



# A Descriptive Study of Awareness and Practices of Reproductive Aged Women about Prevention of Breast Cancer in Selected Villages of District Sirmour, Himachal Pradesh

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## ABSTRACT

*Breast cancer is a group of malignant disease that commonly occurs in the female breast and infrequently in the male breast. About 25-30% of breast cancer cases are detected among women below 40 years. The average age recognized nationally is 41 to 50 years. At least 10 to 11 percent of cases of cancer in women in Himachal Pradesh are breast cancer. The objectives of the study were to assess level of awareness and practices followed by women to prevent breast cancer, to associate the awareness score with selected demographic variables and to correlate the awareness score with practices followed by women to prevent breast cancer.*

*METHODS: Quantitative descriptive study was carried out in selected villages of District Sirmour, HP. Using non-probability convenience sampling, 200 women between the age group of 25-40 years were selected from selected areas. Subjects were interviewed using structured questionnaire regarding the prevention of breast cancer and practices followed to prevent breast cancer. Data was analyzed by using SPSS version 15 in terms of descriptive and inferential statistics.*

*RESULTS: The result shows more than half (57.5%) of the samples were having moderate awareness about prevention of breast cancer and only 8.0% were having good awareness whereas 34.5% were not having any awareness about prevention of breast cancer. The Mean score of awareness was 7 with a standard deviation of 2.745. Only 10.5% samples were following good practices for the prevention of breast cancer whereas 81.5% were following moderate practices and only 16(8.0%) were having poor practices about the prevention of breast cancer. There was association between awareness and variables (education, occupation and parity) and no correlation was found in between awareness and practices about prevention of breast cancer*

*CONCLUSION: In conclusion, Intensive educational campaigns to tackle the observed educational deficits should be planned in order to raise awareness towards breast cancer, its risk factors with emphasis on role of prevention and guidelines for screening through self-breast examination, clinical breast examination and mammography.*

**Keywords:** Awareness, Practices and Breast Cancer.

## 1. INTRODUCTION

Breast cancer is a group of malignant diseases that commonly occurs in the female breast and infrequently in the male breast. The risk factors most associated with breast cancer include female gender and advancing age. Women are at far greater risk than men with 99% of breast cancers occurring in women. Increasing age also increases the risk of developing breast cancer. The incidence of breast cancer in women under 25 years of age is very low and increases gradually until age 60. Hormonal regulation of the breast is related to the development of breast cancer, but the mechanisms are poorly understood. Modifiable risk factors include excess weight gain during adulthood, sedentary lifestyle, smoking, dietary fat intake, obesity and alcohol intake. Environmental factors such as radiation exposure may also play a role.

Current statistics indicate that a woman's lifetime risk for developing breast cancer is 1 in 8, but this risk is not the same for all age groups. GLOBOCAN (2012) reveals striking patterns of cancer in women and highlights that priority should be given to cancer prevention and control measures for breast and cervical cancers globally. In India, 144,937 women were newly detected with breast cancer with an estimated death of 70,218 in the year of 2012. In 2012, 1.7 million women were diagnosed with breast cancer and

there were 6.3 million women alive who had been diagnosed with breast cancer in the previous five years. Breast cancer is also the most common cause of cancer death among women (522 000 deaths in 2012) and the most frequently diagnosed cancer among women in 140 of 184 countries worldwide. About 25-30% of breast cancer cases are detected among women below 40 years.

The average age recognized nationally is 41 to 50 years. At least 10 to 11 percent of cases of cancer in women in Himachal Pradesh are breast cancer.

During the community field surveys in villages of Tehsil Rajgarh, District Sirmour, HP and clinical postings in Regional Cancer Centers in HP, India, large number of population have come across with breast related problems and breast cancer that truly demanded the awareness programs and regular surveys to decrease the morbidity and mortality rate and no study related to awareness about prevention of breast cancer has been conducted in this District. Assessing the entire population is not feasible; instead of a specific cadre of society who is more prone to get the disease and in relation with the society would be more useful. Therefore, I selected the group of women in selected villages of District Sirmour to find out the awareness and practices among women for the prevention of breast cancer. So as an investigator I felt a genuine interest and concern towards the early identification of dreadful disease and to create awareness in the mind of women, so that they will be the future guides for coming generation. The women have interaction not only with the society but also with their families.

## **2. OBJECTIVES**

- To assess level of awareness among women about prevention of breast cancer.
- To assess the practices followed by women about the prevention of breast cancer.
- To find out the association of awareness findings with personal, health and reproductive variables.
- To find out the correlation between awareness and practice findings about the prevention of breast cancer.

## **3. ASSUMPTIONS**

- The women have inadequate awareness about prevention of breast cancer.
- The awareness of women about prevention of breast cancer can be assessed by a structured interview schedule.

## **4. METHODOLOGY**

**Research Approach:** Quantitative approach will be applied

**Research Design:** Non experimental, descriptive research design

**Research Setting;** The research was conducted in the selected villages of District Sirmour- Rajgarh, Kheri, Maccher, Lana Bhalta, Nanu, Dimber and Bhanog

**Population;** Women aged 25-40 years from selected villages of district Sirmour- Rajgarh, Kheri, Maccher, Lana Bhalta, Nanu, Dimber and Bhanog

**Sample:** In study the sample are women from the selected villages of district Sirmour- Rajgarh, Kheri, Maccher, Lana Bhalta, Nanu, Dimber and Bhanog who fulfills the inclusion criteria.

- **Sampling Technique** Non-probability convenience sampling was chosen because the phenomena under investigation are homogeneous and therefore the risk of bias is minimal. Formal Permission was obtained from the local government authorities of selected villages of District Sirmour- Rajgarh, Kheri, Maccher, Lana Bhalta, Nanu, Dimber and Bhanog.
- **Sample size** I took the sample size of 200 in this study in order to have better generalization of the findings.

**Tool:** The tool was structured interview schedule to assess the personal profile of the samples and to assess the awareness and practices followed to prevent breast cancer. The following steps were carried out for preparing the tool. The tool consists of:

**Section A:** It consists of demographic variables of subject which includes age, sex, educational status, occupation, parity, history of any reproductive illness, family history of any cancer.

**Section B:** It consists of structured awareness interview schedule regarding prevention of Breast cancer. This section consisted of 14 items on selected aspects of breast cancer and its prevention.

**Section C:** It consisted of items related to practices about prevention of Breast cancer. This section consisted of 10 items on selected aspects of breast cancer and its prevention.

**Reliability of Tool:** To ensure reliability the structured interview schedule was pre-tested before the actual data collection began. It was evaluated by split half method by using Karl's Pearsons formula the value was  $r = 0.9$  which was reliable to conduct main study.

**Ethical Considerations:** Formal permission has been obtained from the Principal of Akal College of Nursing and the Research Degree Committee of the Eternal University

**Procedure of the Data Collection:** After obtaining permission from the local government concerned authorities of selected villages of District Sirmour- Rajgarh, Kheri, Maccher, Lana Bhalta, Nanu, Dimber and Bhanog; informed written consent from the samples, I have collected the data pertaining to the demographic variables. Data was collected by using close ended questions in the form of structured interview schedule. Home to home visit has been done and data was collected through structured interview schedule as

most of the samples were illiterate. Interview was carried out to get the information. It took 10-15 minutes to collect data from each sample. Per day 15 -20 samples were taken.

### 5. RESULT & ANALYSIS

In current study data analysis is described in 4 sections.

**Section 1:** Frequency and percentage distribution of profile of the subjects.

**Section 2:** Assessment of awareness among subjects to prevent breast cancer.

**Section 3:** Assessment of practices followed by subjects to prevent breast cancer.

**Section 4:** Association between awareness and selected variables.

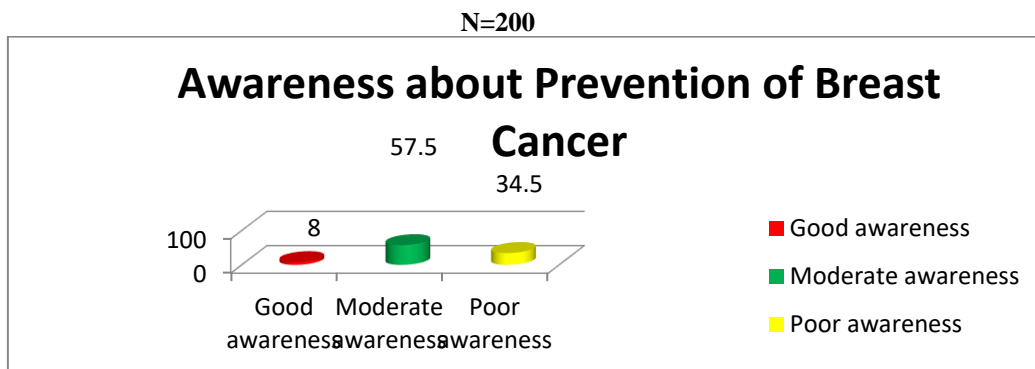
**Section 5:** Correlation between awareness and practice findings.

#### Section 1: Frequency and Percentage Distribution of Personal Profile of Subjects

**Table No 1: Frequency and Percentage Distribution of Personal Profile of Subjects**

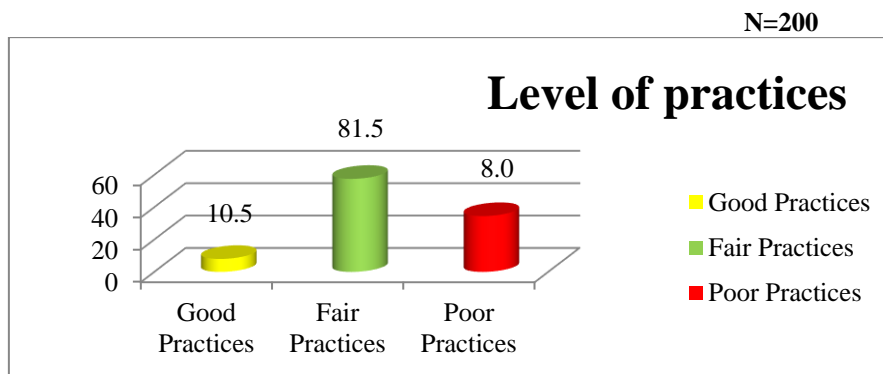
Sr. No.	Variables	Categories	f	%
1.	Age (in years) (Mean ± SD = 31.84 ± 5.539)	25-28	60	29.6
		29-32	54	26.6
		33-36	39	19.2
		37-40	47	23.2
2.	Education	Illiterate	31	15.3
		Primary	38	18.7
		Secondary	39	19.2
		Higher Secondary	66	32.5
		Graduation and above	26	12.8
3.	Occupation	Self employed	18	8.9
		Unemployed	169	83.3
		Govt. job	05	2.5
		Private job	08	3.9
4.	Marital Status	Married	189	93.1
		Unmarried	10	4.9
		Widow	01	0.5
5.	Parity	Multipara	154	77
		Nullipara	18	9
		One child	28	14
6.	Any History of Reproductive Illness	Present	13	7.9
		Not present	187	92.1
7.	Family History of Cancer	Present	3	3.0
		Not present	197	97.0

#### Section 2: Level of Awareness Regarding Prevention of Breast Cancer among Subjects



**Figure 1: Level of Awareness about Prevention of Breast Cancer**

**Section 3: Level of Practices Followed by Women about the Prevention of Breast Cancer**



**Figure 2: Level of Practices Followed to Prevent Breast Cancer**

**Section 4: Association between Awareness Findings and Personal, Health and Reproductive Variable**

**Table 2: Association between Awareness Findings and Personal, Health and Reproductive Variable**

Sr. No.	Variables	Awareness		
		Calculated value ( $\chi^2$ )	df	Table Value ( $\chi^2$ ) Sig 0.05 (95%)
1.	Age	11.7	6	16.81 0.069
2.	Education	50.095	8	20.09 0.000*
3.	Occupation	44.422	6	16.81 0.000*
4.	Marital status	6.422	6	16.81 0.170
5.	Parity	10.915	4	9.49 0.028*
6.	Any history of reproductive illness	1.913	2	5.99 0.752
7.	Family history of cancer	2.239	2	5.99 0.692

Findings shows significant association of awareness with education and occupation as value of chi square is 50.095 at 0.000 and 44.422 at 0.000 significance level. Parity is significantly associated with awareness as the value is 10.915 at 0.028 significance level.

**Section 5: Correlation between Awareness & Practices Followed to Prevent Breast Cancer**

**Table 3: Correlation between Awareness & Practices Followed to Prevent Breast Cancer**  
N=200

<b>Awareness score with Practice score</b>	Pearson Correlation	.105
	Sig. (2-tailed)	.139
	N	200

The results show that there is no correlation between awareness score and practice score as the value of  $p = 0.105$  and  $r = .139$ .

**6. DISCUSSION**

**Findings of the Study**

In the present study awareness regarding prevention of breast cancer and practices to prevent breast cancer was assessed. The results related to awareness showed that majority (57.5%) of women had moderate awareness, (34.5%) had poor awareness and remaining (8.0%) had good awareness about prevention of breast cancer. Findings related to practice showed that majorities (81.5%) of women were following moderate practices, (8%) were following good practices and remaining (10.5%) were following poor practices regarding prevention of breast cancer.

## **Limitations**

The limitations of the study are:

- Although the sample size for the current study was relatively enough still it did not represent the totality of Population in District Sirmour, HP due to scanty and scattered population in the hilly areas.
- Difficulty in transportation during data collection period.

## **Nursing Implications**

### **Nursing Practice**

- Nurses play a vital role in health care delivery system and today more emphasis is given on self-reliance and client participation in health care system. By using teaching strategies, nurses can motivate to improve their knowledge for prevention of breast cancer.
- Findings of the study can be the platform for designing better preventive programs for breast cancer at institutional and community level.
- Health personnel should take initiative in conducting awareness programmes, mass media campaigns on prevention of breast cancer

### **Nursing Education**

- Based on the study findings nurse educators can conduct workshops, seminars and conferences on prevention and management of breast cancer.
- The nursing curriculum should emphasize on imparting health information by giving out Pamphlets on prevention of breast cancer.

### **Nursing Administration**

- Nurse administration should take adequate steps in formulating policies in providing education to high risk women and patients and also plan for man power, money, material, methods and time to conduct successful and useful patient educational materials.

### **Nursing Research**

- Nursing research should focus on behavior modifications after multifaceted interventions.
- Nursing research should focus on various risk factors of breast cancer prevailing various areas of our nation.

## **Recommendations**

The recommendations are:

- The current study can be replicated on large sample and can be undertaken in different age levels to validate and generalize findings
- Further interventional study can be carried out to improve knowledge and awareness of population regarding prevention of breast cancer.
- Organizing education campaigns in public gathering area e.g. Village fairs
- Addressing this study to higher authorities, to help in National health planning, and for their support for current and suggestive projects.

## **7. CONCLUSION**

To conclude, we can make more recommendations. In-depth health education messages through mass media, newspapers should be tailored to fulfill awareness gap among all population. Intensive educational campaigns to tackle the observed educational deficits should be planned in order to raise awareness towards breast cancer, its risk factors with emphasis on role of prevention and guidelines for screening through self-breast examination, clinical breast examination and mammography. As in a nursing profession we must continue to remind and update the community women about breast cancer disease and women's cancer screening practices must be reinforced.

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