



Original Research Article

Awareness and Practice of Breast Self Examination among Women in South India

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A B S T R A C T

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Breast cancer is the most common malignancy affecting the women, it can be detected early by breast self examination. The present study deals with the awareness and practice of breast self examination among the women in Konaseema Institute of Medical Sciences, Andhra Pradesh, India. There were 206 women participated in the study. Age, educational status, know about breast cancer, Family history of breast cancer, awareness of BSE, practice of BSE. It was done using Epi-info version 7.0. Majority (72.3%) were in the age group of 21- 40 years, 61.2% was illerates. 96.1% knows about breast cancer, 16.5% are aware of BSE, 2.4% are practicing BSE. These findings should call for greater introspection among health care personnel to create awareness for BSE.

Introduction

Breast cancer is the most common malignancy affecting women, with more than one million cases occurring worldwide annually. In India, it is the second commonest cancer among females. Though it can be detected early by self and clinical breast examination or mammography, in our country only 15% patients present in the localized stage; in 75% regional lymph nodes are already involved while 10% have distant spread at

the time of reporting (Rajvir Bhalwar, 2009).

This is due to lack of awareness and non existent breast cancer screening programmes. Early detection and prompt treatment offer the greatest chance of long term survival and breast self examination (BSE) seems to be an important viable optional substitute for early detection of cancer (Ertem and Kocer, 2009).

In a study conducted in Udipi among college going students they found 72% of them had average knowledge on BSE, one was performing occasionally (Shalini *et al.*, 2011). Even though BSE is simple, quick and cost free procedure the practice is low. Several reasons like lack of time, lack of self confidence in their ability to perform the technique correctly, fear of possible discovery of a lump, and embarrassment associated with manipulation of the breast have been cited as reasons for not practicing BSE (Lierman *et al.*, 1994).

Hence by knowing the situation in our community we can plan for a awareness Programme involving our medical students, interns and post graduates. The data is also useful for policy makers for planning screening programmes.

Materials and Methods

The present study is a cross sectional community based study, it was carried out in the urban health center catchment area which is attached to Konaseema Institute Of Medical Sciences, Amalapuram, East Godavari district, Andhrapradesh, India during March to June 2013. Our urban health center total population is 14,925 which consists of 33 colonies. Out of which four were selected randomly they are Vaddigudem, Janakipeta, Uppar colony, AMG colony. Women aged more than 18 years and who are willing to participate were included in the study.

Approval from the Institutional Ethics Committee was taken prior to the study initiation and written consent was taken from the participants those who are willing to participate, after explaining the objectives and procedure of the study. All the women were subjected to a pre tested,

semi structured questionnaire. By interviewing them data was collected on the background information, knowledge about breast cancer, awareness and practice of BSE. The data was processed and statistical analysis was done using Epi-info version 7.0.

Results and Discussion

Two hundred and six women were participated in the study. Among them majority (72.3%) were in the age group of 21-40 years, similar finding was observed in another study conducted in Nigeria (Obaji *et al.*, 2103). This is the appropriate age group to create awareness for the early detection of breast cancer. 70.8% were married, we can involve their husbands also to create awareness in this regard. 10.6% were Christians, they have better awareness because most of them worked as volunteers in a Christian cancer institute.

Majority (61.2%) were Illiterates that is the biggest draw back. There is a significant difference is there between education and awareness of BSE, it is observed in many studies (Obaji *et al.*, 2013). 78.1% of the women are having one or two children, it shows that they have better awareness regarding family welfare measures, the same platform should be used by health care personnel to create awareness about BSE. (Table 1).

Majority of them (96.1%) are aware of breast cancer and its consequences, because the prevalence is increasing now a days in the developing countries also. Agwu *et al.*, (2007) reported 98% awareness of the disease and 59.2% believed that early detection could help save life. That study conducted among health personnel so awareness is more compared to our study participants.

Table.1 Socio - Demographic characteristics of the participants

variables	n(%)
Age (in yrs)	
< 18	11 (5.3)
18-20	5 (2.4)
21-40	149 (72.3)
40-60	28 (13.6)
> 60	13 (6.4)
Marital status	
Single	13 (6.2)
Married	146 (70.8)
Divorced	9 (4.6)
widow	38 (18.4)
Religion	
Hindu	179 (87.0)
Muslim	5 (2.4)
Christian	22 (10.6)
Education	
Illiterate	126 (61.2)
Primary	24 (11.7)
Secondary	31 (15.0)
Intermediate	17 (8.3)
Degree and above	8 (3.8)
Parity	
Nullipara	26 (12.6)
1-2	161 (78.1)
> 2	19 (9.3)

Table.2 Awareness and practice of BSE

Awareness	Yes	No
Aware of breast cancer	198 (96.1%)	8 (3.9%)
Family H/O breast cancer	10 (4.8%)	196 (95.2%)
Aware of BSE	34 (16.5%)	172 (83.5%)
Aware of procedure of BSE	9 (4.4%)	197 (95.6%)
Practicing BSE	5 (2.4%)	201 (87.6%)

4.8% of the women are having family history of breast cancer, almost similar finding was reported in a study conducted among nurses and midwives in Turkey (Ertem and Kocer, 2009). This shows increasing trend everywhere in the world. and Oyediran, 2002). In a study conducted

16.5% were aware of BSE and only 2.4% are practicing BSE (Table 2) in contrast to that in a study conducted in Nigeria 57% of the participants practiced BSE in the past, 32.1% are currently practicing it, 19.0% practice it every month (Odeyemi in Turkey they found that cultural and

educational factors are effective on performing BSE (Tastan *et al.*, 2011). This seriously calls for urgent intervention by public and private sectors in promoting awareness and proper knowledge about BSE as a method of early detection of breast cancer.

Majority of the women are aware of breast cancer and its consequences, but only some are aware of BSE and very few are practicing, Keeping in mind the increasing prevalence of breast cancer awareness should be created regarding BSE through IEC activity by all health care personnel.

Implications of the study

We come to know the level of awareness and practice in the community, that will be useful for policy makers to take appropriate measures to promote BSE.

Acknowledgement

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