women had an inadequate level of practice, whereas 8 women were having moderate levels but not a single woman was having an adequate level of practice. A similar study conducted by **S.Madhu, D.K. Sathish (2021)** showed that a high majority i.e. 100% do not practice Breast Self-Examination.[51]

Objective 3: To find out the association between knowledge and practice with their selected demographic variables: The chi-square result demonstrates that there was an association between the knowledge and practices of women with their Family income and history of breast cancer/Lump. While there is no association between religion, education, marital status, occupation, dietary habits, family structure, and the source of information regarding Breast Self-Examination.The results of this investigation agreed with those of **Dadzi Rita's** and **Adam Awolu's (2019)** studies showed that Knowledge of breast cancer and BSE practices were significantly related (2 = 36.218 p = 0.000). The practice of breast self-examination decreased significantly (2 = 11.324, p = 0.003) with participant age.[52]

CONCLUSION:

This study's results showed that only 17% of women out of 100 were having adequate knowledge, 49% were having an average level of knowledge and 34% were having an inadequate level of knowledge whereas if we talk about practices of breast Self-Examination none of the participants was having adequate practices whereas, 92% of women were having inadequate practices and only 8% of women were having a moderate level of practices. As compared to the knowledge the practices of women were very low. According to the study the association between knowledge and practices with the socio-demographic variables there is a significant relation with Family income and History of Breast Cancer/Lump.

NURSING IMPLICATIONS

The findings of the study to assess suggest the following implications in nursing practice, nursing administration and nursing education.

Nursing Practice

Nursing professionals should educate the general population regarding Breast Self-Examination, Breast cancer, early sign and symptoms of Breast Cancer, and ways to deal with Breast Cancer. The nurse in the community services should be equipped with knowledge of Breast Self- Examination and Breast Cancer.

The main purpose of administering an Informational booklet was to improve knowledge of women about Breast Cancer and Breast Self-Examination in community area.

Nursing Research

Building a body of nursing knowledge is the main goal of research. Replicating the study will allow for the study's generality. It is possible to do extensive research. The results of this study provide baseline data that aid in the development of inquiry for both students and practicing nurses. The study aids nurse researchers in learning about women's knowledge and practices related to breast self-examination.

Nursing Administration

Community health administration authorities should take initiation to place nurses or other health personnel for educating women about Breast Self-Examination and the prevention of Breast Cancer. The implementation of various health education programs and such services need to be documented for better implementation of health services.

Nursing Education

This study adds to the nursing knowledge as it provides information about the knowledge of women about Breast Cancer. It emphasizes the significance of Breast Self-Examination in the early detection of breast cancer. Conferences, workshops, seminars, and symposiums can be helpful for all health professionals to promote health and create awareness.

RECOMMENDATIONS : The following suggestions are made in light of the findings and conclusions of the current study:

1. For broader generalization, a similar study might be carried out on a larger sample.
2. To assess the success of the educational booklet, follow-up research might be carried out.
3. Observational research can be carried out to evaluate breast self-examination practices.
4. A Pre-experimental study to assess the effectiveness of Structured Teaching programme on knowledge regarding Breast Self Examination.
5. A Quasi-Experimental study can be done by taking control and Experimental group to assess the effectiveness of Structured Teaching Programme on knowledge regarding Breast-Self Examination.

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