

Knowledge regarding breast self-examination (BSE) among women of childbearing age residing in Lahore

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Abstract: Breast Self-Examination is a method whereby women observe their breasts periodically to detect any abnormal swelling or lumps to acquire timely medical consideration. The purpose for conduction this study was to enable women to know the facts and causes of breast cancer and mastectomy at later stages in order to stimulate the women of the area to seek proper medical attention when needed. A descriptive cross-sectional study was conducted to assess the knowledge regarding breast self-examination. A purposive sampling method was used for participant recruitment. 60 females of childbearing age visiting the basic health unit of a community in Lahore city were interviewed using a close-ended self-administered questionnaire. A total of 60 females were interviewed and it was observed that 32 (54%) had good knowledge about breast self-examination 28 (46%) had poor knowledge. Twenty-five females (41.6%) out of 60 participants had performed breast self-examination at some point in their life already and 35 (58.33%) never experienced the procedure. Thirty-three (55%) participants were fully aware of the role of breast self-examination in early detection of breast cancer while 27 (45%) didn't have any clue about this. The findings of our study showed that the knowledge of participants regarding the role of breast self-examination as a screening method for breast cancer was mixed. There is a dire need for further efforts by legislative institutes and healthcare facilities to implement awareness campaigns in collaboration with media groups to reach the maximum population.

Keywords: Breast, cancer, knowledge, mastectomy, self-examination.

I. INTRODUCTION

Breast Self-Examination is a method whereby women observe their breasts periodically to detect any abnormal swelling or lumps to acquire timely medical consideration (Salem et al., 2020). Breast cancer is the most common type of cancer among females, predominantly in developing countries (Asmare, Birhanu & Wako, 2022). It is an endocrinological disorder with a male-to-female ratio of 1:150. Although, African Americans and low-income countries witness a low incidence of breast cancer but the fatality rate of breast cancer is noticeable due to delayed diagnosis of the disability (Julie & Sanjay, 2020). In 2008, approximately 1.38 million cases of breast cancer occurred and almost half of those patients died with breast cancer in low to middle-income countries (Akram et al., 2017). Although it's a global problem, its morbidity, mortality, and survival rates vary considerably across different regions of the world, due to numerous factors like mass and structure of the population, lifestyle, genetic predisposition, and atmosphere (Momenimovahed, 2019).

Breast cancer starts as a mass of lump and usually metastasizes to other organs of the body like bone, liver, lung and brain, which increase its mortality by many folds. Early identification of the lump often results in a good prognosis and a high survival rate (Sun et al., 2017). Numerous other determinants such as insufficient resources, scarcity of knowledge regarding

breast cancer, its signs & symptoms and strong conventional myths that can serve as a barrier to seek timely medical care. It proves more fatal if grow mature and involve other organs of the body (Abay et al., 2018). The most significant diagnostic process for early identification of breast cancer are mammography and clinical breast examination (CBE); which are usually executed by a doctor or skilled health worker and of course breast self-examination (Birhane et al., 2017). Breast self-examination (BSE) is a method advised for early detection of any lump which can transmit to various organs in the later stages. It is more vital than clinical breast examination and mammography as it is feasible and more practical (Sama et al., 2017).

The study was aimed to:

- To assess the knowledge among women of childbearing age regarding breast self-examination at a community in Lahore city through a structured questionnaire.

II. BODY OF ARTICLE

A descriptive cross-sectional study design was used. Females of the reproductive age group were targeted for data collection. A total of 60 females were interviewed as research subjects in the study through the non-probability purposive sampling method. All women of childbearing age attending the Basic Health Unit were included in the study and those having any mental/physical/hearing disability were excluded. The questionnaire was developed and discussed with two physicians from oncology department of a tertiary care hospital in Lahore city and was modified according to their suggestions/advice for external validation of the questionnaire. Frequencies and percentages were calculated for the study questions. Results were presented in the form of tables and graphs. The correct response for each item was graded 5 marks and referred to as good knowledge. At the end, all correct responses of participants were calculated and graded as follows: ≥ 50 good knowledge, < 50 = poor knowledge.

III. RESULTS

The research instrument comprised of two components; part I constituted the questions related to demographic variables and part II was designed to assess knowledge of women towards breast self-examination. Total of 60 participants were interviewed through the structured questionnaire and the response rate was observed as 100%.

Table 1 shows the socio-demographic characteristics of participants. 30 participants were between 16-25 years and 30 were aged 26-35 years. Twenty-six (43.3%) participants were married and 34 (56.7%) were single. A vast majority of the study subjects i.e. 35 (58.3%) attended school till primary education, 10 (16.7%) till secondary education and 15(25%) were illiterate.

Table 1: Frequency and percentage of demographics data

	Variables	Frequency	Percent
Age	16-25 years	30	50%
	26-35 years	30	50%
Marital Status	Single	26	43%
	Married	34	57%
Education Level	Illiterate	15	25%
	Primary	35	58%
	Secondary	10	17%

The majority of the participants 44 (73%) had heard of breast self-examination and 16 (27%) never heard about breast self-examination. Thirty-three (55%) participants responded that BSE is a useful tool to become aware of any breast lump or abnormality while 27 (45%) replied that it's not. Half of the women (50%) interviewed were ever taught about BSE while

30 (50%) did not have any knowledge regarding BSE prior to this study. When asked who taught them about BSE, 2 (3%) females got this information from their parent, 4 (7%) were taught by teachers and 22 (37%) of the respondents were taught by the healthcare personnel and 32 (53%) were not taught by anyone. Twenty-seven (45%) participants think that BSE should be started at puberty and 14 (23%) said that it must start at the age of 20 years and 19 (32%) did not have any knowledge when to start BSE.

In response to a question, 4 (7%) and 8 (13%) claimed that BSE must be performed daily and weekly respectively, 15 (25%) participants had different idea and responded that BSE must be performed at least once a month and 33 (55.0%) had no idea regarding how frequently it must be performed. Five (8%) females were completely wrong in answering that BSE should be done by doctors, while 13 (22%) assigned this responsibility to nurses, 28(46.67%) were right that it should be done by the individual itself and 1 female answered others for this question. For question regarding the appropriate place and method 2 (3%) suggested that BSE can be performed while lying on bed 11 (18%) stated BSE should be done in front of mirror, 2 (3%) voted that while having is the best time to perform BSE and 23 (38%) answered for all above answers and 22 (37%) have no knowledge regarding the question. Out of 60 participants, 4(7%) suggested using the opposite hand to palpate the breast, 9(15%) responded to palpate with palm and minimum of three fingers, 24 (46%) thought for all above questions and 23(38%) not having any knowledge regarding BSE.

Table 2: Level of knowledge regarding breast self-examination

S No	Questions	Good Knowledge	Poor Knowledge
1	Have you heard about breast self-examination?	44 (73%)	16 (27%)
2	Do you know BSE is a useful tool for early detection for breast cancer?	33 (55%)	27 (45%)
3	Have you been taught how to do BSE?	30 (50%)	30 (50%)
4	If answer of questions 3 is yes, who taught you?	28 (47%)	32 (53%)
5	At what age should be BSE be started?	41 (68%)	19 (32%)
6	How often BSE should be done?	15 (25%)	45 (75%)
7	BSE should be done by?	28 (47%)	32 (53%)
8	The appropriate place to perform BSE?	38 (73%)	22 (37%)
9	Do you know the correct methods of BSE?	37 (62%)	23 (38%)
Overall Knowledge		32 (54%)	28 (46%)

In the end, all the responses were summed up to calculate the overall knowledge of the participants. The final outcome was mixed as 56% of the women demonstrated good knowledge or 44% did not consider the breast self-examination significant for them. Figure 1 illustrates the outcome of the study.

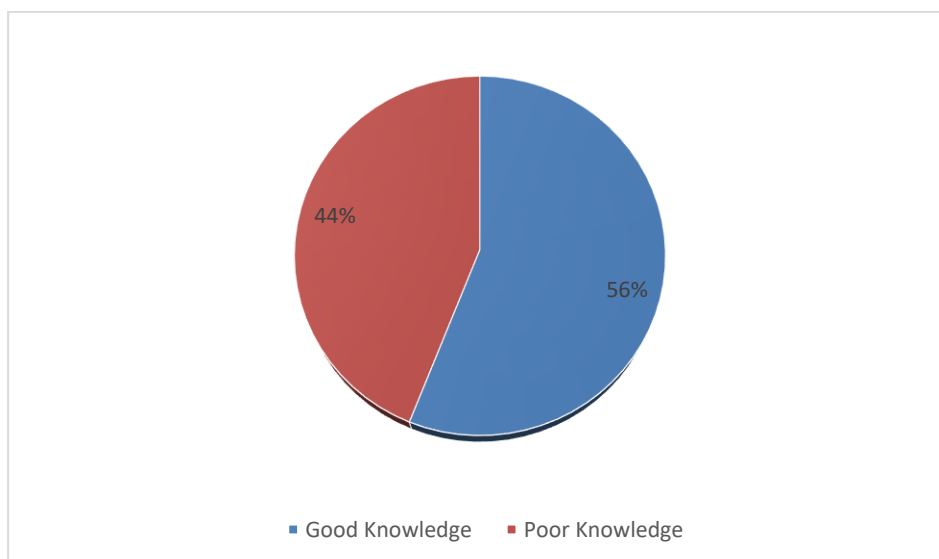


Fig. 1: Overall knowledge of women regarding breast self-examination

IV. CONCLUSION

The findings of our study showed that knowledge of participants regarding role of breast self-examination as screening method for breast cancer was mixed. There is a dire need for further efforts by legislative institutes and healthcare facilities to implement the awareness campaigns in collaboration with media groups to reach the maximum population. It is very significant to ameliorate the existing knowledge to identify the breast cancer on initial stages, thus improving the prognosis and minimizing the complications related to breast cancer.

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