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KNOWLEDGE, ATTITUDE AND PRACTICES REGARDING BREAST SELF-EXAMINATION AMONG 2ND YEAR LADY HEALTH VISITOR STUDENTS IN PUBLIC HEALTH SCHOOLS OF PESHAWAR KHYBER PUKHTOONKHWA PAKISTAN

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Keywords

Breast self-Examination, public health, Lady health visitor students

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Abstract

Objectives: *To assess knowledge, attitude and practices regarding breast self-examination among LHV second year students in two Public health Schools of Peshawar KPK.*

Background: *Breast cancer is a global health issue and one of the leading cause of death among females around the world. Breast cancer risk factors identification and its control and prevention is necessary to reduce mortality and morbidity among this segment of the population. One of the cheapest methods which do not require money can be helpful in the early detection of breast cancer. This method is known as breast self-examination. Through this method a female can easily detect any abnormality in her breast and can consult a doctor for early management. This method requires nothing but a little time of the female to examine her breast and detect any abnormal change.*

Methods: *This cross-sectional study was conducted in two public health schools of Peshawar from March 2017 to June 2017. A total of eighty LHV students as sample after sample size calculation. Data was collected through well structure and pre-tested questionnaire. The questionnaire were administered among the students got it filled. The data was analyzed through SPSS version 16. Simple frequencies and percentages were calculated of the variables.*

Results: *all the students were females (80). Majority of the students were aware of the general terms regarding BSE. They had no in-depth knowledge about BES. The participants had good positive attitude towards breast self-examination and its techniques. In a total sample of 80, 100% said yes BSE is necessary for detection of abnormality in the breast. Regarding the practice, majority of the students had poor practices. Their comments about the subjective questions were varied and had no in-depth understanding of importance of BSE.*

Conclusion: *The overall knowledge about the general terms of the BSE was good among the students but they had no in-depth knowledge. Majority of the students had very positive attitude towards BSE and its performance. Practices among them were very poor. It is suggested that BSE and its technique may be included in their curriculum and workshops and seminars may be arranged on this important topic periodically.*

INTRODUCTION

Breast Self-Examination is a technique used by a woman to examine her breasts for the detection of cancer. Breast cancer is the commonest cause of cancer death worldwide (Key, Verkasalo et al. 2001).

Breast cancer in women is a major public health problem throughout the world. It is the most common cancer among women both in developed and developing countries. One in ten of all new cancers diagnosed worldwide each year are a cancer of the female breast. It is also the principal cause of death from cancer among women globally. More than 1.1 million cases are diagnosed and more than 410,000 patients die of it worldwide. About 55% of the global burden is currently experienced in developed countries, but incidence rates are rapidly rising in developing countries. (Ferlay, Héry et al. 2010)

Breast Self-examination plays an important role in detecting breast cancer among women. Leningrader in his study evaluated the effectiveness of Breast self-examination among women. At the completion of the program, 190 cancers were detected in BSE.(Semiglazov, Moiseyenko et al. 1992)

Pham &McPhee conducted a study in California among Vietnamese women regarding their knowledge about breast and cervical cancer. More than 39% of the women replied that it was because of poor hygiene. Thirty seven percent (37%) did not know that a breast lump could be a cause of breast cancer.(Pham and McPhee 1992)

Health professionals including doctors, nurses, Lady Health visitors and other health care workers are responsible for to create awareness among the general population regarding cancer and the prevention of cancer. They should have sound knowledge regarding the detection and preventive measures of cancer and particularly of breast cancer. Haji Mahmoodi conducted a study in Tehran regarding the knowledge, attitude and practices among female health care workers. Seventy five percent of the respondents knew about the prevalence of breast cancer but only twenty seven percent knew that breast pain is not a symptom of breast cancer. The respondent's knowledge was not satisfactory regarding breast cancer. Sixty three percent of the respondents claimed that they know how to perform BSE Majority of the respondents believed that it is not difficult or time consuming yet only six percent performed BSE monthly. (Haji-Mahmoodi, Montazeri et al. 2002).

Another study conducted by Ertem in Odemis district of Turkey regarding knowledge, attitude and practices among nurses and midwives. The results of this study show that fifty two percent of the sample performed BSE whereas approximately 35% of the sample who performed BSE, felt that they acquired information during their work experience.(Ertem and Kocer 2009)

Doshi a study conducted by in India regarding knowledge, attitude and practices about Breast Self-Examination among dental students. He suggested on the basis of his results that female dental students need an educational program to create awareness regarding regular breast screening behavior.(Doshi, Reddy et al. 2012)

Faiza Ahmad and her colleagues conducted a study in the teaching hospitals of Karachi. Regardingknowledge among nurses. The results of her study revealed that a small proportion of the nursing population has good knowledge of the breast cancer risk factors..(Ahmed, Mahmud et al. 2006)

Although few studies have been conducted regarding knowledge about Breast self-examination and risk factors of breast cancer among nurses, midwives and medical students in Pakistan. Lady health visitors who come in close contact with the women of the communities during their visits can play an important role in creating awareness regarding breast self-examination and early detection of breast lumps among the women especially of the rural areas. To the best of my knowledge no study has been conducted among Lady Health visitors

The purpose of this study is to assess the knowledge, attitude and practices regarding Breast self-examination among Lady Health visitor students and to design training program in Public health schools of Peshawar.

Background Of The Problem

Breast cancer in women is a major public health problem throughout the world. It is the most common cancer among women both in developed

and developing countries. One in ten of all new cancers diagnosed worldwide each year are a cancer of the female breast. It is also the principal cause of death from cancer among women globally. More than 1.1 million cases are diagnosed and more than 410,000 patients die of it worldwide. About 55% of the global burden is currently experienced in developed countries, but incidence rates are rapidly rising in developing countries. (Ferlay, Héry et al. 2010)

Breast cancers can be diagnosed through mammography and biopsy in the hospital. It is also detected through physical examination. The physical examination is done to detect the mass by palpation. The physical examination can also be done by the females themselves at their home to detect mass in their breasts. Women in our country do not know how to perform breast self examination. They need to be aware and trained in this regard. All the female health professionals can make awareness and educate the women regarding breast self examination. Now the question is whether they themselves understand the method. A study conducted byDolarDoshi regarding breast self examination among dental students and draw a conclusion that they need to be educated regarding regular breast cancer screening behavior.(Doshi, Reddy et al. 2012)

This study reveals that even the health professional require to get knowledge regarding breast self examination. All the health professionals especially the females should have sound knowledge regarding BSE not only to examine their own breast for screening but also to create awareness and educate the rest of the communities so that to early diagnose any breast masses.

Lady health visitors make door to door visits to provide health education and other services regarding family planning. These are the professionals who can also play an important role in educating women especially the young girls regarding BSE in both urban and rural areas. If these professionals have sufficient knowledge regarding BSE, they can easily teach methods of breast self examination to the females who are at homes. The focus of this study is on the knowledge, attitude and practices of Lady health visitor students assessment. If they have deficient knowledge regarding BSE, training programs can be launched for them to train them to perform breast self examination themselves and also teach the methods in the community.

Significance of the study

This is a very important study and to the best of our knowledge no such study has been conducted on this topic to address this issue in Peshawar KPK. This study will certainly catch the attention of health professionals as well as the policy makers. Lady health visitors play an important role in provision of health services both in urban and rural areas. This study will identify the deficiencies in knowledge among the lady health visitor students regarding breast self examination. Training programs will be recommended in all public health schools to train them in this area. The lady health visitor students after the completion of their training can easily create awareness and educate women to perform breast self examination for early detection of breast masses which will result in the prevention of advancement of breast cancer.

Problem identification

During our clinical visit in tertiary care hospitals of Peshawar, we met such patients who were diagnosed as breast cancer. While providing care to these patient we came to know that they were unaware of breast self examination .then we asked the staff nurses whether they were aware and use to perform breast self examination. Majority of the nurses were aware but did not perform self examination. For creating awareness and early detection of breast cancer, lady health visitors can play a vital role at the community level as they make family visit in rural and urban areas. Thus this topic was chosen by the group members with consensus to be studied upon.

Purpose of the study

The purpose of the study to assess knowledge attitude and practices regarding breast self-examination of lady health visitor students and to apply this study in early detection and prevention of breast cancer among females of our community.

Research question

- What is the knowledge level of lady health visitor students regarding breast self-examination?

- What is the attitude of lady health visitor students to words breast self-examination?
- What are the practices of lady health visitor students regarding breast self-examination?

Objectives

General Objective

To determine the knowledge, attitudes and practices regarding breast self-examination among Lady Health Visitor students in Public health Schools of Peshawar

Specific Objectives

- To assess knowledge of the Lady Health visitor students of Public health Schools of Peshawar
- To determine attitude and practices of the LHV students of Public Health schools of Peshawar

The topic knowledge, practices and attitude of lady health students regarding breast self-examination and other related articles which were very relevant, helpful and supported our research study were searched on Google chrome ,Google scholar PubMid and other websites ,books and magazine and more relevant articles which support and enrich our study were searched and saved.

Literature Review

The literature was reviewed to include the variables ofinterest as well as related topics. A number of articles,studies and books that deal with role of health care professional regarding breast self-examination,the knowledge, practices and attitudes of lady health visitors were examined, including the study being replicated.The final body of literature that was reviewed deals with role of lady health visitor students in creating awareness andin delivering health education sessions to women of the communities to detect breast cancer in advance. The lady health visitor students play an important role in both urban and rural community in this regard.

Health care professional have the responsibility to provide health services to every individual in the community.They also have to create awareness and provide knowledge about prevention and treatment modalities of breast cancer.

2.1 Epidemiology of breast cancer

Breast cancer statistics and epidemiology vary from region to region of the world. Maxwell and his colleagues conducted a study regarding this variation. The incidence is high in developed countries. It is more than 80 per 100000 in developed countries whereas 30 per 100000 in developing regions but the mortality rate is higher in developing region because of the lack of facilities. (Parkin and Fernández 2006)

In another study conducted by Gabriel and his colleagues on the epidemiology and survival of breast cancer. He found that the burden is not equally distributed among different countries and regions. He further stated that many complex factors underlie these variations which include population structure, for example age, race, ethnicity, life style, environment, socioeconomic status, risk factors prevalence,use of mammography, disease stage at diagnosis and access to high quality care.(Hortobagyi, de la Garza Salazar et al. 2005)

In a study conducted by Kelsey in the United States, breast cancer is the common cancer among women in U.S.A. knowledge of the descriptive epidemiology of breast cancer is useful in suggesting etiological hypotheses and if preventive measures can be identified in delineating high risk groups to be targeted for preventive efforts. They further certain factors are responsible for developing breast cancer. These factors are age 45 years and above, being white, being black and 40 years, high socioeconomic status, being unmarried, people with Jewish faith, urban residence and residence in the Northern as compared to southern region of the united states. Incidence rate are generally high in Northern European American and Northern European countries. Intermediate in southern and Eastern European and southern American countries and lowest in Asia and African.(Kelsey and Horn-Ross 1992)

Rare data is available in Pakistan regarding the epidemiology of breast cancer. Cheng-Har Yip studied the epidemiology of breast cancer in several Asian countries. He found that in China the epidemiology of breast cancer was 18.7 per 100000, south Korea 20.4, Japan 32.7, India 19.1, Pakistan 50.1, Malaysia 30.8, Singapore 48.7, Philippine 46.6, Indonesia 26.1, Iran 17.1, Saudi Arabia 24.7, Myanmar 20.2 and Thailand 16.6 per 100000 population. (Yip 2009)

Pakistan in this region is the leading country in the prevalence of breast cancer among all the mentioned

countries. It is necessary for us to have a mass campaign regarding the prevention and diagnosis of breast cancer.

2.2 Knowledge, attitude and practices of women regarding Breast Self-Examination

Women who are the ultimate victims of breast cancer should have sound knowledge about breast cancer and also about the breast self-examination. They are the one who can assess their breast to detect any abnormality in their breast through an easy method of breast examination . the method can be easily performed at home at the time taking bath. Unfortunately women in developing countries have either little knowledge or unaware of this method. This section will talk about the knowledge, attitude and practices of women across the world regarding breast self- examination.

SaulatJahan conducted a study to assess the knowledge, attitude and practices about BSE and to explore their knowledge level regarding breast Cancer of Saudi women in Qaasim region at primary health care Center. A total of 300 females, 20-70 years of age, were investigated in 10 randomly selected Primary Health Care Centers. 71% of these women were literate. out of the total 7 question, 76% of the women hardly answers 3 questions. 26% did not know the presenting symptoms of breast cancer whereas 69.6% of the participants had never heard of BSE. The participants had positive attitude towards learning BSE. Of the total respondents 18.7% reported that practice BSE, majority of whom (57%) had started performing it within the previous year. Seventy four percent did not have an access to breast health information. This study shows that the knowledge regarding BSE of Saudi women of Qaasim region is not adequate. (Jahan, Al-Saigul et al. 2006)

Pinar ErbayDundar and his colleagues conducted a research study in the rural area of western Turkey regarding breast self-examination and mammography in a group of women. The mean age of the women was 37.7 ± 13.7. forty nine and a half percent of women were primary school graduates, 67.6% were married. Although 76.6% of the women in this study reported that they had heard or read about breast cancer, this study revealed that only 56.1% of them had sufficient knowledge of breast cancer, half of whom had acquired the information from health professionals. The level of breast cancer knowledge was the only variable significantly associated with BSE and mammography practice ($p = 0.011$, $p = 0.007$). BSE performers among the study group were more likely to be women who exhibited higher confidence and perceived great benefits from BSE practice and those who perceived fewer barriers to BSE performance and possessed knowledge of breast cancer. This study clearly shows that if the health professional do their due duty of transferring knowledge to the common people, they really take advantage of it and can prevent breast cancer in advance. (PE Dundar 2005)

Michael and Okobia conducted a study on the same topic in which they tried to determine knowledge, attitude and practices among Nigerian women. The result show that the study participants had poor knowledge of breast cancer. The mean knowledge score was 42.3% and only 21.4% participants knew the breast cancer presents commonly as painless breast lump. Practice of breast self-examination was low. Only 43,2% admitted to carry out the procedure in the past year. Only 9.1% had clinical breast examination in the past year. Women with higher level of education and those employed in professional jobs were significantly more knowledgeable about breast cancer. Participants with higher level of knowledge were 3.6 times more likely to practice BSE (OR = 3.56, 95% confidence interval, 2.58-4.92) (Michael &Okobia 2006)

Karayurt conducted a study on breast cancer risk factors and self-examination practice on high school students .Hhe found that 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. (Karayurt, Özmen et al. 2008)

Alwan conducted a study on knowledge, attitude and practice of breast cancer and breast self-examination practice on a sample of educated population in Iraq and found that about half of the participants had a low knowledge score (< 50%); only 14.3% were graded as "Good" and above. Almost 75% of the participants believed that the best way to control breast cancer was through early detection and other possible preventive measures. Most participants (90.9%) had heard of BSE, the main source of information being television. However, only 48.3% practiced BSE; the most common reason for not doing so was lack of knowledge of how to perform the technique correctly. Almost 84% of the female participants were willing to instruct others in the technique of BSE. (Alwan, Al-Attar et al. 2012)

Khokher and her colleagues conducted a study on knowledge, attitude and preventive practices of women regarding breast cancer of an educational institution of Lahore, Pakistan. At the completion of her study she found that majority (83.7%) of the respondents were <30 years old, 60% had >10 and 31.5% had >14 years of education. Only 27% had "good" while 14% had "poor" and 59% had "fair" knowledge scores about breast cancer. Television was the most commonly cited source of information but was associated with lower knowledge score. The knowledge scores and practice of BSE had a positive association with education level. The respondents had better knowledge of life time risk and association of early diagnosis with better chances of cure, but worse knowledge of risk factors as compared to women in educational institutions of other countries. Generally the respondents of present study had low level of knowledge of breast cancer. (Khokher, Qureshi et al. 2011)

Another study was conducted by Sara Ijaz and Gilani in Holly Family hospital Rawalpindi in 2009. The result of the study shows that the mean age of the participants was 32.39 with asd of 10.47 years. Majority of the participants were married and house wives (88%) and urban dwellers were 75%. The average house hold income was 3000-6000 rupees (33%). Majority (82.9% n=829) had heard of breast cancer. More then 50% of the participants were aware of cancer's relationship with increasing age, lack of breast feeding, painless lump, obesity and smoking. Except for breast lump, over fifty percent participants had knowledge about breast cancer symptoms. More than 50% subjects had knowledge about diagnostic modalities, treatments and its relation with outcome. Majority more than 90% had positive attitude and intended to see a doctor immediately if they ever felt a breast lump but had poor (28.3%) practices regarding BSE. (Gilani, Khurram et al. 2010)

2.3 Knowledge, attitude and practices of health professionals regarding Breast Self-Examination

Health care professionals are the key personnel to play an important role not only in the creation of awareness regarding the prevention of breast cancer but also to educate women at health care centres about the breast self-examination to help them in detection of breast lump and prevent it in advance. Doctors, nurses, midwives, LHVs and other Allied health professional may play a role in this regard. Therefore, they are expected have strong knowledge background regarding epidemiology of cancer, preventive measures and early detection of breast cancer. This section will talk about the knowledge, attitude and practices of health care professionals. The purpose is to identify gap in their knowledge, attitude and practices and further research study may be conducted.

Ertem conducted a research study on breast self-examination among nurses and midwives in health district of Odemis in turkey. At the completion of his study he found that 52% of the sample performed breast self-examination. About 35% who performed BSE reported that they acquired information during their work experience. A significant relationship was found between higher level of work experience and BSE practice. Except for age, no significant relation was found between the socio-demographic factors and BSE practice. The study participants showed a strong belief in the breast lump being the cause of breast cancer and it had a significant correlation with BSE practice.(Ertem and Kocer 2009)

Faiza Ahmad and her colleagues studied nurses regarding the knowledge of risk factors of breast cancer in teaching hospitals of Karachi. Her results revealed that tthirty five percent of nurses had good knowledge of risk factors. Graduates from private nursing schools (OR = 4.23, 95% CI: 2.93, 6.10),

nurses who had cared for breast cancer patients (OR = 1.41, 95% CI: 1.00, 1.99), those having received a breast examination themselves (OR = 1.56, 95% CI: 1.08, 2.26) or those who ever examined a patient's breast (OR = 1.87, 95% CI: 1.34, 2.61) were more likely to have good knowledge. (Ahmed, Mahmud et al. 2006)

Alsaif conducted a study on female nursing students in Saudi Arabia regarding the practice of breast self-examination. The results of the study indicated that 66% of the sample performs BSE. Approximately 62% of those who perform BSE said they learned information regarding BSE in their college curricula. The significant relation was found between higher levels in nursing college and BSE practice. Except for age, no significant relation was found between the socio-demographic factors and BSE practice. The sample showed strong belief in nipple discharge as a causing factor of breast cancer and had significant correlation and BSE practice. (Alsaif 2004)

Material And Methods

Study design

This was a cross-sectional study design

Study Setting

This study was conducted in govt public health schools in Peshawar kpk

Study duration

Duration of the study was 4 months. Started in March 2017 and competed in Jun 2017

Sample size

We used WHO sample size calculator for single proportion and

Finitepopulationwhich was estimated to be 80 for a population of 100 students.

Level of confidence: 0.95

Expected proportion: 0.5

Margin of error: 0.05

Adjusted for finite population of 100

Sample size: 80alth.

Sampling technique

The sample of 80 students was selected through simple random sampling. There were two schools of public health. One school had 25 students where as the other had 75 LHV students of second year. According to the appropriate proportion and calculation, 20 were selected from the school having 25 students and 60 LHV students were selected from the school having 75 students through simple random sampling.

Inclusion criteria

All the LHV second year students of both Public Health Schools Peshawar were included in the study

Exclusion criteria

Those students who were absent at the time of data collection were excluded from the study and the sample size was compensated from the remaining students.

Data collection tool

Data was collected through a pre-tested and pre-designed validated questionnaire

Data collection procedure

An official letter was sent to the head of the department of both the Public health schools for taking permission. An informed consent was taken from each participant before collection of the data. After taking an informed consent, the questionnaire will be distributed among the students. The investigator will stayed with each participant while collecting the data. The questions in the questionnaire were explained to each student. The investigator will stay with each participant to clarify any query. After the completion, the questionnaire were taken back

Data analysis

- Data were analyzed through SPSS version 20. Mean and standard deviation was calculated for the continuous variable age. Simple frequencies and percentages were calculated for the categorical variables.

Results

Table 1 **Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
age of the participent	80	17.00	24.00	19.9625	1.61828
Valid N (listwise)	80				

The mean age of the participants was 19.96 with a SD of 1.618 years as shown in table-I

Figure 1

Our study subject 93% was unmarried while 8% were married.

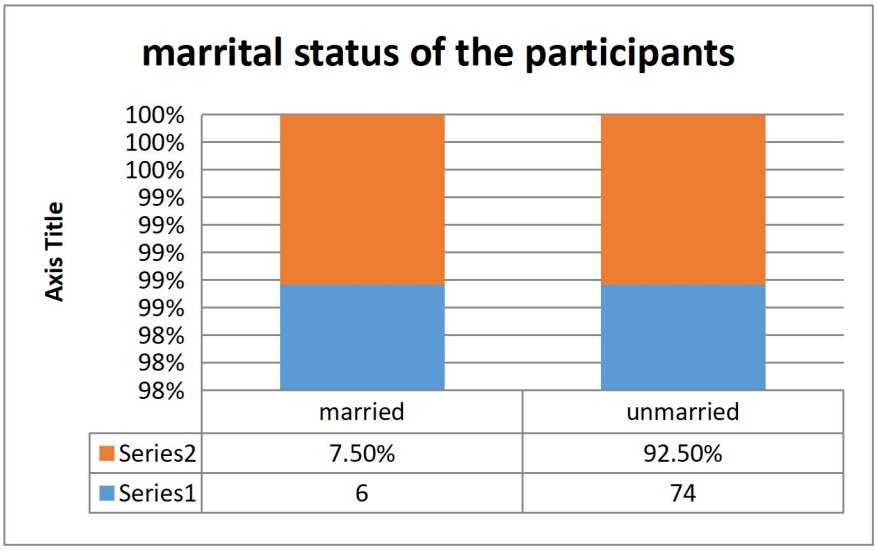


Figure 2

There were 89% belongs to pathan ,9% were belongs to other casts lived in KPK and 3% were belongs to Hindko speeking.

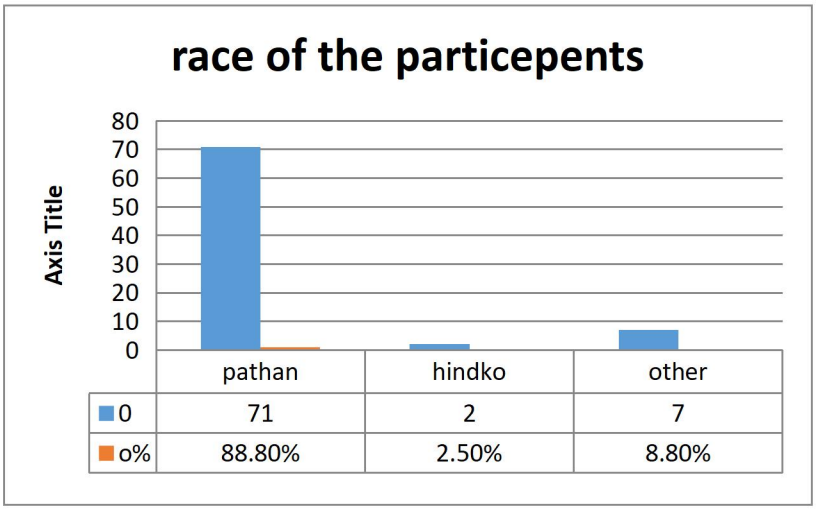


Figure 3

There were 45% of the participants belongs to urban while 55% were belongs to rural areas.

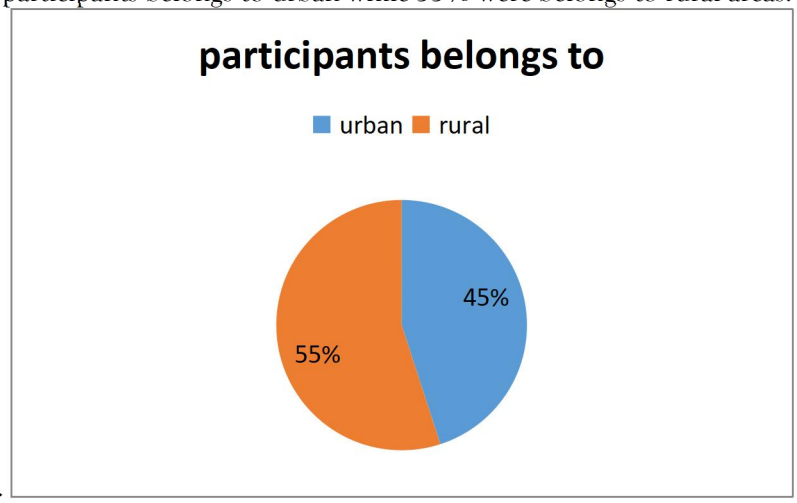


Figure 4

Qualification of the majority of the participants were FSC about 78% 11.3% were metric and the remaining rest were had different qualification.

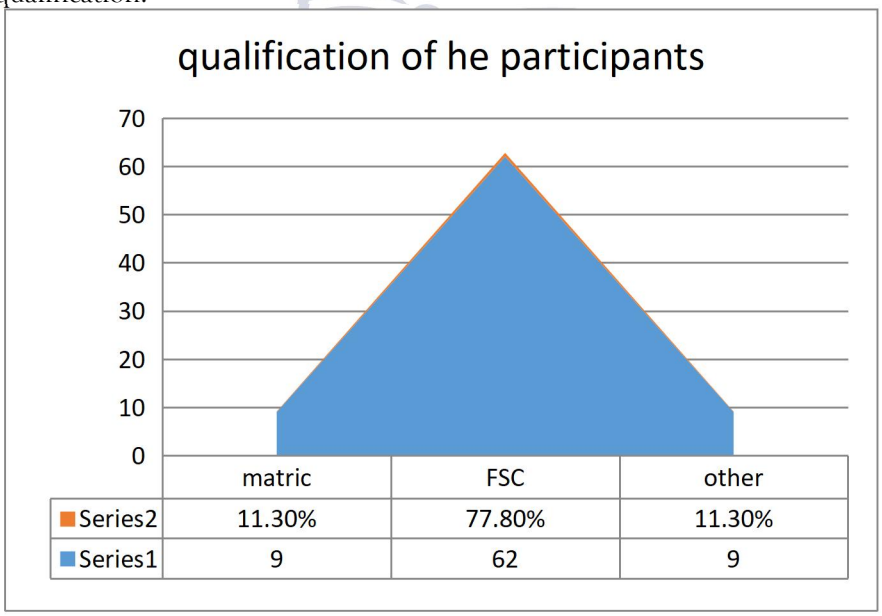


Figure 5
The whole participants replied that they were heard about breast cancer

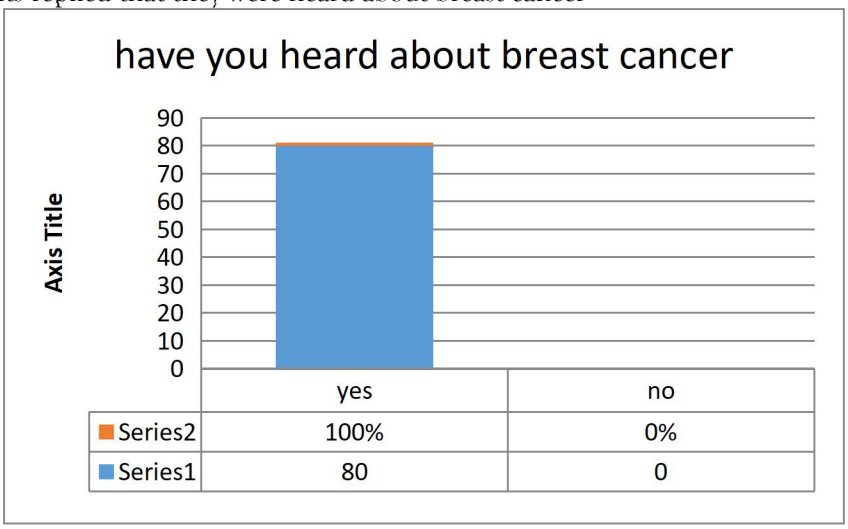


Figure 6
In our study 100% of the subjects were known that breast cancer is common in Pakistan as shown in figure no 6

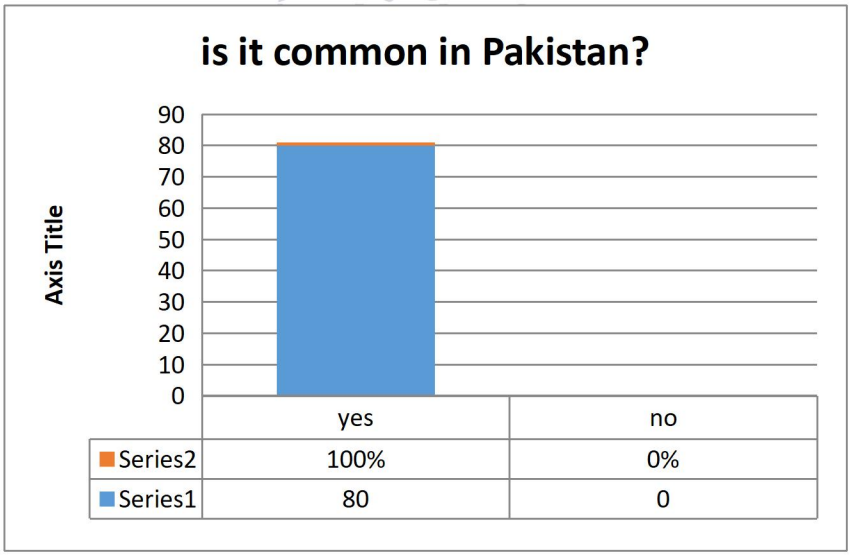


Figure 7

The subject93% was replied regarding question can it be detected early in no while the remaining 7% had replied in yes.

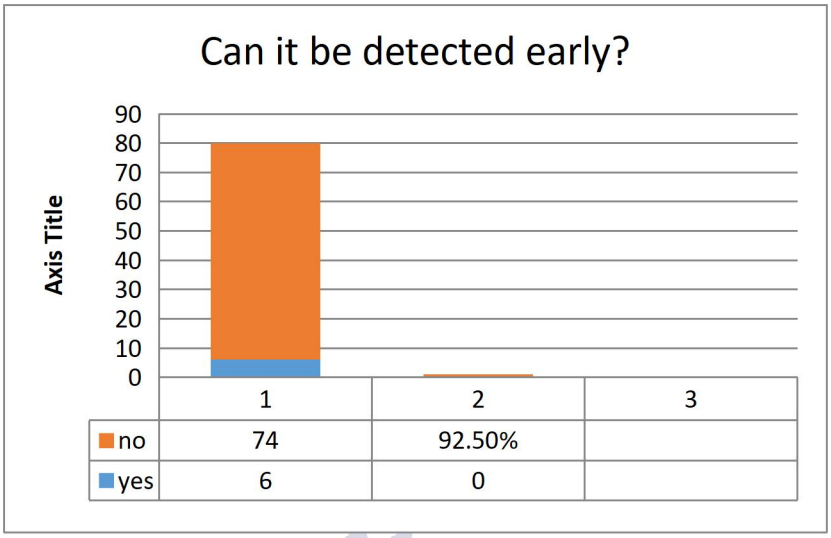


Figure 8

The 100% subjects were agree that early detection can improve the chances of survival

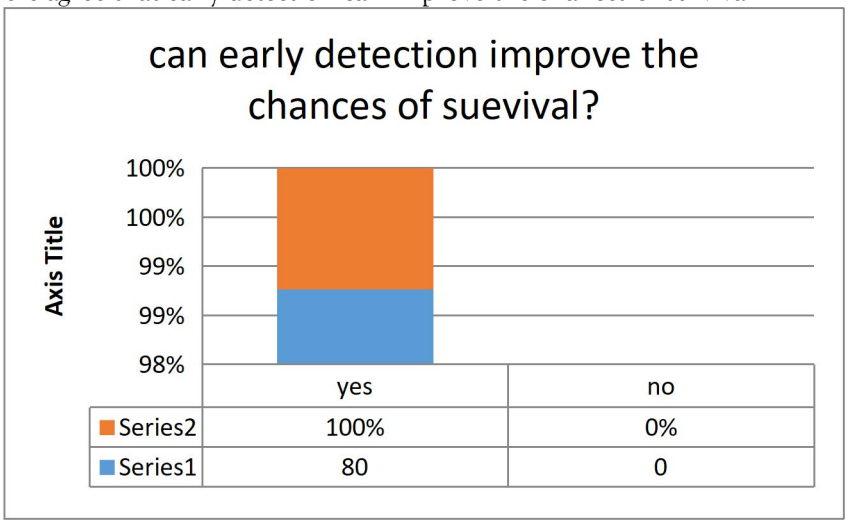


Figure 9

The whole participants were agree that they have heard about breast self-examination

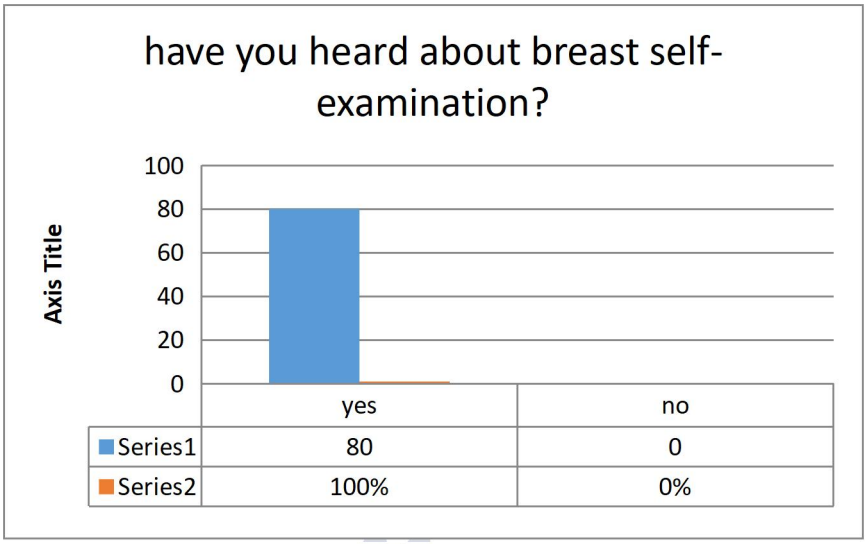


Figure 10

Only 6.3% subjects were replied yes in response to question response to perform BSE,the remaining 93.8% were those who not performing BSE.

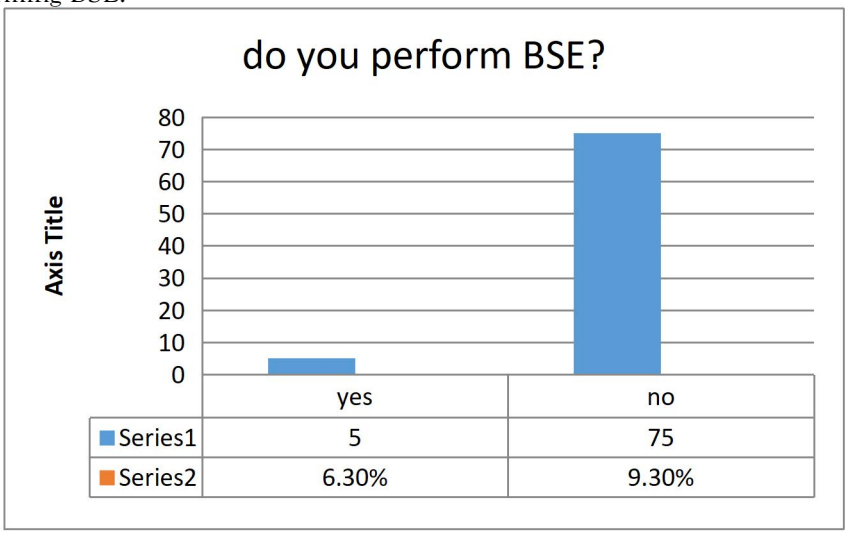


Figure 11

The whole subjects 100% were prplied that female were perform BSE.

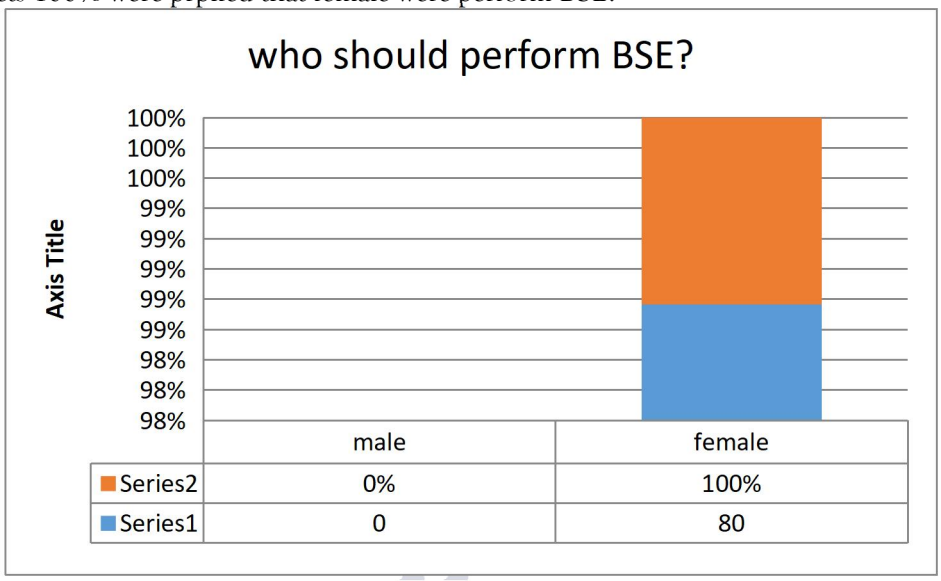


Figure 12

The 98.8% subjects were replied that they knows the purpose of performing BSE, while 1.3% replied that they were not known the purpose of performing BSE

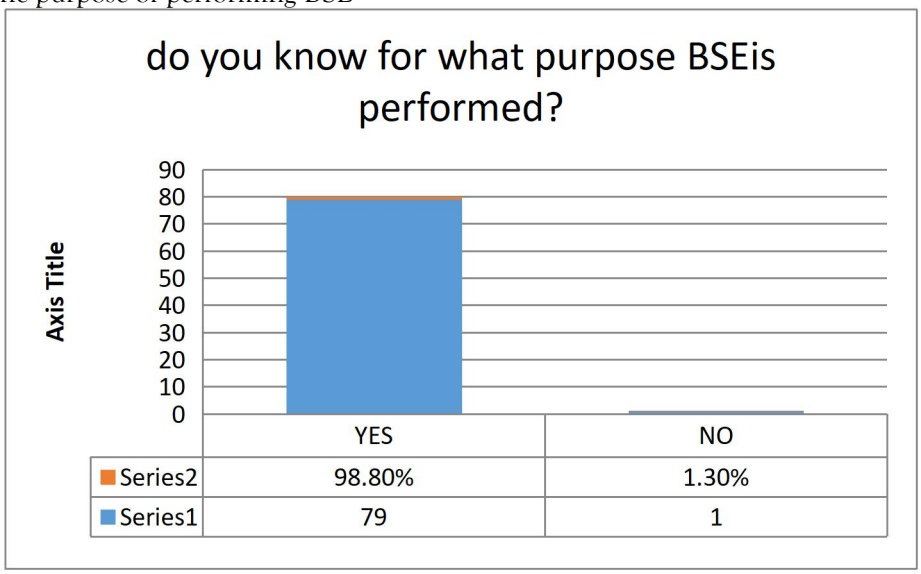


Figure 13

Only 6.3% were replied that they know how to perform BSE,the rest 93.8% were not known how to perform BSE

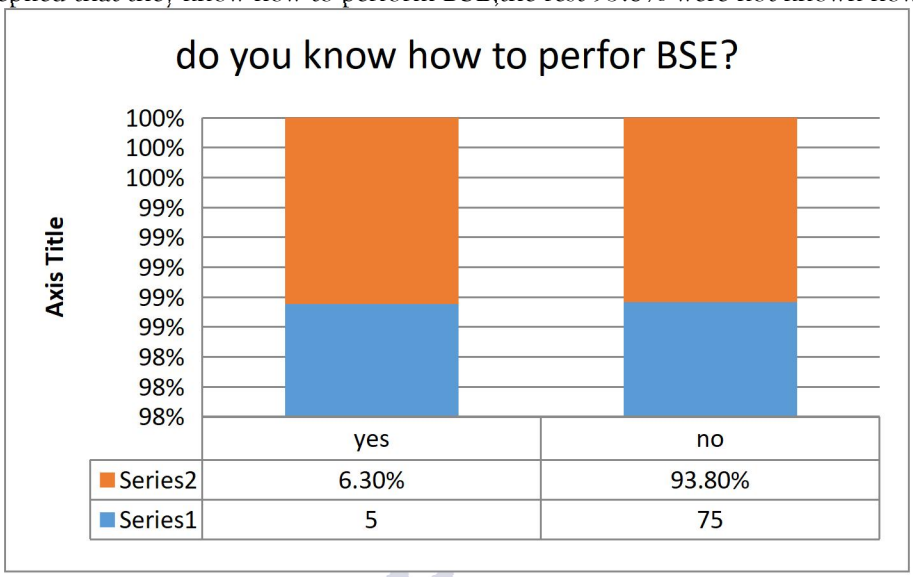


Table- 2 **if yes then what is the purpose?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	to diagnose breast caner	50	62.5	62.5	62.5
	for prevention and diagnose of breast cancer	2	2.5	2.5	65.0
	to detect any abnormality of the breast	10	12.5	12.5	77.5
	early detection of breast cancer	8	10.0	10.0	87.5
	to diagnose any breast disorders	3	3.8	3.8	91.3
	not known	7	8.8	8.8	100.0
	Total	80	100.0	100.0	

In response of asking question that for what purpose BSE is performed, they subjects had different ideas which shown in table no 2

Figure 14

Only 6% of the whole subjects were known the proper technique of BSE performing.

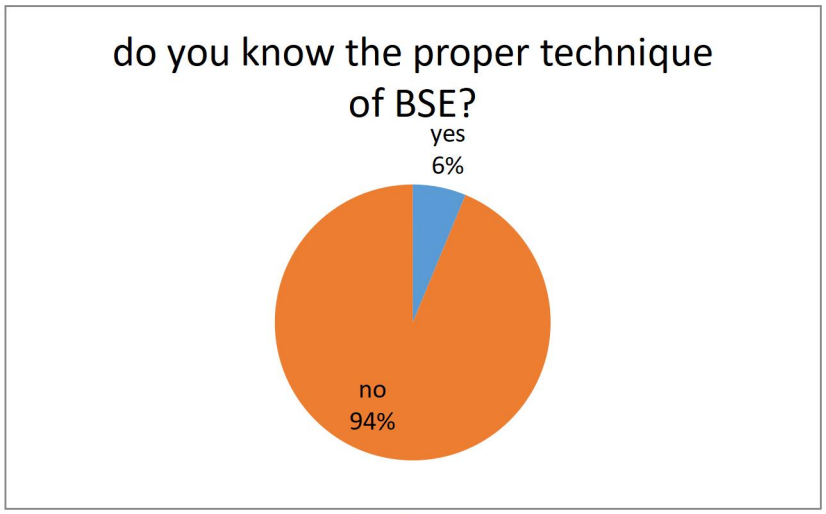


Figure 15

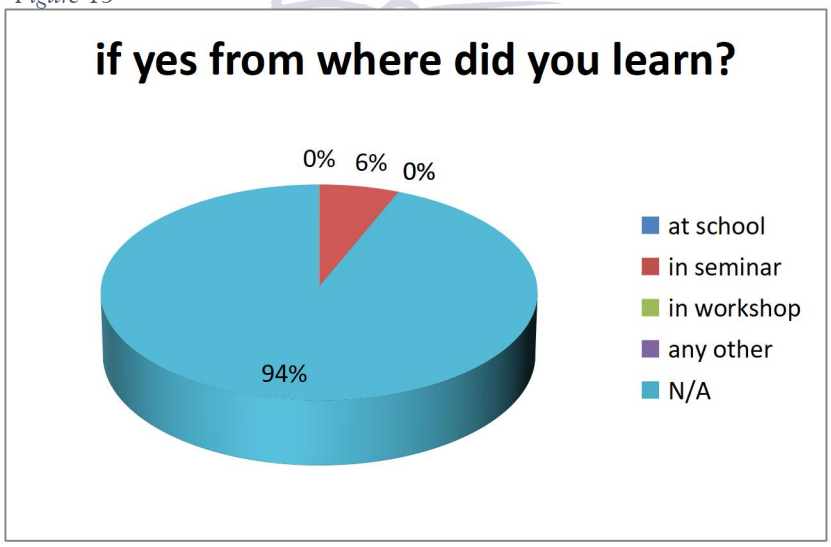


Figure 16

The whole subjects were agreed that at the age of 15 to 25 years should start BSE.

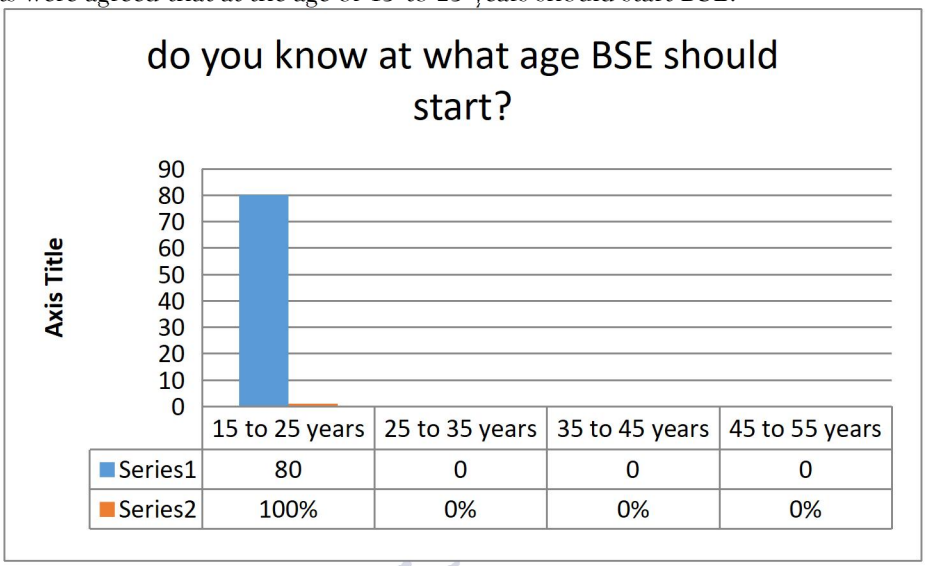


Figure 17

The question were asked before that you know the proper technique to perform BSE, the participants who were answer is yes further asked how frequently the perform BSE, only 6% were told that the perform BSE once a month

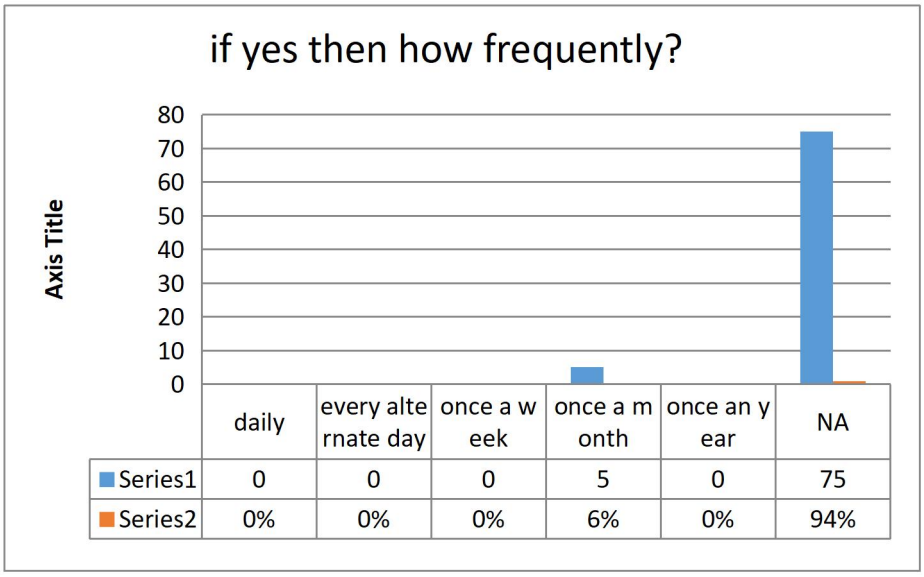


Figure 18

In our study subjects 45% were belongs to urban area while 55% were belongs to rural area as shown in figure no 3

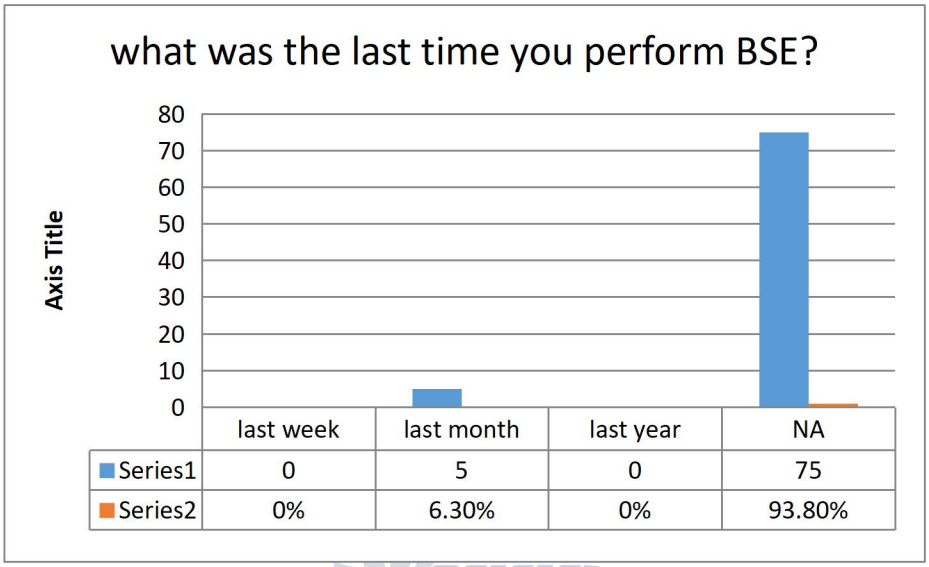


Figure 19

The 5% subjects were replied that they performing BSE in morning,1.3% were said that they perform in night while the rest are not performing BSE

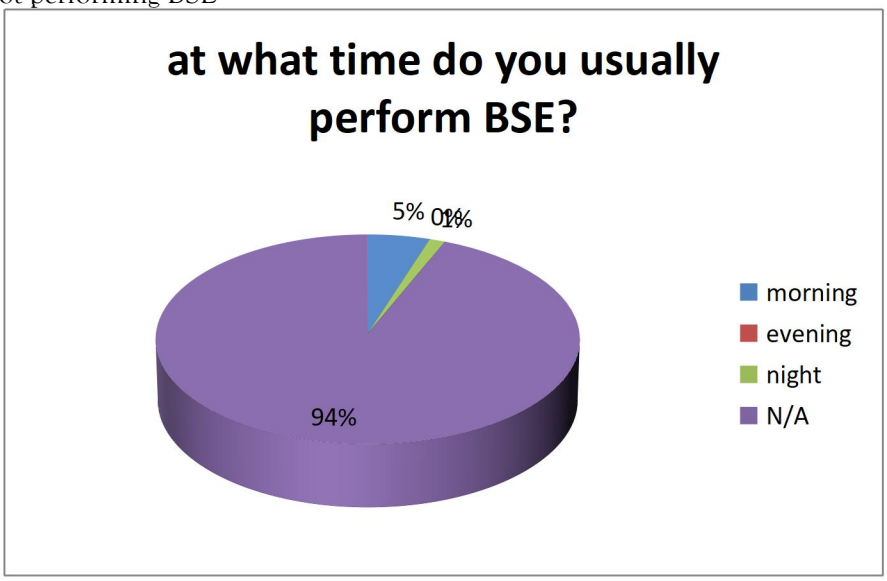


Figure 20

The subjects6.3% that performing BSE were replied that they perform in front of mirror.

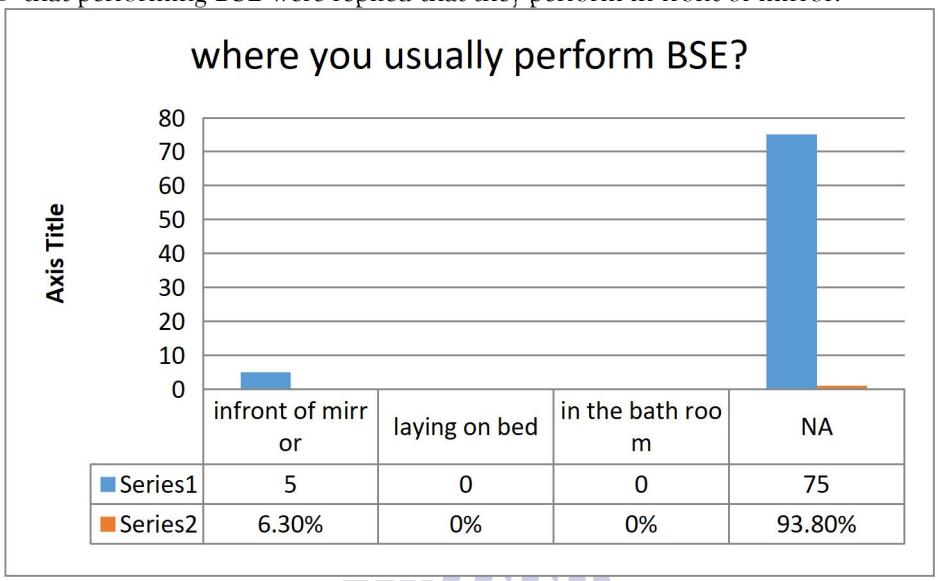


Figure 21

99% of the subjects were agree that they want more about BSE.

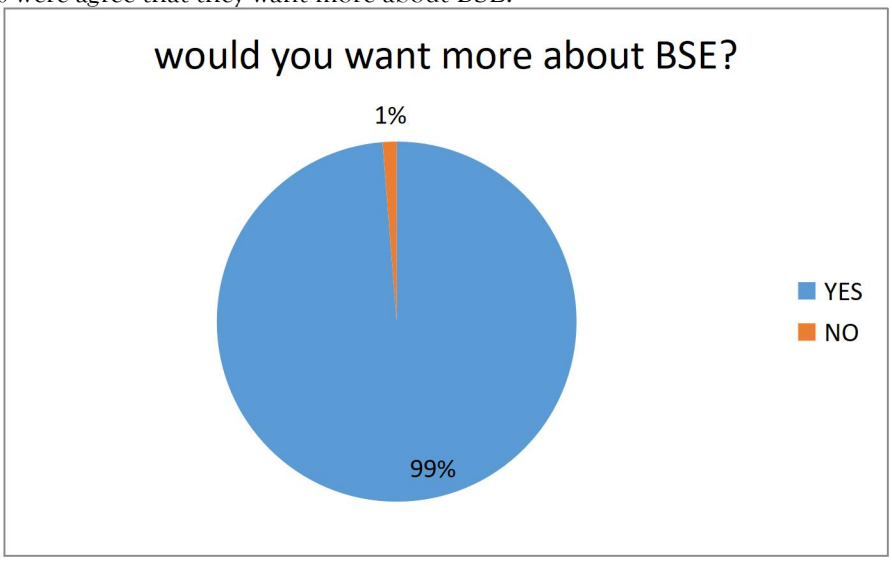


Figure 22

They question were asked that subjects feel any change in their breast while performing BSE,6.3% subjects were replied in no they remaining 93.8% were not performing BSE

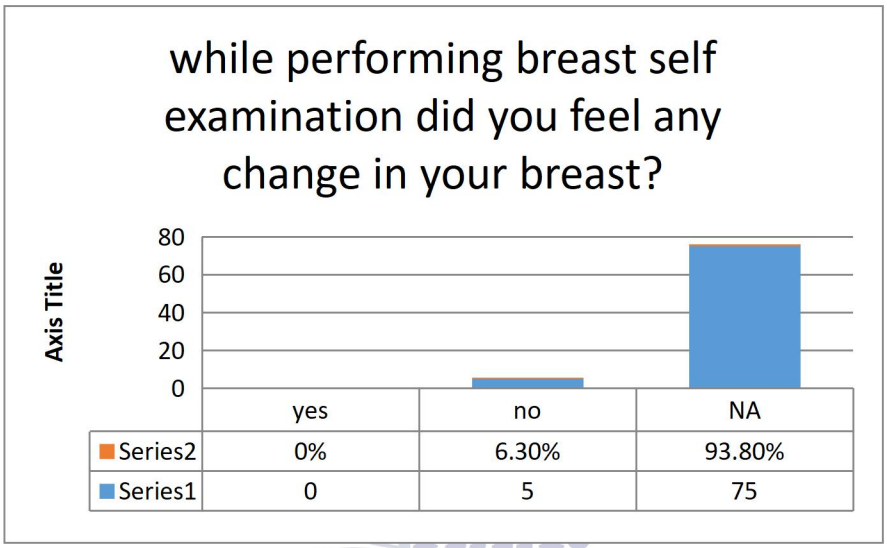
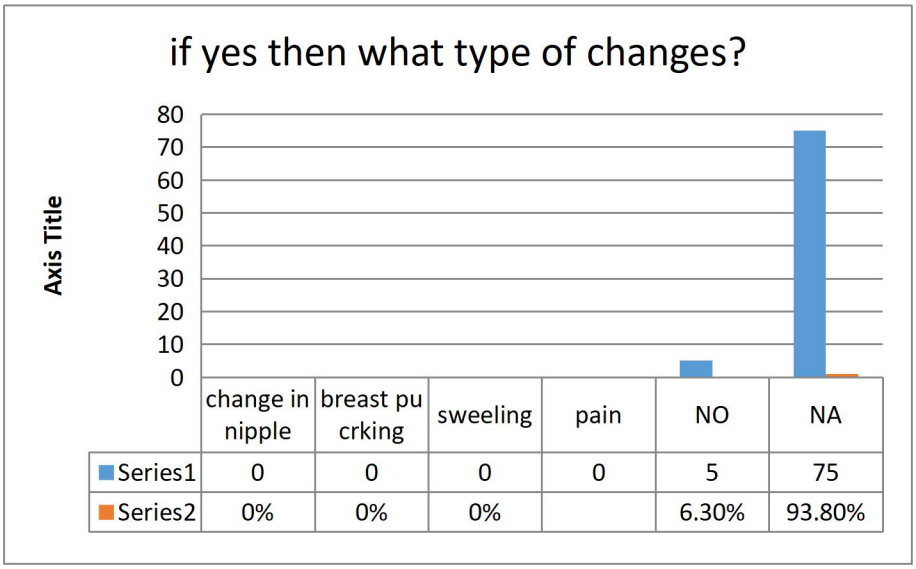


Figure 23

The subjects who performing BSE were agreed that they had not felt any change.



In our study the subjects qualification were 9(12%) matric 62(78%) had fsc and 9(12%) had FA, BSC OR MSC

Figure 24

The whole participants were agreed that BSE is very necessary.

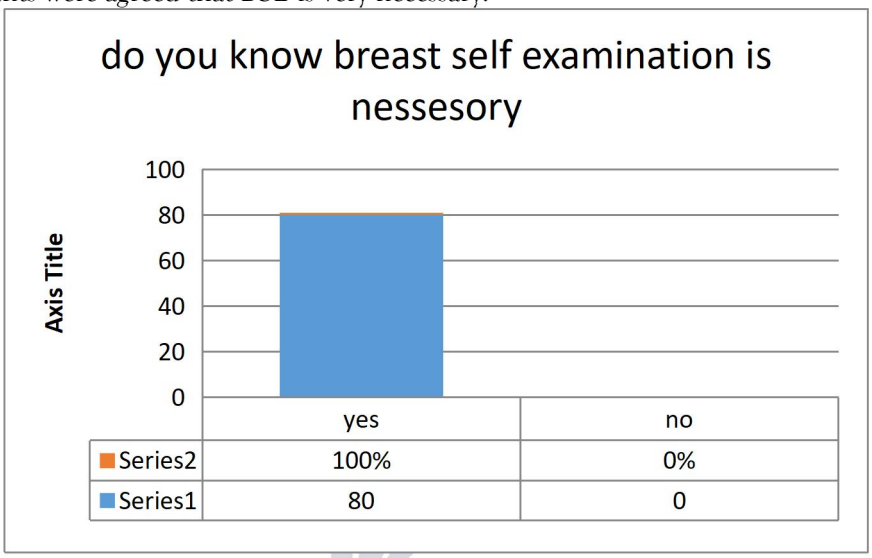


Figure 25

Only 6.3% participants said that they perform BSE before

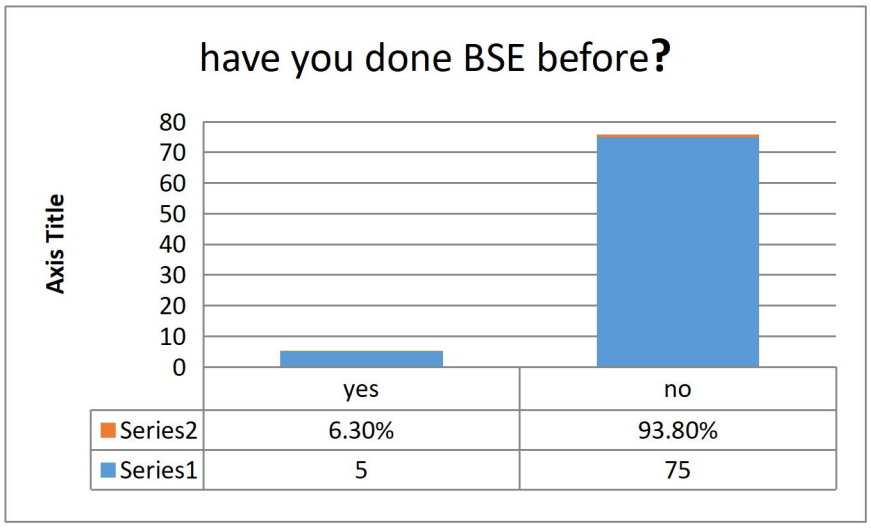


Table 3

If yes why?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	examine my breast regularly	14	17.5	17.5	17.5
	Breast cancer in my family	1	1.3	1.3	18.8
	Other	3	3.8	3.8	22.5
	N/A	62	77.5	77.5	100.0
	Total	80	100.0	100.0	

Table 4

Table no:4 **If not why?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I don't know how to perform it	30	37.5	37.5	37.5
	I don't think it is important	3	3.8	3.8	41.3
	I don't have breast cancer	39	48.8	48.8	90.0
	I don't believe on the efficacy of the test	2	2.5	2.5	92.5
	not applicable	6	7.5	7.5	100.0
	Total	80	100.0	100.0	

Table 5 **Give your comments regarding breast self-examination.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	it is very impotent	48	60.0	60.0	60.0
	to diagnose breast cancer earlier	4	5.0	5.0	65.0
	to detect any abnormality of the breast	2	2.5	2.5	67.5
	it is very necessary to diagnose and treat early	19	23.8	23.8	91.3
	give awareness among female regarding breast cancer	1	1.3	1.3	92.5
	it is important and	2	2.5	2.5	95.0

	necessary				
	it is a good technique for early detection of breast cancer	3	3.8	3.8	98.8
	Unknown	1	1.3	1.3	100.0
	Total	80	100.0	100.0	

Table 6 **how to early diagnose breast cancer**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	by breast self-examination	6	7.5	7.5	7.5
	by routine check up	5	6.3	6.3	13.8
	by palpation	50	62.5	62.5	76.3
	by examination	14	17.5	17.5	93.8
	by awareness	5	6.3	6.3	100.0
	Total	80	100.0	100.0	

Discussion

Our questionnaire for this research project was consisted of thirty one variables (questions). The questionnaire had three main divisions. One part was related to knowledge, the second was related to attitude and the third one was related to practices of the LHV second year students. The major focus was on the assessment of knowledge, attitude and practices of the LHV students regarding Breast Self-Examination. In each portion, several questions were asked from the student participants. Majority of the students had good knowledge about the general terms of breast self-examination but they had no in depth

knowledge about BSE. They had positive attitude towards breast self- examination. The practices of most of the students were poor. They rarely performed BSE.

The findings of our study indicate that majority of the students (93%) replied in no to a question whether they know about the early detection of breast cancer and only 7% said yes they know how to detect breast cancer earlier. Karayurt in his study gave the same results. He conducted his study among high school students to assess the knowledge regarding early detection of breast cancer, 98.5% of the participants said that they had no knowledge how to detect breast cancer earlier. This shows that our study can be compared to the international studies. (Karayurt, Özmen et al. 2008)

In response to the question whether the participants know that the early detection of breast cancer can improve the chances of survival, 100% said yes the chances of survival may be increased by early detection. Moreover, in response to another question whether the student participants had heard about BSE, 100% said yes they had heard about BSE. This means that the knowledge about the terms was good among the participants.

In response to a question whether student participants perform BSE, only 7% replied that they perform BSE whereas the rest of 93% replied in no that they don't perform BSE. Haji Mahmooodi conducted a study regarding the knowledge, attitude and practices among health care workers in Iran. The results of his study show that only 6% of the health care workers performed breast self-examination once a month. This shows that the results of our study are comparable to the international studies. (Haji-Mahmoodi, Montazeri et al. 2002)

In response to the question whether the participants know that for what purpose BSE is performed, 99% said yes they know for what purpose t is performed. But in response to the very next question which was about the correct purpose, 63% said that it is done for diagnosis of breast cancer, 13% said to detect any

abnormality of the breast, 10% said for early detection of breast cancer, 9% did not know the purpose of BSE. It means that the majority students had insufficient knowledge participants were not sure about the exact purpose of BSE. A study conducted by G Ertem where he found that the knowledge and practices about BSE is directly associated with work experience. The knowledge of our students was deficient because of the less work experience. (Ertem and Kocer 2009)

Regarding the question whether the participants knew how to perform BSE, only 7% said yes they knew how to perform BSE whereas the rest of 93% were totally unaware of the how to perform BSE. And when they were asked about the very connected question whether they know the proper technique, only 6% said yes they know the proper technique whereas the rest of 94% were unaware of the proper technique. This shows that majority of the student participants, had either not taken a start to perform BSE or this was new for them. It further indicates as they have deficient knowledge about BSE and its proper technique, they may not be able to educate other women during their family planning visits to the communities.

The students who replied in yes to the question that they knew the proper technique they further stated that they learnt it in their school during a seminar. It means that very few students were given chance to attend the seminar regarding BSE.

In response to a question whether the student participants know the exact age when to start BSE, 100% said it is started at the age of 15-20 years which the correct age of starting BSE. It means they have heard from somewhere at what age the BSE.

In response to the question which was asked form those five students who said yes they perform; only 6.3% said that they had performed BSE last month.

The BSE is usually performed during taking shower, 5% said that they perform BSE in the morning and 1.3% said that they perform BSE in the night.

In response to the question whether the students were willing to gain more knowledge about BSE, 99% said yes they were willing to gain more knowledge about BSE and only 1% said no they didn't need any more knowledge about BSE.

In response to the question whether the participants have seen any changes in their breast while performing BSE, no answered to have seen any changes in their breast. This shows the effectiveness of the technique performed y them. It also shows that they are very young and still to wait for any change in their breast.

In response to the question whether the participants feel it necessary to perform BSE, 100% said yes they feel it necessary to perform BSE. It means that are motivated for the performance of BSE and willing to detect any abnormality in their breast at the early stage.

In response to the question whether the participants, why do they perform BSE, 18% said they perform because they want to examine their breast regularly, 1% said they have family history of breast cancer and 3% were not sure about the purpose.

Regarding the question what the participants, say subjectively about BSE, 60% said it is very important but with no further explanation why it is important, 24% said it is necessary to early diagnose breast cancer and treat it, 5% said it is done for diagnosing breast cancer, 3% said to detect any abnormality in the breast, 4% said it is done for early detection of breast cancer. This subjective explanation show that majority of the participants only verbalized that it is necessary but have poor knowledge how it is necessary, the rest of proportion which was very little somehow knew the importance of BSE.

When the participants were asked how to early diagnose breast cancer, only 8% said that by BSE we can early detect, 7% said by routine checkup, 18% said by examination, 7% said by awareness regarding cancer. This shows that the participants were not sure about how to detect breast cancer earlier and that s why came up with different explanation.

Recommendations

- As majority of the students are deficient about the in-depth knowledge of BSE, it may be made a necessary part of their course to learn the proper technique and apply it practically.
- Workshops and seminars may be arranged in the public health schools periodically to refresh the students' knowledge and motivate them to gain an in-depth knowledge about BSE and its proper technique.
- The teachers may also may motivated to gain more knowledge about BSE and accordingly

teach their students at their respectively schools.
- Books and other necessary literature materials may be made available to the students in their libraries.
- Students may also be encouraged to create awareness among the females during their clinical and community visits.

The students may also be motivated to practice it during their routine community visits on the females especially of the rural areas who are working as housewive

Conclusion

The overall knowledge about the general terms of the BSE was good among the students but they had no in-depth knowledge. Majority of the students had very positive attitude towards BSE and its performance. Practices among them were very poor. It is suggested that BSE and its technique may be included in their curriculum and workshops and seminars may be arranged on this important topic periodically.

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