



WOMEN'S KNOWLEDGE AND ATTITUDES ABOUT BREAST SELF-EXAMINATION IN OBSTETRICS AND GYNECOLOGY TEACHING HOSPITAL

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Article history:	Abstract:
<p>Received: 20th March 2023 Accepted: 28th March 2023 Published: 28th May 2023</p>	<p>Background: A technique known as a breast self-examination (BSE) involves a woman feeling her breasts with her fingers to check for any lumps. Breast self-examination aims to increase breast awareness, detect lumps in the breast early, and check for any abnormal breast changes. objectives: To Assess woman's knowledge and attitudes about Breast self- examination. Methodology: Conducting a descriptive study during the current study on breast self-examination in women (purposive) sample a non-probability of (100) women attending the Teaching Hospital for Obstetrics and Gynecology in government hospitals was used as the main data collection method for the study. There were three parts to the questionnaire (demographic, knowledge, and attitude). Results: That most of the study sample have age 20-30-years (n=32; 35.2%), and (n=26; 24.8%) were in age group 51-60-years. marital status, most are Married (n=58; 55.0%), the level of education, more than an one-third are first Elementary school (n=33; 33.8%), followed by those have Middle school (n=28; 29.1%), followed by those have Bachelor's degree (n=20; 19.0%), and those who have a Reads and writes (n=9; 8.6%) The majority stated that they reside in cities. (n=35; 35.0%), majority reported that they do not have previous breast problems (n=74; 75.5%). that the majority of items had Less than two third have level of women's attitude about breast self-examination, the mean score indicates that women have high level of attitude (n = 69; 64.8%) and Less than two third have High level knowledge about breast self- examination (n=68; 69.6%). Conclusion: The highest percentage of study samples in the age group was thirty-five percent in, living in urban areas. They graduated from primary school and married, and the results showed that the majority of items had high average scores towards breast self-examination. The majority of women were found to have a high level of knowledge and attitude about breast self-examination. Recommendations: The study researcher advises promoting educational broadcasts and mini-videos that show the steps for breast self-examination that should be delivered via radio and television. Making educational posters about breast self-examination and distributing them in health centers, hospitals and workplaces. Furthermore, more research projects are encouraged to address this issue in other facilities and geographical locations around Karbala. A comprehensive breast cancer screening program is also recommended.</p>

Keywords: Knowledge, Attitude, Breast self-examination

INTRODUCTION

Every woman should perform a non-invasive check for the purpose of early breast cancer diagnosis (Beydag and Yurugen, 2010). The simplest yet most effective way to find breast cancer at an early stage of development is to perform a breast self-examination once a month between the 7th and 10th day of the menstrual cycle (Biry, 2020). The BSE technique makes sure that the fingertips, not the hand's flat, are in touch with the breast. The woman is either seated, standing, or lying down in an erect stance. According to research, women can identify 65% of early small breast cancers and 95% of breast cancers overall with BSE (Yordanos et al., 2021). The simplest yet most effective way to find breast cancer at an early stage of development is to perform a breast self-examination once a month between the 7th and 10th day of the menstrual cycle (Biry, 2020). The BSE technique makes sure that the fingertips, not the hand's flat,

are in touch with the breast. The woman is either seated, standing, or lying down in an erect stance. According to research, women can identify 65% of early small breast cancers and 95% of breast cancers overall with BSE (Yordanos et al., 2021). the majority of women do not undertake a BSE process, despite the fact that it is advised to do so in underdeveloped nations to find anomalies (Birhane et al., 2017). A non-communicable disease with higher morbidity and mortality rates is breast cancer (BC). Early diagnosis of BC results in faster access to care and fewer complications related to BC. In locations where clinical breast examination and mammography are not easily accessible, breast self-examination (BSE) can be useful in spotting breast problems (Roseline et al., 2020). A non-communicable disease with higher morbidity and mortality rates is breast cancer (BC). Early diagnosis of BC results in faster access to care and fewer complications related to BC. Breast self-examination (BSE) is effective at identifying breast abnormalities, particularly in areas where access to clinical breast examination and mammography is limited (Birye, 2020) 2018 had 2,088,849 new cases of cancer (11.6%) and 626,679 fatalities (6.6%) in British Columbia. According to estimates, developing nations account for 60% of breast cancer fatalities and about half of all new cases. Younger women are being diagnosed with BC at an increasing rate (Obossou et al., 2017). Breast cancer is the most common type of cancer in women, with an estimated 1.2 million cases worldwide each year, according to the World Health Organization (Abay et al., 2018). Breast cancer accounts for 10% of all cancer diagnoses. In the year 2000, it accounted for 22% of all new cases in women. Women often check their breasts for BSE, a quick, easy, and cost-free screening approach. According to Kayode and Akande (2005), women should periodically check their breasts for any atypical lumps or bumps and seek prompt medical assistance if they are found. Women benefit from breast self-examination in two ways: they become aware of how their breasts feel and appear, and they can spot changes in their breasts as early as possible. It is ideal to follow up with a breast self-examination. Menstruation (from the fifth to the seventh day by considering the first day of menstruation as a first day) Due to the fact that many breast cancer cases are found by women themselves, teaching all women how and when to perform a breast examination is of utmost importance (Febriyanti et al., 2018).

METHODS

Study Design: A descriptive design was implemented during this appropriately structured study .In a government hospital, evaluate the knowledge and attitudes of women toward breast self-examination.

Study Instruments: A questionnaire was created by reviewing relevant and previous studies. The questionnaire was used as a means of data collection and interview technique with the mothers. It consists of two main parts. Part One: This section consists of socio-demographic characteristics including: This part represents information on: the demographic variable, which includes (4) items (age, marital status, residence, educational level. Part II: A self-structured questionnaire was developed to assess knowledge and attitudes about hospitalized breast self-examination. This questionnaire has been developed and translated into Arabic. The researcher adhered to the rules of writing the questionnaire due to the importance of the type of information that the researcher is keen to be sufficient and comprehensive for all aspects of the problem and to be reliable and reliable.

.Sample of the study: The sample was selected non probability (purposive) of (100) of women in Obstetrics and Gynecology Teaching

Study Sitting: The study is carried out in Holy Kerbala City Obstetrics and Gynecology Teaching Hospital in order to get accurate and thorough data.

Administrative Arrangement: The study was conducted to assess the abilities of (100) women in the hospital to manage during the study period All data are kept confidential and used only for the research purpose.

Validity and Reliability: A group of nine arbitrators was assembled to review each section of the study questionnaire and provide comments on its language appropriateness, association with the dimensions of the study variables assigned to it, and applicability to the target audience. Ten subjects from the study population who were not included in the initial sample took the exam in order to collect information from women in order to evaluate the validity of the questionnaire. The result of Cronbach's alpha is **0.803**.

Method of Statistic: The data was evaluated using an SPSS-20.0 program for sociodemographic factors. Categorical variables are represented as a number (percent) in the table. The cutoff point for statistical significance was 0.05. .

A- Descriptive statistical data analysis

a- Frequency

b- percentage % according to the following formula

$$Percentage = \frac{frequency}{Sample\ size} \times 100$$

RESULTS

Table (4-1). Distribution Participants' sociodemographic characteristics (N = 100)

Variables	Groups	F.	%
Age	20-30	32	35.2
	31-40	21	20.0
	41-50	21	20.0
	51-60	26	24.8

Mean (SD) = 2.41± 1.19			
Marital Status	Single	20	23.0
	Married	58	55.0
	Divorced	3	2.9
	Widower	19	18.1
Residency	Rural	65	65.0
	Urban	35	35.0
Educational level	Reads and writes	9	8.6
	Elementary school	33	33.8
	Middle school	28	29.1
	Reads and writes	10	9.5
	Bachelor's degree	20	19.0

F= Frequency; %= Percentage; SD = Standard Deviation

Less than have age 20-30-years (n = 32; 35.2%), followed by those who age 31-40-years and 41-50-years (n=21; 20.0%) for each of them, those who age 51-60-years (n=26; 24.8%). The mean of age is 2.41± 1.19 .Concerning the marital status, most are married (n=58; 55.0%), followed by those who are single (n=20; 23.0%), those who are Widower (n=19; 18.1%) and those who are divorced (n=3; 2.9%). Regarding the level of education, more than an one-third are elementary school graduate (n=33; 33.8%), ,and those who have a Reads and writes (n=9; 8.6%). In the end, the majority of respondents (n=35; 35.0%) said they reside in urban regions, followed by suburban residents (n=59; 14.7%), and rural residents (n=65; 65.0%).

Table (4-2). Participants gynecologic profile

Variables	Groups	F.	%
Do you Have previous breast problems?	yes	26	24.8
	no	74	75.5
Do you have a family member with breast problems?	yes	39	37.1
	no	61	62.9

The result display the clear majority reported that they do not have previous breast problems (n=74;75.5%) compared to those who reported that they have it (n=26; 24.8%). Most reported that they do not have family member with breast problems (n=61; 62.9%) compared to those who have family member with breast problems (n=39; 37.1%).

Table(4-3). Distribution the Participants ' attitude Regarding breast self-examination

No	Items	Mean	SD	Ass
1	normal ovary shape Breast self-examination is necessary	1.21	.409	H
2	It is best to encourage women to do breast self-examination	1.25	.435	H
3	It is a good idea to do a regular breast self-exam	1.31	.465	H
4	It is recommended to do a monthly breast self-examination	1.58	.496	L
5	When performing a breast self-examination, it is preferable to take a bath or lie down	1.45	.500	H

No: Number; SD: Standard Deviation;Ass.: Assessment; (High= 1.60-2; Low=0.00 – 1.59

(Table 4-4). over total level of the women's' knowledge Regarding about breast self- examination

Level	Frequency	Percent
High	68	69.6
Low	32	30.4
Total	100	100.0

Less than two third have High level knowledge about breast self- examination ($n = 68$; 69.6%), followed by those who have low level knowledge about breast self-examination ($n = 32$; 30.4%).

Table(4-5). Distribution the women's knowledge Regarding breast self-examination

No	Items	Mean	SD	Ass
1	If the woman is in the lactation period, do the examination after breastfeeding when the breast is empty of milk	1.37	.485	L
2	If you are pregnant or menopausal, select a day in the month for the test. For example: the beginning of each month.	1.35	.479	H
3	It is a routine examination, performed by women, to detect breast cancer	1.41	.494	H
4	It can be applied either by observation or by touch	1.29	.456	L
5	Early detection is crucial for breast self-examination. of any lumps unfamiliar with the shape and texture of the breast	1.33	.473	H
6	The right time to do a breast self-exam is the fifth day after the start of your period?	1.42	.496	L
7	Breast self-examination is done in front of the mirror only?	1.73	.446	H
8	The armpit should be examined during a breast self-exam	1.30	.461	H
9	A breast lump is an early warning sign of breast cancer	1.22	.416	H
10	Use the palm of your hand while performing a breast self-exam	1.41	.494	H
11	Getting older increases the risk of breast cancer	1.39	.490	L
12	Early menstruation increases the risk of breast cancer	1.50	.503	L
13	Late menopause increases the risk of breast cancer	1.52	.502	H
14	Non-breastfeeding women are more likely to get breast cancer	1.42	.496	H

No: Number; SD: Standard Deviation; Ass.: Assessment; (High=1.51-2; Low=0.00 – 1.50)

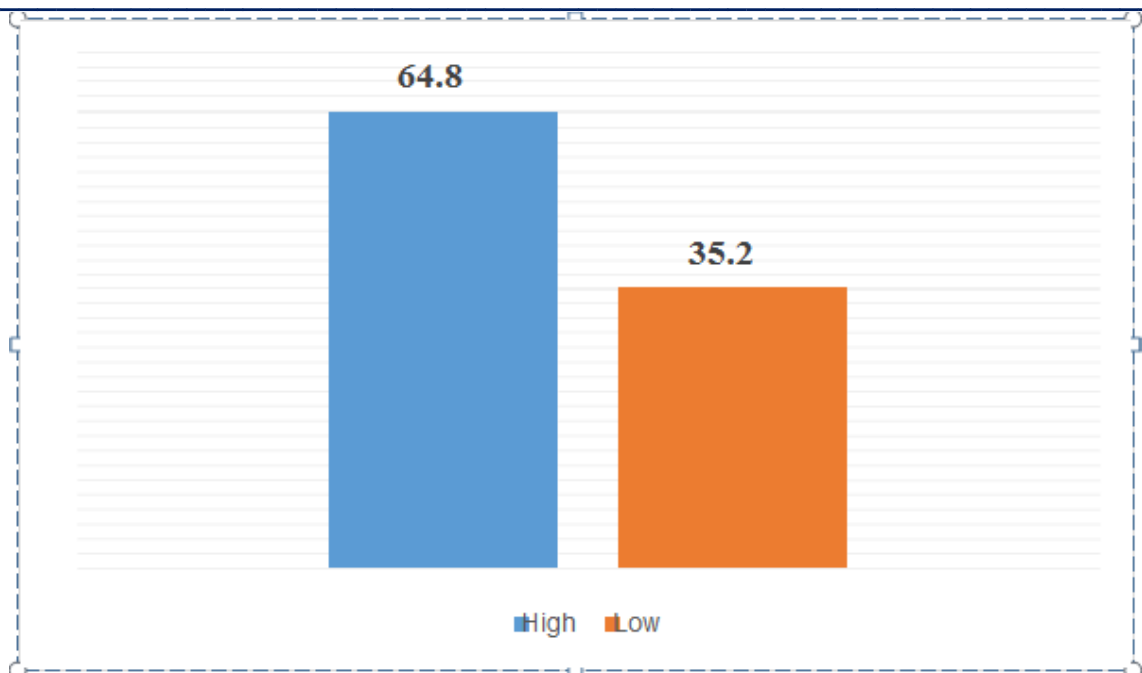


Figure 4-1. level of womens' attitude Regarding breast self-examination

The results of this study show the degree to which women are knowledge about breast self-examination. The mean score shows that women have a high level of attitude toward breast self-examination (n = 68; 69.6%), followed by those who have a low level attitude toward it (n=32; 30.4%).

(Table 4-6). Pearson correlation among study variables

	1	2	3	4	5	6
1. Age	-					
2. Educational level	-.586**	-				
3. Marital Status	.446**	-.386**	-			
4. Residency	.153	-.179	.402**	-		
5. Level of knowledge	.257**	-.547**	.093	-.037	-	
6. Level of attitude	.233*	-.497**	.183	.126	.829**	-

** . Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Age and each level of knowledge and attitude have statistically significant positive correlations (r = 0.01 and 0.05, respectively), and educational level and each level of knowledge and attitude have statistically significant adverse correlations (r = 0.01 and 0.01, respectively)

DISCUSSION

Part I: (5-1) Discussion of demographic characteristics of women's

Table (4-1) shows that the demographic data concerning womens That most of the study sample have age 20-30-years (n=32; 35.2%), and (n=26; 24.8%)were in age group 51-60-years. marital status, most are Married (n=58; 55.0%), the level of education, more than an one-third are first Elementary school (n=33; 33.8%), followed by those have Middle school (In=28; 29.1%), followed by those have Bachelor's degree (n=20; 19.0%), and those who have a Reads and writes (n=9; 8.6%) most reported that they live in urban areas (n=35; 35.0%), This study also stated that it compared favorably to a study carried out at the University of Lagos, where participants' ages ranged from 15 to 26 with an average of 21. (Agboola et al., 2009). (Udoh, 2020) The result of the study is consistent with the existing study while more than 95% of women are married, among women between the ages of 25 and 34. (Parisa and Mirnalini,2005) in agreement with the present results, most of the women (95.4%) were married. About an equal percentage of women had primary (38.4%) in rural areas, with 68.0% of them living there

Part (5-2): Discussion of Participants gynecological profile

Table (4-2) showed that they had no family member with breast problems (n = 61; 62.9%) compared to those who had a family member with breast problems (n = 39; 37.1%). (Madiha,(2020) Additionally, this finding is in line with the findings of the study, which found that just 5.0% of the women studied had a family history of breast cancer, compared to the 95.0% of women who did not. A different study also revealed that the majority of moms (81.3%) have no history of breast cancer in their families. Adamu & Shuaibu (2016)

Part (5-3): Discussion Distribution the Participants ' attitude Regarding breast self-examination

Table (4-3) women have a positive attitude regarding breast self-examination, as evidenced by the following: (n = 69; 64.8%), This finding is consistent with a study by (Naglaa M., et al. 2021), which discovered that the majority (86.0%) of the sample under study had a favourable attitude toward breast self-examination. According to a study carried out in Ethiopia, 59.2% of participants had a favorable opinion of BSE. (Segni et al., 2016). (Seifu and Mekonen, 2021). It has been reported in general that urban residents tend to have positive attitudes towards BSE.

Part (5-4): Discussion Distribution the women's knowledge Regarding breast self-examination

Table (4-4) show. Less than two third have High level knowledge about breast self- examination (n=68; 69.6%), These results are in line with the study by , (Iwuoha et al. 2021). also stated that awareness of BSE may affect one's perspective and use of BSE. According to (Godfery et al., 2016), the participants had high understanding of 81.5 and 76.5% of BSE, respectively.

Part (5-5): Discussion pearson correlation among study variables

Table (4-6). showed that there is a correlation between the variables of the study. There is a statistically significant positive correlation between age and each knowledge level and attitude level at $r = 0.01$. 0.05 respectively, there are significant inverse correlations between educational level and both knowledge level and attitude level at $r = 0.01$, 0.01 , respectively. This finding is consistent with (Ylmaz et al. 2017) and (Yoshany et al. 2016), which both found a statistically significant difference between the level of education and knowledge in pre- and post-educational programs. A similar finding was that there was a positive correlation between education level and knowledge of the mad BSE disease in our results. Knowledge of the disease was found to be positively correlated with education level, and knowledge of the disease may also influence attitudes and practices related to the mad BSE disease. According to a study by (Sarfo et al., 2013) female nurses in Ghana exhibited a favorable view toward BSE.

CONCLUSIONS

Less than have age 20-30-years study samples were young age, and the marital status, most are married , who live in rural areas , the level of education, more than an one-third are first Elementary school . The majority of items had high mean in knowledge and attitude about breast self- examination..

REFERENCES

- Abay M, Tuke G, Zewdie E, Abraha TH, Grum T, Brhane E. Breast self-examination practice and associated factors among women aged 20-70 years attending public health institutions of Adwa town, North Ethiopia. *BMC Res Notes*. 2018;11:622.
- Adamu H, Shuaibu K, Adamu AN.(2016) Knowledge, Attitude and Practice of Breast Self Examination among Female Students of a Tertiary Institution in Sokoto, North-West Nigeria. *Ann. Int. Med Den. Res*. 2016;2(4):74-9
- Agboola AOJ, Deji-Agboola AM, Oritogun KS, et al. Knowledge, Attitude and Practice of Breast Self Examination among Female Health Workers in Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria. 2009; 8(1)
- Beydag KD, Yurugen B (2010). The effect of breast self-examination (BSE) education given to midwifery students on their knowledge and attitudes. *Asian Pac J Cancer Prev*, 11, 1761-4.
- Birhane K, Alemayehu M, Anawte B, Gebremariyam G, Daniel R, Addis S, et al.(2017)Practices of breast self-examination and associated factors among female Debre Berhan University students. *International journal of breast cancer.*; 10.1155/2017/8026297
- Birye Dessalegn Mekonnen (2020) Breast self-examination practice and associated factors among female healthcare workers in Ethiopia: A systematic review and meta-analysis,. *PMCID: PMC7654829PMID: 33170880*
- Febriyanti, N. M. A., Lubis, D., Wirawan, D. N., Suariyani N. L. P., & Karmaya, M. (2018). The determinants of early breast cancer detection via breast self-examination (BSE)in Denpasar, Bali. *Age (years)*, 35(57), 31-67.
- Godfrey K, Agatha T, Nankumbi J. Breast cancer knowledge and breast selfexamination practices among female university students in Kampala, Uganda: a descriptive study. *Oman Med J*. 2016;31(2):129.
- Iwuoha, E. C., Ekeleme, N. C., & Uche, C. L. (2021).Knowledge, Attitude and Practice of Breast Self-Examination (BSE) among Women in an Urban City inAbia State, Nigeria. *Asian Journal of Medicine and Health*,17-25.
- Kayode OF, Akande GOMT. Knowledge, attitude and practice of breast self- examination among female secondary school teachers in Ilorin, Nigeria. *European J Scientific Res*. 2005;10(3):42-7.
- Madiha Mohamed Tosson (2021) Effect of Health Educational Program Regarding Breast Self-Examination on Knowledge and Practices among Women *Journal of Midwifery, Women Health And Gynaecological Nursing e-ISSN: 2582-3094Volume 2, Issue 1*
- Naglaa Mohammed Abd-Elaziz ; Hany Hassan Kamal; Hanaa Abd-Elhady(2021) Effect of Breast Self Examination Programme on Women's Awareness for Early Detectionof Breast Cancer *Minia Scientific Nursing Journal (Print - ISSN 2537-012X) (Online - ISSN 2785-9797) Vol. (10) No. (1) December 2021*
- Obossou, A.A.A., Tognifode, M.V., Brun, L., Denakpo, J.L., Akpo, E.M., Hounkpatin, B.I.B., et al. (2017) Epidémiologie et prise en charge des cancers gynécologiques et mammaire dans les deux hôpitaux de référence à Parakou dans le nord BENIN. *Oncology and Cancer Case Reports*, 3, 1-5
- Parisa parsa , and mirnalini, Kandiah (2005) breast cancer knowledge perception and breast self-examination practices among Iranian women: *The International Medical Journal*,. Vol. 4 No 2

Pippin MM, and Boyd R. (2021). Breast Self Examination. [Updated 2021 Jul 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK565846>.

Roseline H. Udoh, Mohammed Tahiru, Monica Ansu-Mensah, Vitalis Bawontuo, Frederick Inkum Danquah & Desmond Kuupiel (2021) Women's knowledge, attitude, and practice of breast self-examination in sub-Saharan Africa: a scoping review, *Archives of Public Health* volume 78, Article number: 84.

Sarfo LA, Awuah-Peasah D, Acheampong E, Asamoah F. (2013) Knowledge, attitude and practice of self-breast examination among female university students at Presbyterian University College, Ghana. *Am J Res Commun.*;1(Suppl 11):395–404

Segni MT, Tadesse DM, Amdemichael R, Demissie HF. (2016); Breast self-examination: knowledge, attitude, and practice among female health science students at Adama Science and Technology University, Ethiopia. *Gynecol Obstet (Sunnyvale)*. 6(368):2161–0932

Seifu, W., & Mekonen, L. (2021). Breast self-examination practice among women in Africa: a systematic review and Meta-analysis. *Archives of Public Health*, 79(1), 1-17.

Yilmaz M., Sayin Y., and Cengiz H., (2017). The Effects of Training on Knowledge and Beliefs About Breast Cancer and Early Diagnosis Methods Among Women *European Journal of Breast Health*, Vol. 13(4): 175-182.

Yordanos Gizachew Yeshitila & Getachew Mullu Kassa & Selamawit Gebeyehu & Peter Memiah & Melaku Desta, 2021. "Breast self-examination practice and its determinants among women in Ethiopia: A systematic review and meta-analysis," *PLOS ONE*, Public Library of Science, vol. 16(1), pages 1-25, January.

Yoshany N., Mihanpour H., Jadgal K. and Dori M., (2016). The Effect of Breast Self-Examination Educational Program on the Knowledge and Performance of Women in Yazd. *Journal of Community Health Research*; 5(3): 211- 219.