International Journal of Community Medicine and Public Health
Sideeq K et al. Int J Community Med Public Health. 2017 Sep;4(9):3288-3292
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20173830

Original Research Article

Breast self-examination: assessing its knowledge attitude and practice among ethnic Kashmiri females

Kouser Sideeq*, Taha Ayoub, S. M. Sailm Khan

Department of Community Medicine, GMC, Srinagar, Jammu and Kashmir, India

Received: 23 June 2017
Accepted: 13 July 2017

***Correspondence:**
Dr. Kousar Sideeq,
E-mail: kausar0664@gmail.com

ABSTRACT

Background: Breast cancer is the most common cancer among women worldwide but is the second commonest cancer in Kashmir women. The most easy and cost effective way of early detection of breast cancer is through breast self-examination (BSE) the utility of which can help to make early interventions and thus better prognosis. The objectives of the study were to assess the knowledge and practice about breast self-examination among ethnic Kashmiri females.
Methods: A cross sectional descriptive study was done among ethnic Kashmiri women. A sample 250 women in the age group of 20 to 60 years was selected from SMHS hospital. A predesigned semi-structured study instrument was used to collect the data through interview method.
Results: The results showed that only 26% of the participants had ever heard of breast cancer and among them for 50.8% the source of information was media. Regarding knowledge of breast self-examination 92.4 % had never heard of it. Only 5.6% participants had self-examined their breast.
Conclusions: The study points to the insufficient knowledge of Kashmiri females about breast cancer and its simplest screening method of self-examination.

Keywords: KAP, Breast self-examination, Ethnic Kashmir

INTRODUCTION

Cancer of breast is disease which affects many dimensions of health as it gives physical, emotional, psychological as well as economical set back to the women affected. Among women breast cancer is the most common cancer diagnosed globally (25.2 % of all new cases of cancers).[1] A recent report by the Indian Council of Medical Research predict the number of breast cancer cases in India to rise to 106,124 in 2015 and to 123,634 in 2020.[2] Breast cancer is now the most common cancer among women in India and accounts for 7% of global burden of breast cancer.[3] Among Kashmiri women breast cancer is the second leading cancer after esophageal cancer, with an incidence rate of 12.6 per 100,000.[4] The incidence, mortality and survival rates for breast cancer vary across the globe because of underlying differences in known risk factors, availability of organized screening programs and access to effective and affordable treatment modalities. Studies have shown that in contrast to the developed nations most of the developing nations have recorded a poor outcome and high fatality rate owing to diagnosis of the breast cancer in advanced stages. Globally, breast self-examination (BSE), clinical breast examination (CBE) and mammography are the recommended screening test for early detection of breast cancer.[5] Due to lack of access to diagnostic facilities, especially for women in low resource settings, it is essential to empower them with BSE as a primary modality for screening. Breast self- examination is an

inexpensive, cost-effective and easy screening method, which can be used for diagnosis of 95% of malignant breast tumors by monthly self- examination.[6-8]

The US Cancer Institute recommended that breast self-examination should be initiated from age 20 years to improve the health condition and early diagnosis of breast cancer among women.[9] Self- examination is not at all a diagnostic method, at the moment; it's simply used as a contribution to screening. Assuring support and training can encourage women to overcome the existing obstacles to do BSE. Our study was focused to collect the baseline data regarding the level of knowledge and practice of breast self-examination among women to help for further implications.

METHODS

A cross sectional hospital based descriptive study was conducted in SMHS hospital which is one of the two tertiary hospitals of Kashmir valley. The study was conducted for 1 year from 2013 to 2014. Female patients in the age group of 20 to 60 years admitted in the hospital were taken for the study. Terminally ill patients and patients with psychiatric illness were excluded from the study. A total of 250 patients were selected randomly after fulfilling the inclusion criteria. Data was collected through detailed interview with the help of a predesigned study instrument which included questions regarding socio-demography, Knowledge and practice for breast self-examination. Categorical variables were summarized as percentages and continuous variables were summarized as mean. Statistical analysis was done using Statistical Package for Social Sciences software programme (SPSS). Chi square test was used to find out the associations between categorical variables

RESULTS

Mean age of the study population was 47.58±13.657 years. Majority of the study participants (76.4%) belonged to middle class of socioeconomic status according to Kuppuswami socio economic classification. Among our study participants majority (78%) were illiterate and 90.4% were homemakers by occupation. Mean age at menarche was 12.56±1.17 years. Majority of the study participants were married with only 2.8% being unmarried and 10.8% being widow. Regarding knowledge for breast cancer only 26% of participants had heard of breast cancer for about half of them the source of information was media. Knowledge regarding breast self-examination was very limited and only 19 study participants had ever heard of breast self-examination and among them only 14 knew the correct method of breast self-examination and all of them also had self-examined there breast .out of these 14 participants 11 had started breast self-examination between age of 20 to 30 years. Only 3.2 % of the study participants used to do a regular monthly BSE. Only 10 out 250 participants were ever exposed to clinical breast self-examination by a medical professional and among them 3 used to go for yearly clinical breast examination and 6 had gone for clinical examination only once in their life. We found a significant relationship of knowledge of breast cancer and breast self-examination with educational status and occupation but no significant relationship with socioeconomic status.

Table 1: Sociodemographic variables of the study population.

	Frequency	Percentage (%)
Age group (in years)		
21 to 30	23	9.2
31 to 40	69	27.6
41 to 50	74	29.6
51 to 60	45	18
≥61	39	15.6
Total	250	100.0
Marital status	**Number**	
Married	216	86.4
Unmarried	7	2.8
Widow	27	10.8
Total	250	100.0
Occupation		
Teacher	13	5.2
Carpet weaver	1	0.4
Farmer	1	0.4
Govt. employee	5	2
Housewife	226	90.4
Matron	1	0.4
Student	3	1.2

Education		
Graduate	18	7.2
Higher secondary	15	6
High school	11	4.4
Middle	6	2.4
Primary	5	2
Illiterate	195	78

Table 2: distribution of study population according to knowledge and practice regarding and breast self-examination.

	Frequency	Percentage (%)
Heard of breast cancer		
Yes	65	26
No	185	74
Total	250	100.0
How did you hear	**Number**	
Books	1	1.5
Friends	9	13.8
Media	33	50.8
Friends, media	1	1.5
Media,relative	3	4.6
Relative	18	27.2
Total	65	100
Heard of breast self-examination		
Yes	19	7.6
No	231	92.4
Know method of breast self-examination		
Yes	14	5.6
No	236	94.4
Self-examined breast		
Yes	14	5.6
No	236	94.4
Age when BSE started	**Frequency**	
20-30 years	11	78
31-40 years	2	16.9
>40 years	1	1.5
How often self breast examination done	**Number**	
Monthly	8	3.2
Every 2 to 3 months	5	1.2
Occasionally	1	0.8
Ever done a clinical breast examination		
Yes	10	4
No	240	96
How often CBE done		
Once	6	60
Twice	1	10
Yearly	3	30

Table 3: Relationship of education and occupation with knowledge of breast cancer.

Heard of breast cancer	Occupation						Total	P value
	Carpet weaver	Farmer	Govt. employee	Housewife	Student	Teacher		
Yes	0	0	4	50	3	8	65	<0.001
No	1	1	2	176	0	5	185	
Total	1	1	6	226	3	13	250	

Heard of breast cancer	Educational status							
	Graduate	High school	Higher secondary	Illiterate	Middle	Primary	Total	P value
Yes	12	2	9	36	2	4	65	<0.001
No	6	9	6	159	4	1	185	
Total	18	11	15	195	6	5	250	
Heard of breast self-exam	Occupation							
	Carpet weaver	Farmer	Govt. employee	Housewife	Student	Teacher	Total	P value
Yes	0	0	3	9	2	5	19	<0.001
No	1	1	3	217	1	8	231	
Total	1	1	6	226	3	13	250	
Heard of breast self-examination	Educational status							
	Graduate	High school	Higher secondary	Illiterate	Middle	Primary	Total	P value
Yes	7	0	4	5	1	2	19	<0.001
No	11	11	11	190	5	3	231	
Total	18	11	15	195	6	5	250	

DISCUSSION

Our study designed for Kashmir females found extreme lack of knowledge among them regarding breast cancer and its most easy and economical screening method "breast self-examination". Kudadjie et al suggested in their report that awareness regarding breast self-examination and adherence to it is affected by education and cancer worry.[10] Our study also found a significant relationship between awareness for breast self-examination and education. In an Indian study by Kumar et al almost similar results were found as in our study they found that only 21.37% knew how breast cancer presents commonly and only 6.87% had knowledge of breast self-examination and in terms of practice, only six participants (4.58%) were aware of and periodically conducted BSE.[11] In another south Indian study done by Yerpude et al they found a higher percentage about 30.89% of the women being aware of breast self-examination and 22.61% of the females who had checked their breast.[12] This difference between our results could be because of the gross difference in the education level of females in the two studies .Our results indicate that education and occupation significantly influenced knowledge of breast cancer and breast self-examination as found by other studies. In a similar study done by Gwarzo et al in Nigeria among undergraduate students they found that 85.1% of them have heard of breast self-examination but only 57% were practicing BSE; this study points towards the positive role of literacy and education level for better knowledge for breast cancer and its screening methods.[13] In a similar study in Kenya done by Kimani et al found that among medical students majority (94.6%) had heard about BSE and 69.9% having ever practiced it.[14] Ikechukwu found results comparable to our study showing that with increase in literacy there was increase in the knowledge for BSE.[15] Our study population was selected from hospital thus having its own limitation regarding genralisibility but these results would be helpful for further community based research and for devising educational interventions for increasing the awareness regarding breast cancer and breast self-examination.

CONCLUSION

Breast cancer is the commonest cancer among women globally as well as in Kashmir. Ironically there is still very limited knowledge regarding this dreadful disease in our community. Our study points that the need of our is to start interventions to improve knowledge among our females regarding the breast cancer and its effective screening methods.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Cancer Research UK. CancerStats – Cancer Worldwide. 2011.
2. Dhillon P. Breast Cancer Factsheet. Mortality. 2009;1–22.
3. Jemal A, Bray F, Ferlay J. Global Cancer Statistics. CA Cancer J Clin. 2011;61:69–90.
4. Erwin DP, Erwin DO, Ciupak G, Hellenthal N, Sofi MJ, Guru K, et al. Challenges and implementation of a women's breast health initiative in rural Kashmir. Breast. 2011;20:46–50.
5. Saslow D, Boetes C, Burke W, Harms S, Leach MO, Lehman CD, et al. American Cancer Society Guidelines for Breast Screening with MRI as an Adjunct to Mammography. CA Cancer J Clin. 2007;57(2):75–89.
6. Wishart GC, Warwick J, Pitsinis V, Duffy S, Britton PD. Measuring performance in clinical breast examination. Br J Surg. 2010;97(8):1246-52.

7. Allen; TL, Barksdale; BJVGDJ, McCarthy R. The Breast Self-Examination Controversy: What Providers and Patients should Know. J Nurse Pract. 2010;6(6):444–51.
8. Wilke LG, Broadwater G, Rabiner S, Owens E, Yoon S, Ghate S, et al. Breast self-examination: defining a cohort still in need. Am J Surg. 2009;198(4):575–9.
9. American cancer society. Breast Cancer facts and figures. 2012.
10. Kudadjie-Gyamfi E, Consedine N, Magai C, Gillespie M, Pierre-Louis J. Breast self-examination practices among women from six ethnic groups and the influence of cancer worry. Breast Cancer Res Treat. 2005;92(1):35–45.
11. Sharma PK, Ganguly E. Knowledge, attitude and preventive practices of South Indian women towards breast cance. Heal Agenda. 2013;1(1):16–22.
12. Yerpude PN, Jogdand KS. Knowledge and Practice of Breast Self- Examination (BSE) Among Females in a Rural Area of South India. Natl J Community Med. 2013;4(2):329–32.
13. Gwarzo UMD, Sabitu K, Idris SH. Short report knowledge and practice of breast -self examination among female undergraduate students of Ahmadu Bello University Zaria, North western Nigeria. 2009;8(1):55–8.
14. Kimani SM, Muthumbi E. Breast self examination and breast cancer: Knowledge and practice among female medical students in a Kenyan university. Ann Afr Med. 2008;3:37-42.
15. Ikechukwu C, Amari O, Nnenna L, Nwimo IO, Onwunaka C. Breast Cancer Knowledge among Women in Ebonyi State, Nigeria: Implication for Women Breast Cancer Education. J Heal Edu Res. 2015;3(2):129.

Cite this article as: Sideeq K, Ayoub T, Khan SMS. Breast self-examination: assessing its knowledge attitude and practice among ethnic Kashmiri females. Int J Community Med Public Health 2017;4:3288-92.