

## The assessment of knowledge on uptake of breast cancer prevention modalities among women

**First Author Name:** KAINAT MAHNOOR

Email: kainatmahnoor@gmail.com

Second Author: Chanda Riaz

Email: Chandariaz450@gmail.com

### **DEDICATION**

**This work is dedicated to all who have made this research project possible, especially to Madam Mawra Babar. Mom, I am so much grateful to you for being my first teacher. May Almighty gives you best of your health and long life!!!!**

### **ACKNOWLEDGEMENT**

First and foremost I am really thankful to GOD Almighty, Who make me able enough and gave me a great strength to fulfill this project. After that I am thankful to my parents who gave me all type of support me as in financial matters and also by their prayers. I really thankful to my mom, to being my first teacher. A special thanks goes to my mentor Ma'am Mawra Babar. Many of times she played an important role in my research project as she discussed many important points for clarity, enhanced the effectiveness of my practice for this project, offering suggestions and most importantly she supported and encouraged me that is greatly appreciated. I'm also really very thankful to Miss Nayab Mehjabeen, Mr Shahzaib wilson and Miss Kaynat Mary to be my supportive hand during my research work. Last but not least I would like to thanks Ma'am Sabira (library coordinator) expert assist and for their time. Quite simply my mentor and my parents, Kaynat Mary, Madam Sabira are the reasons to complete this project.

<b>Sr.#</b>	<b>Table of contents</b>	<b>Pg. #</b>
<b>1.0</b>	<b>Introduction</b>	<b>4</b>
1.1	Overview of the problem	4
<b>2.0</b>	<b>Literature review</b>	<b>5</b>
2.1	Background	5
2.2	Global	5
2.3	Regional	7
2.4	Local	8
<b>3.0</b>	<b>Methods</b>	<b>9</b>
3.1	Study designs	9
3.2	Study area	9
3.3	Duration of study	10
3.4	Data source	10
3.5	Study population	10
3.6	Sampling techniques	10
3.7	Sampling size	10
3.8	Sampling recruitment	10
3.9	Data collection	10
3.10	Definitions of key terms	10
3.11	Variables	11
3.12	Data analysis	11
3.13	Ethical consideration	11
<b>4.0</b>	<b>Results</b>	<b>12</b>
<b>5.0</b>	<b>Discussion</b>	<b>18</b>
5.1	Conclusion	20
5.2	Recommendations	20
<b>6.0</b>	<b>References</b>	<b>21</b>
<b>7.0</b>	<b>Appendix</b>	<b>25</b>
7.1	Appendix-A	25
7.2	Appendix-B	26
7.2a	English questionnaire	26
7.2b	Urdu questionnaire	32
<b>8.0</b>	<b>Work Plan</b>	<b>36</b>
<b>9.0</b>	<b>Budget</b>	<b>37</b>

<b><i>Sr.#</i></b>	<b><i>Tables</i></b>	<b><i>Pg.#</i></b>
<b><i>1</i></b>	<b><i>Table no. 1 (socio-demographic data)</i></b>	<b><i>13</i></b>
<b><i>2</i></b>	<b><i>Table no. 3 (statistics)</i></b>	<b><i>14</i></b>
<b><i>3</i></b>	<b><i>Table no.2 (knowledge Questionnaire)</i></b>	<b><i>14</i></b>
<b><i>4</i></b>	<b><i>Table no.3 (knowledge %)</i></b>	<b><i>15</i></b>
<b><i>5</i></b>	<b><i>Table no. 4 (practice Questionnaire)</i></b>	<b><i>16</i></b>
<b><i>6</i></b>	<b><i>Table no. 5 (practice %)</i></b>	<b><i>17</i></b>

IEEESEM

## TOPIC

### The knowledge assessment on uptake of breast cancer prevention modalities among women

#### ABSTRACT

**Background:** Breast cancer is a considerable and utmost health problem universally that has been upsurge over last few decuple. The ongoing epidemiological, demographical and socio- culture change and transformation by underlying to point up the analogous risk factors has increased the breast cancer occurrence in develop countries as Pakistan as out of the proportion specially in women. Knowledge, early detection, discernments, symptoms and curability is an influential in disease avoidance and anticipation.

**Aim:** To ameliorate breast cancer awareness and practices regarding breast self-examination among females. To identify knowledge gaps in the females perceived versus actual Knowledge of breast cancer.

**Method:** A cross sectional study was conducted and comprehended in Medina Teaching Hospital of Faisalabad. A convenience sample of 30 females whose age from (<18 to >60) data were collected by using an efficient questionnaire by structured interview with participants. SPSS software was used for data analysis. Data were evaluated through coding SPSS 20.0 Packet Software (SPSS Inc., Chicago, Illinois). Results for each item and sub-dimension on the scale were calculated as numbers, percentages, and arithmetic averages. Study was completed in four months (01-08-2018 to 30-11-2018).

**Results:** Findings shows that only 16.7% females have knowledge that at what age breast self-examination should do. 3.3% know about breast self- examination technique. 16.7% females are well known about exact time for breast self-examination. Breast screening method like (BSE) breast self-examination as 23.3% practice is done. 46.7% done breast self-examination before and 53.3 % have not done (BSE) breast self-examination before. 26.7% females had learnt the correct method of breast self-examination. 70% of females do not learn the correct method of breast self-examination.

**Conclusion:** There is a major requirement of instructive interventions to improve awareness and knowledge regarding breast cancer, its symptoms, risk factors as well as breast screening/diagnostic methods. People have very least knowledge regarding breast cancer and prevention modalities are very low. Even those who have a knowledge regarding this, they don't even do practice. Certain Health awareness campaigns should be viral or initiated at early or primary health level also in home based community to promote this education to disseminate information by campaigns.

**Keywords:** breast cancer, breast cancer screening methods, breast self-examination, mammography.

**Aim:**

To ameliorate breast cancer awareness and practices regarding breast self-examination among females.

**OBJECTIVES:**

- To assess the knowledge among females regarding breast cancer.
- To assess the practice among females regarding breast self-examination.
- To identify knowledge gaps in the females perceived versus actual Knowledge of breast cancer.

**1-INTRODUCTION**

The Cancer , forms in breast tissues. It is an uncontrolled growth of breast cells. Breast cancer, often diagnosed among women, is due to the presence of malignant tumor in breast tissues. Cancerous cells continue to grow with time and make new abnormal cells, instead of dying. Cancerous cells can also spread into adjacent tissues. Growing is out of control and invading other tissues are makes a cancer cell (1).

The main cause of breast cancer is the age of females 40-44 years. Its prevalence is in low economic countries as well as in high economic countries. The survival rates is low and middle economic countries are stay/remain low. It's a global health issue and breast cancer is very common among females (2).

The sign and symptoms are included as breast lumps, breast shape changes/ structural changes, red scaly patches on the skin, inverted nipples, nipple discharge(3). The risk factors that are most common in women are: obese females, family history, history of prior breast cancer, during menopause replacement of hormonal therapy, during first menstruation, having late or having no child, old age, and probability of klienfelter syndrome(4).

It is diagnosed by tissue biopsy and treated by mastectomy, by radiation therapy, through hormonal .and chemotherapy. Its prognosis survival rate is five year. 2.1 million People are effected by breast cancer and 533600 deaths are occur due to breast cancer (5).

It's a global health problem, this cancer is most common among females. Screening program for breast cancer in UK(United Kingdom) is invited the women as an age of 50-70for mammography. By this way they early detect the disease that can be improved by primary interventions. This will help to reducethe breast cancer mortality rate in females. By this screening program 20% reduction of breast cancer is seen (6).

A global survey/burden of breast cancer will cross 2 million in 2030 (7).

The breast cancer privilege global survey indicate that 15-49 years old females had increase the rate of breast cancer (120 to150) as per 100000 from 1975-2009. The age group of female with 50-64 was developed more at the rate of (150 to 300)/100000.the age of 65-69 has increased the rate from (200 to 400)/100000 and the age of 70 the rate was increased (230 to 360)/100000 all over the world (WHO 2012). In Uganda, breast cancer is the 3<sup>rd</sup> most common cancer among women. The survival

rate of 5 year is 56% in women. In Brazil, breast cancer is most cause of deaths among females. In Turkish women , breast cancer rate is 24.1%. So it's recommended that women should do Clinical Breast Examination regularly and do mammography every 3 years. It's indicated that globally detection of women as an age of 30-69 the reduction of breast cancer by mammography 20-30% (8).

It is not transmitted disease that's privilege is worldwide. In Brazil's women 113/100000 rate of breast cancer is indicated, that's gradually increases.52.6-53% cases were determined/indicated in 2012-2013 (9).

In United States women treated for early breast cancer that is below 4-6% in 1990 but now the rate is increased between 11%-25% (10). India has 14.9/100000 rate of breast cancer but now it's also increases at the rate of 20%. There are 60% of all cancer are present in India including breast cancer. Breast cancer is the 2<sup>nd</sup> much more occurring disease prevailing in India that can lead death (11).

In Pakistan rate of breast cancer incident is very high .since 1980 breast cancer was diagnosed in developed countries but now it spread in developing and under developing countries. In Pakistan there is no adequate ratio of breast cancer is seen because of lack of knowledge and due to lack of registration in Cancer Registration System at Pakistan/ National level. Pakistan has a greatest incidence rate of breast cancer than India as 50/100000 in Pakistan and 19/100000 in India (12).

## **2-LITERATURE REVIEW**

Literature review is also called narrative review. It's a form of review of articles. It is an academy publishing /scholar paper. Which have a knowledge of findings regarding any topic as well as methodological and theoretical contribution is present regarding specific topic. Literature review is a document and it's a type of any research record-source that provide an information that is helpful to publish and to make a new research (13).

### **2.1-Global:**

This study was conducted by Paul D.P. PHAPOACH, Nicholas and by Bruce A.J in (2007) about breast self-examination knowledge and practice in women Cambridge UK. This study is shows that influence of breast cancer family history has a lot effect on women to put on risk of breast cancer. In this research it is discussed that mother-relatives risk of breast cancer is about 25 of all risks, mother-sister has 3.6%, and first degree relatives has a risk of 2.1%. They discussed that breast cancer is most common and has a risk for young women who have a breast cancer family history and appropriate counselling should be given to the women who are on risk (14).

This study was conducted by Z.Heidri, N.Shakhawar to evaluate the knowledge of the women in Iran in (). This study shows that breast cancer is much more common disease that can lead death. This study discusses that only 8.3% women are aware from screening method of breast cancer.21.6% know about breast self-examination. 3.4% have a knowledge of mammography. 67% women have no or insufficient knowledge concerning r breast cancer screening and only 4.5% women do practice of BSE (breast self-examination) on regular basis (15).

This study was conducted by Tam Donnelly and Jasmine in (AUG 23 2013) to assess the knowledge about screening intervention in Arabic women. This study is discussed that screening program and early probing and declaration of breast cancer is very necessary to lesser the mortality and morbidity rate of breast cancer. In Arab women this is a barrier of socio-emotional barrier. These women didn't

go to hospital due to presence of male doctors on clinical screening program. So they fell ashamed to get knowledge and to do examination by male doctors and these women also feel difficulty in language of health care cultural sensitivity, so that's why these women have no knowledge regarding intervention for examination (16).

This study was conducted by Christine, Steven, in AUG 2015 on uptake of prevention of breast cancer among women in Uganda. This study is explain that breast cancer is 3<sup>rd</sup> most common cancer but only 44% of women are diagnosed and have only 22% of women go for checkup because they have no knowledge about breast cancer and BSE (breast self-examination). They really don't know even regarding the manifestations of breast cancer (17).

This study was conducted by Olayida, Cannas, Lee Chun Fan in 2017 was published for assess the knowledge of breast cancer examination of African migrant women in Australia. The study is discussed that breast cancer is a guiding cause of death worldwide. So they concluded that these women has wakefulness of BSE (breast self-examination) 76%, mammography is done by 85.2% but only 11.4% women do practice instead of having knowledge regarding breast cancer (18).

This study was conducted by Amenuel Eyub Azaria and Teklezgi in 2014 in Eritrea. This study is described that only 50% of professionals are known about sign and symptoms of breast cancer and 11.3% do practice of breast self-examination (19).

This study was conducted by Janet M.Gray, and by Jaanne Rizzo in 2017 to find the connection between environment and breast cancer. In which it is discussed that various radiations and chemicals make a great participate to anticipate the possibility of occurrence of breast cancer (20).

The study was conducted by Martha and Benford to access the knowledge and awakefulness among university students in Angola USA. The study is discussed that these students have least awareness regarding breast cancer in well educated people as well as in medical and non-medical students. They have even no idea and have no awareness of menifestations and risk factors related breast cancer (21).

The study was conducted by Janice M Phillips. Anita.J. This study was about American women who migrated from Africa. This study is discussed about these women that they have understanding and have awarenness and practice of BSE (breast self-examination). These females spoke that health delegation separate the word breast from the body. They want to be spread the breast health issues for holistic approach (22).

This study was conducted by Maryam S Faridi, Eunuong Cho, to discuss the benefits of fruits and vegetables it shows that the over use of fruits and vegetables can reduces the possibility of occurrence of breast cancer (23).

The study was conducted by Mahdi Tazhibi and Feizi in 11<sup>th</sup> Sep 2014. This study was discuss that the awareness of sign and symptom and about screening program among women in Iran. This study shows that only 33.2% women has knowledge about screening program , 31.9% know about risk factors, 29.7% know about sign and symptoms , 35.5% have concerns about therapeutic modalities among females about breast cancer (24).

This study was conducted by Mariona Pones-Vigous.M. Isaben Pasurinin 7<sup>th</sup> Mar 2011. This study shows that chines women that are lives in Spain have poor knowledge and have less positive attitude towards breast cancer and have low practice regarding BSE (breast self-examination) (25).

The study was conducted by Nadia Islam, Semona C, and Navneet in July 3<sup>rd</sup> 2006. This study shows that South Asian women that are lives in New York City have 56% knowledge of mammogram, 66% have knowledge of breast self-examination, and 34% doing practice (26).

## **2.2-Regional:**

This study was conducted by Santhika. M .Ranasinhe, Senaka Rajapaksa in 2013. This study shows that breast cancer is very common in womens worldwide. Many health programs promoting the breast cancer awareness in Sri Lanka to all females specially school students. In these women 60% women have breast cancer due to breast lump, radiations, some have family history. These women has poor knowledge about sign and symptoms even they suffer from these symptoms but they don't notice presence of lump(breast lump).35.6% knew about the sign and symptoms, 79.4% used chemotherapy, 17.1% knew about performing of BSE (breast self-examination) of total sample size, only 9.4 were aware to screening services. These women have deficit knowledge and practice (27).

This study was conducted by Mehra Shirazi, Joan Bloom, and Rona Popal in 22<sup>nd</sup> Aug 2013. This study stated that breast health of Afghan women that lives in California. This study shows that 37.7% of women who had breast cancer, 28.35 doing breast self-examination. 41% have never ever reported, 65.9% have knowledge of mammography, and 34% never ever having mammogram (28).

This study was conducted by Shankar Shubham Roy in 2017. This study is stated about screening and understanding of breast cancer among teachers in India. According to World Cancer Report, India has a most common cancer of breast among women. They have very low wakefulness and awareness regarding breast cancer, has menifestations and risk factors. 60% of teachers knew regarding BSE (breast self-examination). Many females involve in sigrate smoking and indulged in alcoholism. Ignorance rate is 83%, awareness of sign and symptoms is 31.5%. Less positive attitude/lethargic attitude is about 32.2%.This study concluded that a significant awareness program should should be held to improve the knowledge and practice among women (29).

This study was conducted by A.Gupta, k.Shiridar in July 2018.this study shows that wakefulness of breast cancer among females in India, the study shows that females have many risk factors but they can't report. This study revealed low literacy rate of breast cancer awareness, this study concluded that health system must be improve breast cancer literacy among Indian women (30).

This study was conducted by Parash Mani, Kiran Thapar, and Shiva Raj Mishra in 2016. The study stated to assess the awearness and practice of breast cancer in students in Nepal. This study is stated, breast cancer is spread worldwide among females. Only 4.18% students have correct wakefulness and knowledge regarding breast cancer, its possible risk factors and its sign and symptoms but 1.4% didn't have knowledge. 39% of people go through from treatment. 23.3% have pain in breast, 205 have shape changes in breast, and 14.1% have pus. This study shows that people have poor knowledge regarding manage this disease even they don't know about the sign and symptoms and about risk factors (31).

This study was conducted by Karthijekan and Karunakaran in 2017 to assess the awareness/wakefulness and practice of breast cancer in students as well as among faculty in Sri Lanka. By this study it is a cancer that is most probably diagnosed among female. According to this study Knowledge and awareness is very important in female regarding breast cancer to prevent the

disease. These women have good knowledge=82.9% but have very poor cunnig/practice of BSE (breast self-examination) =33% more than the half students has total sample size of 222 students (32).

### **2.3-Local:**

This study was conducted by Faiza Ahmed, Sadia Mahmood, to assess the knowledge among care giver in Karachi Pakistan in 19<sup>th</sup> Sep 2006. according to this study breast cancer is very common cancer in developed and developing countries. In Pakistan women have breast cancer=69/100000. This study shows that 35% of caregivers have good knowledge regarding risk factors, sign and symptoms, breast self-examination. Remaining caregivers have least knowledge about to manage the disease (breast cancer). The study concluded that to conducting a seminar to educate the caregivers at workplace to enhance the awareness about breast cancer to inhance the knowledge of self and of others (33).

This study was conducted by Mohammad Akram, Mehwish Iqbal in 2017 to assess the knowledge and current awareness of breast cancer among Pakistani women. This study shows that breast cancer is spread worldwide and this tumor is most probably occur globally. This study shows breast self-examination, screening programs are very beneficial to reduce this life threatening disease. 60% of deaths occurs in developing countries because they have no awareness about breast cancer, BSE (breast self-examination), possible risk factors and menifestations (34).

This study was conducted by Shiyam Kumar, Ayesha Malik Imam in July 2009 to assess the awareness and practice in health care professional in Aga Khan Hospital (Karachi). This study concluded that 2-3 have good knowledge regarding risk factors, breast self-examination, sign and symptoms, and about mammography's benefits. This study reveals health care professionals have fair knowledge regarding scoring, breast self-examination, and chemotherapy. This study concluded that this knowledge should be improve furthermore (35).

This study was conducted by Sehrish Murtza, and M. Imran in GC University Faisalabad to explain that depression is a psychiatric disorder and these psychotic symptoms have a possible risk of breast cancer. This study shows that psychotic issues must be reduce in women to lower the possible risk factor of breast cancer and inhance the life's quality (36).

The study was conducted by Najma Naz, Sabiha Khanum in 14<sup>th</sup> April 2016 to assess how women manage their breast cancer in Peshawar (Pakistan).this study stated that women have no knowledge regarding this disease process. They have poor knowledge, less positive attitude as well as low practice regarding BSE (breast self-examination), and practice/cunnig of mammography. This study shows that a session must be conduct in this community to improve the wakefulness/knowledge regarding breast cancer as well as to improve/increase the practice (37).

This study was conducted by Hafiz Muhammad Asif, Sabira Sultana in 2014-2015. According to this study it is very common cancer among females. In Pakistan it is most frequently disease that occurs worldwide. In Pakistan incidence rate is increases 2.5 times greater rather than India or Iran because Pakistani women have no awareness regarding BSE (breast self-examination) , possible risk factors, sign and symptoms so because of this, it's preveladge is increases day by day. According to this study seminars should be conducted to inhance the awareness/knowledge and practice of BSE (breast self-examination) (38).

This study was conducted by Muhammad Ali Tarar, Dr Saira Akhtar. According to this study people have lesser awareness/knowledge about breast cancer because of cultural hindrance, marriage in early age and other risk factors that can cause exacerbation in breast cancer. This study concluded that it should be reduced by taking steps through health care professionals, doctors, nurses, LHV/FHW (39).

This study was conducted by Samina Khokher, Warda Qureshi to evaluate the knowledge of preventive measures about breast cancer in Pakistan. This report stated that Pakistan has least screening facilities, lack of knowledge/awareness. People are very poor and they have very low economic status. This study reported that only 27% have good knowledge regarding breast cancer management, 14% have very poor knowledge, and about 56.1% have no awareness/knowledge about possible risk factors, sign and symptoms, BSE (breast self-examination). Local area's women have very poor knowledge regarding this but the educational women have knowledge about this disease. They concluded that best strategies should be designed for this purpose like campaign on TV ads etc. (40).

The study was conducted by Bilal Maqsood, Malik Muhammad Zeeshan, and Ayesha Zafar to evaluate the awareness/knowledge and practice among nurses in Lahore. According to this study 35% females are wakeful/aware of the manifestations, possible risk factors, breast self-examination. This report is stated that 60% cancers occur in the age of 40 years. WHO recommended the women to do breast screening and using mammography. This study stated that 40% women have false beliefs like black magic/God will and religion differences (different points of view). 21.4% have good knowledge, 56.1% have less knowledge. This study concluded that doctors must suggest regular screening and demonstrate breast self-examination (41)

### **3-Methodology**

#### **3.1-Study design:**

A cross sectional descriptive study was conducted in Madinah Teaching Hospital (MTH) to evaluate/assess the knowledge of breast cancer and practice regarding BSE (breast self-examination).

#### **3.2-Study area:**

The study area was Breast Cancer OPD at Madinah Teaching Hospital Sargodha Road Faisalabad. 'Madinah Teaching Hospital' works as a successful complex system/model organization to address the sufferings of sick humanity, specially patients from the under-exempted cross-section of the culture, by providing excellence expertise, hindering, expedient consultancy, diagnostic, curative and remedial rehabilitative services, such as surgeries and transplantations, heedless of religion, colour, beliefs, creed, social status, free of cost.

#### **3.3-Duration of study:**

The duration of study was from 01-08-18 to 30-11-18.

#### **3.4-Data sources:**

In this study the source of engines are used as google scholars, literature was reviewed through articles with the help of internet by PubMed, books. Then data was collected from the female patients of breast cancer OPD in Madina Teaching Hospital Faisalabad.

### **3.5-Study population:**

The study population of this study was comprised of female patients (Breast cancer OPD) of MTH.

### **3.6-Sampling technique:**

It was a convenient sampling technique.

### **3.7-Sample size calculation:**

The study contained sample size of 30.

### **3.8-Sample recruitment:**

- **Inclusion criteria:**

The study included 30 participants, patient females in breast cancer OPD of MTH.

- **Exclusion criteria:**

In this study <18 years females and > 60 years females, women who have psychiatric or any mental problems so they were excluded.

### **3.9-Data collection techniques:**

- **Data collection tool:**

Data collection tool was used in the study was a quantitative structured questionnaire distributed to participants. This questionnaire was based on three categories. Demographic questions, questions for knowledge and questions for practice. It includes the information regarding participant's age, their education, occupation, and religion, knowledge of breast cancer and screening and current practice of BSE (breast self-examination) among female patients. After that the answers of questions noted and analysed.

- **Pre-test or pilot study:**

Pilot testing was done on 10% of sample size.

- **Issues of reliability and validity:**

Validity is the range to which a tool measures what it is assume to measure and performs as it is structured to execute validation include collecting and analysing data to determine the accuracy of a tool. Pilot testing was done to measure the reliability of a tool. The tendency towards consistency found in repeated measurements of the same phenomenon is referred to as reliability. Cronbach's alpha test will be used for assessing the reliability.

### **3.10-Definition of key terms, concepts and variables:**

➤ **Key terms:**

- **Breast cancer:** The Cancer that forms in breast tissue. It is an uncontrolled abnormal mass or growth of breast cells. Breast cancer, frequently diagnosed in women (42).
- **Breast cancer screening methods:** Breast cancer screening is crucial to educate the public about the importance of early detection of breast cancer by distinct screening

process. An acknowledged checking process for breast cancer include clinical breast examination (CBE), mammography and magnetic resonance imaging (MRI) and Breast self-examination (BSE) (43).

- **Breast self-examination:** Breast self-examination (BSE) even has an significant function to manipulate/play in the advance recognition of breast cancer by self in limited or resource-constraint context (44).
- **Clinical breast examination:** It is crucial and significant to aware the people for advance recognition of breast cancer by breast cancer screening that is clinical breast examination perform through any health practionor (45).
- **Mammography:** Mammography is the only screening test that has been shown to improve breast cancer survival (46).

### 3.11-Variables of interest:

#### ▪ Study variables;

- Age
- Education
- Religion
- Occupation

#### ➤ Outcome Variables:

- Knowledge
- Practice

IEEESEM

### 3.12-Data analysis plan:

The data collected in this study was tabulated and analysed by entering in Microsoft SPSS ver. 20 that was used for statistical analysis. Descriptive and inferential statistics were calculated.

### 3.13-Ethical consideration:

Written informed consent will be taken and information was kept confidential moreover comfortable place is provided to the participants and their privacy is always be maintained at every level.

## 4-RESULTS

**Table 1. Descriptive profile of a sample of women referring to Madina Teaching Hospital (n=30)**

<b>Demographic data</b>	<b>Frequency (n)</b>	<b>Percentage</b>
<b>1. Age (years) of the participant</b>	14	46.7
a) 20-29	6	20.0
b) 30-39	5	16.7
c) 40-50	5	16.7
d) > 50		
<b>2. Marital status :</b>		
a) Unmarried	10	33.3
b) Married	20	66.7
c) Widow	00	00.0
d) Others	00	00.0
<b>3. Higher level of education:</b>		
a) Primary school complete	9	30.0
b) Middle school complete	5	16.7
c) Secondary education	7	23.3
d) Tertiary education	6	20.0
e) others	3	10.0
<b>4. Occupation of participant:</b>		
a) Jobbies	1	3.3
b) housewife	29	96.7
c) others	0	00.0
<b>5. Religion of the participant:</b>		
a) Muslim	28	93.3
b) Christian	02	6.7
c) Others	0	00.0

### **Socio-demographic data/exclusives of study participants:**

Table 1 shows socio-demographic exclusives of study population. These are thirty female patients who Participated in this study were only females. Age range of these participants was about 20 to  $\geq 50$  years, some of these participants were unmarried (33.3%) and married (66.7%) also. All participants possessed primary to tertiary educations, some of these participants also done some special courses. 96.7% percent of respondents were house wives and 3.3% of females were Jobbies. These were Muslims (93.3) and Christian (6.7%).

**Table 2. Statistics of knowledge and practice**

characteristics	knowledge	Practice
Valid	30	30
Missing	0	0
Mean	1.60	1.67
Median	2.00	2.00
Mode	2	2
Std. Deviation	.498	.479

Table 2 shows the statistics of knowledge and practice. These have some basic characteristics are as follow. The valid values of knowledge is 30.none of have any missing value. Mean of knowledge of participants of this research is 1.60, median is 2.00 and mode is also 2.standard deviation of knowledge is 0.498.this table is also shows valid values of practice of the participants of this research. The valid value is 30.none of these have any missing value. Mean is 1.67, median is 2.00 and mode of practice is 2.standard deviation of practice is 0.470.

**Table 3. Knowledge base profile of a sample of women referring to Madina Teaching Hospital (q=6)**

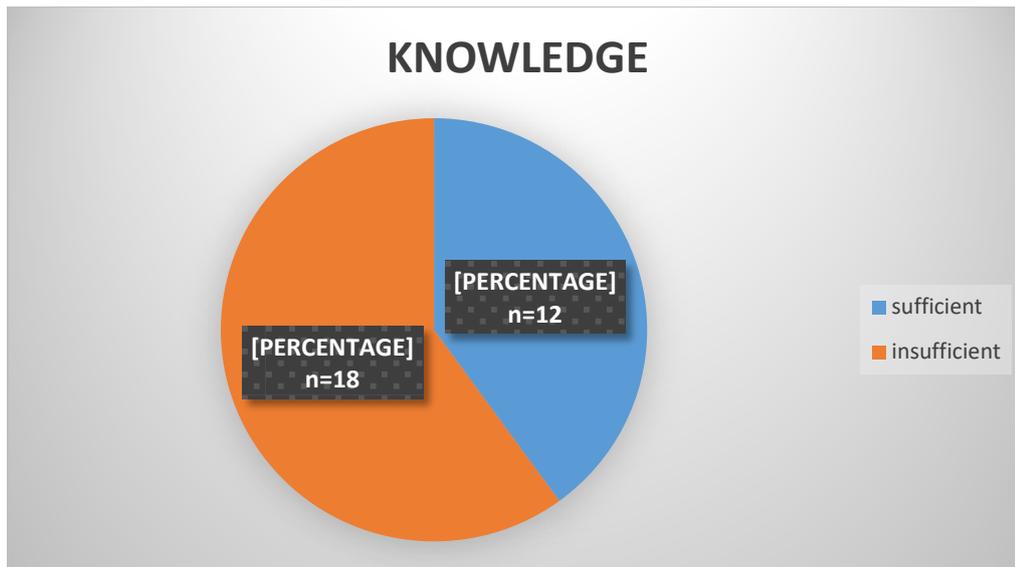
Variables	frequency	Percentage
<b>1. Have you any awareness or you have heard about breast cancer?</b>		
a) Yes	21	70.0
b) No	8	26.7
c) Don't know	1	3.3
<b>2. Is there any history of breast cancer in your family?</b>		
a) Yes	4	13.3
b) No	20	66.7
c) Don't know	6	20.0
<b>3. Have you knowledge that at what age should breast self-examination begin?</b>		
a) <19	5	16.7
b) >19	18	60.0
c) <40	7	23.3
d) >40	0	00.0
e) Don't know	0	00.0
<b>4. Do you have awareness about any screening method for breast cancer:</b>		
a) Breast self-examination	1	3.3

b) Clinical breast examination	20	66.7
c) ultrasound	8	26.7
d) mammography	1	3.3
e) all above	0	00.0
f) Other	0	00.0
<b>5. Have you knowledge how breast self-examination done?</b>		
a) Palpate with one finger or Palpate with palm and minimum of three fingers	3	10.0
c) Don't know	25	83.3
d) Anyhow	2	6.7
e) Others	0	00.0
<b>6. Have you knowledge how often breast self-examination should perform?</b>		
a) Daily	6	20.0
b) Weekly	12	40.0
c) Monthly	5	16.7
d) Yearly	7	23.3
e) Don't know	0	00.0

Table 3. Shows the Knowledge base profile of a sample of women concerning with breast cancer. A total of 30 married and unmarried women were selected like as an improbability sample. There was statistically an insignificant association between entire awareness about breast cancer screening method and level of awareness regarding educational level as history of breast cancer in a family. There is a significantly direct relationship between awareness, how to examine the breast and awareness regarding screening methods with age, exact time period and proper method of breast self-examination. Only 16.7% females have knowledge that at what age breast self-examination should do. 3.3% know about breast self-examination technique. 16.7% females are well known about exact time for breast self-examination.

**Table 4.**

Knowledge		Frequency	Percent
Valid	Sufficient	12	40.0
	Insufficient	18	60.0
	Total	30	100.0



**Fig 2. Knowledge percentage**

Table 4 and figure 1 is show that in total number of sample size of 30 females, only 12 females have a sufficient knowledge regarding breast cancer awareness , history of breast cancer in family , (BSE) breast self-examination, breast examination methods with age and exact time period to do examination as percentage is 40%. 18 females have insufficient knowledge regarding awareness and knowledge of breast cancer, history of breast cancer in family, breast self-examination, breast examination methods with age and exact time period to do examination as percentage is 60%.

**Table 5. Practice base profile of a sample of women referring to Madina Teaching Hospital (q=7)**

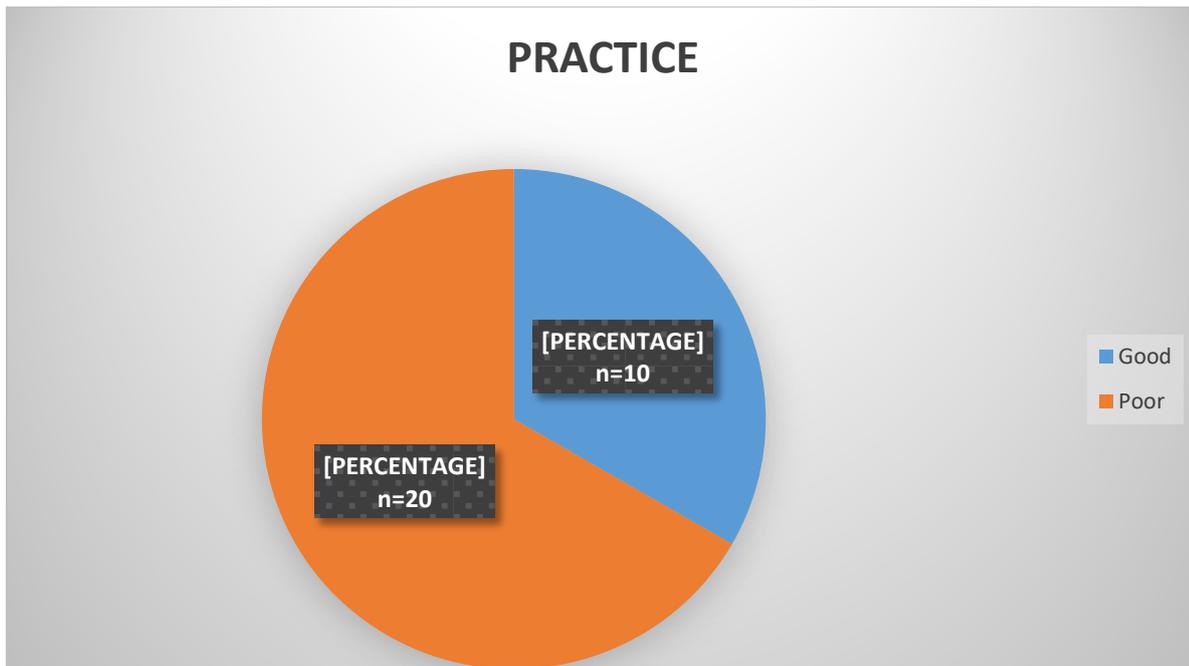
Variables	frequency	Percentage
<b>1. Have you done any screening method? Specify:</b>		
a) Breast self-examination	18	60.0
b) Mammography	2	6.7
c) Ultrasound	3	10.0
d) Clinical breast examination	0	00.0
e) All above	0	00.0
f) No	7	23.3
<b>2. Have you done (BSE) breast self-examination before?</b>		
a) Yes	14	46.7
b) No	16	53.3
<b>3. Do you practice breast self-examination once a month</b>		
a) Yes	8	26.7
b) No	21	70.0

c) others	1	3.3
<b>4. Do you learn the correct method of breast self-examination?</b>		
a) Yes	8	26.7
b) No	21	70.0
c) Others	1	3.3
<b>5. Do you have proper guideline about breast self-examination followed by health staff?</b>		
a) Yes	15	50.0
b) No	12	40.0
c) Others	3	10.0
<b>6. Do you ever done please specify:</b>		
a) Smoking	1	3.3
b) Use of excessive tea	10	33.3
c) Use of wearing black clothes or black under clothes	1	3.3
d) Use of deodorants	3	10.0
e) others	15	50.0

Table 5. Shows the practice base profile of a sample of women of breast cancer. This tables is presenting that only a little bit females have a proper practice of breast screening method like (BSE) breast self-examination as 23.3% practice is done. 46.7% done breast self-examination before and 53.3 % have not done (BSE)breast self-examination before. 26.7% females had learnt the correct method of breast self-examination.70% of females do not learn the correct method of breast self-examination.50% of females have took proper guideline about (BSE)breast self-examination followed by health staff.3.3% of females done smoking and 33.3% of females are use excessive tea .3.3% females Use of wearing black clothes or black under clothes. 10% of females use deodorants. And some of these have other issues as 50%.

**Table 6.**

practice		Frequency	Percent
Valid	Good	10	33.3
	Poor	20	66.7
	Total	30	100.0



**Fig 2. Practice percentage**

Table 6 and figure 2. Shows that only 33% of females have good practice of breast self -examination, routinely use of screening methods, least use of risk factors that are leading cause of breast cancer. These females have proper guideline about breast screening methods and examination. These were only 10 females out of 30 females as total sample size of female patients. 67% of females have poor practice of (BSE) breast self -examination, routinely use of recognizing methods, excess use of risk factors that are leading cause of breast cancer. These females have no guideline about breast screening methods and examination. These were 20 females out of 30 females as total sample size of female patients.

## **5- DISCUSSION**

Breast self-examination (BSE) is a great as well as it is a very easy method to find the early detection of disease progression. It is economical and efficient method Breast cancer diagnostic methods are very useful for all people that prevent us to complications and prevent from malignancy. The study was performed to evaluate the awareness and practice among female patient of Madina teaching hospital. This study has revealed that knowledge level about breast cancer among females was very low as 40% of females are well aware about breast cancer and 60% people have no awareness regarding breast cancer and about its recognizing methods. Only 33% females do practice of breast cancer detective methods and majority of females as 67% had never ever practice/performed breast cancer screening methods. Another study was conducted by Dorahu U.Ramathuba in 27<sup>th</sup> Feb 2015 on breast cancer. This study reveals that knowledge level about breast cancer in women was very low. There was a negative attitude against breast cancer. Majority of females had never ever performed breast cancer screening methods (47).

In present study it was observed that 13.3% females had a history of breast cancer and bulk of females had no history of breast cancer was 67.7%. Another study was conducted by Katherine L. Nathanson. This study was revealed that 15-20% of women have family history of breast cancer and

60-80% has a family history of breast cancer + ovarian cyst. This is often occurs in the age of more than 20 years (48).

In present study it is observed that females have poor and insufficient knowledge as only 40% have a good knowledge. So many respondents got information through health staff .some got through relatives. Some of these participants got information through pump let's and banners. In the other study that was conducted by Manas Kotepui in 29<sup>th</sup> Sep 2014. In this study this was observed that among total number of sample size of 217 females have well as 78% knowledge about breast cancer screening methods than the temporary employees as 22%. They claimed that income and resources level may put impact on knowledge, and make a great difference in knowledge. Respondents got information through health staff as 58.5%, some got through internet 47.5% (49).

Present study was conducted and in this study has been observed that many of the females had never ever heard that breast cancer is how much swear. And how much, this cancer is malignant and harmful. People have very poor knowledge regarding breast cancer. A little bit people have aware about screening methods of breast cancer. 3.3% of females are known about breast self-examination. 66.7% females are knew about clinical breast –examination.3.3% of females are knew about mammography. In past another study was conducted by N.A.S. Alwan. That study was revealed that 71% of participants were eventually not aware about breast cancer is malignant and firth ranked cancer of the world (56%). 44.8% are known about mammography (50).

In present study it is observed that females have don't know about history of breast cancer, they even don't know that they have a family history or have a personal history. In past another study was conducted by Semarya Berhe Lemlem, that was observed that 5.2% of females are known about history of breast cancer.48.9% have no personal history and 8.6% have family history (51).

Present study shows that females believe that breast cancer is reason of a medical condition. Another study, that was held in past, conducted by, Amal K. Suleiman on 3<sup>rd</sup> June 2014. Was revealed that this this caused by medical condition as 22.7% 13.9% females believe that it is caused by extreme breast feeding. 12.8% believe that it is caused by heredity. 10.3% believe that it is caused by late marriages (52).

In present study it is observed that 3.3% known about breast cancer screening methods and many of these people got information by health staff and by relatives.an other study that was conducted by Salehodddin Bouya in mar 2018. This study was presented that 4.5% of females were known about breast cancer screening methods. They have good knowledge about breast self-examination AS 5-79.8%. Health team is a basic source to get information (53).

Present study was conducted and it has been noticed that breast cancer is become a viral disease. Another study was comprises by Ahmadin Jemal in 2011. That breast cancer is commonly occurs in developing countries, 64% deaths are occurs due to breast cancer in the world.23% new cases and 14% of all cancer cases are found in developing countries (54).

Present study was revealed that a little bit people are known about risk factors, benefits of breast cancer screening methods, menifestations of breast cancer. Another study was conducted by Tomoyuke Shimade on 21th Aug 2017. In which discussed that nurses of Janase have least knowledge about awareness, benefits of screening and about risk factors (55).

Present study was conducted and revealed that patients have least knowledge and poor practice regarding breast cancer and about breast self- examination. Another study was conducted by lua Peilin on 22<sup>nd</sup> NOV 2012, which has observed that 83.7% participants have moderate knowledge regarding breast cancer (56).

In present study it is observed that 40% of participants have awareness about breast cancer, risk, as well as its benefits of early detection of breast cancer. Many of people got awareness through health team members, television, radios, commercials, and by relatives. Whereas other study was conducted by Sami Abdo Radmanin in 2011 observed that 56.7% of participant has awareness about breast cancer and they got information through books and magazines. 15.8% have got information by health staff, 21.7% have got knowledge through television and radio (57).

Present study was conducted and revealed that 26.7 % of people doing monthly base. 70% do not perform this monthly. Overall participants have 33.3 % practice of breast cancer examination. And 67% have do not do this on regular basis. Whereas, it was another study has conducted by Shatha Saeed, in 2014. This study was revealed that 22.7% have do practice of BSE, monthly. They have lack of knowledge and they do not follow the doctor advise.8.9% have family history who done mammography (58).

In present study it is revealed that 40 % of participants have awareness regarding breast cancer risk factors. Many participants elevate the breast cancer risk by using different agents like ) Smoking 3.3%, Use of excessive tea as 33.3% , Use of wearing black clothes or black under clothes 3.3% Use of deodorants 10%, and others risk factors are 50% . Another study was conducted by Muhammad Abdul Hedi on Mar 2009, in which it has been observed that 59.1% participants have awareness about breast cancer, 32.3% have awareness about BSE, and 33% participants have awareness about clinical breast – examination (59).

In present study it has been discussed that awareness and practice level of the participants is very low regarding breast self –examination. Most of these patients do not follow the doctor's recommendations. Some of these females do not bother the screening methods. Another study that was conducted by Tam Truong Donnelly in 2013.that study shows that level of awareness and practice was very low regarding BSE. They does not follow the doctor's advice. Many of these females feel embarrassment (60).

The present study is conducted and this study shows that participants have least knowledge and practice regarding BSE and breast cancer treatment, risk factors and about sign and symptoms. Another study was conducted by Nancy L that was shows that women have very low knowledge and poor practice regarding BSE and breast cancer, its risk factors and sign and symptoms (61).

## **5.1-CONCLUSION**

The knowledge level of participants regarding breast cancer was respectively very low as 40% efficient. Majority of participants had no awareness about breast cancer as 60% is poor. Some of these participants had never ever heard about breast cancer before this. Many of these participants miss the practice of breast cancer, only 33% of females doing practice of breast cancer examination. Many of these females have no knowledge about diagnostic methods of breast cancer, many of these females think that they have no personal risk factor. Some of these doing smoking as 3.3%, some of

these use of excessive tea as 33.3%, and some of these use dud rents (10%), some of these use of black clothes and under clothes as (3.3%).

Poor breast cancer diagnostic recognition was reported among society/community. It is reported that no diagnostic examination had ever been conducted among the community. Which presents dissemination and campaign of certain health information is not functioning well or coefficiently. Average of female's practice of diagnostic examination is (33%). Only (23.3%) of females had ever practice of BSE or mammography as (60%) among the participants. Early detection is decreases mortality rates. So it might be to improve/ enhance awareness regarding different processes of advance detection of metastatic / breast cancer.

## **5.2-RECOMMENDATIONS**

There is a major requirement of instructive interventions to improve awareness and knowledge regarding breast cancer, its symptoms, risk factors as well as breast screening/diagnostic methods. Certain Health awareness campaigns should be viral or initiated at early or primary health level also in home based community to promote this education to disseminate information by campaigns.

Information of breast cancer should be accessible to everyone, especially from health team through different strategies like as by poster display, through leaflets, by video clips of health education. Health talks with clients, who are waiting for consultation in OPD or reception extents.

Additional research is necessary to being a positive transform towards breast cancer and to investigate models of health believes and also to change about believes of women who have spiritual and traditional health dimensions, to seek help to a "doctor".

Women should encouraged and improve practice of breast screening methods regularly. We also must put attention and emphasize to do breast self-examination because it is a method this is economically very low, so simple and basic procedure. This is very integrated and important for all reproductive health programs such as pregnancy, post-partum and also in menopausal women.

## **6-REFENCES**

1. Nathanson, K. N., Wooster, R., & Weber, B. L. (2001). Breast cancer genetics: what we know and what we need. *Nature medicine*, 7(5), 552. (What Is Breast Cancer?)
2. Ramathuba, D. U., Ratshirumbi, C. T., & Mashamba, T. M. (2015). Knowledge, attitudes and practices toward breast cancer screening in a rural South African community. *Curationis*, 38(1), 1-8.
3. Harvey, J., Down, S., Bright-Thomas, R., Winstanley, J., & Bishop, H. (2013). *Breast disease management: a multidisciplinary manual*. OUP Oxford.
4. Lupichuk, S. M. (2008). *Preference For Breast Cancer Risk Reduction Hormonal Therapy In Postmenopausal Women 50-69 Years Attending Screening Mammography* (Doctoral dissertation, University of Calgary).
5. Breast cancer From Wikipedia, the free encyclopedia

6. Marmot, M. G., Altman, D. G., Cameron, D. A., Dewar, J. A., Thompson, S. G., & Wilcox, M. (2013). The benefits and harms of breast cancer screening: an independent review. *British journal of cancer*, 108(11), 2205.
7. Gupta, A., Shridhar, K., & Dhillon, P. K. (2015). A review of breast cancer awareness among women in India: Cancer literate or awareness deficit?. *European journal of cancer*, 51(14), 2058-2066.
8. Elsie, K., Gonzaga, M., Francis, B., Michael, K., Rebecca, N., Rosemary, B., & Zeridah, M. (2010). Current knowledge, attitudes and practices of women on breast cancer and mammography at Mulago Hospital. *Pan African Medical Journal*, 5(1).
9. Prolla, C. M. D., Silva, P. S. D., Netto, C. B. O., Goldim, J. R., & Ashton-Prolla, P. (2015). Knowledge about breast cancer and hereditary breast cancer among nurses in a public hospital. *Revista latino-americana de enfermagem*, 23(1), 90-97.
10. Rosenberg, S. M., Tracy, M. S., Meyer, M. E., Sepucha, K., Gelber, S., Hirshfield-Bartek, J., ... & Winer, E. P. (2013). Perceptions, knowledge, and satisfaction with contralateral prophylactic mastectomy among young women with breast cancer: a cross-sectional survey. *Annals of internal medicine*, 159(6), 373-381.
11. Parameshwari, P., Muthukumar, K., & Jennifer, H. G. (2013). A population based case control study on breast cancer and the associated risk factors in a rural setting in kerala, southern India. *Journal of clinical and diagnostic research: JCDR*, 7(9), 1913.
12. Noreen, M., Murad, S., Furqan, M., Sultan, A., & Bloodsworth, P. (2015). Knowledge and awareness about breast cancer and its early symptoms among medical and non-medical students of Southern Punjab, Pakistan. *Asian Pac J Cancer Prev*, 16(3), 979-84.
13. Literature review from Wikipedia, the free encyclopedia
14. Pharoah, P. D., Day, N. E., Duffy, S., Easton, D. F., & Ponder, B. A. (2007). Family history and the risk of breast cancer: a systematic review and meta-analysis. *International journal of cancer*, 71(5), 800-809.
15. Heidari, Z., Mahmoudzadeh-Sagheb, H. R., & Sakhavar, N. (2008). Breast cancer screening knowledge and practice among women in southeast of Iran. *Acta Medica Iranica*, 46(4), 321-328.
16. Donnelly, T. T., & Hwang, J. (2015). Breast cancer screening interventions for Arabic women: a literature review. *Journal of immigrant and minority health*, 17(3), 925-939.
17. Atuhairwe, C., Amongin, D., Agaba, E., Mugarura, S., & Taremwa, I. M. (2018). The effect of knowledge on uptake of breast cancer prevention modalities among women in Kyadondo County, Uganda. *BMC public health*, 18(1), 279.
18. Renzaho, A. M., & Burns, C. (2006). Post-migration food habits of sub-Saharan African migrants in Victoria: A cross-sectional study. *Nutrition & Dietetics*, 63(2), 91-102.
19. Porter, P. (2008). "Westernizing" women's risks? Breast cancer in lower-income countries. *New England Journal of Medicine*, 358(3), 213-216.
20. Gray, J., Evans, N., Taylor, B., Rizzo, J., & Walker, M. (2009). State of the evidence: the connection between breast cancer and the environment. *International journal of occupational and environmental health*, 15(1), 43-78.
21. Sambanje, M. N., & Mafuvadze, B. (2012). Breast cancer knowledge and awareness among university students in Angola. *Pan African Medical Journal*, 11(1).
22. Phillips, J. M., Cohen, M. Z., & Tarzian, A. J. (2001). African American women's experiences with breast cancer screening. *Journal of Nursing Scholarship*, 33(2), 135-140.

23. Farvid, M. S., Chen, W. Y., Michels, K. B., Cho, E., Willett, W. C., & Eliassen, A. H. (2016). Fruit and vegetable consumption in adolescence and early adulthood and risk of breast cancer: population based cohort study. *bmj*, 353, i2343.
24. Tazhibi, M., & Feizi, A. (2014). Awareness levels about breast cancer risk factors, early warning signs, and screening and therapeutic approaches among Iranian adult women: a large population based study using latent class analysis. *BioMed research international*, 2014.
25. Pons-Vigués, M., Puigpinós-Riera, R., Serral, G., Pasarín, M. I., Rodríguez, D., Pérez, G., ... & Borrell, C. (2012). Knowledge, attitude and perceptions of breast cancer screening among native and immigrant women in Barcelona, Spain. *Psycho-Oncology*, 21(6), 618-629.
26. Islam, N., Kwon, S. C., Senie, R., & Kathuria, N. (2006). Breast and cervical cancer screening among South Asian women in New York City. *Journal of Immigrant and Minority Health*, 8(3), 211-221.
27. Ranasinghe, H. M., Ranasinghe, N., Rodrigo, C., Seneviratne, R. D. A., & Rajapakse, S. (2013). Awareness of breast cancer among adolescent girls in Colombo, Sri Lanka: a school based study. *BMC public health*, 13(1), 1209.
28. Shirazi, M., Bloom, J., Shirazi, A., & Popal, R. (2013). Afghan immigrant women's knowledge and behaviors around breast cancer screening. *Psycho-Oncology*, 22(8), 1705-1717.
29. Wu, T. Y., & Chen, S. L. (2017). Breast cancer screening practices and related health beliefs among Taiwanese nurses. *Asia-Pacific journal of oncology nursing*, 4(2), 104.
30. Dahiya, N., Basu, S., Singh, M. C., Garg, S., Kumar, R., & Kohli, C. (2018). Knowledge and Practices Related to Screening for Breast Cancer among Women in Delhi, India. *Asian Pacific journal of cancer prevention: APJCP*, 19(1), 155.
31. Bhandari, P. M., Thapa, K., Dhakal, S., Bhochhibhoya, S., Deuja, R., Acharya, P., & Mishra, S. R. (2016). Breast cancer literacy among higher secondary students: results from a cross-sectional study in Western Nepal. *BMC cancer*, 16(1), 119.
32. Karthijekan, K. (2017). Knowledge on breast cancer and Practices on breast self-examination among Female Students in Faculty of Health-Care Sciences, Eastern University, Sri Lanka. *International Journal of multidisciplinary Studies*, 4(1).
33. Ahmed, F., Mahmud, S., Hatcher, J., & Khan, S. M. (2006). Breast cancer risk factor knowledge among nurses in teaching hospitals of Karachi, Pakistan: a cross-sectional study. *BMC nursing*, 5(1), 6.
34. Akram, M., Iqbal, M., Daniyal, M., & Khan, A. U. (2017). Awareness and current knowledge of breast cancer. *Biological research*, 50(1), 33.
35. Kumar, S., Imam, A. M., Manzoor, N. F., & Masood, N. (2009). Knowledge, attitude and preventive practices for breast cancer among health care professionals at Aga Khan Hospital Karachi. *Journal of the Pakistan Medical Association*, 59(7), 474.
36. MURTAZA, S., & QADIR, M. I. Depression in Breast Cancer: Mechanism and Management. *Reviews in Pharmacology ISSN*, 2220, 6701.
37. Naz, N., Khanum, S., Dal Sasso, G. T. M., & de Souza, M. D. L. (2016). Women's Views on Handling and managing their breast cancer in Pakistan: A qualitative study. *Diseases*, 4(2), 17.
38. Asif, H. M., Sultana, S., Akhtar, N., Rehman, J. U., & Rehman, R. U. (2014). Prevalence, risk factors and disease knowledge of breast cancer in Pakistan. *Asian Pac J Cancer Prev*, 15(11), 4411-6.

39. Tarar, M. A., Akhtar, S., Manj, Y. N., Akhtar, M., Zafar, M. I., & Hussain, N. (2015). KNOWLEDGE AND ATTITUDE; STIs, HIV, AIDS, RTIS, BREAST CANCER & REPRODUCTIVE HEALTH AMONG YOUNG FEMALES IN FAISALABAD DISTRICT, PAKISTAN. *Professional Medical Journal*, 22(6).
40. Khokher, S., Qureshi, W., Mahmood, S., Saleem, A., & Mahmud, S. (2011). Knowledge, attitude and preventive practices of women for breast cancer in the educational institutions of Lahore, Pakistan. *Asian Pac J Cancer Prev*, 12(12), 2419-24.
41. Maqsood, B., Zeeshan, M. M., Rehman, F., Aslam, F., Zafar, A., Syed, B., ... & Imam, S. Z. (2009). Students' Corner Breast Cancer Screening Practices and Awareness in Women admitted to a Tertiary Care Hospital of Lahore, Pakistan. *JPMA*, 59(418).
42. Nathanson, K. N., Wooster, R., & Weber, B. L. (2001). Breast cancer genetics: what we know and what we need. *Nature medicine*, 7(5), 552. (What Is Breast Cancer?)
43. Kotepui, M., Piwkham, D., Chupeerach, C., & Duangmano, S. (2015). Knowledge, attitudes and practice of breast cancer screening among female personnel of W alailak U niversity. *Health Expectations*, 18(6), 3069-3078.
44. Sama, C. B., Dzekem, B., Kehbila, J., Ekabe, C. J., Vofo, B., Abua, N. L., ... & Angwafo III, F. (2017). Awareness of breast cancer and breast self-examination among female undergraduate students in a higher teachers training college in Cameroon. *Pan African Medical Journal*, 28(1), 164.
45. Chong, P. N., Krishnan, M., Hong, C. Y., & Swah, T. S. (2002). Knowledge and practice of breast cancer screening amongst public health nurses in Singapore. *Singapore medical journal*, 43(10), 509-516.
46. Pons-Vigués, M., Puigpinós-Riera, R., Serral, G., Pasarín, M. I., Rodríguez, D., Pérez, G., ... & Borrell, C. (2012). Knowledge, attitude and perceptions of breast cancer screening among native and immigrant women in Barcelona, Spain. *Psycho-Oncology*, 21(6), 618-629.
47. Ramathuba, D. U., Ratshirumbi, C. T., & Mashamba, T. M. (2015). Knowledge, attitudes and practices toward breast cancer screening in a rural South African community. *Curationis*, 38(1), 1-8.
48. Nathanson, K. N., Wooster, R., & Weber, B. L. (2001). Breast cancer genetics: what we know and what we need. *Nature medicine*, 7(5), 552.
49. Kotepui, M., Piwkham, D., Chupeerach, C., & Duangmano, S. (2015). Knowledge, attitudes and practice of breast cancer screening among female personnel of W alailak U niversity. *Health Expectations*, 18(6), 3069-3078.
50. Alwan, N. A. S., Al Attar, W. M., Eliessa, R. A., Madfaic, Z. A., & Tawfeeq, F. N. (2012). Knowledge, attitude and practice regarding breast cancer and breast self-examination among a sample of the educated population in Iraq.
51. Lemlem, S. B., Sinishaw, W., Hailu, M., Abebe, M., & Aregay, A. (2013). Assessment of knowledge of breast cancer and screening methods among nurses in university hospitals in Addis Ababa, Ethiopia, 2011. *ISRN oncology*, 2013.
52. Suleiman, A. K. (2014). Awareness and attitudes regarding breast cancer and breast self-examination among female Jordanian students. *Journal of basic and clinical pharmacy*, 5(3), 74.
53. Bouya, S., Balouchi, A., Ahmadidarehsima, S., & Badakhsh, M. (2018). Knowledge and Source of Information About Early Detection Techniques of Breast Cancer Among Women in Iran: A Systematic Review. *Journal of cancer prevention*, 23(1), 51.

54. Jemal, A., Bray, F., Center, M. M., Ferlay, J., Ward, E., & Forman, D. (2011). Global cancer statistics. *CA: a cancer journal for clinicians*, 61(2), 69-90.
55. Shimada, T., Takahashi, M., Shimizu, Y., & Hashimoto, M. (2017). Evaluation of the knowledge of women and registered nurses in Japan regarding the benefits and risks of breast cancer screening. *Journal of Rural Medicine*, 12(2), 98-104.
56. Lin, L. P., & Zakaria, N. S. (2013). Breast Cancer and Chemotherapy Knowledge among Undergraduates of Health Sciences: Which Traits Predict Good Knowledge?. *The Malaysian journal of medical sciences: MJMS*, 20(1), 60.
57. Al-Dubai, S. A., Qureshi, A. M., Saif-Ali, R., Ganasegeran, K., Alwan, M. R., & Hadi, J. I. (2011). Awareness and knowledge of breast cancer and mammography among a group of Malaysian women in Shah Alam. *Asian Pac J Cancer Prev*, 12(10), 2531-2538.
58. Al-Sharbatti, S. S., Shaikh, R. B., Mathew, E., & Al-Biate, M. A. S. (2013). Breast self examination practice and breast cancer risk perception among female university students in Ajman. *Asian Pacific Journal of Cancer Prevention*, 14(8), 4919-4923.
59. Hadi, M. A., Hassali, M. A., Shafie, A. A., & Awaisu, A. (2010). Knowledge and perception of breast cancer among women of various ethnic groups in the state of Penang: a cross-sectional survey. *Medical Principles and Practice*, 19(1), 61-67.
60. Donnelly, T. T., Al Khater, A. H., Al-Bader, S. B., Al Kuwari, M. G., Al-Meer, N., Malik, M., ... & Fung, T. (2013). Beliefs and attitudes about breast cancer and screening practices among Arab women living in Qatar: a cross-sectional study. *BMC women's health*, 13(1), 49.
61. Keating, N. L., Kouri, E. M., Ornelas, H. A., Méndez, O., Valladares, L. M., & Knaul, F. M. (2014). Evaluation of breast cancer knowledge among health promoters in Mexico before and after focused training. *The oncologist*, 19(10), 1091-1099.

IEEESEM

## **7-Appendix**

### **Appendix-A**

#### **INFORMED CONSENT**

TO ASSESS THE KNOWLEDGE OF FEMALE PATIENTS REGARDING  
BREAST CANCER /SCREENING AND PRACTICE OF BREAST SELF-  
EXAMINATION AMONG FEMALE PATIENTS IN MADINAH TEACHING  
HOSPITAL FAISALABAD

I am the student of BSN 8th semester working on a project “**knowledge and practice related to breast cancer and its screening at MTH.**”

**Purpose of the study:**

You are being asked to participate in research study to identify the knowledge of breast cancer /screening & practice of breast self-examination at MTH.

**Study procedure:**

You are asked to fill questionnaire. This will take about your 10-15 minutes

**Probable risk:**

No probable risks are involved in this study

**Benefits to the subjects:**

I expect this research project will help you to improve the quality of life by providing knowledge regarding breast cancer management and good practice of breast self-examination.

**Research participant's right:**

You are indicating that you have read all of the above conditions & you voluntarily participating in this study. Sign below if you are agree to participate in the following research

**Rights of confidentiality:**

Withdraw from study at any time without any consequences.

**Name of Participant:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **QUESTOINNAIRE**

### **APPENDIX-B**

#### **7.1a- Section A:Demographic data**

**1. Age (years) of the participant.**

- a) 20-29
- b) 30-39
- c) 40-50
- d) > 50

**2. Marital status :**

- a) Unmarried
- b) Married
- c) Widow
- d) Others

**3. Higher level of education.**

- a) Primary school complete
- b) Middle school complete
- c) Secondary education
- d) Tertiary education
- e) others

**4. Occupation of participant:**

- a) Jobies
- b) housewife
- c) others

**5. Religion of the participant:**

- a) Muslim
- b) Christian
- c) Others

#### **Section B:Knowledge Based questions**

**6. Have you any awareness or you have heard about breast cancer?**

- a) Yes
- b) No
- c) Don't know

7. Is there any history of breast cancer in your family?
  - a) Yes
  - b) No
  - c) Don't know
  
8. Mention source from which you get knowledge about breast cancer:
  - a) Friends and relatives
  - b) Television/Radio
  - c) Doctors/Nurse
  - d) Others
  
9. Do you experience any of the following symptoms like as:
  - a) Nipple discharge
  - b) Enlargement of breast
  - c) Lump in breast
  - d) Axillary lump
  - e) Nipple retraction
  
10. Do you have awareness about any screening method for breast cancer:
  - a) Breast self-examination
  - b) Clinical breast examination
  - c) ultrasound
  - d) mammography
  - e) all above
  - f) Other
  
11. Who should perform breast self-examination? Have you knowledge about it?
  - a) Male
  - b) Female
  - c) Both
  - d) Don't know
  
12. Have you knowledge that at what age should breast self-examination begin?

- a) <19
- b) >19
- c) <40
- d) >40
- e) Don't know

**13.** Have you knowledge how often breast self-examination should perform?

- a) Daily
- b) Weekly
- c) Monthly
- d) Yearly
- e) Don't know

**14.** Have you knowledge how breast self-examination done?

- a) Palpate with one finger
- b) Palpate with palm and minimum of three fingers
- c) Don't know
- d) Anyhow
- e) Others

**15.** Have you knowledge that which is the best time to do breast self-examination?

- a) During menstruation flow
- b) A week after period
- c) Don't know
- d) Others

**16.** have you knowledge that breast cancer is done by which method:

- a) Inspecting the breast in front of the mirror
- b) Feeling the breast with fingers
- c) Feeling the armpit with fingers
- d) Undress until the waist, when doing breast self-examination
- e) One hand should be raised up and assess any lump with alternative hand
- f) Don't know
- g) Others

### **Section C:Practice Based Questions**

- 17.** Have you done any screening method? Specify:
- a) Breast self-examination
  - b) Mammography
  - c) Ultrasound
  - d) Clinical breast examination
  - e) All above
  - f) No
- 18.** Have you done breast self-examination before?
- a) Yes
  - b) No
- 19.** If yes so why?
- a) To examine your breast regularly
  - b) Breast cancer in family
  - c) Others
- 20.** If no so why not?
- a) You don't know how to do it
  - b) You don't think it's important
  - c) You don't believe in the efficiency of this test
  - d) I don't think I should touch my body like that
  - e) I don't have any symptom
  - f) I know I can never have cancer
  - g) I am scared of being diagnosed with breast cancer
- 21.** Do you practice breast self-examination once a month
- a) Yes
  - b) No
  - c) others
- 22.** Do you learn the correct method of breast self-examination?
- a) Yes
  - b) No
  - c) Others
- 23.** Do you advise your parents/partner or friends to use breast self-examination?
- a) Yes

- b) No
  - c) Never ever
- 24.** Do you have discuss the importance of breast self-examination with your family/parents or partner?
- a) Yes
  - b) No
  - c) never
- 25.** Do you have proper guideline about breast self-examination followed by health staff?
- a) Yes
  - b) No
  - c) Others
- 26.** Do you go directly to public health care if you notice any breast abnormality?
- a) Yes
  - b) No
  - c) Never
  - d) Others
- 27.** Do you ever done please specify:
- a) Smoking
  - b) Use of excessive tea
  - c) Use of wearing black clothes or black under clothes
  - d) Use of deodorants

## اجازت نامہ

مدینہ ٹیچنگ ہسپتال میں چھاتی کے کینسر کے متعلق مریضہ عورتوں کا علم اور مشق کا تعین کرنا

میں بی یس این 8ویں سیمیٹر کی طلبہ ہوں۔ اور چھاتی کے کینسر سے متعلق علم اور اس کے اسگرینگ سے متعلق مدینہ ٹیچنگ ہسپتال میں ایک منصوبے پر کام کر رہی ہوں۔

**مطالعہ کا مقصد:**

آپ کو مدینہ ٹیچنگ ہسپتال میں چھاتی کے کینسر کی اسکریننگ اور چھاتی کے مطالعہ اور عمل کی شناخت کے لئے تحقیق کے مطالعہ میں حصہ لینے کا کہا جا رہا ہے۔

**مطالعہ کا طریقہ کار:**

آپ کو سوال نامہ بھرنے کے لئے کہا جا رہا ہے۔ یہ آپ سے دس سے پندرہ منٹ لے گا۔

**ممکنہ خطرہ:**

اس مطالعہ میں ممکنہ خطرات شامل نہیں ہیں۔

**مضامین کے فوائد:**

میں امید کرتی ہوں کہ یہ تحقیقاتی منصوبہ آپکی چھاتی کے کینسر کے انتظام کے بارے میں علم فراہم کرنے اور چھاتی کے خود معائنہ اچھے عمل کے ذریعے زندگی کی کیفیت کو بہتر بنانے میں مدد فراہم کرے گی

**ریسرچ حصہ دار کا حق:**

آپ یہ ظاہر کر رہے ہیں کہ آپ نے مندرجہ ذیل حالات کو پڑھا ہے۔ اور اب آپ رضا کارانہ طور پر اس مطالعہ میں شرکت کر رہے ہیں۔ اگر آپ مندرجہ ذیل تحقیق میں حصہ لینے کے لئے متفق ہیں تو نیچے دستخط کریں۔

**راز داری کے حقوق:**

آپ کسی بھی نتائج کے بغیر کسی بھی وقت مطالعہ سے دستبردار ہو سکتے ہیں۔

IEEESEM

شرکاء کا نام \_\_\_\_\_

ادراہ: \_\_\_\_\_

دستخط \_\_\_\_\_

تاریخ \_\_\_\_\_

## سیکشن A: ڈیموں گرافک ڈیٹا

i. شرکاء کی عمر (سال)

الف. 20-29 سال ب. 30-39 سال ج. 40-50 سال د. 50 سے زائد

ii. شادی شدہ حیثیت

الف. غیر شادی شدہ ب. شادی شدہ ج. بیوہ د. دیگر

iii. تعلیم کی علیٰ سطح

الف. پرائمری سکول مکمل ب. مڈل سکول مکمل ج. سکینڈری سکول مکمل د. کالج کی تعلیم مکمل ہ۔ دیگر

iv. شراکت دار کا کاروبار۔

الف. ملازم ب. خاتون خانہ ج. دیگر

v. شریک کا مذہب۔

الف. مسلمان ب. مسیحی ج. دیگر

## سیکشن B: علم کی بنیاد پر مبنی سوالات

- vi- کیا آپ کو چھاتی کے کینسر کے بارے میں شعور ہے ؟  
الف. ہاں ب. نہیں ج. نہیں جانتے
- vii- کیا آپ کے خاندان میں چھاتی کے کینسر ہے ؟  
الف. ہاں ب. نہیں ج. نہیں جانتے
- viii- چھاتی کے کینسر کے متعلق علم حاصل کرنے کا ذریعہ بتائیں ؟  
الف. دوست اور رشتہ دار ب. ٹیلی وژن ج. ریڈیو د. دیگر
- ix- مندرجہ ذیل علامات میں سے کون سے علامت محسوس ہوتی ہے ؟  
الف. نیپل میں سے مادے کا اخراج۔ چھاتی کا بڑھ جانا۔ چھاتی میں گلٹی د۔ بغل میں گلٹی ہ۔ نیپل کا اندر دھنس جانا
- x- کیا آپ چھاتی کے کینسر کے لئے کسی تشخیصی طریقے کے بارے میں جانتے ہیں ؟  
الف. چھاتی کا بذات خود معائنہ ب۔ ڈاکٹر سے خود چھاتی کا معائنہ کرانا ج۔ الٹرا ساؤنڈ د۔ میمو گرافی ہ۔ تمام ی۔ دیگر
- xi- کیا ا جانتے ہیں چھاتی کا معائنہ کس کو کرنا چاہیے ؟  
الف. مردوں کو ب۔ عورتوں کو ج۔ دونوں کو د۔ پتہ نہیں
- xii- کیا آپ کو علم ہے کس میں عمر چھاتی کا معائنہ شروع ہوتا ہے ؟  
الف. 19 سال سے کم عمر میں ب۔ 19 سال سے زیادہ ج۔ 40 سال سے کم عمر میں د۔ 40 سال سے زائد عمر میں
- xiii- کیا آپ کو معلوم ہے کے بذات خود چھاتی کا معائنہ کتنی مرتبہ کرنا چاہیے ؟  
الف. روزانہ ب۔ ہفتہ وار ج۔ ماہانہ د۔ سالانہ
- xiv- کیا آپ کو پتہ ہے کے چھاتی کا بذات خود معائنہ کیسے کرتے ہیں ؟  
الف. ایک انگلی کے ساتھ محسوس کرنا ب۔ ہتھیلی اور کم از کم تین انگلیوں سے محسوس کرنا ج۔ نہیں جانتے د۔ کسی بھی طرح ی۔ دیگر
- xv- کیا آپ کو پتہ ہے کی چھاتی کے بذات خود معائنہ کا بہترین وقت کیا ہے ؟  
الف. حیض کی بہاؤ کے دوران ب۔ حیض کی مُدد کے ایک ہفتے بعد ج۔ نہیں جانتے د۔ دیگر
- xvi- کیا آپ کو علم ہے چھاتی کے معائنے کا صحیح طریقہ کار کیا ہے ؟  
الف. آئینے کے ساتھ چھاتی کا معائنہ ب۔ انگلیوں سے چھاتی کو محسوس کرنا ج۔ انگلیوں کے ساتھ بغل محسوس کرنا د۔ کمر تک کپڑے اتار کر چھاتی کا معائنہ کرنا ہ۔ ایک ہاتھ اُپر اٹھانا اور دوسرے ہاتھ سے چھاتی کا جائزہ لینا ی۔ تمام ے۔ نہیں جانتے

## سیکشن C: پریکٹس پر مبنی سوالات

- xvii- کیا آپ نے چھاتی کا کوئی معائنہ کرایا ہے ؟ اگر ہاں تو نشاندہی کریں -  
الف. میمو گرافی ب۔ الٹرا ساؤنڈ ج۔ چھاتی کا بذات خود معائنہ د۔ ڈاکٹر سے معائنہ کرانا ہ۔ تمام ی۔ کوئی بھی نہیں -
- xviii- کیا آپ نے اس سے پہلے کبھی چھاتی کا معائنہ کیا ہے -  
الف. ہاں ب۔ نہیں
- xiv- اگر ہاں تو کیوں ؟  
الف. باقائستگی سے چھاتی کی جانچ پڑتال کرنے کے لئے ب۔ خاندان میں چھاتی کا کینسر ج۔ دیگر
- xx- اگر ایسا نہیں تو کیوں ؟  
الف. طریقہ معلوم نہیں ب۔ آپ کے نزدیک یہ ضروری نہیں ج۔ اس کی کارکردگی پہ یقین نہیں د۔ مجھے پتہ ہے کے کبھی کینسر نہیں ہو سکتا ہ۔ میں اپنے جسم کو چھونا اچھا نہیں سمجھتی ی۔ مجھے کوئی علامت ظاہر نہیں ہوتی ے۔ میں چھاتی کے کینسر کے بارے میں تشخیص کروانے سے ڈرتی ہوں
- xxi- کیا آپ مہینے میں ایک بار چھاتی کی جانچ پڑتال کرتے ہیں -  
الف. ہاں ب۔ نہیں ج۔ دیگر
- xxii- کیا آپ نے چھاتی کے بذات خود مائٹھ کے بارے میں سیکھا ہے ؟  
الف. ہاں ب۔ نہیں ج۔ دیگر

xxiii- کیا آپ نے کبھی اپنے دوستوں والدین ساتھی کو بذات خود چھاتی کے معائنے کے استعمال سے آگاہ کیا ہے؟

الف۔ ہاں ب۔ نہیں ج۔ کبھی نہیں

xxiv- کیا آپ نے کبھی اپنے دوستوں والدین ساتھی کو بذات خود چھاتی کے معائنے کی اہمیت کے بارے میں بتایا ہے۔

الف۔ ہاں ب۔ نہیں ج۔ کبھی نہیں

xxv- کیا آپ نے چھاتی کے مذاات خود معائنہ کے لئے صحت کے عملے سے مناسب ہدایت لی ہے؟

الف۔ ہاں ب۔ نہیں ج۔ دیگر

xxvi- کیا آپ نے کبھی اپنی چھاتی کی غیر معمولی علامات کو دیکھتے ہوئے براہ راست عوامی صحت کی طرف رجوع کیا ہے؟

الف۔ ہاں ب۔ نہیں ج۔ کبھی نہیں د۔ دیگر

xviii- کیا آپ نے مندرجہ ذیل میں سے کسی چیز کی زیادتی کی ہے۔ نشاندہی کریں

الف۔ تمباکو نوشی ب۔ ضرورت سے زیادہ چائے استعمال ج۔ سیاہ کپڑوں کا استعمال د۔ پرفیوم کا استعمال ہ۔ تمام ی۔ دیگر

IEEESEM



**The University of Faisalabad**

EMPOWERING THE YOUTH FOR A PROSPEROUS PAKISTAN

The Principal,  
School of Nursing,  
Madinah Teaching Hospital, FSD

26 September, 2018

**Subject:** Permission to conduct research at Madinah Teaching Hospital

Respected Madam!

I Kainat Mahnoor a student of 8th semester BS Nursing, going to conduct the research study “To assess the knowledge of breast cancer & practice regarding breast self-examination among patients at Madinah Teaching Hospital, Faisalabad”. The aim of this study is to improve the awareness of breast cancer & practice regarding breast self- examination.

The data will be collected by questionnaire in two week after taking written informed consent from each participant. I humbly request your permission to conduct this study on nurses of Madinah Teaching Hospital. I shall be very grateful if an opportunity will be given to me for learning purpose.

Looking forward to your positive response.

---

Ms. Chanda Riaz

Vice Principal, School of Nursing  
Madinah Teaching Hospital, FSD

---

Brig® Naseem Akhtar

Principal, School of Nursing  
Madinah Teaching Hospital, FSD

Cc.

Additional Medical Superintendent, MTH  
Medical Superintendent, MTH

### 8-Work Plan

Project Procedure	August 18	September 18	October 18	November 18
Literature review				
Pretest questionnaire				
Data collection				
Data analysis				
Project writing				
Submission of project				

### **9-Budget**

<b>S.no</b>	<b>Expenditure</b>	<b>Cost</b>
2.	Refreshment	2000
3.	Stationary	4000
4.	Miscellaneous charges	25000
5.	Total	30,000

IEEESEM