Section A-Research paper
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"ASSESSMENT OF KNOWLEDGE, PREVALENCE OF RISK FACTORS ON BREAST CANCER AMONG WOMEN AGED (30 – 50 YEARS) IN MAHATMA GANDHI HOSPITAL, JAIPUR".

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ABSTRACT

"Breast cancer is every women‟s risk" Cancer phobia is a prevalent condition and cancer of the breast is highly threatening women in any culture because breast is a symbol of sexuality and feminity. For more than 30 years breast cancer has been the mostprevalent, the most feared, and the malignant disease with the highest mortality rate in women. **Aim of the study**-A study was conducted to assess the knowledge, attitude and prevalence of risk factors on breast cancer at Vellanur Village, Thiruvallur District, 2010 – 2011. The objective of the study was to assess the knowledge, attitude and prevalence of risk factor on breast cancer. **Methodology**-The study was conducted by adopting a descriptive research design. 200 samples who have fulfilled the inclusion criteria were selected by using non probability purposive sampling technique.Structured interview questionnaire was used to assess the knowledge and prevalence of risk factors on breast cancer. Both descriptive and inferential statistics were used to collect data collected from the samples. **Result**-The analysis revealed that the mean score of knowledge on breast cancer among women was 15.24 with S.D 5.07 and the mean score of risk factors was 2.35 with S.D1.72. The calculated „r" value was -0.342 which shows a negative correlation and statistically significant at $p<0.01$ level. This indicates that when the knowledge of women on breast cancer increases the risk factors on breast cancer decreases.Hence the null hypothesis H_{02} that stated that there is no significant relationship between knowledge and prevalence of risk

factors on breast cancer was rejected.**Conclusion-**The analysis revealed a positive correlation (r = 0.338) at p<0.01 level of significance between knowledge and negative correlation between knowledgeand prevalence of risk factors.

Key words- Knowledge, Prevalence , Risk factors , Breast cancer, Women aged (30 – 50 years

INTRODUCTION

Women‟s health is universal health. Human society is a dynamic one. In that healthis not an independent system. It is a subsystem in society and reflects the socio-economic, political and ideological system.Historically the term, cancer meaning crab was given to neoplastic disease becausecertain cancer of breast resembled a crab with claw with growth embedded in the normal tissues. In women, cancer of the breast poses a threat to life. Cancer is considered as a major killing disease affecting people all over the world."Breast caner is every women‟s risk" Cancer phobia is a prevalent condition and cancer of the breast is highly threatening women in any culture because breast is a symbol of sexuality and feminity. For more than 30 years breast cancer has been the mostprevalent, the most feared, and the malignant disease with the highest mortality rate in women.The most recent statistics from the American Cancer Society shows that women with breast cancer who are diagnosed and treated early have a 90% chance of cure. The treatment of breast cancer is an integrated approach with surgery, radiotherapy, chemotherapy and hormone therapy. Globally increasing number of women are reported to be dying from reproductive cancers (Asian Pacific Resource & Research Center for Woman, 2002).Women are the first to feed human when the child is born. The first feed of humanis mother‟s breast milk and the reservoir of this milk is female breast. Female breast has been regarded as the symbol of beauty, femininity, sexuality and motherhood. The most frequently encountered breast disorder in women are breast cancer, fibrocystic changes, fibro adenoma, intraductal papilloma and ductal ectasia (Breast Cancer Emedicine, 2006).

NEED FOR THE STUDY

Tomorrow‟s cancer is preventable today. Today the breast cancer is the foremost cancer killer in women all over the world.Breast cancer refers to a group of malignant disease that commonly occurs in the female breast. One in every 8 women is expected to develop breast cancer. In India, the incidence is definitely less but still it possesses a challenge to the medical professional andsociety at large in our country because of multiple risk factors. In a comparative

study conducted by Budakog found that theoretical education on breast cancer and BSE (Breast Self Examination) education on breast cancer and BSE training in the educated women even illiterate is highly effective [Department of Public Health, Turkey, m2007) 95.World Wide, 1.05 million new cases have been reported in the year 2001 (ICME Bulletin 2003). The incidence rate of breast cancer for urban Indian women is 18 to 25 per 1,00,000 where as for Indian rural women it is 8.6 per lakh. Due to lack of awareness and poverty, even after knowledge of the presence of breast lump, the patients comes very late for treatment.

AIM OF THE STUDY

A study was conducted to assess the knowledge, attitude and prevalence of risk factors on breast cancer at Vellanur Village, Thiruvallur District, 2010 – 2011. The objective of the study was to assess the knowledge, attitude and prevalence of risk factor on breast cancer.

RESEARCH METHEDOLOGY

The research approach chosen for this study was descriptive research approach .The design employed for the study was descriptive research design.Research Variables includes knowledge and prevalence of risk factors.Demographic Variables includes age, religion, marital status, age at marriage, parity, education, occupation, monthly family income and source of informationThe study was conducted at MG Hospital,Jaipur. Total population is 200.Population refers to the entire community and it is important to make distinction between target population and accessible population. Target population of the study comprised of all the women aged between 30 – 50 years. Accessible population of the study comprised of all the women aged between 30 – 50 years who were residing at MG Hospital Jaipur. Sample of the study comprises of women aged between 30 – 50 years who fulfilled the inclusion criteria and who residing at MG Hospital Jaipur. Sample size comprised of 200 women aged between 30 – 50 years who fulfilled the inclusion criteria .Sampling technique refers to the process selecting the population to represent the entire population. The sampling technique employed in this study was non-probability purposive sampling technique. According to investigator needs the women age group of 30 - 50 years at MG Hospital and who fulfilled the inclusion criteria were selected as sample. critera for sample selection are inclusion criteria and exclusion criteria .Inclusion Criteria are Women who were aged between 30 – 50 years.Exclusion Criteria are Women who were already diagnosed for any type of cancer.After an extensive review of literature, discussion with experts

and the investigator‟s personal experience of tools were developed to collect the data.Section A-Demographic variables include age, religion, marital status, age at marriage, parity, Education, occupation, income and source of information.Section B-A questionnaire was used to assess the knowledge on breast cancer among women aged between 30 – 50 years. The responses were categorized as choosing one correct answer from the three choices for each question. It includes meaning, causes, signs and symptoms, risk factors, diagnostic evaluation, breast self-examination, treatment and prevention.Section C: Checklist A checklist was used to assess the risk factors of breast cancer among women aged between 30 – 50 years. It includes 11 questions with no risk, low risk, moderate risk and high risk. The content of tool was validated by 3 community health nursing experts and 2 medical experts. The expert's suggestions were incorporated and the tool was finalizedand used by the investigator for the study. The reliability of the tool to assess the level of knowledge and attitude was established by spilt half method. The Spearman‟s Correlation Co-efficient was used to calculate the reliability and the „r‟ value was 0.96 and 0.97 respectively.The reliability of the prevalence of risk factors established by Inter-rater method. The Karl Pearson‟s Correlation Co-efficient was used to calculate the reliability and r=0.78. Hence the tool was considered to be the reliable to proceed with the main study. The study was conducted in MG Hospital from 15.07.2022 to 15.08.2022. The studywas conducted after obtaining formal permission from the Counsellor. The investigator selected 200 women in the age group of (30 – 50 years) by non-probability purposive sampling technique. The researcher obtained oral consent from the women who participated in the study. A brief introduction about self and study was given by the investigator and confidentiality of the responses were assured. The data was collected by structured interview questionnaire (30 minutes). The investigator collected 8-10 samples per day to assess the knowledge, attitude and prevalence of risk factors by using structured knowledge questionnaire and checklist respectively. Ethical aspects were considered throughout the study.Both descriptive and inferential statistics were used to analyze the data collected from the samples.

RESULTS

SECTION A

Table 1: Frequency and percentage distribution of level of knowledge of women on breast cancer.

N = 200

Variable	Inadequate (<50%)		Moderately Adequate (50 – 75%)		Adequate(>75%	
	No.	%	No.	%	No.	%
General	55	27.5	100	50.0	45	22.5
Causes	84	42.0	45	22.5	71	35.5
Risk Factors	52	26.0	78	39.0	70	35.0
Signs & Symptoms	58	29.0	53	26.5	89	44.5
Diagnostic Evaluation	80	40.0	42	21.0	78	39.0
Breast Self-Examination	61	30.5	67	33.5	72	36.0
Treatment	72	36.0	41	20.5	87	43.5
Prevention	66	33.0	29	14.5	105	52.5
Overall	**58**	**29.0**	**97**	**48.5**	**45**	**22.5**

Table 1 shows that the respect to knowledge, majority 100(50%) had moderately adequate knowledge. With regard to causes, majority 84(42%) had inadequateknowledge.Considering risk

factors, majority 78(39%) had moderately adequate knowledge. Regarding signs & symptoms, majority 89(44.5%) had adequate knowledge With respect to diagnostic evaluation, majority 80(40%) had inadequate knowledge.Analysing breast self examination revealed that majority 72(36%) had adequate knowledge.With regard to treatment, majority 87(43.5%) had adequate knowledge and considering prevention, majority 105(52.5%) had adequate knowledge.Regarding the overall level of knowledge, majority 97(48.5%) of women had moderately adequate knowledge, 58(29%) had inadequate knowledge and 45(22.5%) had adequate knowledge on breast cancer.

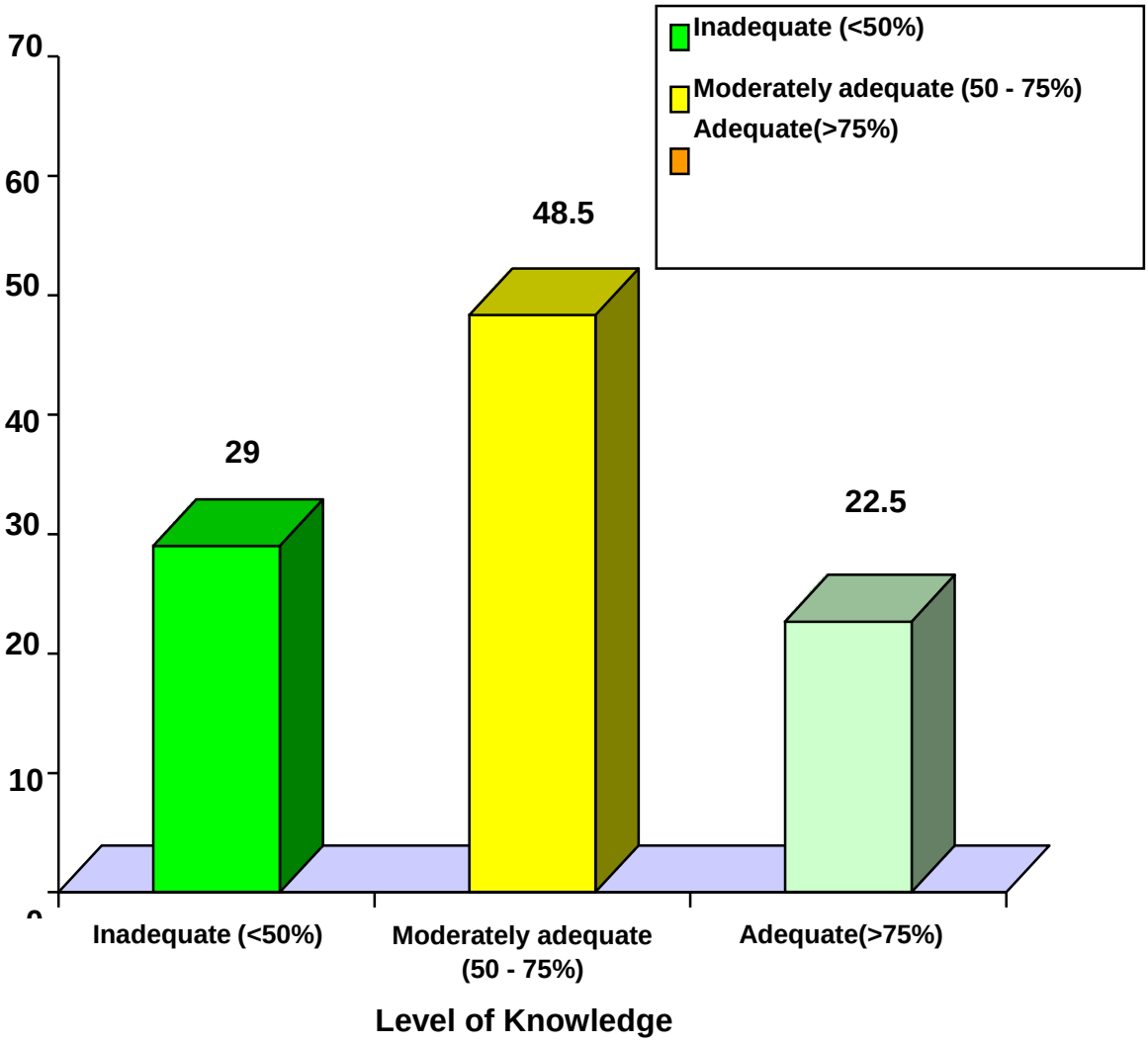

Fig.11: Percentage distribution of level of knowledge on breast cancer among women

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Table 2: Frequency and percentage distribution of level of risk factors of women on breast cancer.

N = 200

Variable	Low (<50%)		Moderate (50 – 75%)		High (>75%)	
	No.	%	No.	%	No.	%
Risk Factors	185	92.5	15	7.5	0	0

Table2 shows that majority 185(92.5%) of women had low level of risk factors,15(7.5%) had moderate level of risk factors

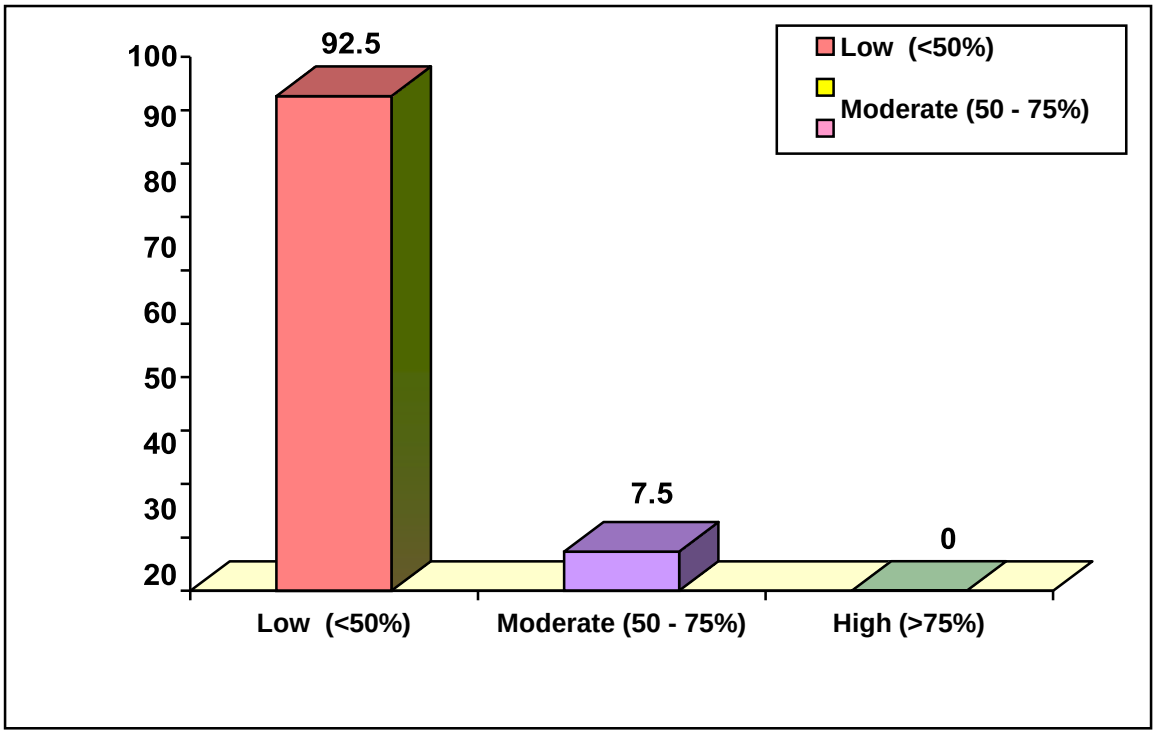

Fig.13: Percentage distribution of level of risk factors on breast canceramong women

DISSUCTION

The first objective was to assess the knowledge and on breast cancer among women aged (30 –50years**).**Regarding knowledge, majority 97(48.5%) of women had moderately adequate knowledge, 58(29%) had inadequate knowledge and 45(22.5%) had adequate knowledge on breast cancer.The above findings were consistent with the findings of the study conducted by

Yaren, A et al (2008) conducted a cross sectional study to assess the awareness of breast cancer and cervical risk factors and screening behaviours among nurses in rural regions of Turkey and found despite high levels of knowledge of breast cancer, inadequate knowledge of cervical cancer screening method were found among nurses.Odusanya OO, Tayo OO. (2001) conducted a cross sectional survey on knowledge, attitude and practice on breast cancer among nurses in Lagos ,Nigeria. A self-administered questionnaire was used to investigate knowledge of symptoms, methods of diagnosis and use of cancer screening methods. Two hundered and four nurses out of 280 participated in the study (73% response rate). Knowledge about symptoms, methods of diagnosis and self-breast examination was generally very good. However, only 30% had a clinical breast examination and 8% a mammogram within the past three years. Use of cancer screening methods was significantly associated with knowledge of the subject (p=0.03). Twenty- eight percent did not know how to estimate the risk of cancer and 61% believed they were not at risk. Nurses possess adequate knowledge about breast cancer but they need more information on cancer risk estimation.The second objective was to assess the prevalence of risk factors of breast cancer among women aged (30 –50years).The analysis revealed that, majority 185(92.5%) of women had low level of risk factors, 15(7.5%) had moderate level of risk factors.Syamla V .et al., (2007) conducted a case control study to identify the genetic heterogenicity, prevalence and frequently of germline mutuation of BRCA2 gene in hereditary breast/ ovarian cancer patients. The result suggests that germline mutations of BRCA2 gene account for rather small proportion of hereditary breast/ovarian cancer in Kerala, South India.The third objective was to correlate the knowledge and prevalence of risk factor on breast cancer**.**The analysis revealed that the mean score of knowledge on breast cancer among women was 15.24 with S.D 5.07 and the mean score of risk factors was 2.35 with S.D 1.72. The calculated „r" value was -0.342 which shows a negative correlation and statistically significant at $p<0.01$ level. This indicates that when the knowledge of women on breast cancer increases the risk factors on breast cancer decreases.Hence the null hypothesis H_{02} that stated that there is no significant relationship between knowledge and prevalence of risk factors on breast cancer was rejected.

CONCLUSION

With respect to knowledge the analysis revealed that the demographic variable parity had statistically significant association with the level of knowledge at $p<0.05$ level and the other

demographic variables had not shown statistically significant association with the level of knowledge among women on breast cancer.Considering the attitude the analysis revealed that the demographic variables monthly income and source of information had shown statistically significant association with the level of attitude on breast cancer among women at $p<0.05$ and $p<0.001$ level and the other demographic variables had not shown any statistically significant association with the level of attitude on breast cancer among women.With regard to prevalence of risk factors the analysis revealed that the demographic variables marital status and age at marriage had shown statistically significant association with the level of risk factors on breast cancer among women at $p<0.05$ level and the other demographic variables had not shown any statistically significant association with the level of risk factors on breast cancer among women.

Conflict of Interest : The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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