A study to assess the knowledge, attitude and practice regarding Breast Self Examination among female students in selected college of GNSU.

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ABSTRACT:

- Breast Self Examination is safe way to become familiar about breast and it helps in understanding normal and abnormal changes related to breast. Globally the total number of incidence cases is estimated to be 7, 12,758 in 2020 and likely to reach 8, 06,218 in 2025. Breast cancer is expected to be the most common site of cancer in world wide as well as in India.[1]According to India source Globocan 2020 reported that estimated breast cancer is 1,78,361 and it holds first ranks among others types of cancer.[2] Among Indian women breast cancer accounts about 14% .[3] It is reported in Indian Times 2020 that one women get diagnosed with breast cancer in every four minutes and one woman dies of breast cancer every 13 minutes, making it the most prevalent cancer among Indian women. Women generally diagnosed at later and more in advanced stage with poor prognosis. One in twenty - eight Indian women is likely to develop breast cancer during her lifetimes.[4] It is most common in the younger age group. Almost 50% of all cases are in the age group 15-50 and more than 70% cases are present in advanced stage had poor survival and high mortality. Due to lacking awareness and poor screening and diagnosis rates of the breast cancer. A study was done to assess the knowledge, attitude and practice regarding Breast Self Examination among female students in selected college of GNSU" with the objective to determine the knowledge regarding Breast self examination among female students. To assess the practice regarding Breast Self Examination among female students. To assess the Attitude regarding Breast Self Examination among female students. A quantitative research approach with non-experimental design and non-probability random sampling technique was adopted. The sample consisted of 70 female students. Self-structured knowledge questionnaire having 15 items, and checklist for practice questionnaire having 10 items and by using likert scale for attitude questionnaire having 10 items. Data were analyzed and result showed 31.42% Female students had poor Knowledge 54.28% female students had average Knowledge and 1.28% female students had good Knowledge regarding Breast Self Examination. And 78.57% female students had poor practice regarding breast self examination, and 21.42% female students had good practice regarding breast self examination (92.85%) had positive attitude and (7.14%) had negative attitude related to Breast self examination. However, the study revealed that 1.28% had

good knowledge and 78.57% female students had poor practice related to BSE and majority of students 92.85% had positive attitude about BSE. Data showed that the coefficient of correlation between knowledge and practice score was -0.23(-correlation), correlation between knowledge and attitude score was 0.2(+correlation), practice and attitude score was 0.04(+correlation) there was p-value<0.05) was considered for correlation.

KEYWORDS: Breast self examination (BSE), Knowledge, Attitude and Practice.

INTRODUCTION:

Breast self-examination is a simple, very low cost, noninvasive with no special material or tool requires and it is an effective diagnostic method to identify the breast abnormalities which only may take five minutes from day to day activity. Breast Self Examination is safe way to become familiar about breast and it helps in understanding any changes. Breast cancer is most common type of cancer in India.[2] Among Indian women breast cancer accounts about 14% .[3] It is reported in Indian Times 2020 that one women get diagnosed with breast cancer in every four minutes and one woman dies of breast cancer every 13 minutes, making it the most prevalent cancer among Indian women. Women generally diagnosed at later and more in advanced stage with poor prognosis. One in twenty - eight Indian women is likely to develop breast cancer during her lifetimes. It is most common in the younger age group. Almost 50% of all cases are in the age group 15- 50 and more than 70% cases are present in advanced age had poor survival rate and high mortality. Breast cancer diagnosis is never easy it is especially hard when the women is in her 30's and has just started planning a future for herself and her family. And the survival rate of Breast cancer is low because the detection takes place late. Breast cancer is treatable illness and chances of survival are greater if it is identified at time. According to the world cancer report the most efficient intervention for breast cancer control is early detection and rapid treatment.[4] Due to lacking awareness and poor screening and diagnosis rates of the breast cancer.[5] Breast self-examination is a technique that all women can do examine to their own breast. Thus it is a useful self-care activity for all adult women. Regular monthly breast self-examination is an essential health maintenance activity.[6] Women can self-diagnose their condition and know of the presence of lumps or masses. Breast cancer is the second leading cause of cancer deaths in women and poses a global public health concern.[7] Early detection of breast abnormalities through breast self-examination (BSE) plays an important role in decreasing the morbidity and mortality rates.[8] According to WHO, breast cancer is the most common cancer among women worldwide, claiming the lives of hundreds of thousands of women each year and affecting countries at all levels of modernization.[9]According to the International Agency for Research on Cancer (IARC), in 2012, 1.7 million women were diagnosed with breast cancer and there were 6.3 million women alive who had been diagnosed with breast cancer in the previous five years. Breast cancer is also the most common cause of cancer death among women (522000 deaths in 2012) and the most frequently diagnosed cancer among women in 140 of 184 countries worldwide.[10]

PROBLEM STATEMENT:

A study to assess the knowledge, attitude and practice regarding Breast Self Examination among female students in selected college of GNSU.

OBJECTIVES:

- To determine the knowledge regarding Breast self examination among female students.

- To assess the practice regarding Breast Self Examination among female students.

- To assess the Attitude regarding Breast Self Examination among female students.

- To find out the association between knowledge, practice, attitude regarding Breast   self examination and selected demographic variable

METHODOLOGY

Research Approach:-

The selection of research approach is a basic procedure for collection for data "The research approach refers to a general set of orderly disciplined procedure used to acquire dependent and useful information" It refers to the way the research plan and structures the research process.

Since the present study was proposed with the purpose to assess the knowledge, practice and attitude regarding Breast Self Examination. The research approach used in the study is quantitative approach.

3.1 Research design:- Descriptive research design

3.3 Research setting:-

The study was conducted among first year B.sc and GNM nursing students of Narayan Nursing College, Jamuhar, Sasaram.

3.4 Target population:-

Female Nursing students

Sample and sampling technique: -

In this study, sample consisted of 70 first year female nursing students and random sampling techniques.

Variables:

➢ Research variables- Knowledge, and practice regarding breast self examination of female   students.
➢ Demographic variables - age, marital status, occupation of mother, types of family, residence.

Procedure of final data collection:
    a. Formal approval was sought from the selected college setting.
    b. The investigator personally met the subjects and self introduction was given and rapport was established.
    c. The informed consent was taken from each sample
    d. The self-developed structured questionnaire consisted in three parts, of which the   (Section-I) consisted of six questions pertaining to the socio demographic profile, (Section-II) part I consisting of 15 questions to elicit data related to knowledge on BSE, part II comprising checklist of 10 questions for collecting information on practice towards BSE and part III had 10 questions regarding attitude by using likert scale for BSE.

Data analysis:
The data was analysed as follow

Section-1:
Description of frequency and percentage of socio-demographic variables.

Section-2:

a. Mean, Median, SD for knowledge scores.

b. Mean, Median, SD for practice scores.

c. Mean, Median, SD for attitude scores.

Section-:3
Correlation between knowledge and practice, knowledge and attitude, practice and attitude.

Section-: 4
a. Association between knowledge with selected baseline variables.
b. Association between practices with selected baseline variables.
c. Association between attitudes with selected baseline variables.
Descriptive and inferential statistics was used to analyzed and interpret obtained data.

Descriptive statistics:
The descriptive statistics was used to assess the knowledge of selected demographic variables by using:
- Frequency, Percentage distribution
- Mean, Median percentage and standard deviation

Inferential statistics:
Chi-square with Karl's Pearson was used to find association between knowledge, practice and attitude regarding breast self examination.

RESULTS:

Section-:1 Findings of Description of frequency and percentage of socio- demographic variables of female students:

The study consists of 70 sample. The data obtained describes the characteristics pertaining to their age in years, marital status, types of family, residence area, occupation of mother and sources of information regarding breast self examination.

Data revealed that maximum female students 61.43% were in the age group of 17-20years, 32.86% Female students 21-23 and 5.71% female students were in the age group 23 and above. Maximum number of female students was unmarried 84.28% and 15.71 % female students were married. 78.57% mother's occupation was housewives, 11.5% was teacher, 7.1was Health care workers and 2.85% was others occupation.

Majority of the female students 62.85% had joint family and 37.14% had nuclear family. 55.71% female students had residence from rural and 44.28% had urban areas.45.71% got information from family members and neighbors regarding breast self examination,22.85% from teachers ,18.57% got information from friends and 12.85% got sources from mass media.

SECTION I: DESCRIPTION OF FREQUENCY AND PERCENTAGE OF SOCIO-DEMOGRAPHIC VARIABLES.

Table 4.1: Socio-demographic data

N=70

Parameters	Frequency	Percentage
Age:		
17-20	43	61.43%
21 -23	23	32.86%
23 & above	4	5.71%
Marital status:		
Married	11	15.71%
Unmarried	59	84.28%
Occupation of Mother:		
Teacher	8	11.42%
Health Care Worker	5	7.1%
Housewife	55	78.57%
Others	2	2.85%
Types of Family:		
Nuclear	26	37.14%
Joint	44	62.85%
Residence Area:		
Urban	31	44.28%
Rural	39	55.71%
Sources of Information:		
Friends	13	18.57%
Family members& Neighbours	32	45.71%
Mass media	9	12.85%
Teachers	16	22.85%

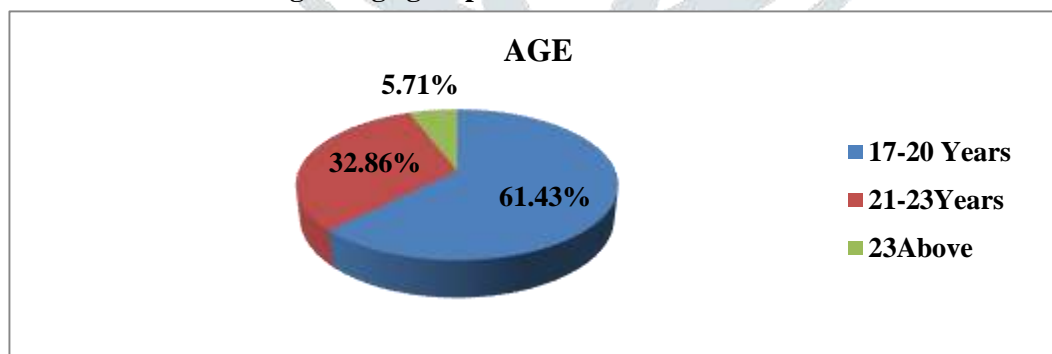**Fig: 4.1.1 - Distribution Percentage of age group**

Fig: 4.1.1 shows the Percentage of age group of demographic profile. The majority of female students belongs to age group 17-20(61.43%), 21-23(32.86%) from the age group and less female students from age group >23 years.

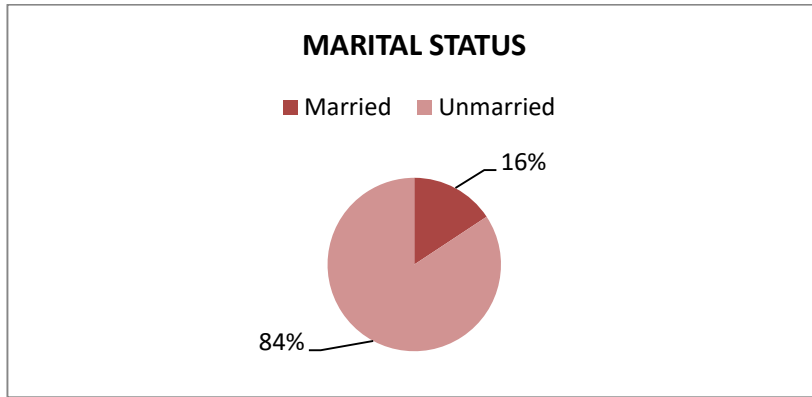**Fig 4.1.2: - Distribution of the percentage of marital status**

MARITAL STATUS

■ Married   ■ Unmarried

16%

84%

Fig: 4.1.2.:- Shows that most(84.28%) of the female students were unmarried and (15.71%) female students were married.

Fig4.1.3: - Distribution of the percentage of the occupation of mother

OCCUPATION OF MOTHERS

3%   11%

■ Teacher ■ Health Care Workers ■ Housewife ■ Others
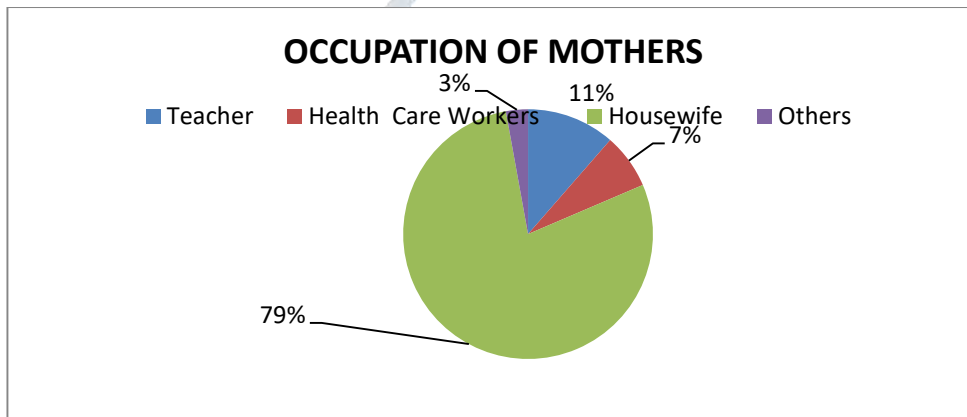
7%

79%

Fig 4.1.3%: - Shows that the maximum occupation of mother was housewives (78.5%), (11.42%) was teachers, (7.1%) mothers was health care workers, (2.85%) was others occupation.

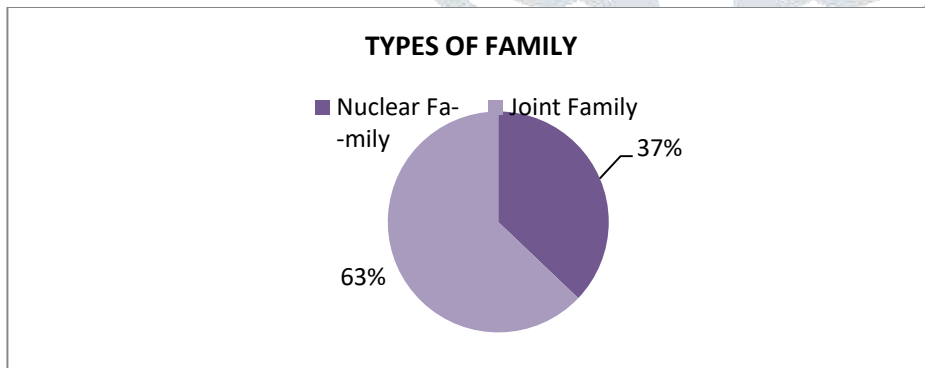**Fig 4.1.4: - Distribution of the percentage of types of family**

TYPES OF FAMILY

■ Nuclear Fa-   ■ Joint Family
-mily

37%

63%

Fig4.1.4:- Shows that majority (62.85%) of female students belongs to joint family and (37.14%) female students were from nuclear family.
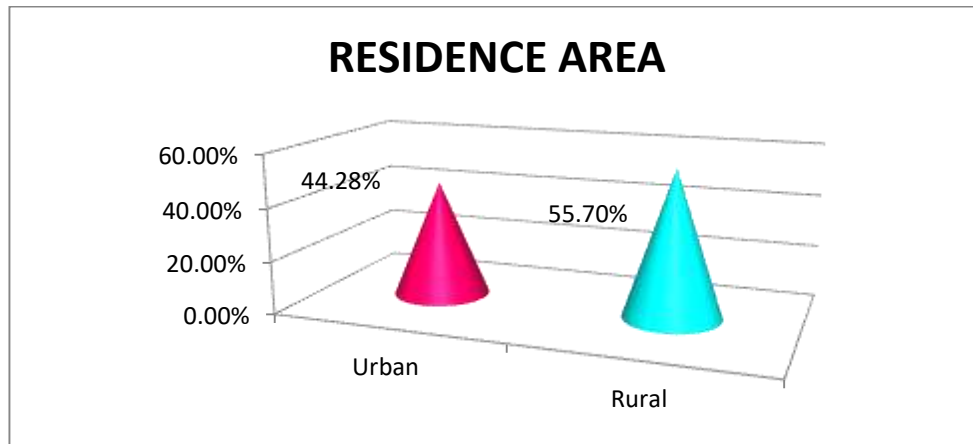
Fig4.1.5: - Distribution of percentage of residence area

RESIDENCE AREA

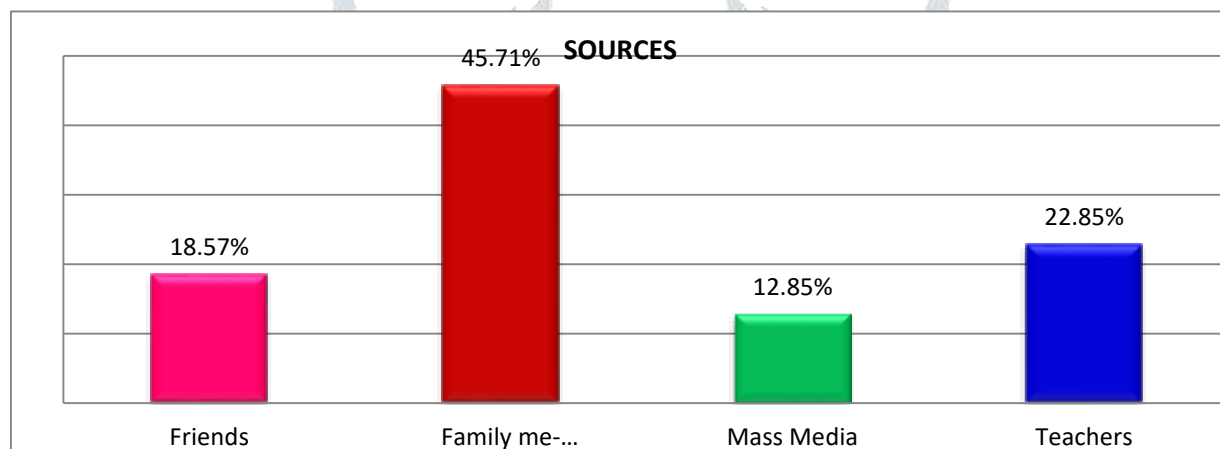Fig1.4.5: - Shows that (55.71%) from rural area and (44.28%) from urban area.

Fig 4.1.6: - Distribution of percentage of the sources

SOURCES

Fig: 4.1.6:- Shows that majority of students they got knowledge about the Breast Self Examination from family members (46%), from teachers (22%), from (18%), from mass media (13%).

SECTION-III

.Table4.2.1a:- MEAN, MEDIAN, SD FOR KNOWLEDGE SCORES   N=70

	MEAN	MEDIAN	SD
KNOWLEDGE SCORES	15.6	8	64.358

Table- 4.2.1a .shows that mean (15.6), median (8), Standard Deviation (64.358) for knowledge scores.

FIG: 4.2.1a:- MEAN, MEDIAN, SD FOR KNOWLEDGE SCORES
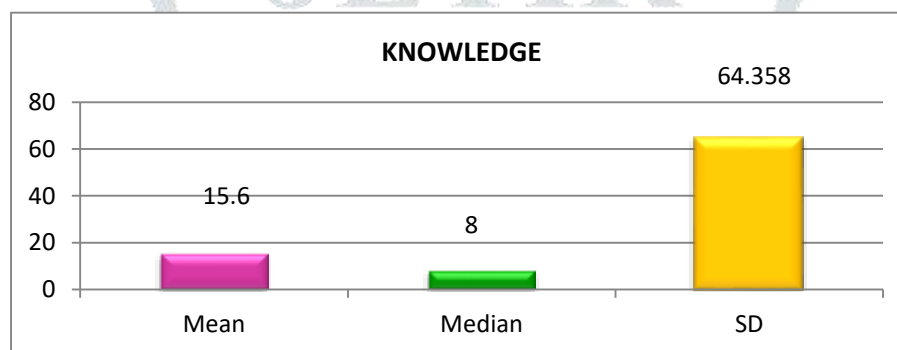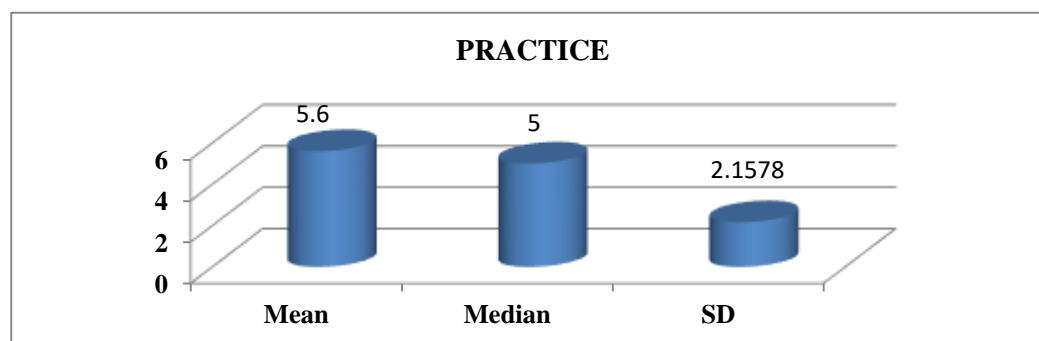

Table: 4.2.2b. MEAN, MEDIAN, SD FOR PRACTICE SCORES

N=70

	MEAN	MEDAIN	SD
PRACTICE SCORES	5.6	5	2.1578

Table: 4.2.2b. Presents Mean (5.6), Median (5), SD (2.1578) for practice score
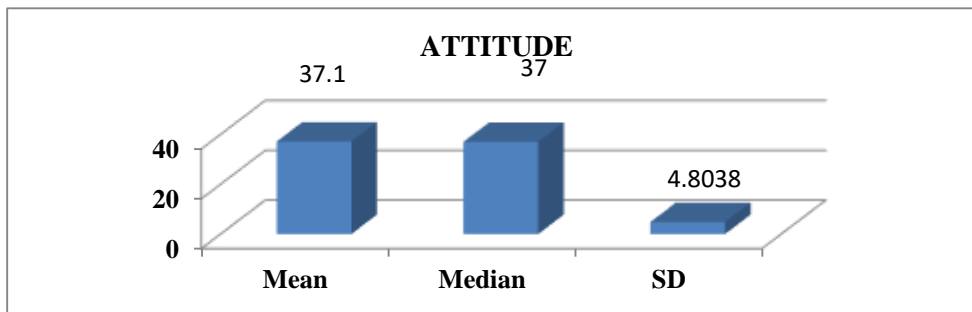
C. MEAN, MEDIAN, SD FOR ATTITUDE SCORES   70

Table: 4.2.2c. presents Mean (37.1), Mode (37), and SD(4.8038) for practice score.

	Mean	Median	SD
ATTITUDE SCORES	37.1	37	4.8038

Findings: In this Mean (37.1), Median (37), SD (4.8038) for Attitude scores.

FIG: 4.2.3– The data on the table 4.2.3 shows Mean, Median, SD for Attitude scores.

2. d. Frequency percentage of knowledge scores according to scoring criteria

Table: 4.2.4 –To assess the Level of knowledge regarding Breast Self Examination

N=70

Level of Knowledge	Frequency (f)	Percentage (%)
< 7 poor Knowledge	22	31.42%
7-10 Average Knowledge	38	54.28%
>10 good Knowledge	10	1.28%

Findings: These data on the Table 4.2.4 shows that there 31.42% Female students had poor Knowledge 54.28% female students had average Knowledge and 1.28% female students had good Knowledge regarding Breast Self Examination.

KNOWLEDGE

31.42%   54.28%

1.28%

100%

50%

0%

poor knowledge   Average knowledge   Good knowledge
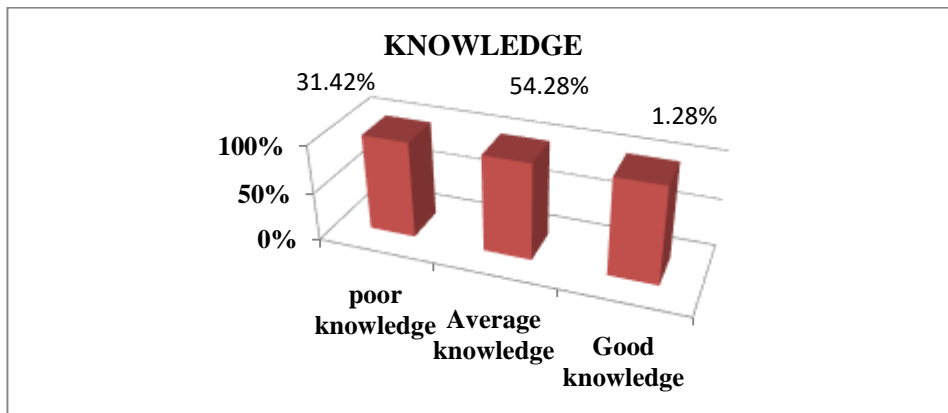
Fig: 4.2.4- The table 4.2.4 shows percentage of the knowledge regarding Breast Self Examination of female students had (54%) average knowledge, (32%) had good knowledge and 1.4% had poor knowledge.

Table 4.2.5:- To assess the Practice regarding to B.S.E among female students.   N=70

Practice	Number	Percentage (%)
< 7 poor practice	55	78.57%
>7 good practice	15	21.42%

PRACTICE

100

50   55   15

0   GOOD PRACTICE

POOR PRACTICE

1   2

■ POOR PRACTICE
■ GOOD PRACTICE

FIG: - Table 4.2.5 shows that 78.57% female students had poor practice regarding breast self examination, and 21.42% female students had good practice regarding breast self examination.

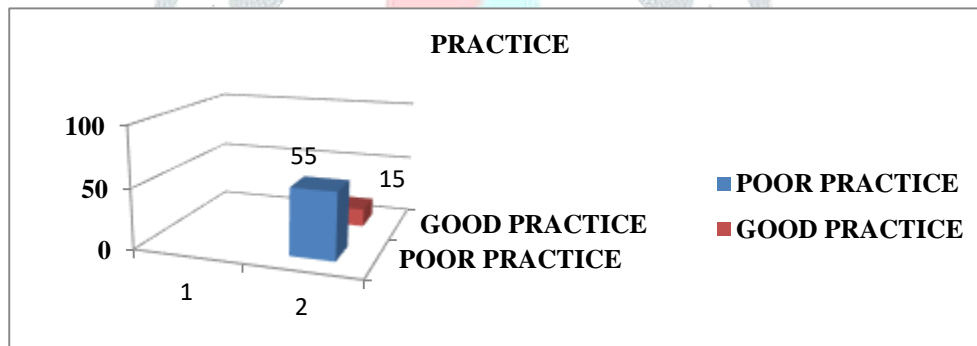**Table 4.2.6: To assess the Attitude towards BSE.**

N=70

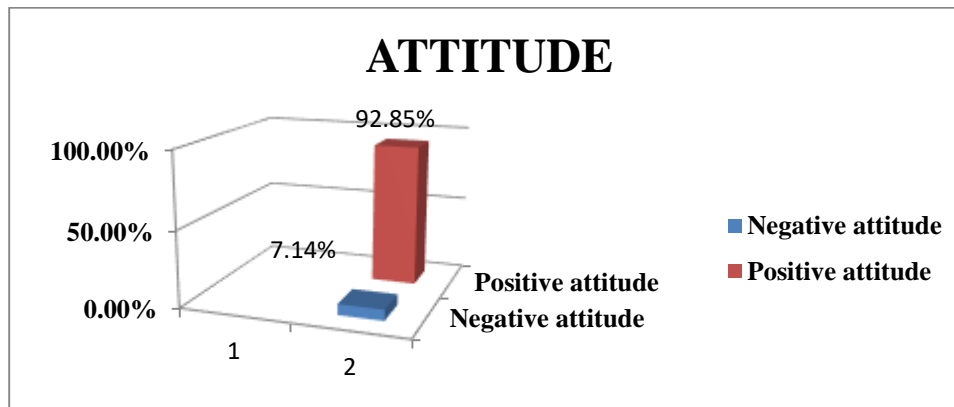| Attitude	Number	Percentage
< 30Negative attitude	5	7.14%
> 30 Positive attitude	65	92.85%
Total	70	100

Fig: 4.2.6: It shows that the (92.85%) had Positive attitude and (7.14%) had negative attitude related to Breast self examination of female students.

SECTION – III

1. Correlation between knowledge and practice, knowledge and attitude, practice and attitude

Table no. 4.2.7   N=70

	Calculated value	R value	Interference
Knowledge and Practice	-0.22851	0.232	Negative correlation
Knowledge and Attitude	0.242093	0.232	Positive correlation
Attitude and Practice	0.04488	0.232	Positive correlation

Findings: There is Negative correlation between knowledge and practice, while between Knowledge and attitude, Positive correlation and Attitude and Practice. (p-value,0.05) .

SECTION –IV

4. a. Association between knowledge with selected baseline variables.

Table 4.2.8

	Variables	Above median	Below median	Df	Chi square value	P value	Significance
1	Age:						
a.	17- 20	13	11			5.99	Significant
b.	21-23	10	13	2	1.420		
c.	23&above	14	9				
2	MARITAL						

a.	Married	19	16	1	0.057	3.84	Significant
b.	Unmarried	18	17				
3.	OCCUPATION			3	16.224	3.81	NS
a.	Teacher	9	9				
b.	Health worker	6	12				
c.	Housewife	8	9				
d.	Others	10	7				
4.	FAMILY						
a.	Nuclear	17	18	1	0.933	3.84	Significant
b.	Joint	13	22				
5.	RESIDENCE						
a.	Urban	14	21	1	166.67	3.84	NS
b.	Rural	20	15				
6.	SOURCES						
a.	Friends	9	9		3.954459	3.81	NS
b.	Family	6	12				
c.	Mass media	9	8				
d.	Teachers	7	10	3			

* Significant , NS- Non Significance

Findings:- There was significant association between Knowledge scores and selected variables like age, marital status While no significant association with variables like occupation, family, residence area, and sources of information.

Level of significant at o.o5 calculated value is < p = Significant.

Table: - 4.2.9 There will be significant association between practices with selected baseline variables.

	Variables	Above median	Below median	Df	Chi square value	P value	Significance
1	Age:						
a.	17- 20	13	11			5.99	Not Significant
b.	21-23	10	13	2	92.20833		
c.	23&above	14	9				
2	MARITAL						
a.	Married	19	16	1			Not significant
b.	Unmarried	18	17		114.0588	3.84	
3.	OCCUPATION						
a.	Teacher	9	9	3			Not significant
b.	Health worker	6	12		202.5308	7.81	
c.	Housewife	8	9				
d.	Others	10	7				
4.	FAMILY						
a.	Nuclear	17	18	1			Not significant
b.	Joint	13	22		120.0588	3.84	

5.	RESIDENCE						
a.	Urban	14	21	1	120.0588	3.84	Not significant
b.	Rural	20	15				
6.	SOURCES						
a.	Friends	9	9	3	126.4065	7.81	Not significant
b.	Family	6	12				
c.	Mass media	9	8				
d.	Teachers	7	10				

Table: - 4.2.9* Significant , NS-Non Significant was no significant association between practices with selected demographic variables.

*Level of significant at 0.05 calculated value is < p = Significant.

DISCUSSION:

In the present study, Frequency and percentage of socio-demographic variables, maximum 61.43% were in the age group of 17-20years, 32.86% Female students 21-23 and 5.71% female students were in the age group 23 and above. Maximum number of female students was unmarried 84.28% and 15.71 % female students were married. 78.57% mother's occupation was housewives, 11.5% was teacher, 7.1%was Health care workers and 2.85% was others occupation.

Majority of the female students 62.85% had joint family and 37.14% had nuclear family. 55.71% female students had residence from rural and 44.28% had urban areas.45.71% got information from family members and neighbors regarding breast self examination,22.85% from teachers ,18.57% got information from friends and 12.85% got sources from mass media.

In the present study Showed that there were 54.28 female students had moderate Knowledge, 31.42% Female students had poor Knowledge and 1.28% female students have good Knowledge regarding Breast Self Examination there In this study attitude percentage (92.85%) had good attitude and (7.14%) had negative attitude related to Breast self examination of female students. There was coefficient correlation between knowledge attitude and, attitude and practice, while there is no correlation between knowledge and practice at p-value =0.05.

CONCLUSION

Majority of female students had average knowledge regarding breast self examination and minimum number of students have good knowledge. Maximum number of students had poor practice related to BSE. Most of the students had positive attitude related to BSE and less number of female students had negative attitude.

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