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## **A Descriptive study to assess the knowledge, attitude and practice regarding Breast Cancer and Breast Self-Examination among women in selected area, Shimla (Himachal Pradesh)**

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### **Abstract**

Breast cancer is the most common malignancy affecting women and leading causes of mortality and morbidity in the developed and developing countries. In females, Breast cancer is the most common form of cancer, with around 70,000 new cases being detected each year in India. Early detection and treatment can decrease the incidence rate of Breast Cancer. Breast Self-Examination plays the vital role in the early detection of Breast Cancer. The current study aimed to assess the knowledge, practice and attitude regarding Breast Cancer and Breast Self-Examination among women of age group 35-70 years Annandale, Shimla. Quantitative research approach was used with non-experimental research design. A total of 40 females were selected using a purposive sampling method. Data were collected through structured knowledge questionnaires, likert scale and checklist. Frequency distributions and percentages were used to describe the knowledge tested within the questionnaire. The result shows that mean score of knowledge was 9.7, attitude score was 25.4 and practice score was 5.2. Then the correlation score of knowledge and practice was 0.059. The findings show that there is negative correlation between knowledge and practice level of women. The study revealed that respondent's knowledge of breast cancer and practice of Breast Self-Examination is less than expected.

**Keywords:** knowledge, practice, attitude, breast cancer, breast self-examination

### **Introduction**

The term "breast cancer" refers to a malignant tumour that has developed from cells in the breast. Usually breast cancer either begins in the cells of the lobules, which are the milk-producing glands, or the ducts, the passages that drain milk from the lobules to the nipple. Over time, cancer cells can invade nearby healthy breast tissue and make their way into the underarm lymph nodes, small organs that filter out foreign substances in the body. If cancer cells get into the lymph nodes, they then have a pathway into other parts of the body<sup>[1]</sup>.

Breast Cancer is a leading cancer among the women worldwide, with more than 5, 40,000 new cases each year. Over 40% of these cases are in the developing countries<sup>[2]</sup>. The lifetime risk of women for developing Breast cancer was 9.5% among whites and 6.9% among blacks in the United States<sup>[3]</sup>. Mean age of occurrence of breast cancer is about 42 years in India as compared to 53 years in white women of the United States of America<sup>[2]</sup>. There is rapid increase in the incidence between the age 35 to 50 years and secondary rise in frequency after 65 years of age<sup>[3]</sup>.

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<sup>[4]</sup>.

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<sup>[5]</sup>.

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. Teaching skills of breast self-examination can be lifesaving and with regular breast self-examination, malignancy may be discovered at an earlier stage, which can save lives [6].

**Objectives**

1. To assess the knowledge of women regarding Breast Cancer.
2. To assess the attitude of women regarding Breast Self-Examination.
3. To assess the practice of women regarding Breast Self-Examination.
4. To find out the co-relation between knowledge and practice of women regarding Breast Cancer and Breast Self-Examination.

**Methodology**

The research approach for this study is non-experimental. The research design selected for this study was “Descriptive Survey Design”.

**Population**

The target population for the current study comprised the women of community area of Annandale between the age group of 35-70 years.

The accessible population for the current study comprised the women of selected community area of Annandale between the age group of 35-70 years.

**Sample**

The sample for the study was the women of age group between 35-70 years of selected community area of Annandale, Shimla.

**Sample size**

The sample size of the study is 40 women between the age group 35-70 years residing in the area Annandale.

**Setting**

The study was conducted at selected area of Annandale, Shimla.

**Tool**

The tool consist of four sections:

• **Section I**

This include Structured questionnaires were developed regarding sample characteristics. This section consist of twelve items seeking information on Demographic variables that include age, educational qualification, occupation, religion, marital status, no. of children, first menstruation age, personal history, previous history of Breast infection, family type, socio-economic status and any history of Breast Cancer in family.

• **Section II**

Structure knowledge questionnaires to assess the knowledge of the women regarding breast cancer and breast self-examination. Total 24 questions were formulated.

• **Section III**

Likert rating scale to assess the attitude of the women regarding breast cancer breast self-examination. Total 14 questions were formulated.

• **Section IV**

Checklist is used to assess the practice of the women regarding breast self-examination. Total 20questions were formulated.

**Procedure of data collection**

The data was collected on 23 June-26 June, 2017 among women of Annandale community through Structured questionnaires, Likert Scale and Checklist. Before data collection formal written permission was taken from the Chief Medical Officer of Deen Dayal Upadhaya Hospital, Shimla for conducted the study in Annandale community. The investigators met the Chief Medical Officer and explain about the study to ensure maximum cooperation. Self-introduction and introduction of the study were given to the client’s. informed consent was obtained from clients and assured about the confidentiality of their response. On 1st day 13 samples were collected. On 2<sup>nd</sup> 15 samples were collected. On 3<sup>rd</sup> day 12 samples were collected.

**Ethical consideration**

Ethical approval from the institutional ethical committee was taken to conduct the study. There was no harm to the women of Annandale in our study. An informed written consent was taken from the client’s, anonymity of subjects and confidentiality of information was maintained.

**Findings**

**Table 1:** Frequency and percentage distribution of women based on level of knowledge regarding breast cancer and breast self-examination, N=40

Level of Knowledge	Percentage	Range of score	Frequency	Percentage (%)
Good	>75%	19 – 24	1	2.5
Average	51-75%	13–18	9	22.5
Poor	<50%	0-12	30	75

**Table 2:** Frequency and percentage distribution of women based on level of attitude regarding breast self-examination, N=40

Level of attitude	Percentage	Range of score	Frequency	Percentage (%)
Agree	>75%	32- 42	1	2.5
Uncertainty	50-75%	21- 31	37	92.5
Disagree	<50%	15-20	2	5

**Table 3:** Frequency and percentage distribution of women based on level of practice regarding breast self-examination. N=40

Level of practice	Range of score and percentage	Frequency	Percentage (%)
Very Good	16 – 20(>75%)	0	0
Good	10 – 15(50-75%)	7	12.5
Average	0-9(<50%)	37	82.5

### Discussion

This part of chapter deals with discussion of the findings of the present study in accordance with the objectives pertaining to the research problem. The findings of the study were discussed with reference to the results obtained by other investigators.

In the present study, sample characteristics of women, maximum women 42.5 % were in the age group of 41- 50 years, 37.5% women were graduated, 57.55% women were housewife, 92.5% women were Hindu and the maximum number of women 87.5% were married, 42.5% women have 2 children.65% women were in age of 12- 14 years at the time of first menstruation. 65% women had no personal history of smoking, alcohol and use of contraceptive pills and excessive use of cosmetic products. 97.5% women had no history of breast cancer and 60% women belongs to joint family. 35% women's socio economic status was more than 30,000 and maximum no. of women 82.5% had no history of breast cancer in family.

These finding are in accordance with the descriptive study done by Vijender Kaur (2014) to assess the knowledge and practice regarding breast cancer among 100 women in age group 20-70 years in urban community of Delhi revealed that 41% were in 45-54 years of age, 58% were graduated and post graduated, 72% were housewives, 47% of women had between 3-5 children. 69% had nuclear family and 93% women does not had family history of breast cancer [17].

In the present study, Frequency and percentage distribution of women based on level of knowledge regarding breast cancer and breast self-examination was assessed. Majority of the women 75% had poor Knowledge (0-12) regarding breast cancer and breast self-examination. Similar study was done by Makanjoula in 2013 to assess the knowledge of breast cancer and practice of BSE among 100 women Ala community Nigeria, revealed that 60% women had poor knowledge of breast cancer and breast self-examination [18].

In the present study, the assessment of attitude of women regarding breast self-examination was done. The attitude Scores obtained through likert scale was described and analyzed using descriptive statistics. The data reveals that majority of the women 92.5% had uncertain attitude (21-31) regarding breast self-examination. The similar study was done by Dolar Doshi in 2012 to assess the knowledge, attitude and practice regarding BSE among 203 female dental students in Panineeya, Institute of dental science, Hyderabad. Result showed overall knowledge score was 14.22±8.04 and the practice score was 12.64±5.92 and the attitude score was 26.45±5.97 [19].

In the present study, Frequency and percentage distribution of women based on level of practice regarding breast self-examination was assessed. The study reveals that majority of the women 82.5% had average level of practice (0-9) regarding breast self-examination. The similar study was done by angel Rajakumari in 2015 to evaluate the effectiveness of structured education on knowledge regarding early detection of breast cancer among 50 nursing students in Vandhana school of nursing Telugana in India, revealed that 46% students had inadequate knowledge

regarding breast cancer, 76% had negative attitude and 80% had poor practice of BSE.

### Conclusion

Majority of women had poor level of knowledge regarding Breast Cancer and Breast Self-Examination and minimum number of women had good knowledge. Maximum number of women are uncertain regarding the practice of Breast Self-Examination. Most of the women are not good at practicing Breast Self-Examination.

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