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Original Research Article

A Study To Assess The Knowledge And Practice Of Women Regarding Breast Cancer And Its Prevention In A Selected Urban Community Of Delhi

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ABSTRACT

Introduction: Breast cancer is the most common malignancy affecting women and leading causes of mortality and morbidity in the developed and developing countries. In females, breast cancer is the most common form of cancer, with around 70,000 new cases being detected each year in India.
Materials and methods: Descriptive survey at urban community of Delhi under MCH centre Sarojini Nagar, New Delhi with sample of 100 subjects between 20 to 70 years of age. Variables under study Knowledge and practice scores (dependent) and age, education, occupation, family income (independent). Structured questionnaire (Demographic data, knowledge & practice data on breast cancer) was used. Descriptive and inferential statistics was used for analysis and interpretation.
Results: Majority of the respondents were 41% in between 45-54 years of age, 58% were graduates and post graduates, 72% were housewives, 47% of respondents had between 3-5 children, 69% were from nuclear family, 80% of the respondents had their first child before 25 years of age, 62% did not breast feed their children, 32% of respondents had their source of information on breast cancer from friends/ from locality suffering from breast cancer, 93% did not give family history of cancer. 56% of respondents had >mean scores in knowledge and 51% had <mean scores in practice. The mean and SD of knowledge score was 42.10 and 20.03; and of practice score was 26.15 and 16.21 respectively. There was no significant association between knowledge scores and age, education, occupation and there was a significant association with family income (9.53). However, there was no significant association between practice scores and all four variables at 0.05 level of significance with 1 degree of freedom.
Conclusion: In conclusion, there is a need for awareness generation programmes to improve their knowledge of breast cancer and practice of screening procedures.

Key words*: Breast cancer, knowledge, practice*

INTRODUCTION

In the early nineties when revolution was occurring in health care system throughout the world, India was facing a lot of deaths due to communicable diseases. However after independence, the Government of India took lot of measures to improve the life expectancy of Indian population, these measures gave fruitful results by showing a massive control in mortality due to communicable diseases. World Health Report (1999) gives the main

causes of mortality in India as non-communicable diseases (48 %), communicable diseases (42%) and injuries (10%). [(1)] This revealed the decrease in death rate and the better improvement of quantity and quality health services in India. A report from united nation world population prospects indicated a shift in demographic profile from 45 yrs in 1971 to 64 years in 2005-2010. It is estimated that life expectancy of the Indian population will increase to 70 years by 2021–25. In modern era where urbanization, industrialization, life style changes and population growth etc are influencing the disease pattern, we can see a paradigm shift from communicable disease to non-communicable diseases like cancer, diabetes and hypertension. Recent times have seen an increase in the incidence of cancer. [(2)]

Cancer prevalence in India is estimated to be around 2.5 million, with over 8, 00,000 new cases and 5,50,000 deaths occurring each year due to this disease. [(3)] The last fifty years have seen an exploration in our understanding of this most fundamental of diseases, and new discoveries are occurring on an almost weekly basis. A trend analysis of the data on cancer incidence for the period 1975-2008 has demonstrated that the overall occurrence of cancer is increasing among females. The greatest increase among females was for cancer of the cervix and breast. [(4)]

From time immemorial breast has been a symbol of womanhood and ultimate fertility. It has been beautifully depicted in our art and culture and even in modern times that women maintain the sanctity of this organ which symbolizes feminity. As a result any danger to the breast evokes fear of loss feminity and hence fertility. [(5)]

Breast cancer is the most common malignancy affecting women, with more than one million cases occurring worldwide annually. [(6)] Today, cancer is one of the leading causes of mortality and morbidity in the developed and developing countries. In females, breast cancer is the most common form of cancer. There were 1.7 million breast cancer cases diagnosed worldwide and 4, 65,000 women died due to breast cancer. It is estimated that in India there are approximately 2-2.5 million cases of cancer at any given time with around 70,000 new cases being detected each year. [(7)]

The currently available approach to the management of the high risk women is screening. Screening is the procedure of assessing presumably healthy people with no symptoms to detect disease before it has a chance to progress. The underlying concept is that early detection of the disease can save lives and prevent unnecessary suffering. The three components of breast cancer screening are breast self-examination, clinical breast examination, and mammogram. [(8)]

Most of the people seek medical advice when the disease is fairly advanced, resulting in poor survival and high mortality rates. The less informed women do not come forward because of ignorance of the importance of a lump in the breast; the educated women may consider it a social stigma, hence delaying presentation for as long as possible. The effect of the delay in both these types of women is the same. Late diagnosis is a major factor for high mortality as most patients present in advanced stage of the disease. This is attributed to lack of awareness and non- existent breast cancer screening programmes in India. As breast cancer is a topic that is not freely discussed in India because of culture taboo, so there is an urgent need for information and education on the awareness of breast cancer and its early detection measures. [(9)]

Objectives of the Study

1. To assess knowledge of urban women regarding breast cancer and its management.

2. To assess practice of urban women regarding breast cancer and its management.
3. To find out the association between the knowledge and practice scores of urban women with selected demographic variables.

MATERIALS AND METHODS

Research Design was descriptive survey approach. Research Setting was urban community of Delhi under MCH centre Sarojini Nagar, New Delhi. Population:- Urban women between 20 to 70 years of age. Sample Size was 100 Subjects. Sampling Technique: - Non – Probability purposive Sampling. Sampling Criteria included Inclusion Criteria urban women who are willing to participate in the study, can understand & speak Hindi and who were literate and exclusion criteria included urban women who are not willing to participate in this study, not available at the time of data collection. Variables under study were dependent Variable (Knowledge and practice of women regarding prevention of breast cancer) and independent variable (age, education, occupation, family income).

Data Collection tool used was a structured questionnaire which consist of three parts - Part I: - Demographic data,
Part II: knowledge data on breast cancer,
Part III: practice data on breast cancer.

The data collected was tabulated in a master sheet. Descriptive and inferential statistics was used for analysis and interpretation. Chi square was used to find out the association between the knowledge and practice scores of urban women with selected demographic variables.

RESULTS AND DISCUSSION

Demographic data

Majority of the respondents 41% were between 45-54 years of age, 80% were Hindus by religion, 58% were graduates and post graduates, 72% were housewives not working, 47% of respondents had between 3-5 children, 69% were from nuclear family, 80% of the respondents had their first child before 25 years of age, 62% did not breast feed their children, 38% had spaced their children between 2 – 4 years, 32% of respondents had their source of information on breast cancer from friends/ from locality suffering from breast cancer, 93% of the respondents did not give family history of cancer.

Mean & SD Value: 56% of respondents had >mean scores in knowledge and 51% had <mean scores in practice. The Chi square values computed between knowledge scores with age, education, occupation and family income showed that there was no significant association between age, education, occupation while there was a significant association with family income (9.53). However, there was no significant association between practice scores with all four variables at 0.05 level of significance with 1 degree of freedom.

Ahmet A, et al (2008), conducted descriptive study to investigate the knowledge, attitudes, and behaviours of female teachers related to breast cancer and breast self examination in Southern Turkey. A structured questionnaire was used to collect the data from 490 female teachers. The mean age was 34.6 years, and most were married (77.1%). 62.9% of participants reported to have insufficient knowledge about breast cancer. Among all the participants, 53.7% have never practiced BSE. Of those who practice BSE; 80.6% practice it as they remember, 12.5% practice it once a month. 38.4% of these learned BSE from a doctor, and 38.0% from TV. The reason for not practicing BSE was underestimation in 46.7% and lack of knowledge in 37.9%.The study showed that there is a need for continuing education on

breast cancer and breast self examination. [10]

A descriptive study was conducted in Jordan to investigate factors and beliefs that may be related to practice of Breast self examination among a group of Jordanian women. A total of 519 samples were selected from two major Universities in Jordan by using a stratified random sampling. The study result indicated that although the majority sample population (67%) had heard or read about BSE. The study concluded that benefits, susceptibility and motivation influenced the performance of BSE. [11]

Table 1: Frequency and percentage distribution of sample according to demographic data. (N=100)

S.No	Variable	Content		No. & %
1	Age	a	25-34 years	5
		b	35 - 44 years	31
		c	45-54 years	41
		d	>55 years	23
2	Education	a	Primary School	6
		b	Secondary School	36
		c	Graduate	39
		d	Post graduate	19
3	Occupation	a	Govt job	9
		b	Housewife	72
		c	Own business	13
		d	Retired	0
		e	Part time job	6
4	Family Income	a	<Rs 5000/=	16
		b	Rs 5001/= to Rs 10,000/=	63
		c	>Rs 10,001/=	21

Table -2: Mean and SD Values of Knowledge and Practice scores of mothers regarding breast cancer

S.No		Mean	< Mean	> Mean	SD
1	Knowledge	42.10	44	56	20.03
2	Practice	26.65	51	49	16.21

Table -3: Chi Square Values showing Association of women's Knowledge and Practice scores with age, education, occupation and family income regarding breast cancer. (N=100)

S.No	Variables	Knowledge value	Practice value
1	Age	1.76	2.28
2	Education	2.98	0.74
3	Occupation	2.60	0.33
4	Family Income	**9.53**	0.12

X2 value = 3.841, df = 1, p = 0.05

CONCLUSION

In conclusion, there is a need for awareness generation programmes to improve their knowledge of breast cancer and practice of screening procedures. Early diagnosis and management of breast cancer can prevent the death and improve the quality of life of women suffering with cancer.

Recommendations:

All the health personnel's doctors nurses auxiliary health workers coming in the contact of women in the danger criteria can assess and guide them for the early and better management. Also a self instructional module with pictorials can be developed in easily understandable language to help them in the prevention and management of breast cancer.

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