ORIGINAL ARTICLE   **OPEN ACCESS**

A Descriptive Study to Assess the Knowledge Regarding Breast Self-Examination among Women of Age Group 25-45 Years in Rural Area Kurali, (Dhianpura)

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ABSTRACT

We observe Women's Day every year to inspire contemporary women to go for their life goals. Women in India are becoming more and more conscious of their health status as a result of contemporary education, electronic, print, and health organisations. The female breast has traditionally been associated with sexuality, motherhood, and beauty. Any actual (or supposed) breast-related disease or harm seems to reflect how society now perceives the breast. The anxiety associated with the possibility of breast loss or mutilation may be devastating for women because of the psychological, sexual, and body image implications it brings. Women should begin utiliing BSE, according to Brunner and Suddarth (2008), around the time of their first gynecologic exam, which commonly occurs in the early 20s or late teens. In premenopausal women, 5-7 days following the onset of menstruation, and in postmenopausal women, once a month, are the ideal times to give BSE. A descriptive study to assess the knowledge regarding breast self examination among women of age group 25-45 years in rural area Kurali,(Dhianpura). A quantitative, non-experimental technique was applied for this study. The results of the study revealed that more than half of the subject, or 86.25 %of women, had average knowledge on breast self-examination, whereas 5 %had high knowledge and 8.75 % had below average knowledge. The majority of women (54, or 67.5%) were from Sikh homes, and the majority (64%) were married. The majority (40%) of women were in the 26–30 age range. The majority of women, 30, had completed their senior year of high school, while the majority of women, 55, were housewives (68.75%). The maximum number of women in combined households was 59 (73.75%). Most families' monthly income, 33 (41.25%), was in the range of Rs 10,000 and 20,000. Most of the 27 women (33.75%) reported to have obtained the information via friends, family, or coworkers. According to the study's findings, the majority of women 86.25 % average knowledge of breast self-examination.
KEYWORDS: *knowledge, women, breast self-examination.*

INTRODUCTION

We observe Women's Day every year to inspire contemporary women to go for their life goals. Women in India are becoming more and more conscious of their health status as a result of contemporary education, electronic, print, and health organizations. The female breast has traditionally been associated with sexuality, motherhood, and beauty. Any actual (or supposed) breast-related disease or harm seems to reflect how society now perceives the breast. The dread of breast loss or mutilation may be traumatizing for women due to the psychological, sexual, and body image implications it bears [1-4].

When getting their first gynecologic exam, which usually happens in the early 20s or late teens, women should start utilizing BSE. In premenopausal women, 5-7 days following the onset of menstruation, and in postmenopausal women, once a month, are the ideal times to give BSE [2-7].

OBJECTIVES

- To assess the knowledge of women regarding breast self-examination.
- To find out the association of knowledge with selected socio-demographical variables

MATERIAL AND METHODS

Research Approach: The current research used a non-experimental methodology.
Research Design: The study was carried out using a descriptive, non-experimental research design.
Research Setting: The study was carried out in the Kurali village of Dhianpura.
Population
Target Population: Women from the entire village of Dhianpura, Kurali.

Accessible Population: Women between the ages of 26 and 45

Sample and Sampling Technique

Sample: The sample for the research consisted of 80 women who were selected from the Dhianpura by utilizing a realistic sampling technique.

Sample Technique: Convenient sampling technique was use to select sample population.

Criteria for Selection of Sampling

Inclusive Criteria

The women (26 to 45 years) residing in Dhianpura village

The women who are present at the time of data collection and willing to participate.

Exclusive Criteria

Women who were seek at the time of data collection.

Data Collection Tool and Technique:

The final tools on knowledge questionnaire on breast self-examination.

Part-1 : It consist of demographical data (8 items) such as age , marital status , religion , type of family , educational status , occupational status , family income per month , source of knowledge.

Part -2: It consists of structured knowledge questionnaire on breast self-examination (22 items). It consists of multiple choice questions. Each correct answer was carry one mark.

Reliability of the tool

The reliability of tool was tested by using Karl Pearson's method and tool was found reliable (0.8). The reliability formula is r = 2r/ 1+r.

Data Collection Procedure

The procedure for gathering data for the study The study's execution was approved by Dr. Raman Kalia, the head of the Saraswati Nursing Institute Kurali and the sarpanch of the hamlet of DhianpuraKurali. Before describing the relevance and the study's methodology, the researcher gave the women a brief introduction of herself. The women were assured that their references would remain confidential and that the data would only be used for research.

Ethical and legal aspects:

1. Written permission was taken from the principal of Saraswati Nursing Institute Dhianpura, Kurali
2. Permission was taken from the Sarpunch of village Dhianpura and verbal consent was taken from to study subject.

Analysis and interpretation:

Descriptive statics and inferential statics were both used to analyse the data. The data was first arranged on a master sheet. In order to test for significant and non-significant results, demographic information were presented using frequency and percentage, mean and mean percentage, standard deviation, and the chi square technique [8].

RESULTS AND DISCUSSION

Section-1

Table-1: Frequency and percentage distribution of socio-demographical variable.

Sr. No.	Characteristics	Frequency	Percentage
1.	**Age(in years)**		
	26-30 year	32	40%
	31-35 years	26	32.5%
	36-40 years	18	22.5%
	41-45 years	04	5%`
2.	**Marital status**		
	Married	**64**	**80%**
	Unmarried	05	6.25%
	Divorced	04	5%
	Widow	07	8.75%
3.	**Religion**		
	Hindu	23	28.75%
	Muslim	03	3.75%
	Sikh	**54**	**67.5%**
4.	**Type of family**		
	Nuclear	**59**	**73.75%**

	Joint	21	26.25%
5.	**Education**		
	Illiterate	07	8.75%
	Primary	23	28.75%
	Secondary	05	6.25%
	Senior secondary	**30**	**37.5%**
	Graduate or above	15	18.75%
6.	**Occupational status**		
	Homemaker	**55**	**68.75%**
	Government job	01	1.25%
	Private job	10	12.5%
	Self-employed	14	17.5%
7.	**Family income per month**		
	upto10,000	25	31.25%
	10,001-20,000	**33**	**41.25%**
	20,001-30,000	16	20%
	Above 30,000	06	7.5%
8.	**Source of knowledge on breast self-examination**		
	By family members/friends/colleagues	**27**	**33.75%**
	Mass media	26	32.5%
	Printed source	01	1.25%
	All of above	26	32.5%

The information in the table demonstrates the demographic traits of women. Less than half (40%) of the women were between the ages of 26 and 30. Women aged 31 to 35 made up 32.5 percent, women aged 36 to 40 made up 22.5 percent, and women aged 41 to 45 made up the final 5 percent. In terms of marital status, 64 (80%) of them were married, 5 (6.25%) were single, 4 (5%) were divorced, and 7 (8.75%) were widows.

According to religion, 53 (67.5%) belonged to Sikh families, 3 (3.75%) belonged to Muslims, and 23 (28.75%) belonged to Hindu families.

based on the family structure of the women (n=80). 21 (26.25 percent) were members of nuclear families, whereas 59 (73.75 percent) belonged to combined families.

In terms of educational attainment, the percentage distribution of the women revealed that 7 (or 8.75 percent) were illiterate, followed by 23 (or 28.75 percent) up to the eighth standard, 5 (6.25 percent) through the twelveth, and 30 (or 37.5 percent) who had graduated from high school (18.75 percent).

In terms of occupation, women who were housewives made up 55 (68.75%) of the workforce while working in the public sector (1.23%), the private sector (10.5%), and independently 14 (17.5 percent).

The table showed gradual changes in frequency and percentage depending on their income status, starting at 25(31.25%) for those making under 10,000 rupees, 33(41.25%) for those making between 10,000 and 20,000 rupees, 16(20%) for those making between 20,000 and 30,000 rupees, and 6(7.5%) for those making over 30,000 rupees.

According to the source of knowledge about breast self-examination among women. Majority of subjects 27(33.75%) got the information from their family members/friends/ colleagues, some subject 26(32.5%) got the information through mass media, some subject 1(1.25%) got the information from the printed sources and 26(32.5%) got the information by all of these.

Section-B
Table-2: Mean score of knowledge regarding breast self-examination.N=80

Mean	S.D.	MEAN±S.D	Percentage (%)
10.9	2.4	10.9±2.4	49.54%

The column shows how the total knowledge scores, mean, and standard deviation are distributed. The mean percentage was 49.54 percent with a S.D. of 2.4 and a mean of 10.9

Section -C

Demographical characteristics- The sample selected for analysis in the study were age of women, marital status, religion, type of family, education, occupational status, income per month, source of knowledge.

Level of knowledge of women regarding breast self-examination.

Table-3: **Table no. 3** shows the association of level of knowledge with selected socio demographical variable. **N=80**

Level of knowledge	Frequency	Score	Percentage
Good	4	14-22	5%
Average	69	8-14	86.25%
Below average	7	1-7	8.75%

This table represents the level of knowledge of women at good, average and below average level of knowledge, 86.25% women had average knowledge &5% had good knowledge &8.75% had below average knowledge regarding breast self-examination.

Section-D

To find the association of knowledge with selected socio demographical variables.

Table no.-4 association of knowledge with selected socio demographical variables

S.No.	Variables	Below Mean	Above Mean	Chi²	D.f.	Table Value	P-value
1.	**Age(in years)**						
	26-30	12	20				
	31-35	10	16	19.64	3	7.81	0.0000202*
	36-40	6	12				
	41-45	3	1				
2.	**Marital status**						
	Married	29	35				
	Unmarried	1	4	28.7	3	7.81	0.00001*
	Divorced	2	2				
	Widow	4	3				
3.	**Religion**						
	Hindu	10	13				
	Muslim	0	3				
	Sikh	24	30	25.13	3	7.81	1.5E-0.5*
4.	**Type of family**						
	Nuclear	11	10				0.431047
	Joint	25	34	0.62	1	3.84	N.S
5.	**Education**						
	Illiterate	7	0				
	Primary	18	5				
	Secondary	0	5	27.56	4	9.49	1.5E-0.5*
	Senior secondary	9	21				
	Graduate or above	1	14				
6.	**Occupational status**						
	Home maker	28	27				
	Government job	1	0				
	Private job	3	7	21.83	3	7.81	7.1E-0.5*
	Self-employed	4	10				
7.	**Income per month**						
	upto10,000	16	9				
	10,001-20,000	13	20				
	20,001-30,000	6	10	29.59	3	7.81	<0.00001*
	Above30,000	1	5				
8.	**Source of knowledge on breast self-examination**						
	Byfamilymembers/friends/colleagues	12	15				
	Mass media	13	13	27.23	3	7.81	<0.00001*
	Printed source	1	0				
	All of above	9	17				

Significant*Non-significant-N.S

In 26-30 years 12 women were belonging to below mean, 20 belong to above mean. In 31-35 years 10 women were belonging to below mean, 16 belongs to above mean. In 36-40 years 6 women were belonging to below mean&12 belong to above mean. In 41-45 years 3 women were belonging to below mean & 1 belong to above mean. Chi squares were used to check the association between knowledge &socio demographical variables. The table value 7.81of 3 at d.f. at 0.05 and calculated value 19.64 which was more than table value .value is significant &there is association between age & knowledge.

According to marital status 29 married women were belonging to below mean, 35married belong to above mean.1 unmarried women belonging to below mean, 4 unmarried women belong to above mean.2 divorced women belong to below mean, 2 divorced women were belonging to above mean. 4 widow women belong to below mean, 3 widow women were belonging to above mean. The table value 7.81 of 3 at d.f at 0.05 and calculated value 28.7 which was more than table value. So there is association between marital status & knowledge.

According to religion10 Hindu women were belonging to below mean, 35 Hindu women belong to above mean.24 Sikh women belonging to below mean, 30 Sikh women belong to above mean. 0 Muslim women belong to below mean, 3 Muslim women were belonging to above mean. The table value 7.81 of 3 at d.f at 0.05 and calculated value 25.13 which was more than table value. So there is association between religion& knowledge.

According to type of family25 joint family women were belonging to below mean, 34 joint family women belong to above mean. 11 nuclear family women belonging to below mean, 10 nuclear family women belong to above mean. The table value 3.84 of 1at d.f at 0.05 and calculated value 0.62 which was less than table value. So there is no association between type of family& knowledge.

According to educational status 1 graduate women were belonging to below mean, 14 graduate women belong to above mean.9 senior secondary educated women belonging to below mean, 21 senior secondary educate women belong to above mean.0 secondary educate women belong to below mean, 5 secondary educate women were belonging to above mean. 18 primary educate women belong to below mean, 5 primary educate women were belonging to above mean. 7 illiterate women belong to below mean&0 illiterate women belong to above mean. The table value 9.49 of 4 at d.f at 0.05 and calculated value 27.56 which was more than table value. So there is association between educational status& knowledge.

According to occupational status28 home maker women were belonging to below mean, 27 home maker women were belonging to above mean.3 private job women belonging to below mean, 47 private job women belong to above mean.4 self-employed women belong to below mean, 10 self-employed women were belonging to above mean.1 government job women belong to below mean, 0 government job women were belonging to above mean. The table value 7.81 of 3 at d.f at 0.05 and calculated value 21.83 which was more than table value. So, there is association between occupational status& knowledge.

According to income per month16 women who had up to 10,000 monthly income were belong to above mean,9 belong to above mean.13 women who had monthly income 10,001-20,000belong to below mean and 20 belong to above mean.10 women who had monthly income 20,001-30,000 belong to below mean and 10 belong to above mean. 1 woman who had above 30,000 monthly incomes belongs to below mean and 5 belong to above mean. The table value was 7.81 of 3 at p 0.05 and calculated value 29.59 which is more than table value. So there is association between monthly income and knowledge.

As per source of knowledge, 12 women who had gain knowledge from family members/ friends/colleagues and 15 belong to above mean. 13 women who had gain knowledge from mass media belong to above and below mean. 1 woman who had gain knowledge from printed source belong to below mean and 0 belong to above mean.9 women who had gain knowledge from all of these belong to above mean &17 belong to below mean. The table value was 7.81 of 3 at p 0.05 and calculated value was 27.23 which were more than table value. So, there is association between source of knowledge and knowledge.

On the basis of findings of the present study results showed that majority (40%) of women were belonged to the age group of 26-30 years, majority of women 64(80%) were married, majority 54(67.5%) of women belongs to sikh family. Maximum 59(73.75%) of women were belongs to joint family. Majority 30(37.5%) of women had senior secondary education. Maxmium55 (68.75%) of women were house maker. Majority of family income per month was 33(41.25%) in rs 10,001-20,000.majority 27(33.75%) of women got the information from their family members/friends/ colleagues. The current study revealed that more than half of the subject, or 86.25 %of women, had average knowledge on breast self-examination, whereas 5 %had high knowledge and 8.75 % had below average knowledge.

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