



STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT BREAST CANCER AMONG RURAL DWELLING WOMEN

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ABSTRACT

As breast cancer is the most prevalent cancer in Indian women, it is imperative to study and analyze the scenario of breast cancer knowledge and awareness mainly among the rural women of India where health facilities are limited and health of women always be given the secondary importance. So, present study was undertaken to evaluate the knowledge, attitude and practice (KAP) towards the breast cancer. **Material And Methods-** This community-based cross sectional study was conducted among 400 rural dwelling women aged 20–50years of Kolhapur district, located in Maharashtra state in Central India. Structured questionnaire was used to collect quantitative data. **Results -** The study found that around half (65%) of the women were aware of breast cancer. The women who were aware of breast cancer symptoms considered lump in breast (85%), change in shape and size of breast (70%), sticky discharge or blood discharge through nipple (70%) as the important and common symptoms. But the knowledge about the screening methods was very poor. Also there were myths and false believes about risk factors of breast cancer. The study participants were having a very little knowledge about treatment. **Conclusion -** Present study underlines the critical importance as well as the need of the development and implementation of awareness of breast cancer to control the growing burden of the disease among women in India.

KEYWORDS : Awareness, Breast cancer, Knowledge, India, Rural women

INTRODUCTION-

Breast cancer is the major cause of morbidity and mortality among females citing India on the top ranking. From published data, the incidence of breast cancer in India is on the rise & is rapidly becoming the number one cancer in females pushing cervical cancer to the second spot. The seriousness of the situation is apparent after going through recent data from Indian Council of Medical Research (ICMR).

⁽¹⁾ A late stage at presentation is the main reason for the poor survival of the cancer patients in India. The late presentation is mainly due to the lack of diagnostic facilities at the peripheral levels and the lack of awareness about breast cancer. ⁽²⁾ Review of literature shows that in India the pattern of health care facility is heterogeneous in many regions, mainly affecting the rural areas where the benefits of breast cancer awareness, early diagnosis and multidisciplinary treatment programs have not yet reached. ⁽³⁾

Breast cancer projection for India during time periods 2020 suggests the number to go as high as 1797900. So, there is substantial need to reduce the burden of the disease that would cause a favorable and positive clinical picture in the country.

Factors that make the policymakers and public health system worried are mainly the rising incidence of breast cancer in India and more importantly high death rates among breast cancer patients citing breast cancer on the top rank among Indian women. From published data it is found that one of the leading causes of high breast cancer deaths is lack of awareness and screening leading to the late presentation at an advanced stage. Therefore, the current research aimed to understand the knowledge of breast cancer among rural dwelling Indian women.

MATERIAL AND METHODS-

This community-based cross sectional study was conducted among 400 rural dwelling women aged 20–50years of Kolhapur district, Maharashtra state after approval from the Institutional Ethics Committee.

The primary data was collected from. Structured questionnaire was used to collect quantitative data pertaining to awareness and knowledge about the signs and symptoms of breast cancer, methods of screening, diagnosis and treatment, as well as their attitudes towards breast cancer and self-reported practices of breast cancer screening.

The questionnaire, including questions on Socio-demographic information relating to age, educational status, place of residence and marital status, and specific questions about knowledge of the common symptoms and signs of breast cancer, risk factors for breast cancer and diagnostic procedures available for the disease, as well as attitude towards breast cancer and practice of breast self examination (BSE) and clinical breast examination (CBE) was prepared by the author based on information from the available literature and research studies.

Data Collection -

The selected female respondents were informed in detail about the study and informed consent was obtained. ASHA (Accredited Social Health Activist) workers interviewed the study participants and collected demographic, socio-economic data and data regarding knowledge, attitude and awareness about breast cancer.

Data collected from all the questionnaires were coded, entered, and analyzed using statistically. For descriptive data, frequencies and proportions were calculated.

Table 1: Socio-demographic Characteristics Of Study Participants (N=400)

Variable	Number	Percentage %
Age distribution (years)		
20- 30	105	26.25
31 -40	193	48.25
41- 50	102	25.50
Marital status		
Married	305	76.25
Unmarried	95	23.75
Family income per month		
5000 or less	63	15.75
5000 - 10000	71	17.75
> 10000	266	66.50
Education		
Illiterate	35	8.75
Primary	90	22.50
Secondary	227	56.75
Graduate	48	12

RESULTS-

The ages of the women ranged from 20–50 years with a mean of 35.42 ± 7.16 years. Majority (76.25%) of the study participants were married. Only 8.7 % of the participants were

illiterate, while 22.50 had primary education, 56.75% had secondary education and 12% were graduates. The study found that around half (65%) of the women were having Knowledge of breast cancer.

Table 2: Knowledge Of Breast Cancer According To Socio-Demographic Variables

Variables	Knowledge about Breast cancer	
	Present N= 260	Absent N= 140
Age in years		
20 - 30	104	28
31- 40	125	45
41- 50	31	67
Education		
Illiterate	9	76
Primary	23	33
Secondary	94	21
Graduate	134	10
Family income per month		
< 5000	72	80
5000 - 10000	88	35
> 10000	100	25
Marital status		
Married	207	63
unmarried	53	77

Knowledge about symptoms-

The women who were aware of breast cancer considered lump in breast (85%), change in shape and size of breast (70%), sticky discharge or blood discharge through nipple (70%) as the important and common symptoms.

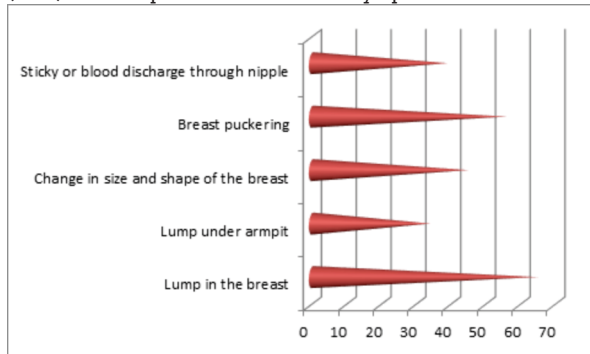


Figure 1- Knowledge About Signs And Symptoms

Knowledge about risk factors-

Most of the women who were not aware of early menstruation late menopause, hormone therapy, late pregnancy and obesity as the risk factors for breast cancer.

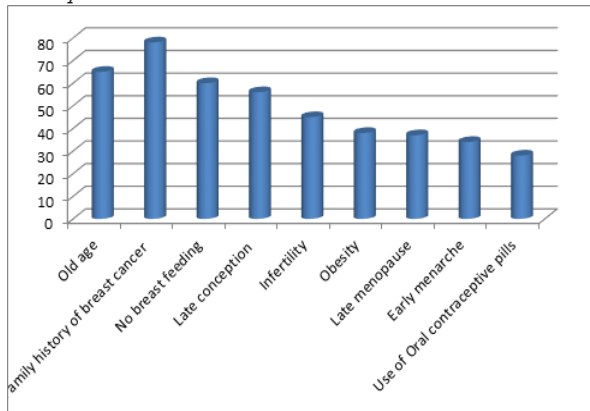


Figure 2- Knowledge About The Risk Factors Among Women (In %)

Awareness About Screening Methods-

Table 3: Distribution Of Study Participants According To

Practice Of Breast Self Examination

Variable	Number (%)
Practice of breast self examination	11 (2.75%)
Source of knowledge of breast self examination	
Health worker	6 (54 %)
Television	0 (0%)
Newspapers	2 (18.18 %)
Friends and others	3 (27.27 %)

Awareness and practice of screening methods-

In terms of practice, only 11 participants (2.75%) were aware of BSE and the main source of information about BSE was the health workers (54% participants). None of the participants had clinical breast examination (CBE) in the past year, the main reason cited for which was un-awareness about CBE, while less than 1% of study participants knew about the mammography.

Knowledge about source of information about breast cancer was as shown in table- 3

Awareness about treatment modalities and availability-

Seeking medical help was cited as the best approach to breast cancer care by majority of participants (70.23%). Only 11 (8.40%) indicated visiting alternative health practitioners for breast cancer care.

DISCUSSION-

In present study it was found that rural dwelling women have average knowledge about breast cancer signs and symptoms. The study illustrates the appalling knowledge deficit about breast cancer risk factors among this representative rural community. The findings in this study displaying lack of awareness and knowledge is consistent with data from other Indian studies.^(3,4) In cross sectional study done by Paunikar et al⁽⁵⁾ in Maharashtra, they found the similar observations as in our study. According to Sharma et al⁽⁶⁾ in study of community-dwelling women from rural and peri-urban neighbourhoods in Andhra Pradesh found that study participants has poor knowledge of breast cancer (43.67%), only 21.37% of women are aware of a breast lump as a warning sign for breast cancer. 86% are ignorant of most warning indicators.

Our findings showed that marital status and education had a substantial impact on breast cancer knowledge. Other studies also observed the similar findings.^(5,7,8,9) Regarding the awareness and attitude of practice of screening methods, findings in this study are in accordance with other studies. This strengthens the documental evidence which help the policy makers strategic planning program.

In this study, women were totally unaware regarding the available screening methods especially about the mammography technique which is widely accepted as a screening method for early detection of breast cancer in developed or high income countries. However the women in this study showed the positive attitude about the practice of the screening methods if someone in family has/had cancer. So, it clearly indicates that simple, non-invasive and inexpensive techniques like Breast Self Examination, Clinical Breast examination can be the promising, easily adaptable screening methods among women in developing country like India.

The lack of awareness of various screening methods can be attributed to the consideration of breast cancer as a 'social stigma' among rural Indian population.⁽¹⁰⁾ Also, the heterogeneity of the available health facilities failed to develop awareness among rural population.⁽¹¹⁾ Lastly the rural Indian women are too much ignorant about their health may be due to illiteracy and financial dependency.

Also the study found that these women have a strong belief that there is no treatment modality for complete cure of breast cancer. The deficient awareness about the chemotherapy and radiotherapy as treatment options for breast cancer among respondents highlight the substantial need of implementation of health education and public awareness program to reduce the burden of breast cancer among the women in this community. In the study of south Indian women, Sharma PK et al⁽⁶⁾ suggested that women must be "breast aware" in order to encourage their interest in screening.

Present study demonstrated that the involvement of trained female social workers for interviewing the study population made them comfortable to talk about the most critical issue of breast cancer. This indicates the importance of the role of social workers and their impact on rural population. This factor should be considered while making the policy for implementation of the awareness program.

CONCLUSION -

In conclusion, present study found fairly good awareness and knowledge about breast cancer symptoms, but poor knowledge and false beliefs about the risk factors. Breast self-examination is never practiced however, most women showed high willingness as well as positive attitudes towards breast cancer screening. This simple, non-invasive and inexpensive technique would be more acceptable to diagnose patients early, rather than the expensive and resource-intensive mammography procedures recommended and practiced in developed countries. The present study showed the need of implementation of educational programs addressing the information especially about the breast cancer the risk factors, the screening methods, and the available treatment options and the effectiveness of the treatment in rural women of India.

Thus, our study displays the critical importance of the development and implementation of awareness of breast cancer to control the growing burden of the disease among women in India.

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Conflict Of Interest- None

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