

To Assess the Knowledge Regarding Breast Cancer among Non-Working Women in Selected Area Wardha

Komal B. Ekare¹, Manjusha Mahakalkar²

¹M.Sc. Nursing, Department of Obstetrics and Gynaecological Nursing,
Smt. Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha, Maharashtra, India.

²Lecturer, Department of the, Obstetric & Gynecological Nursing,
Smt. Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe) Wardha, Maharashtra, India.

Abstract: Background: Cancer as a disease process reminds us often unexpectedly of our mortality. It frequently compromises our patient's vitality. It is also a burden emotionally and physically on family, friends, significant others, community, and other social resources. Objectives: To assess the knowledge regarding breast cancer among non-working women in a selected area of Wardha. To find out the association between knowledge of non-working women with selected demographic variables. Methods and Materials: The study was a descriptive study design. Population for the study was non-working Women in selected area of Wardha. The sample consists of 100 non-working Women. Inclusion criteria: Non-working women available at the time of study. Non-working Women who all are willing to participate in the study. Non-working Women who can understand and able to speak Marathi or Hindi. Exclusion criteria: Non-working women who had already attended health programme on the same topic. In this study, the sampling technique used was non-probability convenient sampling. The reliability of questionnaire was done by Guttman Split Half Coefficient. Results: The knowledge score 7 (7%) of non-working Women were having poor level of knowledge score, 37(37%) of non-working Women were having average level of knowledge score, 49(49%) of non-working Women were having good level of knowledge score, and only 7(7%) had excellent level of knowledge score. The minimum score was 3 and the maximum score was 16, the mean score was 10.87 ± 3.386 with a mean percentage score of 54.37.

Keywords: breast cancer, non-working Women

1. Introduction

Cancer is one of the most death leading diseases at present world with no proper treatment. "Cancer is the abnormal proliferation or extra growth of the cells. It commonly occurs in adult and later period of life. If cause effect in all system of the body. Of all the cancer breast cancer is one of the leading causes of death and it is considered as the second most common type of cancer next to lung cancer."¹

The female breasts are a pair of mammary glands that develop in response to secretions from the hypothalamus, pituitary gland and ovaries. Functionally, the breasts are an accessory of the productive system meant to nourish the infant after delivery. Lactation is the secretion of colostrum or mature milk from the breast. Breasts are located between the second and sixth ribs, between the edge of the sternum and the mid axillary line. About two thirds of the breast diameter is over the greater pectoral muscle and one third is superficial to the anterior serratus muscle.²

Breast Cancer or carcinoma of breast refers to hypertrophy and hyperplasia of breast cells. Causes and risk factors of breast cancer are genetic factors, previous breast cancer, null parity, high socio economic status, early menarche, late menopause, diet high in total fat. Treatment of breast cancer requires mastectomy and lymph node removal, radiotherapy and chemotherapy are administered if the nodes are involved.³

2. Problem statement

To assess the knowledge regarding breast cancer among non-working Women in selected area Wardha.

3. Objectives

- 1) To assess the knowledge regarding breast cancer among non-working Women in a selected area of Wardha.
- 2) To find out the association between knowledge of non-working Women with selected demographic variables.

4. Methodology

Research approach- Descriptive approach

Research design- Non-experimental descriptive design

Setting of study- selected area of wardha

Sample- non-working Women

Sample size- 100

Sampling techniques- Non probability convenience sampling

Tool- structured knowledge questionnaire including demographic variables will be used for the study.

Independent variable- breast cancer

Dependent variable- it is the knowledge regarding breast cancer

Sampling criteria

Inclusion criteria

- a) Non-working Women available at the time of study.

- b) Non-working Women who can understand and able to speak Marathi and Hindi.

Exclusion criteria

- a) Non-Working women who are not willing to participate in the study.
 b) Women who are health care professional.

5. Result

This section deals with the assessment of knowledge regarding breast cancer. The level of knowledge is divided under following headings: poor, average, good, excellent.

Table 1: Knowledge score regarding Breast cancer among non-working Women

Level of knowledge score	Score	Percentage score	Knowledge score	
			Frequency	Percentage
Poor	1-5	0-25%	7	7%
Average	6-10	26-50%	37	37%
Good	11-15	51-75%	49	49%
Excellent	16-20	>76%	7	7%
Minimum score	3			
Maximum score	16			
Mean score	10.87 ± 3.386			
Mean Percentage	54.35			

The above table shows that (7%) had poor level of knowledge, (37%) were having average level of knowledge, (49%) were having good level of knowledge score and (7%) were having excellent level of knowledge. The minimum score was 3 and the maximum score was 16, the mean score for the test was 10.87 ± 3.386 and mean percentage of knowledge was 54.35.



Graph 1: knowledge score of breast cancer among non-working Women

6. Discussion

The finding of the study show that mean and standard deviation was 10.87 and 3.386 respectively. And also the mean percentage of knowledge score of non-working Women was 54.35 and 10.87 ± 3.386 respectively. So it is concluded that non-working Women have knowledge regarding breast cancer.

A study was conducted on women's knowledge about breast cancer risk and their views of the purpose and implications of breast screening—a questionnaire survey. The objective was to assess women's knowledge and perception of breast screening, including its benefits and disadvantages, and explore whether demographic and other personal characteristics are associated with accurate knowledge.

Questionnaires were administered to a random sample of 1000 women aged between 49 and 64 years in Oxfordshire. 36% of women knew the lifetime risk of developing breast cancer, and the interpretation of numeric risks varied among women. There was an association between inaccurate knowledge and lower formal education ($P = 0.05$). 45% of women believed that screening prevents breast cancer. Women were of the opinion that screening helps early detection, could result in less invasive treatment and reassured them. 63% had no concerns about breast screening. The main causes of concern were that they would not be invited for further screening (exclusively women in their 60s), screening is not offered earlier or more frequently, painful mammography and effects of radiation. A minority of women were concerned that the pressure exerted on the breasts during mammography may itself trigger cancer by displacing and spreading cancer cells. It was concluded that Women's knowledge about breast screening was variable and sometimes incorrect, and those with less formal education were more likely to have inaccurate knowledge.⁴

7. Conclusion

In this study from detail analysis it shows that majority of 49(49%) of non-working Women were having good level of knowledge score, 37(37%) had average knowledge score, 7(7%) of poor knowledge score and 7(7%) had excellent knowledge score. Only age and educational status having significant association with demographic variable.

8. Recommendation

Recommendations for further study based on the findings of the study the following recommendations could be made-

- To assess the effectiveness of planned teaching program on breast cancer among non-working Women in selected area.
- Comparative study can be conducted in urban and rural areas.
- Comparative study can be conducted in working Women and non-Working Women.

References

- [1] Burnner and Suddarth's; "Text Book of Medical Surgical Nursing"; 10th Edition; Lippincott Williams and Wilkins Publishers; New Delhi; Page No. : 713-716.
- [2] Donna D. Lgnatavicius, Marlyinvarnerbayne. Medical Surgical Nursing. Philadelphia: W.B. Saunders; 1991.
- [3] McCarty CM, Pusic AL, Sclafani L, et al. Breast cancer recurrence following prosthetic, postmastectomy reconstruction: incidence, detection, and treatment. *PlastReconstrSurg* 2008; 121:381-388
- [4] Premila Webster, Joan Austoker, "Women's knowledge about breast cancer risk and their views of the purpose and implications of breast screening—a questionnaire survey", *Journal of public health*, volume 28, issue 3, page 197-202