

# Breast Self Examination In Terms Of Attitude And Practice Among Community Women Of Taxila/Wah Cantt

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**Abstract- Objective:** To assess the level of attitude, and practice about breast self-examination among women living in Taxila/Wah Cantt.

**Study Design:** A Quantitative study was conducted on 100 randomly selected women using a self-administered, structured questionnaire.

**Place and Study Duration:** It was carried out from January 2019 to June 2019 involving people of Taxila/Wah Cantt.

**Materials and Methods:** Data was collected through self-structured questionnaire from 100 females living in Taxila. All selected participants had filled an informed consent. Participants were requested to respond on the basis of their own opinions and understanding to each question. SPSS version 19 was used to analyze the data. All collected information was entered and analysis was done through Statistical Package for the Social Sciences (SPSS) version 19.0. Results were presented in the form of percentages and frequencies.

**Results:** Study results showed that the gap in knowledge of BSE emphasizes on the need to raise awareness among women about the correct method and timing of BSE. According to results 61% said that breast self-examination should be done monthly And 20% said after 15 days. 70% women's said that they have not done breast self-examination and cause of not performing breast self-examination was that they don't know how to perform breast self-examination (81%). 95% said that they have never had mammography.

**Conclusion:** Pakistan has one of the highest incidence rates of breast cancer in Asia. Cancer related mortality and morbidity in Pakistani women is mainly due to breast cancer. The study results aimed to improve knowledge of women related to attitude and practice about breast self-examination, its proper management and treatment of breast cancer.

**Index Terms-** Knowledge, Breast cancer, Breast self-examination, Screening

## I. INTRODUCTION

Breast cancer is a cancer takes place in breast in which abnormal rapid growth of the cells happens. It can occur in any portion of the breast as in lobules, ducts and connective tissue.

It mainly starts in lobules and ducts. It can also start outside the breast in blood vessels and lymph vessels. Some studies have census that some women have risk factors and some have breast cancer without any risk factors. It includes swelling in the breast, age above 50, some gene mutations, family history of breast cancer, menstruations before age 12 and late menopause, women who was acquiring radiation therapy, previous history of breast cancer, obesity, women taking hormones and drinking alcohol. (Centers for Disease Control and Prevention., 2018).

Breast cancer is the most significant cancer in women throughout the world. An estimated 268,600 women has been confirmed with breast cancer in U.S. Infrequently men get breast cancer the ratio is 1 in 1000 in U.S. Studies exhibited that cancer disseminates in three ways; injured cells multiply and grow, growth of hormones and chemicals become rapid and lymph and blood vessels propagate these cancer cells to other parts of the body. When cell DNA is injured, the broken cells grow and form tumor. These cells can proceed to cancer in special portion of the body as in breast (National breast cancer foundation, Inc. 2019).

According to World Health Organization breast cancer is escalating both in developed and developing countries. 2.1 million Women are suffering from breast cancer each year. It is estimated that in 2018 there were 627,000 women death occur due to breast cancer and it is about 15% of all deaths in women due to cancer. Early diagnosis and treatment are being recommended by W H O to increase survival rate. Screening include clinical breast exam and mammography is significant at the age of 40-49 or 70-75 without symptoms (World Health Organization, 2019).

A study conducted in UK in 2015 suggests that barriers to early diagnosis of breast cancer are low symptoms and risk factors awareness, thinking that breast cancer information are irrelevant, self-managing symptoms, not disclosing to others and not knowing where to go for appointment.

Barriers to early diagnosis of breast cancer between Black African, Black Caribbean and White British women in the UK are different. Differences were affected by birth place, time spent in UK and age. Most barriers and longest delays are being accomplished by 1st generation between Black African, Black Caribbean and White British women in the UK. Second generation Black Caribbean and White British women were same and

experienced fewest barriers (Jones, CEL., Maben, J., Lucas, G., et al, 2015).

A study undertaken in India recommends that early detection plays an essential role in the hindrance of breast cancer. Breast self-examination (BSE), clinical breast examination (CBE), and mammography are precautionary techniques to cut down breast cancer morbidity and fatality. However, the latter two require an appointment from the doctor and use of specially designed apparatus. BSE is an easy, quick, convenient, private, cost free, and safe practice that requires no stuff.

According to this study, almost 68% of the respondents have poor attitude (<30) toward BSE. Social stigma and social norms were the basic reasons due to which women were not relaxed to talk about their own body.

It is fascinating to note that the two participants who scored the highest on knowledge, scored markedly low on attitude that means knowledge alone is not sufficient to have a positive attitude. Discomfort, unfamiliarity, and unpleasant past experiences might also have subsidized to a negative effect on attitude and practice of BSE, as illustrated by 204 candidates being knowledgeable but ranking poor on practice. Inadequate instructions on BSE and its procedure from credible sources, poor attitude due to the previous reasons, busy work routine, and lack of prudence could be the causes for poor practice (Sharma, S. and Gore, C. 2019).

Another study conducted in March 2020 in Gaza city of Palestine about practice and barriers towards breast self-examination. The findings recommend that the practice of BSE among women in Gaza is low, with only 40% of the respondents narrating that they never practiced BSE before, even though 76.7% reported that they were aware of BSE. In general, the main obstacle to BSE practices were that participants had wrong notion and lacked knowledge about BSE. Others also reported fear of detecting breast cancer as a hurdle. The practice of BSE among Palestinian women in the Gaza Strip is low and marred with irrelevant issues as barriers that could be erased with devoted and comprehensive educational campaigns in the area. (Baloushah, S., Jawula, S.W. et al, 2019).

A KAP study about breast self-examination was conducted among undergraduate students Of Kashmir valley. The study acknowledges that the essential source of information about BSE were Electronic Media (17.0%), Health profession (11.5%), Teachers (10.0%), Parents (10.5%) among urban respondents and Electronic Media (12.0%), Health profession (9.0%), Teachers (7.0%) and Parents (12.0%) among rural respondents. Due to less awareness and deficient knowledge mostly, students lack in BSE practice. Most of the participants feel it is not important for everyone to perform BSE (urban=79.5%, urban=84.0%) although majority of urban (63.5%) as well as rural (52.0%) respondents agree that BSE can help in early detection of breast disease. In Kashmir basic cultural factors due to which women are suffering from breast cancer are ignorance, shyness and unavailability of female oncologist. (Ashraf, S. and Rasool et al. 2019).

## II. HOW TO EXAMINE BREASTS

Once in a month we need ten minutes to perform these procedures so that we can find out any recent changes (Ashraf, S., Sultan, M. et al, 2020).

## III. WHAT TO LOOK FOR

1. Nipple direction: any change in direction of a nipple – turning inwards or outward.
  2. Nipple secretions: bleeding or oozing.
  3. Changes in areola: puckering or swelling.
  4. Lumps: most lumps are harmless, but which increase in size should be checked by your doctor.
  5. Thickened tissue: thick tissue generally begins in the upper and under areas of breasts.
  6. Bulge on the surface of the breast.
  7. Dimples.
  8. Swelling: of the upper arm, or in the armpit.
- (Ashraf, S., Sultan, M. et al, 2020).

## IV. WHEN TO CHECK OUR BREASTS

The week immediately after period's girls should examine their breast once in a month. Examine breasts on the first day of month after menopause or a woman is pregnant or lactating mother.

The easy steps for breast self-examinations along with figures are explained below:

1. In the Shower or Bath: over wet skin fingers slip easily—so with the flat of our hand move gently over each breast in a circular motion. Check for any swelling, hard knot or thickening.

2. In front of a Mirror:

Hand by Sides: To examine the breasts, during bath a lady should put her arms at her side and slowly move upper body from side to side. In this way women can examine her breast shape and size as shown in Figure, 1.

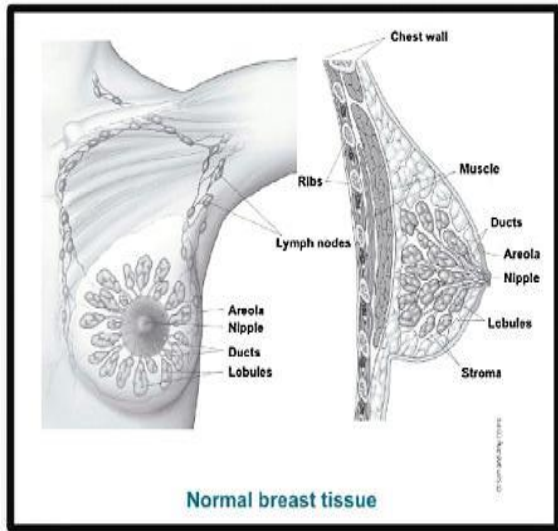
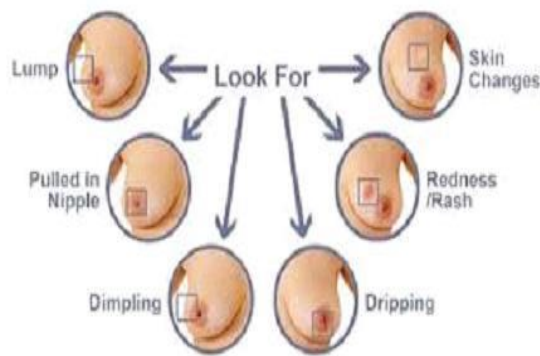
Hands on Head: The female can put her hands on her head and look for dimples or bulges in her breasts, especially underneath. The Dimples which are equal in size and shape and appear in both breasts are harmless.

Hands over Head: The women should raise her arms high above head and look again for any changes – especially in the nipple area.

Hands on Hips: Finally, women should press her palms on her hips and press down firmly while holding the shoulders back so that her chest muscles are flexed. Changes in appearance must be checked by every woman.

3. Lying Down: The female should put a pillow or fold a towel under her right shoulder and place her right arm behind her head. With the flat of her left hand she should press gently in small circular motions around an imaginary clock face. Start at the top of the breast for 12 o'clock and move in a clockwise circle until you return to 12 again. The women should keep doing this until she reaches the nipple and this procedure should take at least four circles in total. The women should repeat this process with the pillow under her left shoulder and left arm behind her head. Slowly squeeze each nipple between thumb and index finger. Any secretion, particularly if it comes from a single pore, should be checked by your doctor (Ashraf, S., Sultan, M. et al, 2020).

Pictures showing how a female can examine her breasts easily at home without any problem.



Picture 1: Signs and symptoms of breast cancer and Normal breast tissues

(Ashraf, S., Sultan, M. et al, 2020).

A KAP study about breast cancer was done among female undergraduate students of Karachi Pakistan. The mean age of participants was  $20.45 \pm 3.67$  years. 97% of the respondents hear about breast cancer out of which only 65.4% know about its high prevalence rate in Karachi, Pakistan. A good ratio of participants i.e. 78% of participants had good knowledge of breast self-examination out of which only 43.8% knew how to perform it but just 24.9 % actually performed it. 20.5% of female population had made arrangements for breast screening once in their lifetime however many of the candidates (39.1%) never experienced any

**Socio demographic data of participants**

<b>Gender:</b>	<b>Number</b>	<b>Percentage</b>
Female	200	100%
<b>Age of the respondent:</b>	<b>Number</b>	<b>Percentage</b>
17-27 years	60	30%
28-37 years	76	38%
38-47 years	46	23%
48-57 years	14	7%
>57 years	4	2%
<b>Marital status:</b>	<b>Number</b>	<b>Percentage</b>
❖ Married	158	79%

symptoms of breast pathology thus never felt the need to screen themselves. (Rasool, S. and Iqbal, M.etl.2019).

**Purpose of statement**

The purpose of this study was to assess the level of attitude, and practice about breast self-examination among women.

**Significance of study**

There is a higher risk of breast cancer among women less than 40 years old. The breast cancer is prevented by the two most effective methods; breast self-examination and clinical breast self-examination. Breast self-examination is a quick, easy and cost-effective method so breast self-examination is more effective than CBE. This study encourages effective BSE performance because women will self-discover breast cancer.

**V. MATERIALS AND METHODS**

A Quantitative study was conducted on 100 randomly selected women using a self-administered, structured questionnaire. It was carried out from January 2019 to June 2019 involving women living in Taxila/Wah Cantt. Non-probability convenient sampling was carried out among females of reproductive age and was willing to participate. Confidentiality and Privacy of the participant were taken care. The collected information was used for research purpose only. Proper written Consent was taken from all the participants to ensure their voluntary participation. Any risk or harm to the participant was avoided. Participants were requested to respond on the basis of their own opinions and understanding to each question. SPSS version 19 is being used to analyze the data. All collected information was entered and analysis was done through Statistical Package for the Social Sciences (SPSS) version19.0.

**VI. RESULTS**

Breast cancer is the most common type of cancer in females and the second leading cause of death in women. Approximately all participants had good knowledge about breast cancer, risk factors, sign and symptoms, but few participants knew about breast self-examination.

❖ Unmarried	38	19%
❖ Widow	2	1%
❖ Divorced	2	1%
<b>Respondent's qualification:</b>	<b>Number</b>	<b>Percentage</b>
❖ Uneducated	18	9%
❖ Primary	12	6%
❖ Middle	20	10%
❖ Matric	46	23%
❖ Inter	32	16%
❖ Graduate	50	25%
❖ Masters and above	20	10%
<b>Number of children:</b>	<b>Number</b>	<b>Percentage</b>
❖ No child	28	14%
❖ 1-3 children	124	62%
❖ 4-6 children	42	21%
❖ >7 children	6	3%
<b>Occupation:</b>	<b>Number</b>	<b>Percentage</b>
❖ House wife	98	49%
❖ Doctor	4	2%
❖ Teacher	26	13%
❖ Others	66	33%

### SECTION I: Attitude and practice of women about breast self-examination

**Table 1: Attitude of The Participants about breast self-examination**

1	Breast self-examination should be done	<b>Every month</b>	<b>After 15 days</b>	<b>No need</b>
		61%	20%	16%
2	if feel lump in breast will u go to hospital	<b>Within one week</b>	<b>Within one month</b>	<b>No need</b>
		79%	15%	6%
3	BC patients should be allowed to live	<b>In society</b>	<b>separate</b>	<b>Don't know</b>
		75%	14%	11

The data presented in table 1 shows that 61% said that breast self-examination should be done monthly, 20% says after every 15 days while 16% said there is no need to perform breast self-examination .79% women said if they will feel any lump will go to hospital with in one week,15% within one month and 6% no need to go to hospital due to lump in breast.75% said that breast cancer patients should be allowed to live in society and 17% said the y must be isolated from the rest of community and 11% said they don't know.

**Table 2: Attitude of The Participants about breast self-examination**

1.	If you will suffer from breast cancer	<b>Go to doctor 91%</b>	<b>Pray 9 %</b>
2.	Your family will allow you to go to hospital for breast examination	No 5%	Yes 94 %
3.	Is that breast cancer being a punishment from God	<b>No 5%</b>	<b>Yes 94%</b>
4.	Breast cancer mothers are allowed to breast feed	85%	12%
5.	Is that women be afraid from breast cancer	80%	17%

6.	Breast cancer patients should be supported by family.	19%	78%
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Table 2 shows that 91% will go for treatment if they will suffer with breast cancer and 9% said they will pray only.5% said that her families will not allow them for breast examination in hospital while 94% said that family will allow them.12% said that it is a punishment from God .80% said that breast cancer mothers should not be allowed to fed their babies if they are suffering with breast cancer.78% said that women’s must be afraid from breast cancer. A good proportion of candidate’s i.e. 94 % said that breast cancer patients should be supported by family.

**SECTION 3: Practice of women about breast self-examination**

**Table 2: Practice of The Participants about breast self-examination**

a.

<b>1. Have you ever had mammography</b>	<b>No</b>	<b>Yes</b>
<b>Percentage</b>	95%	2%
<b>2. Have you ever had breast self-examination?</b>	70%	29%

b.

<b>3. If yes how many times in a month</b>	Two times	One time
<b>Percentage</b>	8%	89%
<b>4. When you do BSE</b>	Before Menstruation	After Menstruation
<b>Percentage</b>	10%	82%

c.

<b>5. Early methods to detect breast cancer</b>	Mammography	BSE	Clinical breast examination	All of above
<b>Percentage</b>	12%	59%	8%	14%

d.

<b>6. If no</b>	Don't know how to do BSE	Don't want to do BSE	feel embarrassed to perform BSE	No need to perform BSE	Any other issue
<b>Percentage</b>	81%	4%	2%	6%	2%

Data presented in table 3 tells us that 95% have never had mammography and 70% have never had breast self-examination. The reason for not performing breast self-examination is 81% don't know how to perform breast self-examination, 2% feel embarrassed to do this, 6% feel there is no need to perform BSE and 2% does not mention the reason. A very little proportion i.e. 8% perform BSE twice in a month and 89% once in a month.10% perform BSE before menstruation and 82% after menstruation.59% said that early method to detect breast cancer is BSE and all other methods mammography and clinical breast examination contribute a little.

**VII. DISCUSSION**

Incommutably diseases are the new epidemics, affecting both advanced and advancing countries. Treatment of such diseases is lasting through the life, a costly matter, and many times connected with multiple complexities. Primary prevention in the form of health education is the main factor for the control of diseases like cancer, a common non-communicable disease. One of the noteworthy positive findings of this study is that all the women were aware of breast cancer. This can be accredited to their lofty ranks of education and internet openness.

Pakistan is developing country and most of our population is living in rural areas. The total population of Pakistan is 200 813 816. Breast cancer is the most prevalent cancer in women in our country and the most common cause of death of all cancers. The number of new cases of breast cancer in 2018 was 34066 and

accounts for 36% of all cancers. It was reported that 17158 deaths occur in females in 2018 due to breast cancer. Age-standardized-AS (World) incidence rates per 100,000 in females was 43.9 for breast cancer and AS mortality rate for breast cancer was 23.2 (The Global Cancer Observatory, 2019).

According to International Breast Cancer Foundation breast cancer is the most occurring cancer in women worldwide. An estimated 268,600 women has been diagnosed with breast cancer in U.S. Rarely men get breast cancer the ratio is 1 in 1000 in U.S. W.H.O has revealed that 2.1 million women were suffering from breast cancer worldwide and men rarely had breast cancer.

Breast cancer is also common type of cancer in European countries. The incidence rate is 29.2% in females. Due to early screening and detection the survival rate is also good in these countries.

It has been found that the incidence rate of this disease has highest in Asian countries. A study conducted in India suggests that early detection plays a pivotal role in the prevention of breast cancer. Recommended precautionary techniques to reduce breast cancer morbidity and mortality include breast self-examination (BSE), clinical breast examination (CBE), and mammography. However, the latter two require a visit to the doctor and use of specialized equipment. BSE is a quick, cost free, accessible and safe practice that requires no material.

According to this study, almost 68% of the respondents have poor attitude (<30) toward BSE. Some of the cardinal reasons as social stigma and social norms, which do not make it comfortable for women to talk/learn about and be familiar with their own body, and not to mention popular culture which freely allows for sexualization of the breasts.

Discomfort, unfamiliarity, and unpleasant past experiences might also have contributed to a negative influence on attitude and practice of BSE, as evidenced by 204 respondents being knowledgeable but ranking poor on practice. Lack of information on BSE and its procedure from authentic sources, poor attitude due to the aforementioned reasons, busy work schedules, and lack of foresight could be the causes for poor practice. (Sharma, S. and Gore, C. 2019).

Our study results also showed that breast cancer is common and prevailing in that area. Most of the women had good knowledge about the disease but only few females knew about breast-self-examinations and screening of breast cancer. The study aimed to create awareness among females of that particular area. The focus of the study was to provide information among females about breast self-examination.

## VIII. CONCLUSION

Breast cancer is one of the leading causes of cancer in females in Pakistan and second leading cause of death worldwide. According to 2008 GLOBOCAN of WHO 1.38 million women suffer from the disease. It is estimated that 1 in 9 Pakistani women has breast cancer. It brings severe financial and social problems among families of Pakistan. Illiteracy is also a major cause because women have no proper awareness about personal hygiene. The study revealed that most of the females knew about the disease but their practices regarding breast self-examinations were poor.

## IX. RECOMMENDATIONS

Based on the research conducted, it is recommended that there is a need to create awareness about the importance of SBE amongst community women of Taxila. To improve the practice of it, attention about SBE must be heightened using mass media and health service people must increase SBE during their contact with female clients. Comprehensive curriculum regarding breast cancer should be incorporated at undergraduate and post-graduate courses of students in colleges as the incidence is increasing day by day. Exposure to health-related information and subsequently enhanced awareness not only improves health knowledge but also encourages healthy practices. Knowledge is a necessary predisposing factor for behavioral changes. Women knowledge and beliefs about breast cancer may add on to medical help seeking. The study also emphasizes the importance of practical teaching and constant reminders through media, led education campaigns, medical seminars, specific counselling and other methods. Health information provision or health education can bring about significant positive changes in health-related behaviors.

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