

Knowledge, Attitude and Practice of Self Breast Examination among Women in Reproductive Age in Alnao Teaching Hospital in April 2019

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Abstract: Breast cancer is a treatable disease if early discovered. But the discovery of it depends on the high alert of the community toward the killer disease. On one hand there is a great effort done by the health workers around the world. But on the other hand the number of deaths from breast cancer increases. Middle aged women are the more at risk than older and younger generations .we tried to focus on the awareness of the disease in one of the African countries in which the number of patients is rapidly increasing.

Keywords: Self Breast Examination, Middle aged women.

1. INTRODUCTION & OBJECTIVES

Background Information

Breast cancer is the cancer that starts in the tissue of the breast. It is the most common malignancy causing deaths and cancer related morbidity in women. It is a disease affecting both the developed and the developing nations. Carcinoma of the breast is an important public health problem with its associated high morbidity and mortality¹. Current reports indicates that cancer of the breast is the commonest malignancy in females affecting more than a million females annually² with an increasing incidence as the women presumably adopt a western life style³. The black woman, believed to be at higher risk than her white counterpart, seems to develop her lesion at an earlier age⁴ and presents with a bigger mass and late for treatment^(5, 6).

Numerous risk factors are associated with breast cancer. One major risk factor is increasing age, a personal and a family history of breast cancer, some specific genetic mutations, hyperplasia that have been confirmed on biopsy, an early menarche, late menopause, use of iatrogenic hormones (both oral contraceptives and postmenopausal hormone therapy have been implicated), null parity or 'having the first child after the age of 30, certain ethnic features and radiation.

BSE is an option for women starting in their 20s. To participate in population-based screening programs women should have knowledge and positive attitude towards these practices, thus it is important to educate the public about importance of early detection of breast cancer by screening. The goal of formulating recommendations for early detection of breast cancer in developing countries, the 2002 Global Summit Consensus Conference on International Breast Health Care focused on several key issues, including educating and empowering women to adhere to guidelines for breast screening although awareness about breast cancer has long been advocated across the world.

Associated morbidity and mortality. Therefore, early detection in order to improve breast cancer outcome and survival remains the cornerstone of breast cancer control⁽⁷⁾

Problem statement

Breast cancer in women is a major health burden both in developed and developing countries. It is the second leading cause of death in women worldwide as well as in Sudan it ranged from 5.1% to 6% in hospital in 2011⁸ and it is the commonest cancer in Sudanese women; it forms 29 – 34.5 % of all cancers among females and it occurs at a younger age compared to western women; about 40% of the patients are below the age of 45 years, mean age of 50 years⁹ It is estimated that more than 1.6 million new cases of breast cancer occurred among women worldwide in 2010¹⁰. The survival rates in 2008 vary greatly worldwide, ranging from 80% or over in North America, Sweden and Japan, to around 60% in middle-income countries and below 40% in low-income countries. The low survival rates in less developed countries can be explained mainly by the lack of early detection programs, resulting in a high proportion of women presenting with late-stage disease, as well as by the lack of adequate diagnosis and treatment facilities^(10,7).

SBE is very important and may be the only easy method for identifying and for early diagnosis of breast cancer at early stages in low and middle income countries in sub-Saharan Africa.

Justification

BSE does not only play a pivotal role in reducing breast cancer related morbidity and mortality but is also helpful in the regard that it is cost-free, simple, noninvasive intervention carried out by women themselves.

Early diagnosis has a positive effect on the prognosis as well as limits the development of complications and disability and significantly improves the survival rates and quality of life and women should know how their breasts normally feel to report any breast changes promptly to their health care providers. BSE not only familiarizes women with the appearance/feel of their breast but also aids in early detection of breast cancer.

It is for this reason that I chose to study women's knowledge, attitude and practice of SBE. Having the knowledge of breast cancer could result in seeking medical attention early before complications develop.

Research Objectives**General Objective**

- To study the knowledge, attitude and practice of Self Breast Examination among women in reproductive age in Alnao Teaching Hospital in April 2019

Specific Objectives

- To assess knowledge of self-breast examination among women in reproductive age.
- To assess attitude of self-breast examination among women in reproductive age .
- To determine the practice of self-breast examination among women in reproductive age

2. LITERATURE REVIEW**Introduction**

The breast lies in the superficial fascia of the chest wall. It is present in both sexes .The female breast enlarges at puberty and remains so for the rest of life. It reaches its maximum size during pregnancy and lactation. The size varies among females, but its basic an medially medially atomic features are the same it extends from the second to sixth rib, in the midclavr line, and the from the sternum medially to the mid axillary line laterally .An axillary extension, axillary or lateral is process sometimes present and this reaches as high as the third rib in the axilla.⁽¹¹⁾

Breast cancer: Breast cancer is the most common invasive cancer in women, and the second main cause of cancer death in women⁽¹²⁾

Breast cancer can be: Ductal carcinoma: this begins in the milk duct and is the most common type. Lobular carcinoma: this starts in the lobules. When breast cancer is detected early, and is in the localized stage, the 5-year relative survival rate is 100%. Early detection includes doing monthly breast self-exams, and scheduling regular clinical breast exams and mammograms.⁽¹³⁾ It is important that you understand three necessary components of a comprehensive breast-screening program, which include: Breast self-examination, Regular clinical breast exams, Mammograms

Knowledge of your body is key to good health. If you don't know what you normally feel like, you won't be able to recognize signs of illness or infection. Breast self-exams help us to feel more comfortable with our bodies and give us a baseline of how we look and feel when we're healthy. (14) Self-exams also allow us to take action in protecting ourselves from cancer, since with regular self-exams we are more knowledgeable about our bodies than health practitioners who examine us once a year. Many women do not perform BSE for fear of finding something. But even if you find something, 8 out of 10 times, it is nothing to be alarmed about. Since breast cancers found early and treated promptly are almost always cured, learning how to examine your breasts properly can help save your life. However, BSE should be done in conjunction with annual exams by a physician and periodic mammograms. (14) Every woman at age 20 should start conducting breast self-exams. BSEs should be performed once a month after your menstrual period, when breasts aren't tender or swollen. If you're not always regular, do it on the same day every month. If this is your first BSE, ask your health practitioner for detailed instructions and so that you can be sure that what you feel is normal and healthy. Don't get upset if you feel some lumps or hardness; that's natural. It is also normal if your breasts are not exactly the same size. (14)

How a breast self-exam should be performed:

1) In the shower:

Using the pads of your fingers, move around your entire breast in a circular pattern moving from the outside to the central. Checking the entire breast and armpit area. Check both breasts each month feeling for any lump, thickening, or hardened knot. Notice any changes and get lumps evaluated by your healthcare provider. (15)

2) In Front of a Mirror:

Visually inspect your breasts with your arms at your sides. Next, raise your arms high overhead. Look for any changes in the contour, any swelling, or dimpling of the skin, or changes in the nipples. Next, rest your palms on your hips and press firmly to flex your chest muscles. Left and right breasts will not exactly match – few women's breasts do, so look for any dimpling, puckering, or changes, particularly on one side. (16)

3) Lying Down

When lying down, the breast tissue spreads out evenly along the chest wall. Place a pillow under your right shoulder and your right arm behind your head. Using your left hand, move the pads of your fingers around your right breast gently in small circular motions covering the entire breast area and armpit.

Use light, medium, and firm pressure. Squeeze the nipple; check for discharge and lumps. Repeat these steps for your left breast.

Can I rely on breast self-exams alone to be sure I am breast cancer free?

Mammography can detect tumors before they can be felt, so screening is key for early detection. But when combined with regular medical care and appropriate guideline-recommended mammography, breast self-exams can help women know what is normal for them, so they can report any changes to their healthcare provider. (16)

Have you noticed changes in your breasts recently?

Many breast cancer symptoms are invisible and not noticeable without a professional screening, but some symptoms can be caught early just by being proactive about your breast health. Keep your breast health in check with the know the Symptoms guide today.

Risk of breast self-examination there is no medical risk involved in breast self-examination. finding a lump in your breast can be alarming. But a majority of breast lumps aren't cancerous. They are typically caused by other, benign conditions. (17)

There are five steps to more effective exam:

Step 1: Start by looking for differences between your breasts

Good breast self-exams should be concerned with both the look and feel of breasts. The look element should be performed while either standing or sitting in front of a mirror, with your clothes removed. Examine both breasts and look for: **Visible**

lumps: Any unusual differences between the two breasts Dimpling or indentations in the breast tissue Redness, scan lines, or other changes to the skin or nipples that appear abnormal Changes to your nipples, for example a nipple that is newly inverted or pulling in. ⁽¹⁸⁾

Step 2: Put your hands on your hips, pull your elbows forward:

Look for the same changes in the breasts from Step 1 - such as redness, lumps and indentations - this time with your hands resting on your hips while squeezing your elbows forward since this might bring out lumps that might not appear otherwise. Keep your hands on your hips and slowly swivel from side to side to catch possible abnormalities from more angles .

Next, lift your arms above your head to see if there's any puckering or dimpling of the skin when you elevate them. "When you raise your arms, the mass, if there is one, stays there and the skin pulls in," says Kruper. ⁽¹⁹⁾

Step 3: Use 3 fingers when examining your breasts:

The feel part of the breast self-exam should be done while lying down, with a pillow propping up your head and your arm resting behind it. With the opposite hand, take the first three fingers - index, middle and ring fingers - and use them to press down around the breast and surrounding area using circular motions. Using three fingers, rather than just one, keeps you from mistaking normal breast tissue for lumps. Increase the pressure you use with each pass around the breasts to ensure you are not just feeling superficial tissue. ⁽²⁰⁾

Step 4: Examine the areas surrounding the breast:

After examining your breasts, it is important to perform a check of the areas around them. Continue to use circular motions and increasing pressure as you move from the collarbone to the sternum and down below the breast. From the lower part of the breast, travel up to the area under your arm to look for any swelling in the lymph nodes. "What you're looking for is something that stands out - something that feels like a pea, or a marble or a walnut," says Kruper. "Something that definitely feels different than the surrounding breast tissue." ⁽²⁰⁾

Step 5: Perform the test at the same time each month

Be sure to do the breast self-examination the same time every month. If you are still menstruating, Kruper recommends you do the exam about seven to 10 days after your menstrual cycle, since at that time there will likely be fewer cycle-related changes in the breast tissue. Women who are postmenopausal can do the exam at any time of the month, as long as it is around the same time each month. ⁽²⁰⁾

Previous Studies:

A study (Karayurt o, ozmen-2008) was conducted in (Turkey) aimed at the study was to investigate knowledge and practice of breast self-examination and to determine knowledge of risk factors for breast cancer among high school students ⁽²¹⁾. The female high school students had insufficient knowledge about breast self-examination and a low percentage of students reported that they had performed breast self examination monthly.

The most common reason for not doing breast self- examination was "not knowing how to perform breast self-examination" (98.5%). Most of the students had little knowledge of the risk factors for breast cancer. The most widely known risk factor by the students was personal history of breast cancer (68.7%). There was a significant relation between breast self-examination practice and age, school grade, knowledge about breast cancer and knowledge about breast self-examination. There is a need to increase knowledge of adolescent females about the risks of breast cancer and benefits of early detection. In fact, health care professionals can develop effective breast health care programs and help young women to acquire good health habits.

A study (Godfrey K, Agatha-2016) was conducted in (Kampala) aimed at the study we aimed to design an education intervention tailored to address any knowledge and practice gaps identified. ⁽²²⁾ Our study revealed a high awareness of breast cancer (98.0%) and BSE practices (76.5%) among female students. Over half the students (61.3%) had an intermediate level of knowledge about risk factors related to breast cancer and the signs and symptoms of the disease. Skills related to BSE practices were found to be low (43.6%). The majority (56.9%) of students received information

about breast cancer via mass media. Pre- post-education intervention studies need to be conducted to evaluate the intervention outcomes related to breast cancer knowledge and BSE practices among female students in Uganda. ⁽²²⁾.

A study (Isara AR, Ojedokun-2011) was conducted in (Nigeria) aimed at the study was aimed at assessing the knowledge of breast cancer and practice of breast self examination (BSE) among female senior secondary school students in the municipal council area of Abuja, Nigeria ⁽²³⁾.

Two hundred and eighty-seven students participated in the study. Their mean age was 16.5 +/- 1.4 years. A greater proportion of respondents 163 (56.8%) had poor knowledge of breast cancer while 217 (75.6%) had poor knowledge of BSE. Only 114 (39.7%) of the respondents knew that being a female was a risk factor for breast cancer and the least known risk factors were obesity and aging. The major source of information for breast cancer and BSE among the respondents was the mass media. Only 29 (10.1%) of respondents had practiced BSE. Knowledge of BSE was significantly associated with BSE practice. ⁽²³⁾.

This study revealed that female secondary school students have poor knowledge of breast cancer. A good proportion of them knew that BSE could be used as a screening method for breast cancer but only few had practiced BSE. There is need for adequate health education on breast cancer and BSE among adolescent females in Nigeria.

A study (Umbreen G, Jabeen -2017) was conducted in (Nigeria) aimed at the study was to determine the level of knowledge and practice of BSE among female secondary school teachers in the study area. Method: This descriptive cross sectional study to examine the knowledge, attitude and practice of BSE among secondary school female teachers in Ilorin was carried out between June and September 2004 using a structured questionnaire designed by the researchers. Results: It was found out that most (95.6%) respondents were aware of BSE. The electronic media were the major sources of information while the health workers were the least. The attitude of teachers to health information on BSE was positive, with a fairly high degree of acceptability of the idea. Despite the positive attitude to BSE, its practice was low (54.8%). Conclusion: Awareness of BSE was high but the practice was low. It is recommended that public awareness on the importance of BSE be intensified using the mass media and that health workers should promote BSE during their contacts with female patients / clients. ⁽²⁴⁾

3. METHODOLOGY

Study Design

- Descriptive cross-sectional community based study was done from April 2019 at Alnao Teaching hospital

Study Area:

- Alnao Hospital is located in the Elthaora 8th Area Of Carary province in Umdorman district of Khartoum State. The study will be among women who come to seek medical advice ,patients and visitors to the outpatient and referred clinics to Alnao hospital .the area coversd will be most of karary and parts of Umdorman area as well as those coming from other parts of Sudan .

Study Population

- A women in reproductive age(20_45) who come to Alnao hospital in the April 2019.

The Inclusion Criteria

- Women in Reproductive age who are come to hospital in April.
- Sudanese Women only.

The Exclusion Criteria:

- Non Sudanese Women.

The Sample Size

- From previous surveys conducted from April 2012 to April 2013 at Square 15, Omdurman city the prevalence rate found regarding the knowledge and the practice of breast self-examination in this study was only (18.4%) participants know and practiced BSE before.

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- The sample size is calculated using the formula:
- $N = z^2 Pq / d^2$
- n= sample size.
- z= the normal standard deviate (z=1.96).
- p= the frequency of occurrence of the practice of breast self-examination from previous surveys (18.4%) is 0.184
- q= 1-p (the frequency of non-occurrence of an event)? (1-0.184)=0.816
- d= degree of precision (0.04%)
- $n = 1.96 \times 1.96 \times 0.184 \times 0.816 / 0.04 \times 0.04 = 360$
- Due to limited source of financial 100 sample were done

Sampling technique

- A list of all Women in reproductive age who are come to hospital (Considering the exclusion and inclusion criteria) was made and then convenience sampling method was applied.

Data collection:

- The data was collected by standardized self-administered questionnaire involved 100 women and five women of my neighbors were involved for the pretesting of the validity and reliability of the questionnaire.
- The questionnaire was comprised 15 items.

Variables

Dependent

- Knowledge toward breast self-examination.
- Attitude toward breast self-examination

 1. Practice toward breast self-examination
 2. Types of methods use.
 3. Sources of knowledge.

4. Independent variables

1. Age
2. Level of Education.
3. Marital status.

Data Analysis

- Microsoft excel program 2010 and (SPSS, version 20) was used for data processing and statistical analysis. The distribution of women knowledge,
- attitude and practice by independent variables was tested using the Chi-square test.

Ethical Concern

- Ethical approval will be obtained from the department of Community Medicine al-yarmouk college and the privacy of the information that will be obtained will be guaranteed. No names will be used in the study so confidentiality will be secured. In addition a written permission will be obtained from Public Committee of Nile East Hospital. Verbal and written consents will be obtained from women who will be selected to fill out the questionnaire.

– Budget:

- Total (2000) SD

4. RESULTS

A: Personal information

Table (1): show distribution of sample according to Age:

	Frequency	Percent
(18-25) years	49	38.8
(26-35) years	53	42
(36-50) years	24	19.0
Total	126	100%

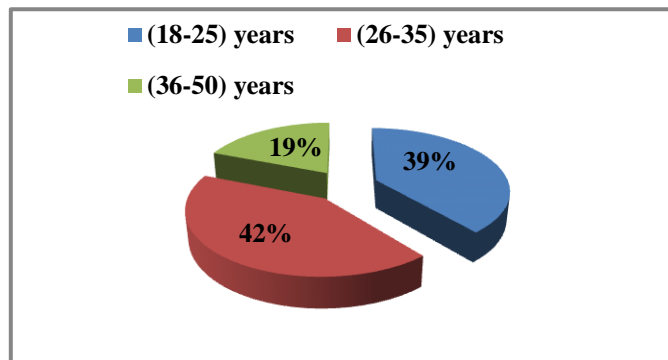


Figure (1):

Table (1) shows the distribution of the sample according Age .we found respondents (18-25) years 39% , (26-35) years 42% and (36-50) 19% of the total sample.

Table (2): show distribution of sample according to Social:-

	Frequency	Percent
Unmarried	60	47.6
Married	60	47.6
Divorced	6	4.7
Total	126	100%

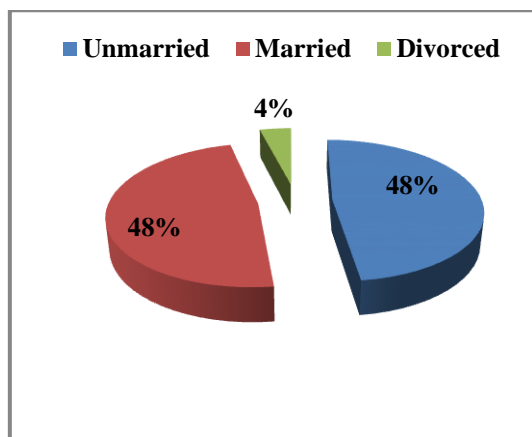


Figure (2):

Table (2) shows the distribution of the sample according to in **Social situation** we found respondents (Unmarried) (60) 48%, married (60) 48%and divorced (6) 4% of the total sample

Table (3): show Distribution of sample according to Profession:

	Frequency	Percent
Housewife	21	17%
Employee	61	48%
student	31	25%
I do not work	13	10%
Total	126	100%

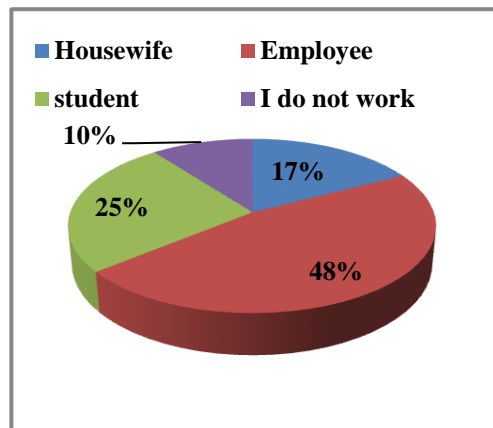


Figure (3):

Table (3) shows the distribution of the sample according to in **Profession** (21) 17% housewife, (61) 48% Employee, (31) 25% student and, (13) 10% don't work according to the total sample total sample.

B: Assess knowledge:

Table (4): Show distribution of sample according to Did you hear about breast self-examination:

	Frequency	Percent
Yes	109	%84
No	17	%16
Total	126	100%

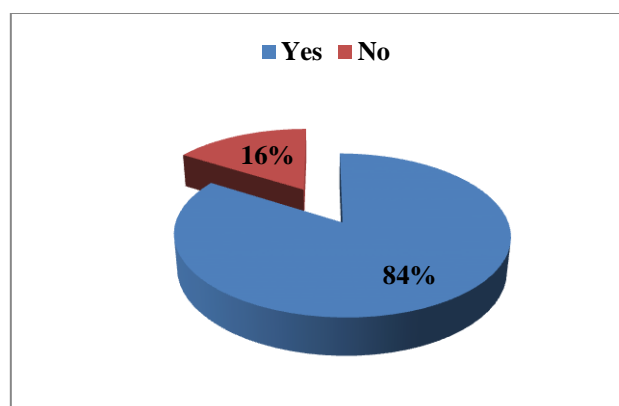


Figure (4):

Table (4) shows the distribution of the sample according to in **hear about breast self-examination** we found respondents (yes) 84% of the total sample and 16% (No)

Table (5): Show distribution of sample according to If your answer is no, why you do not know?

	Frequency	Percent
Ignorance of its importance	6	35.2
Lack of adequate	7	41.1
Shame	4	23.5
Total	17	100%

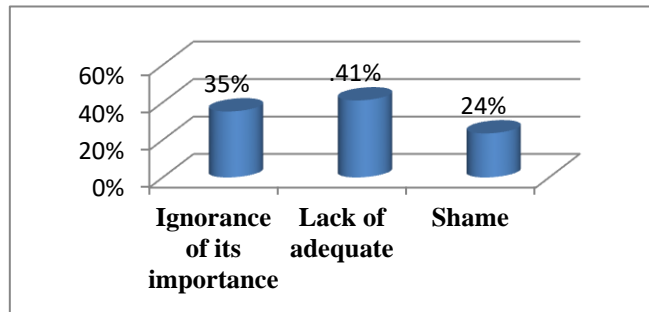


Figure (5):

Table (5) shows the distribution of the sample according to in answer is no, why do not you know we found respondents (Shame) 24% ,lack of adequate knowledge and ignorance of importance 35% of the total sample.

C: Performance evaluation:

Table (6): Show distribution of sample according to Do you know the right way to self-check your breast?

	Frequency	Percent
Yes	68	54%
No	58	46%
Total	126	100%

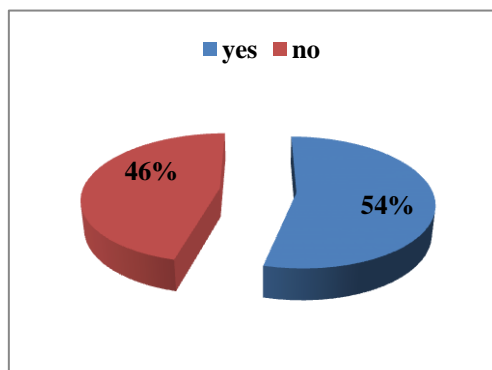


Figure (6):

Table (6) shows the distribution of the sample according to in know the right way to self-check your breast we found respondents (Yes) 54% and 46% said (NO) of the total sample

Table (7): show distribution of sample according to: Are you aware of the signs that should be taken care of when doing breast self examination:

	Frequency	Percent
Yes	62	49%
No	64	51%
Total	126	100%

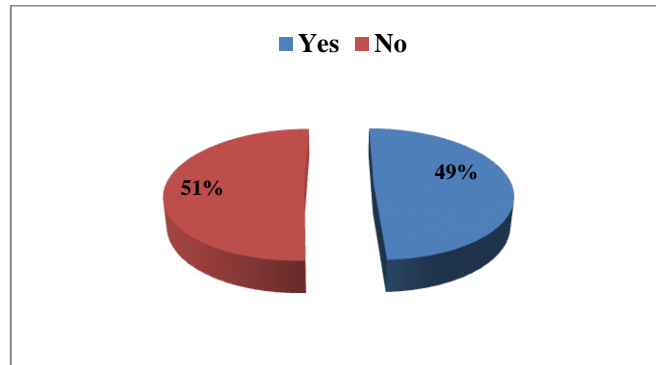


Figure (7):

Table (7) shows the distribution of the sample according to in **Are you aware of the signs that should be taken care of when doing breast self examination** we found respondents (Yes)49% and (NO)51% of the total sample.

Table (8): show distribution of sample according to **If yes, when did you learn the self-examination method?**

	Frequency	Percent
Before entering university	22	34%
during your university studies	34	52%
After your university studies	3	5%
I do not remember	6	9%
Total	65	100%

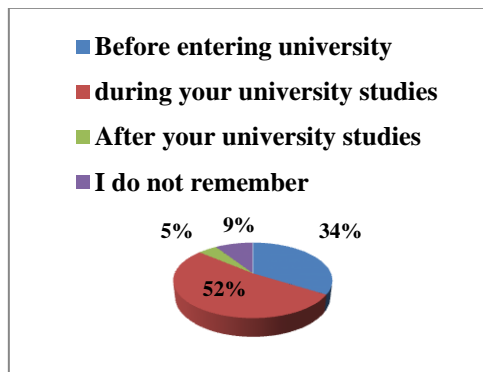


Figure (8):

Table (8) shows the distribution of the sample according to in **when did you learn the self-examination method** we found respondents (during your university studies) 52%, before entering university 34%, After university study 9% and don't remember 5% of the total sample.

Table (9): Show distribution of sample according to **If your answer is no, why do you not do it?**

	Frequency	Percent
Ignorance of its importance	30	49%
Fear	5	10%
Shame	5	10%
Do not see the need to do	8	15%
Another reason	13	25%
Total	61	100%

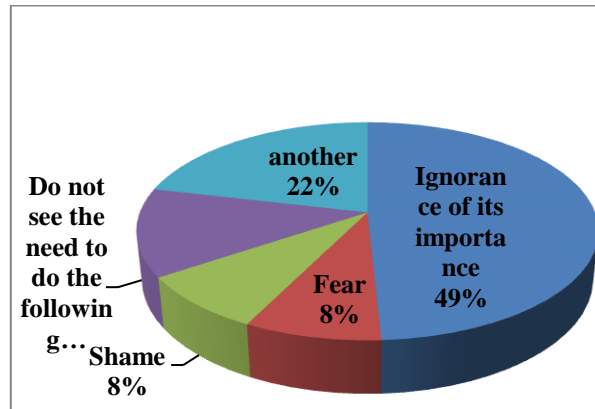


Figure (9)

Table (9) shows the distribution of the sample according to in **why do not you do it** we found respondents (Do not see the need to do the following) 15% of the total sample.

Table (10): Show distribution of sample according to The most appropriate time to do a self-examination of the breast is drowning:

	Frequency	Percent
After the end of menstruation	25	19.8
in the period of menstruation	5	3.9
after days of menstruation	13	10.3
After more than a week	9	7.1
I do not know	73	57.9
Total	126	100%

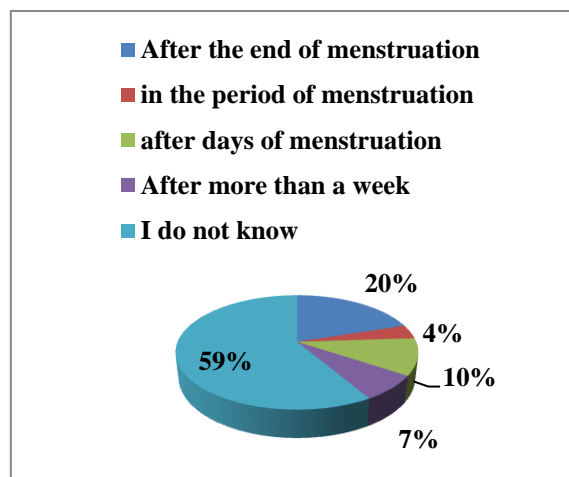


Figure (10)

Table (10) shows the distribution of the sample according to in **The most appropriate time to do a self-examination of the breast is drowning** we found respondents (after days of menstruation) 10% of the total sample.

Table (11): show distribution of sample according to How do you prefer your self-examination?

	Frequency	Percent
How to stand in front of a mirror	73	57.9
Method of examination on the bed	14	11.1
all of them	13	10.3
Other	22	17.4
Total	126	100%

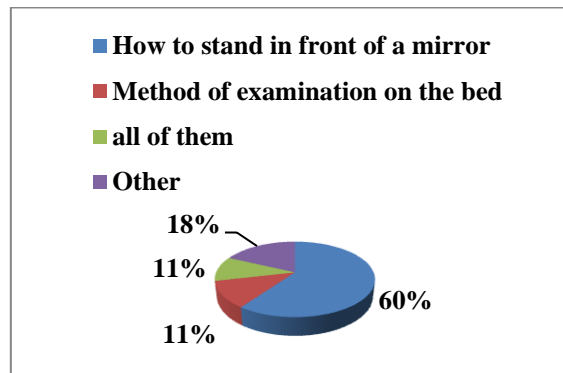


Figure (11):

Table (11) shows the distribution of the sample according to in **How do you prefer your self-examination** we found respondents (Method of examination on the bed) 11% and (Method of examination in front of the mirror) 60% and (all of them) 11% of the total sample.

Table (12): Show distribution of sample according to Do you perform a breast self examination on a regular basis:

		Frequency	Percent
	Yes	29	24%
	No	97	76%
	Total	126	100%

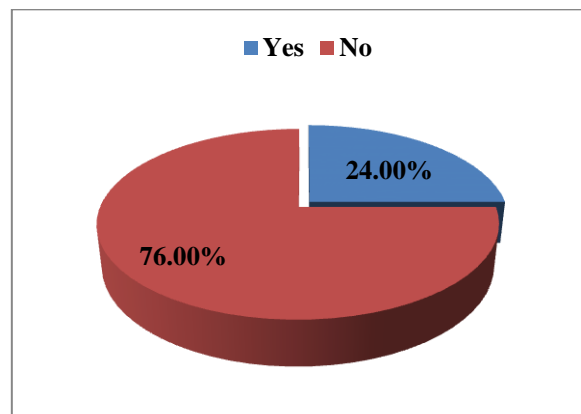


Figure (12):

Table (12) shows the distribution of the sample according to in **Do you perform a breast self examination on a regular basis** we found respondents (Yes) 24% and (No) 76% of the total sample

Table (13): show distribution of sample according to Do women have to do a self examination of their breast

	Frequency	Percent
I agree	123	97.6
I disagree	2	1.6
I strongly reject	1	0.8
Total	126	100%

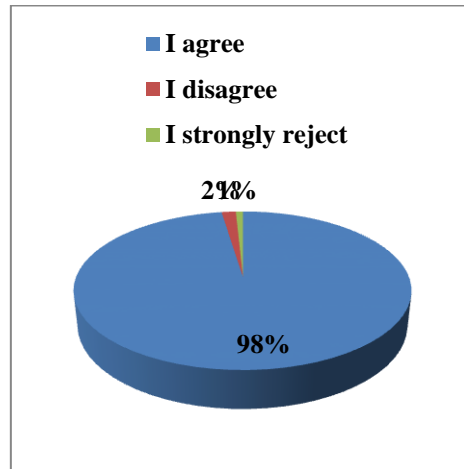


Figure (13):

Table (13) shows the distribution of the sample according to in **women have to do a self examination of their breasts** we found respondents ((1-2) years) 45% of the total sample.

D: Conduct assessment:

Table (14): show distribution of sample according to Do you support the idea of self-examination of the breast?

	Frequency	Percent
(1-3) Month	55	45.5
(4-6) months	22	18.8
(7-12) Month	0	0
(1-2) years	0	0
I do not know	44	34.9
Total	121	100%

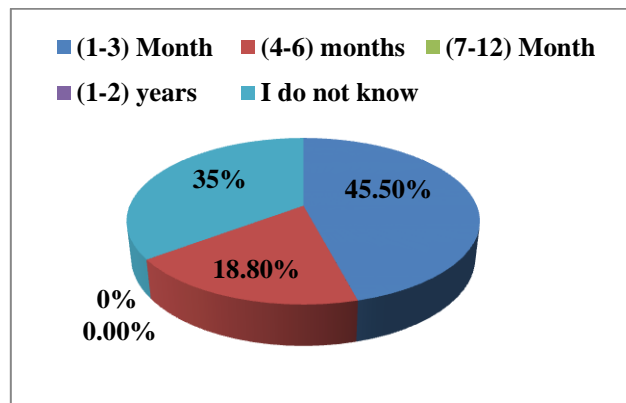


Figure (14):

Table (14) shows the distribution of the sample according to in **Do you support the idea of self-examination of the breast** we found respondents (I agree) 98% of the total sample

Table (15): show distribution of sample according to Do you think that raising the awareness of the importance of breast self-examination in the detection of breast cancer may contribute to limiting its spread

	Frequency	Percent
Yes	123	97.6
No	3	2.4
Total	126	100%

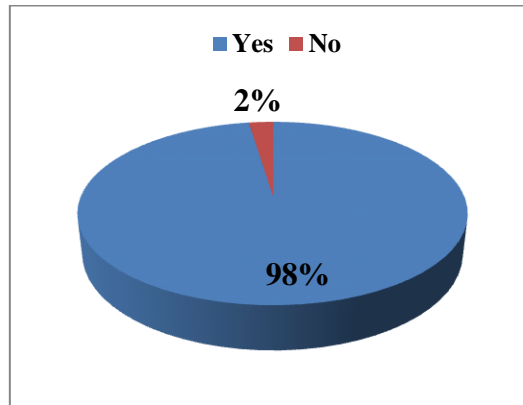


Figure (15):

Table (15) shows the distribution of the sample according to in you think that raising the awareness of the importance of breast self-examination in the detection of breast cancer may contribute to limiting its spread 98% (yes) of the total sample

Table (16): show distribution of sample according to How dose taken:

Characteristics of breast		Recall		Do not call	
		Frequency	Percent	Frequency	Percent
	If there are fixed tumors that do not move or move during the touch	125	99.2	1	0.8
	If there are differences in appearance between the breasts	106	84.1	20	15.8
	Change the color of breast skin with a swelling	120	95.2	6	4.7
	Scars appear on the surface of the skin	115	91.3	11	8.7
	When there is pain in the breast	105	83.3	21	16.7
	When you see a strange fluid coming out of the nipple during the examination	122	96.8	4	3.17
	If the size of the breast changes during the menstrual cycle	42	33.3	84	66.7
	Total	735	%83.3	147	%16.7

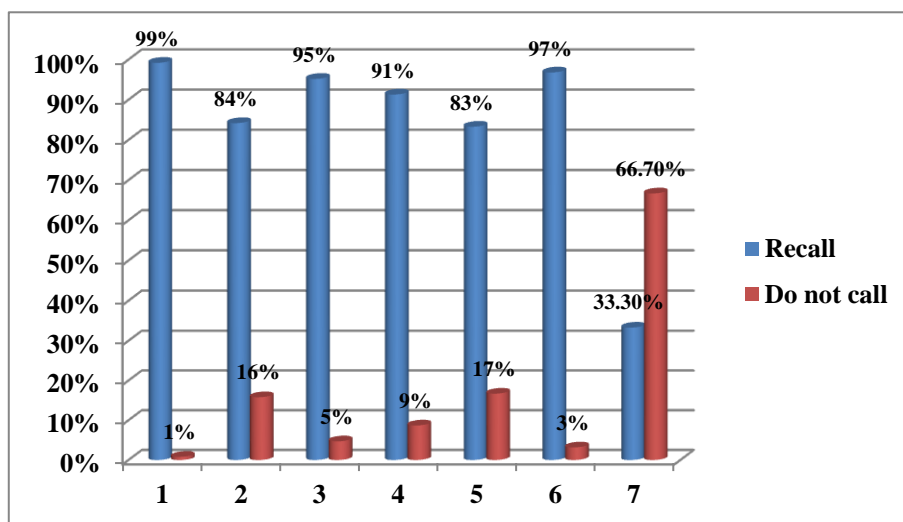


Figure (16):

5. DISCUSSION

This study is a descriptive cross-sectional study conducted at Alnao Teaching Hospital. The aim of this study is to evaluate the knowledge, knowledge and practices of female Sudanese women with respect to breast self-examination in April 2019. The sample size was 126 females.

126 women participated in the study. Mean age (18-50) The results showed that a large proportion of respondents had a 84% knowledge of breast cancer .while 30% had low knowledge of BSE. Compared to the study conducted in Qatar in 2011, most participants (90.7%) were aware of breast cancer. Less than half of BSE awareness (28.9%) (50.4%) of the respondents know that hormonal and radiation therapy is a risk factor for breast cancer.

Compared to the study conducted in Abuja, Nigeria in 2011 (39.7%) of respondents know that being a female was a risk factor for breast cancer.

The main source of information on BSE among respondents is television.

Compared with the study conducted in Abuja, Nigeria in 2011, TV was the main source of information on mad cow disease.

Only 29.6% of respondents reported BSE. While the study was conducted in Abuja, Nigeria in 2011 was (10.1%) of respondents who practiced mad cow disease.

(27%) of the females know that the age of the group is 15-20 where the females start self-examination of the breast compared to the study conducted in Sudan, Nile College 2016, the respondent showed (60%) that the age of the appropriate group 15-25.

(58%) of females don't know the best time for self-examination of the breast.

(46%) had little knowledge of how to do breast self-examination (54%) did not expect breast cancer, which led them to not perform self-examination of the breast.

Compared to the study conducted in the Nile books in Sudan in 2016, 32% of respondents did not know how to do breast self-examination.

6. CONCLUSION

In spite of the huge development of surgical approach to breast cancer ,but still the awareness of early discovery of treatable cases of breast cancer remains beyond the expected values

This study found that Sudanese women have high concern about breast cancer, but have little to do about implementation of methods to aid for its early discovery.

Sudanese females have limit knowledge about the risk factors of breast cancer .That means the lack of national programs which is well funded to do the job. With few females regularly performing breast self-examination every month, but with no knowledge about its impaction on their health and so the health among all the community.

BSE practice was poor in sudan

7. RECOMMENDATIONS

- Establish health education programs about BSE in the social media.
- And to promote awareness about BSE through emergence of groups in the hospital, celebrating days, like breast cancer day
- Self-Examination study should be an obligatory subject for female students at the level of secondary schools.
- Ministry of health in Sudan should have regular programs for BSE at the same levels as vaccination programs.

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And Hope that the results of this research will help a little to relieve their problems and suffering...and to participate in improving medical services in Alnao Teaching Hospital

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