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Knowledge, Attitude and Practice toward Breast Self-Examination among Female Teachers of School at Bharatpur Metropolitan, Chitwan, Nepal

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ABSTRACT

Background

Breast cancer is the most common cancer among women. In developing countries, breast cancer is diagnosed in late stage. Breast self-examination (BSE) is one of the most important, simple and cost-effective methods for the early detection of breast cancer. The study aims to assess the knowledge, attitude and practice of BSE among female teachers of school.

Methods

A cross-sectional analytical study was conducted among 100 female teachers in schools of Bharatpur Metropolitan city, Nepal. A non-probability purposive sampling technique was used for data collection. Data was entered and analyzed by using SPSS-20, p-value <0.05 was considered as statistically significant.

Results

The mean age of the respondents was 33.35 years. Cent percent of the respondents answered that BSE is important for early detection of breast cancer. About 68.0% of the respondents had ever done BSE; among them, 82.35% had done BSE monthly and only 32.35% started BSE in 20 years. of their age. The main reason for not performing BSE was no problem in breast (78.12%). Good knowledge was present in 59.0%, a positive attitude in 73% and a good level of practice present only in 35% of the respondents. No significant association was found between knowledge and practice of BSE with selected demographic variables. A significant association was present between the level of attitude and marital status of the respondents (p=0.017).

Conclusions

The study concluded that, among school teachers, though knowledge and attitude toward BSE were high, practice was still poor. So, BSE awareness programme focusing on practice is essential.

Keywords: knowledge, attitude, practice, breast self-examination.

INTRODUCTION

Cancer continues to be the second most common cause of death in the US.[1] Breast cancer is the most common cancer among women worldwide.[2] Among 6294 total newly diagnosed cancer cases, 712 (11.31%) were diagnosed as breast cancer in Nepal.[3] Breast cancer mortality could be decreased through increased access to screening.[4] Early treatment can result in a greater probability of survival with less morbidity, as well as less expensive treatment.[5] BSE can be a useful and important screening tool for breast cancer.[6] Symptoms of breast cancer can be detected by BSE.[7] And only 9.0% knew how to perform BSE.[8] Lack of knowledge is the main reason for not performing BSE.[8, 9] Among women, 56%, 46% and 45.8% of women had adequate knowledge, favorable attitudes, and performed BSE respectively.[10] Likewise, among female teachers, only 16.5 % of participants had ever heard about BSE.[11] Similarly, 69.1 % of female undergraduate students had heard about BSE, but only 38.9 % knew how to

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do BSE.[12] Among female support staff, 64.57% had a poor level of awareness, and 52.76% had a favorable attitude, but only 37% of respondents had performed BSE.[13] Among reproductive-age women, only 31.1% of respondents had ever heard about BSE, and only 19.2% had ever practiced BSE.[14] Overall, knowledge of BSE was inadequate (27%) among women in Nepal.[15]

METHODS

An analytical cross-sectional study was conducted among 100 female teachers of school in Bharatpur Metropolitan, Chitwan, Nepal. The study was conducted after approval from the institutional review committee, College of Medical Science, Bharatopur Chitwan (Ref. No. 2022-038/2). Formal permission was taken from Bharatpur Metropolitan (Ref. No. 080/081-2450) for data collection. The non-probability sampling technique was used. A self-structured interview schedule was used by the face-to-face interview method to collect data. Data was collected in one month. The instrument consisted of 2 parts.

Part I: Socio-demographic information.

Part II: Questionnaire related to knowledge, attitude and practice.

The data were entered and analyzed using the Statistical Package for Social Sciences (SPSS vs. 20). The data was analyzed by using descriptive and inferential statistics and p-value <0.05 was considered as statistically significant.

RESULTS

The mean age of the respondents was 33.35 years with a range of 19 to 54 years. The majority of the respondents were married (79.0%), Hindu (84.0%) and Brahman Chhetri (69.0%). The highest percentage of the respondents (46.0%) and their husbands (28.0%) had bachelor's degree education. Half of the respondents (50.0%) had 1-5 years of teaching experience and 3.0% had family history of breast cancer (Table 1).

Table 2 shows that regarding the knowledge of BSE, all of the respondents answered BSE is important for early detection of breast cancer (100.0%), we should go health facility if there is any symptoms of breast cancer (100.0%) and majority answered that early detection of breast cancer improves chances of survival (99.0%), lumps in the breast and around the armpit should be observed during BSE (99.0%), women after menopause needs continue regular BSE (93.0%) while only 24.0% answered appropriate place to perform BSE is standing in front of the mirror. The most common source of

Table 1. Socio-Demographic Information of the Respondents (n=100)

Variables	Frequency (%)
Age (years)	
19-28	34(34.0)
29-38	39(39.0)
39-48	20(20.0)
≥49	7(7.0)
Mean ± SD	33.35±9.247
Min. (Max.)	19 (54)
Marital Status	
Married	79(79.0)
Unmarried	21(21.0)
Religion	
Hindu	84(84.0)
Buddhist	16(16.0)
Ethnicity	
Brahmin/Chhetri	69(69.0)
Madhesi	1(1.0)
Dalit	4(4.0)
Adivasi/Janajati	26(26.0)
Education of Respondents	
SLC	8(8.0)
12	36(36.0)
Bachelor	46(46.0)
Masters	10(10.0)
Education of Husband(n=79)	
SLC	11(11.0)
12	19(19.0)
Bachelor	28(28.0)
Masters	21(21.0)
Teaching Experience (years)	
1-5	50(50.0)
6-10	22(22.0)
11-15	10(10.0)
16-20	11(11.0)
>20	7(7.0)
Family History of Breast Cancer	
Yes	3(3.0)
No	97(97.0)

Table 2. Knowledge of breast self- examination. (n=100)	
Variables	**Correct Response Frequency (%)**
Meaning of BSE is self-examination of the breasts.	87(87.0)
Female should perform breast self-examination?	89(89.0)
BSE should be started by the age of 20 years	74(74.0)
BSE needs to be performed monthly	65(65.0)
Appropriate time for BSE is a week after having menses	72(72.0)
Women after menopause needs continue regular BSE?	93(93.0)
Appropriate place to perform BSE is standing in front of the mirror	24(24.0)
BSE is important for early detection of breast cancer?	100(100.0)
Early detection of breast cancer improve chances of survival?	99(99.0)
Changes in the size, shape and color of the breast should be observed during BSE.	89(89.0)
Lumps in the breast and around the armpit should be observed during BSE.	99(99.0)
Abnormal nipple discharge and retraction should be observed during BSE.	88(88.0)
We should go health facility if there is any symptoms of breast cancer?	100(100.0)
Source of information (*)	
Television /Radio	65(65.0)
Peer group	35(35.0)
News paper	10(10.0)
Cancer awareness program	15(15.0)

** = Multiple response*

information was television/radio (65.0%).

Table 3 shows that regarding the attitude of BSE, majority agreed BSE is necessary (99.0%) followed by care for breasts (95.0%), BSE helps to detect breast cancer early (94%), prefer to get treatment for any lump from a health institution (92.0%), feel comfortable after doing BSE monthly (88.0%), all women should do BSE after the age 20 years (87%), BSE helps to prevent breast cancer (86.0%).

Table 4 shows that, 68.0% of the respondents had

Table 3. Attitude of breast self-examination. (n=100)			
Variables	**Agree**	**Unsure**	**Disagree**
BSE is necessary.	99	-	1
BSE helps to prevent breast cancer.	86	8	6
During BSE makes me feel so funny. (*)	16	53	31
BSE is not embarrassing to me.	72	20	8
Doing BSE is not wasting time.	36	52	12
After doing BSE makes me feel satisfied.	81	9	10
I am afraid that I will detect breast cancer by BSE. (*)	15	30	55
If there is a lump, I prefer to get treatment from a health institution.	92	5	3
After doing BSE once a month, I feel comfortable.	88	4	8
All women should do BSE after the age 20 years.	87	4	9
I care about my breasts.	95	1	4
I'm afraid to think about the breast cancer. (*)	9	52	39
I do BSE, because it helps to detect breast cancer early.	94	1	5
BSE is a shameful practice. (*)	13	20	47

**=negative statements*

ever done BSE among them 82.35% had done BSE monthly and only 32.35% started BSE in 20 yrs. of their age. Among BSE performing respondents, 44.64% of the respondents had done BSE just a week after each mense and only 26.47% use a pad of finger while palpation. Highest percentage (54.41%) answered time for performing BSE is in the evening time, 42.64% answered place of performing BSE is in the bathroom, 66.17% answered it need to consult doctor and nurse if any abnormality identified. Table further reveals that, 32.0% of the respondents had never done BSE and the main reason for not performing BSE was no problem in breast (78.12%) followed by fear of detecting abnormality (21.87%), do not know how to perform BSE (15.62%) and only 3.12% answered it is not necessary.

Table 5 shows that a good level of knowledge is present on 59.0%, a positive level of attitude on 73% and a good level of practice on 35% of the respondents.

Table 4. Practice of breast self-examination. (n=100)	
Variable	**Frequency (%)**
Ever done BSE	
Yes	68(68.00)
No	32(32.00)
If yes, Performed BSE monthly (n=68)	
Yes	56(82.35)
No	12(17.64)
α When did you started BSE? (n=68	
20 years	22(32.35)
α When do you perform BSE? (n = 56)	
Just a week after each mense	25(44.64)
α How is palpation done in BSE?(n=68)	
Use pad of fingers	18(26.47)
Time of Performing BSE (n=68)	
Morning	26(38.23)
Afternoon	5(7.35)
Evening	37(54.41)
Place of Performing BSE (n=68)	
In front of the mirror	19(27.94)
Lying on the bed	20(29.41)
In bathroom	29(42.64)
α If you identify any abnormality in your breasts, what would you do? (n=68)	
Consult doctor/nurse	45(66.17)
***Reason for not performing BSE (n=32)**	
Fear of detecting an abnormality	7(21.87)
There is no problem with my breast	25(78.12)
Not necessary	1(3.12)
Don't know how to self-examine	5(15.62)

*α=Correct response, *=Multiple response*

Table 5. Overall level of knowledge, attitude and practice of breast self- examination.			
Variables	**Frequency (%)**	**95% CI**	
		Lower	**Upper**
Level of knowledge			
Poor	41		
Good	59	31.36	50.64
Level of attitude			
Negative	27		
Positive	73	64.29	81.7
Level of practice			
Poor	65		
Good	35	25.61	44.34

Table 6 shows that there is no significant association between level of knowledge and socio-demographic variables (age, marital status, religion, ethnicity, education, family history of breast cancer and teaching experience) of the respondents.

Table 6. Association between level of knowledge with selected socio-demographic variables. (n=100)				
Characteristic	**Overall**	**Level of knowledge**		**p-value[2]**
	n = 100[1]	**Poor**	**Good**	
Age (years)				
19-28	34 (34%)	20 (34%)	14 (34%)	0.8
29-38	39 (39%)	23 (39%)	16 (39%)	
39-48	20 (20%)	13 (22%)	7 (17%)	
≥49	7 (7.0%)	3 (5.1%)	4 (9.8%)	
Marital Status				
Unmarried	21 (21%)	12 (20%)	9 (22%)	0.8
Married	79 (79%)	47 (80%)	32 (78%)	
Religion				
Hindu	84 (84%)	49 (83%)	35 (85%)	0.8
Buddhist	16 (16%)	10 (17%)	6 (15%)	
Ethnicity				
Brahmin/Chhetri	69 (69%)	39 (66%)	30 (73%)	0.5
Madhesi	1 (1.0%)	0 (0%)	1 (2.4%)	
Dalit	4 (4.0%)	3 (5.1%)	1 (2.4%)	
Adivasi/Janajati	26 (26%)	17 (29%)	9 (22%)	
Education of Respondents				
SLC	8 (8.0%)	7 (12%)	1 (2.4%)	0.3
12	36 (36%)	21 (36%)	15 (37%)	
Bachelor	46 (46%)	27 (46%)	19 (46%)	
Masters	10 (10%)	4 (6.8%)	6 (15%)	
Education of Husband(n=79)				
SLC	11 (11%)	9 (15%)	2 (4.9%)	0.3
12	19 (19%)	13 (22%)	6 (15%)	
Bachelor	28 (28%)	15 (25%)	13 (32%)	
Masters	21 (21%)	10 (17%)	11 (27%)	
Family History of Breast Cancer (Yes)	3 (3.0%)	1 (1.7%)	2 (4.9%)	0.6
Teaching Experience (years)				
1-5	50 (50%)	30 (51%)	20 (49%)	0.3
6-10	22 (22%)	14 (24%)	8 (20%)	
15-Nov	10 (10%)	8 (14%)	2 (4.9%)	
16-20	11 (11%)	4 (6.8%)	7 (17%)	
>20	7 (7.0%)	3 (5.1%)	4 (9.8%)	
[1] n (%); Median (Q1, Q3)				
[2] Fisher's exact test; Pearson's Chi-squared test; Wilcoxon rank sum test				

Table 7 shows that there is no significant association between level of attitude and socio-demographic variables (age, religion, ethnicity, education, family history of breast cancer and teaching experience) of the respondents. There is significant association between level of attitude and marital status of the respondents (p=0.017). Finding shows that favorable

attitude on married (85.0%) and unfavorable on unmarried (15.0%) respondents.

Table 7. Association between level of attitude with selected socio-demographic variables. (n=100)

Characteristic	Overall n = 100[1]	Level of attitude		p-value[2]
		Negative	Positive	
Age (years)				
19-28	34 (34%)	13 (48%)	21 (29%)	0.2
29-38	39 (39%)	7 (26%)	32 (44%)	
39-48	20 (20%)	6 (22%)	14 (19%)	
≥49	7 (7.0%)	1 (3.7%)	6 (8.2%)	
Marital Status				
Unmarried	21 (21%)	10 (37%)	11 (15%)	0.017
Married	79 (79%)	17 (63%)	62 (85%)	
Religion				
Hindu	84 (84%)	25 (93%)	59 (81%)	0.2
Buddhist	16 (16%)	2 (7.4%)	14 (19%)	
Ethnicity				
Brahmin/Chhetri	69 (69%)	22 (81%)	47 (64%)	0.08
Madhesi	1 (1.0%)	0 (0%)	1 (1.4%)	
Dalit	4 (4.0%)	2 (7.4%)	2 (2.7%)	
Adivasi/Janajati	26 (26%)	3 (11%)	23 (32%)	
Education of Respondents				
SLC	8 (8.0%)	0 (0%)	8 (11%)	0.3
12	36 (36%)	12 (44%)	24 (33%)	
Bachelor	46 (46%)	12 (44%)	34 (47%)	
Masters	10 (10%)	3 (11%)	7 (9.6%)	
Education of Husband(n=79)				
SLC	11 (11%)	1 (3.7%)	10 (14%)	0.058
12	19 (19%)	2 (7.4%)	17 (23%)	
Bachelor	28 (28%)	7 (26%)	21 (29%)	
Masters	21 (21%)	7 (26%)	14 (19%)	
Family History of Breast Cancer (Yes)	3 (3.0%)	0 (0%)	3 (4.1%)	0.6
Teaching Experience (years)				
1-5	50 (50%)	19 (70%)	31 (42%)	0.1
6-10	22 (22%)	2 (7.4%)	20 (27%)	
15-Nov	10 (10%)	3 (11%)	7 (9.6%)	
16-20	11 (11%)	2 (7.4%)	9 (12%)	
>20	7 (7.0%)	1 (3.7%)	6 (8.2%)	

[1] n (%)

[2] Fisher's exact test; Pearson's Chi-squared test

Table 8 shows that there is no significant association between level of practice and socio-demographic variables (age, marital status, religion, ethnicity, education, family history of breast cancer and teaching experience) of the respondents.

Table 8. Association between level of practice with selected socio-demographic variables. (n=100)

Characteristic	Overall n = 100[1]	Level of practice		p-value[2]
		Poor	Good	
Age (years)				
19-28	34 (34%)	21 (32%)	13 (37%)	0.13
29-38	39 (39%)	24 (37%)	15 (43%)	
39-48	20 (20%)	17 (26%)	3 (8.6%)	
≥49	7 (7.0%)	3 (4.6%)	4 (11%)	
Marital Status				
Unmarried	21 (21%)	10 (15%)	11 (31%)	0.06
Married	79 (79%)	55 (85%)	24 (69%)	
Religion				
Hindu	84 (84%)	55 (85%)	29 (83%)	0.8
Buddhist	16 (16%)	10 (15%)	6 (17%)	
Ethnicity				
Brahmin/ Chhetri	69 (69%)	47 (72%)	22 (63%)	0.2
Madhesi	1 (1.0%)	0 (0%)	1 (2.9%)	
Dalit	4 (4.0%)	1 (1.5%)	3 (8.6%)	
Adivasi/Janajati	26 (26%)	17 (26%)	9 (26%)	
Education of Respondents				
SLC	8 (8.0%)	5 (7.7%)	3 (8.6%)	>0.9
12	36 (36%)	23 (35%)	13 (37%)	
Bachelor	46 (46%)	30 (46%)	16 (46%)	
Masters	10 (10%)	7 (11%)	3 (8.6%)	
Education of Husband(n=79)				
SLC	11 (11%)	8 (12%)	3 (8.6%)	0.4
12	19 (19%)	12 (18%)	7 (20%)	
Bachelor	28 (28%)	19 (29%)	9 (26%)	
Masters	21 (21%)	16 (25%)	5 (14%)	
Family History of Breast Cancer (Yes)	3 (3.0%)	2 (3.1%)	1 (2.9%)	>0.9
Teaching Experience (years)				
1-5	50 (50%)	30 (46%)	20 (57%)	0.8
6-10	22 (22%)	16 (25%)	6 (17%)	
15-Nov	10 (10%)	7 (11%)	3 (8.6%)	
16-20	11 (11%)	8 (12%)	3 (8.6%)	
>20	7 (7.0%)	4 (6.2%)	3 (8.6%)	

[1] n (%)

[2] Fisher's exact test; Pearson's Chi-squared test

DISCUSSION

This study shows that, among 100 respondents, the mean age of the respondents was 33.35 years, with a range of 19 to 54 years. The majority of the respondents were married (79.0%), Hindu (84.0%) and Brahman/ Chhetri (69.0%). The highest percentage of the respondents (46.0%) and

their husbands (28.0%) had bachelor's degrees in education. Half of the respondents (50.0%) had 1-5 years of teaching experience and 3.0% had a family history of breast cancer. In another study conducted among female Debre Berhan University students in Ethiopia, it showed that the majority of the participants, 338(84.5%), were between 20 and 24 years old with a mean age of 21.1±1.65. Only 14 (3.5%) had a family history of breast cancer. [9] Regarding the knowledge of BSE, this study showed that, all of the respondents answered BSE is important for early detection of breast cancer (100.0%), we should go health facility if there is any symptoms of breast cancer (100.0%) and majority answered that early detection of breast cancer improves chances of survival (99.0%). The most common source of information was television/ radio (65.0%). Another study conducted in Butwal, Nepal, showed that, among women of reproductive age, only 31.1% of respondents had ever heard about BSE. [15] Likewise, another study conducted in Ethiopia revealed that 64% of the participants had heard about BSE and only 30.25% had good knowledge about BSE and mass media were the most common source of information. [9]

Regarding the attitude of BSE, this study shows that, majority agreed BSE is necessary (99.0%) followed by care for breasts (95.0%), BSE helps to detect breast cancer early (94%), prefer to get treatment for any lump from a health institution (92.0%), feel comfortable after doing BSE monthly (88.0%), all women should do BSE after the age 20 years (87%), BSE helps to prevent breast cancer (86.0%). Another study conducted in Ethiopia showed that 46.0% had positive attitude towards BSE. And 60.3% responded that BSE is necessary and 46.2% prefer to get treatment for any lump from a health institution.[10] Regarding the practice of BSE, this study showed that 68.0% of the respondents had ever done BSE; among them 82.35% had done BSE monthly and only 32.35% started BSE in 20 years. of their age. Among BSE-performing respondents, 44.64% had done BSE just a week after each mense, and only 26.47% used a pad of finger while palpating. The highest percentage (54.41%) answered that the time for performing BSE is in the evening time, 42.64% answered the place of performing BSE is in the bathroom, and 32.0% of the respondents had never done BSE. While among female Debre Berhan University students in Ethiopia, Few of the participants (28.3%) had performed BSE. [9] Likewise, another study conducted in Nepal showed that only 19.2% of women had ever practiced BSE. Among them, the Maximum number of respondents (70.3%) practice it occasionally and only 10.8% of respondents do BSE monthly. Only 32.4 % of current practitioners followed all the standard steps during their practice. [15] Another study conducted in Nepal also showed that only 21 (22.2%) respondents had ever practiced BSE.[16]

The present study shows that the main reason for not performing BSE was no problem in the breast (78.12%) followed by fear of detecting abnormality (21.87%), not knowing how to perform BSE (15.62%) and only 3.12% answered it is not necessary. While other study showed that, lack of knowledge on how to perform BSE was the main reason for not practicing BSE.[9] Likewise, another study showed that, the reason was they didn't know about the examination (72.9%), they didn't know how to do it (7.3%), forgetfulness (2.3%) and they didn't feel it necessary (17.5%). [15] The present study shows the level of good knowledge present on 59.0%, level of positive attitude on 73% and good level of practice on 35% of the respondents. While other studies showed that, 72.5% of the respondents had an average level of knowledge, 21.9% had poor level of knowledge and only 5.6% had good level of knowledge respectively. Good attitude was present on 95% and poor attitude on 5% of the respondents.[17] On the another study, 86.3% had adequate knowledge of BSE.[16]

This study shows that there is no significant association between level of knowledge and socio-demographic variables (age, marital status, religion, ethnicity, education, family history of breast cancer and teaching experience) of the respondents. But, there is a significant association between the level of attitude and the marital status of the respondents (p=0.017). Findings show favorable attitudes on married (85.0%)

and unfavorable on unmarried (15.0%) respondents. Another study showed that marital status and level of education were independent factors influencing the knowledge of BSE while performance of BSE was influenced by level of education and history of breast disease. 54.4% had inadequate knowledge about BSE. Respondents' knowledge of BSE was found to be significantly associated with their marital status and level of education.[15] Another study reveals no significant association between the knowledge and practice of BSE with the selected demographic variables such as age, marital status, educational level, age at menarche, and menopause.[16] While, other study conducted in Nepal reveals there is significant association between knowledge and age, ethnicity and marietal status (p=<0.05). Attitude was associated with age, religion, and level of education (p=<0.05). There was a very weak correlation (r=0.094) between knowledge and attitude.[17]

CONCLUSIONS

The study shows that knowledge and attitude were at a high level, but the practice of breast self-examination was poor. There is no significant association between the level of knowledge and practice with socio-demographic variables (age, marital status, religion, ethnicity, education, family history of breast cancer and teaching experience) of the respondents. A significant association was present on the attitude and marital status of the respondents. So, the awareness programme of the BSE should be focused on the practice of breast self-examination.

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