

# Knowledge, Attitude and Practices of Women towards Breast Self-Examination in Rural Area of Lahore, Pakistan

Tasawar Batool, Hajra Sarwar, Muhammad Afzal, Syed Amir Gilani

## ABSTRACT

**Introduction:** A breast self-exam is the routine examination done by females of their own breasts to find any abnormal growth or changes that are alarming and need medical consultation to treat. It is seen that more than 10% to 20% breast cancer is detected by breast self-examination. It is important for females to do BSE regularly to prevent breast cancer. **Setting:** Study was conducted in a rural area of Lahore, Pakistan. **Study design:** Cross sectional descriptive study was conducted. **Population:** Data was collected from 135 women of rural area of Lahore. **Sampling:** Data was collected from convenient selected sample of 135 women of rural area of Lahore. **Methodology:** The instrument use for the data collection was adopted questionnaire and convenient sampling technique was used. **Results:** 19.3% of the study participants knew about the Breast self-examination while 28.9% have knowledge about breast cancer. Only 24.4% knew about the Breast self-examination whereas 35.6% know that only doctors can examine the breast. As regard interval of breast self-examination, 34.1% of the study participants had knowledge, while 46% were not having knowledge. On other question that BSE must be done between days 7 until day 10 after menstrual cycle 20% of the study participants had knowledge, while 80% were not aware of this. BSE should be done in front of a mirror 40% had knowledge and 60% had no knowledge. The above table reveals that only 19.3% study participants had knowledge regarding Breast self-examination, while 80.7% were not aware of it. Similarly, need to assess any changes in color, size and shape of Breast only 24.4% had knowledge and 75.6% had no knowledge about it. The knowledge of breast self-examination was also very low among the participants and only 19.3% had knowledge about it. **Conclusions:** knowledge, attitudes, and practices towards breast self-examination are poor among the women of child bearing age in the rural area of Lahore.

**Keywords:** Attitude, breast self examination, Knowledge, Practices, women.

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## INTRODUCTION

Breast self-examination (BSE) is done in routine by females to find any abnormal growth or changes that are alarming and need medical consultation to treat.<sup>1</sup> It is seen that more than 10% to 20% breast cancer is detected by breast self-examination. It is important for females to do BSE regularly to prevent breast cancer.<sup>2</sup> Breast cancer is the most common cancer in women in the developed and the developing countries. The new cases of breast cancer are seen due to lack of awareness about BSE, increase modern lifestyle and late marriages and due to low parity rate.<sup>3</sup> Majority of breast cancers develop in low- and middle-income countries where breast cancer is diagnosed in very late stages.<sup>4</sup> Therefore, early detection of symptoms is very important to overcome this problem. Moreover, Breast cancer appears to be a disease of both the developing and developed worlds.<sup>5</sup> It is the most common type of cancer in women. It is important for women to encourage to do breast self-examination from the age of 18 years. However, the women feel shy and frightened and don't do BSE. Three most common screening methods for breast cancer include; breast self-examination (BSE), clinical breast examination (CBE) and mammography.<sup>6</sup> The most effective

method is breast self-examination being free of cost and easier for early detection of breast cancer.<sup>7</sup> Breast self-examination is done by females every month, between the 7<sup>th</sup> and 10<sup>th</sup> day of the menstrual cycle, to find any abnormalities in order to get early treatment. The level of knowledge, attitudes and practices of females regarding breast self-examination is very important factors being an effective in any disease control program.<sup>8</sup> This study was carried out to assess the knowledge, attitude & practices of breast self-examination of women residing in the rural area of Lahore. The findings of this study can provide basic and useful information for policy formulation and strategic interventions on breast cancer among women of child bearing age.

### Research question

What is the level of knowledge of women towards breast self-examination living in a rural area of Lahore?

What is the attitude among women towards breast self-examination living in a rural area of Lahore?

What are the practices among women towards breast self-examination living in a rural area of Lahore?

**Literature search:** The greater part (64%) of participants had great information about breast cancer. Minimal above a large

portion of that (66.2%) knew that breast self - examination is a type of screening methods and (67%) knew that mammogram is powerful in recognizing lumps early while (68.8%) of the respondents didn't know that clinical breast examination is screening strategy for breast cancer.<sup>9</sup> Patients who get early diagnoses can be treated at early stages. Breast self-examination makes women more confident to detect any abnormality in their breast to promote health.<sup>10</sup>

Results demonstrate that the larger part of candidates as indicated by their own particular saying have an entire learning in regards to abnormal growth as the accompanying rate: About manifestations of breast cancer malignancy (71.57%), about its hazard factor (77.15%), about BSE doing (87.64%), in a way that the quantity of 79.8% had a worthy decent information in such manner. As indicated by the consequences of this examination, there is no critical connection between the attentions to medicinal.<sup>11</sup> It was observed that 177 (69.1%) of females have heard about the BSE. According to data in Pakistan most common cause of breast cancer is hereditary, less parity and lack of breast feeding pattern among mothers.

## METHODOLOGY

### Setting:

Study conducted in a rural area of Lahore, Pakistan.

### Research design:

Cross sectional / descriptive study.

### Sampling:

Data was collected through convenient sample of 135 women residing in rural area of Lahore. A well-structured questionnaire consisting of questions related to knowledge, attitude and practices of women towards breast self-examination. Each woman was asked about demographic information i.e. age, gender & level of education. Ten questions were related to the knowledge regarding breast self-examination as an instrument for BSE, importance, and frequencies of knowledge of women, five questions about practice of breast self-examination whereas ten questions about attitude of breast self-examination were included about women perceptions towards importance of breast self-examination.

### Analysis of data

Data was entered and analyzed by using the SPSS version 21.0. Frequencies, proportion tables, charts, graphs and tables were used to describe the knowledge, perceptions and practice of women towards breast self-examination. Chi-square test was used to test the association between knowledge, attitude and practice.

### Ethical consideration

Written permission was taken from the Ethical review committee of Lahore School of Nursing, University of Lahore. Consent was also taken from the residents of rural area to conduct research study.

## RESULTS

**Table 1: Demographic data**

Age	Group	Frequency	percent
15-25		49	36.3
26-35		43	31.9
< 35		43	31.9
Gender	Female	135	100
Marital status	Married	48	35.6
	Unmarried	87	64.4
Education	Uneducated	77	57
	Primary	58	43

**Table 2 knowledge on Breast self-examination**

	Statement	Yes	No
		F (%)	F (%)
1	Have you ever Heard/Read any program on Breast Self-Examination?	26(19.3)	109 (80.7)
2	Do you know of women who have or have had Breast Cancer?	39(28.9)	96 (71.1)
3	Do you know about breast examination yourself to detect problems early?	33(24.4)	102 (75.6)
4	Do you know doctors can test for Breast Cancer?	48(35.6)	87 (64.4)
5	BSE Should be done every 2 Months	46(34.1)	89 (65.9)
6	BSE must be done between day 7 until day 10 after menstrual cycle	27(20)	108 (80)
7	BSE should be done in front of a mirror	54(40)	81(60)
8	Undress until the waist when doing the BSE	41(30.4)	94 (69.6)
9	Hands should be raised up ultimately above the head when doing BSE in front of the mirror	33(24.4)	102 (75.6)
10	BSE include arm pit examination to check for any lumps	48(35.6)	87 (64.4)

**Table 3 attitude on Breast self-examination**

	Statement	Disagreed	Neutral	Agree
		F (%)	F (%)	F (%)
1	BSE Doing makes me feel so funny	98(72.6)	18(13.3)	19(14.1)
2	BSE will be embarrassing to me	100(74.1)	22(16.3)	13(9.8)
3	Doing BSE is wasting of time	97(71.9)	25(18.5)	13(9.5)
4	Doing BSE makes me feel unpleasant	66(48.9)	54(40)	15(11)
5	Feel uncomfortable, can't do BSE once in month	26(19.3)	84(82.2)	25(18.4)
6	All women should do BSE	31(23)	83(61.5)	21(15.3)
7	I really care about my Breasts	21(15.6)	90(66.7)	24(17.8)
8	I am not afraid to think about the breast cancer	25(18.5)	79(58.5)	31(23)
9	I am interested in doing BSE	25(18.5)	67(49.9)	43(31.9)
10	I discuss with my friends about BSE	23(17)	64(47.1)	58(45.6)

**Table 4 practice towards Breast self-examination**

	Statements	Never	someti mes	Always
		F (%)	F (%)	F (%)
1	I do BSE once a Month	68(50.4)	54(40)	13(9.6)
2	I avoid Learning the correct method of BSE	75(55.6)	54(40)	6(4.4)
3	Parents advise to do BSE	81(60)	54(40)	00(00)
4	I discuss the importance of BSE with friends	81(60)	54(40)	00(00)
5	I advise friends to do BSE	81(60)	54(40)	00(00)

**DISCUSSION**

The rate of breast cancer is increasing in developing countries like Pakistan and lack of breast screening is becoming an important issue to solve<sup>12</sup>. This study includes females of rural community (aged 15–45 years) as it can motivate females to do BSE and prevent disease. As a member of community, females also motivate other females of their community to do BSE. Overall population has very poor knowledge about BSE. This study shows that 16.3% females inspected their breast seldom or never. This poor learning indicates that sufficient training is basic to encourage early detection of abnormalities. The practice of BSE in this group of females had also very low (mean score, 9.65% ± 50.4%). Only 9.6% of females had a good BSE practice likewise, in a study conducted by Haji-Mahmoodi et al<sup>13</sup> whereas it was determined by Doshi et al<sup>14</sup> that majority (63–72%) health-care practitioners did not practice Breast Self-Examination. This finding also brings to light that if awareness and health education programs are conducted, it might result in negative behaviors changing to positive healthy practices.

**CONCLUSION**

The information of females towards BSE was very low. The study also focuses on informational programs to increase women awareness regarding breast cancer. In this present population, most of the females have no knowledge about the importance of breast self-examination. There is a strong need to courage women to do BSE. Females knowledge can be enhance by multimedia, and by arranging awareness programs on breast self-examination can promote health and increase chances to detect cancer at early stages.

**RECOMMENDATIONS**


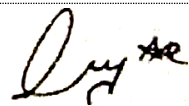
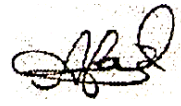
The recommendations for the future are the following;

- 1) Similar studies could be done in rural areas of Lahore by increasing the period of time for the excellent research.
- 2) A seminar or teaching session should be conducted on awareness among women about breast self-examination.

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## AUTHORSHIP AND CONTRIBUTION DECLARATION

AUTHORS	Contribution to The Paper	Signatures
<b>Tasawar Batool</b> Post RN, BSN Student Lahore School of Nursing, University of Lahore, Lahore	Collection / Compiling & Analysis of Data, Typing the manuscript, Preparation of results	
<b>Hajra Sarwar</b> Lahore School of Nursing University of Lahore, Lahore	Tabulation of Results, Proof reading and guidance for research	
<b>Muhammad Afzal</b> Associate Professor Lahore School of Nursing University of Lahore, Lahore	Supervision of study, guided in data collection and helped in research process	
<b>Prof. Dr. Syed Amir Gilani</b> Dean Faculty of Allied Health Sciences, Lahore School of Nursing University of Lahore. Pakistan	Provided help, support and guidance in finalization of study	