Knowledge and Practice of Breast Self-Examination among Females attending a Breast Cancer Screening Camp

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What problem was addressed?

Breast Cancer (BC) is the most commonly detected cancer among women in the large mainstream (140 of 184) of countries worldwide.^[1] A recent study of breast cancer risk in India revealed that one in 28 women develop breast cancer during their lifetime. This is higher in urban areas, where one in 22 women develops breast cancer in a lifetime as compared to rural areas where this risk is relatively much lower at one in 60. [2] Breast selfexamination (BSE) is a useful screening tool to empower women and raise awareness about their breast tissues and help detect any breast abnormalities when they occur. On a very special occasion of Mother's Day,a non- profit marketing organization (trust) conducted BC screening camps at more than 110 different hospitals across the district studied. The objectives were; early detection of breast cancer sign/and symptoms through primary check-up and; to create awareness in women about BSE. The hospital where the study was conducted got an opportunity to be involved in this mass screening program.

What was tried?

A cross-sectional study was conducted to assess the level of knowledge regarding BC and practice of BSE among women aged between 16 and 70 years attending the camp. To assess the Knowledge, Attitude and Practice a questionnaire was prepared to interview the participants that included; demographic profile, 8 questions to assess

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knowledge and 9 questions for attitude & practice. From the tertiary care government hospital where the study was conducted a total 82 Doctors and Interns got involved in this noble work. They were recruited over 110 different centers across the city. All of them were given training for half a day by a Gynecologist on; Breast cancer signs, symptoms, risk factors, protective factors, Breast self-examination and treatment options available for breast cancer. Confidentiality of their information and willingness to participate was ensured after taking informed verbal consent Statistical Package for Social Science (SPSS) program, version 24, was used to analyze the data. Knowledge score was calculated by recoding of the knowledge questions by giving one point to the correct answer and zero to the incorrect answer. Then, the points were summed and multiplied by 100 over the number of questions.

What lessons were learnt/Reflections?

Knowledge:

A total of 104 participants gave consent and were finally interviewed. A total of average score of knowledge was 27.6%. The study revealed poor general knowledge of the participants regarding BC. Among the domains in knowledge the participants' scores were; early diagnosis improves outcome=54.8%, common cancers in women=42%, age group in which BCs are common=32.6%, frequency of occurrence=29%, sign/symptoms of cancer=22.8%, treatment availability for cancer=20%, common causes of BC=10.7% and protective factors of cancer=07.6%.

Attitude and Practice:

Around 37/104 (35.5%) of the participants were aware of Breast Self Examination. Out of the 37 participants who were aware the sources of information were; doctors in 48%, relative/ neighbour in 27%, 5% each television and health worker, news paper in 25% and 10 % as others. Females practicing Breast Self Examination were 24/104 (23%). Out of the 24 practicing SBE; frequency of SBE was once daily in 8%, once in a week in 16%, once in a month in 29%, once in 2 months in 12.5% and once or twice a year in 33.3% respectively.Some of the reasons for not practicing BSE(n=80) were; 64.5% did not know/ unaware, 67%said that because they were not having breast problem, 18.7%, don't think that there was a need.

Conclusion:

The study revealed poor general knowledge and attitude of the participants regarding BC and BSE. Out of those practicing BSE (24) only few were ideally practicing it. The major reasons for not practicing Breast Self Examination were not having any breast problem and unawareness.

What next?

The study findings indicate the importance of applying a training program to increase the level of awareness about BC and practicing BSE that comes within the local and international efforts fighting against this dangerous disease. Campaign programmes should be organized to create awareness; Breast self-examination monthly should be started in the 20's and above, Clinical breast exams every 3 years should be started in the 20's and aboveand Mammographic screening annually should be started at the age of 40 years. Regular practicing of BSE will be increased among those at risk if they are taught and informed about the steps of practicing BSE.

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