



STATUS OF KNOWLEDGE, ATTITUDE AND PRACTICE OF BREAST CANCER AND BREAST SELF-EXAMINATION IN RAJASTHAN, INDIA

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ABSTRACT Breast cancer is accounted for a major cause of morbidity and mortality worldwide. Survival chances increases if disease under consideration is detected early with early implementation of treatment. In this study data under different heads e.g. knowledge, attitude and practice of breast cancer and breast self-examination, is taken from Jodhpur, Rajasthan, India. In the last section of the study a discussion is made.

KEYWORDS :

INTRODUCTION

The association between diet and chronic diseases such as cancer, heart disease, and diabetes is at its work (Mirmiran P, Noori N et al, 2009; Nissinen A, Berrios X et al, 2001). If we talk about Breast cancer, it has killed 425,000 women of whom 68,000 were aged 15-49 years in developing countries in 2010 (Forouzanfar MH, Foreman KJ et al, 2011). According to an estimate, about 15.0 million new cancer cases are expected to be diagnosed with about 12.0 million cancer deaths by 2020 (Ansari F, 2018; Brayand F, Moller B, 2006; Ansari F, Dixit AK, 2015). Present paper represents some information with reference to knowledge, attitude and practice of Breast Cancer (BC) and Breast Self-Examination (BSE) in Rajasthan, India. Data regarding the same is collected using a questionnaire which is attached in the beneath.

METHODOLOGY

We used a questionnaire for consolidation as well as execution of the study, containing the points those can grasp the data of our concern. Three chief sprinkles are knowledge, attitude towards BSE and Practice. Under the head knowledge, questions asked about curability of disease, endangering significant relationship, behavioral changes in family members, specific women get breast cancer, life becomes or would be miserable, duration of breast feeding, late age at cohabitation, age at first pregnancy, use of Contraceptives, age at Menarche, postmenopausal phase, menses disorder, obesity, consumption of dairy products, frequent meet and alcohol, smoking, tobacco chewing and having any idea regarding sign/symptom of breast cancer. The information covered by attitude towards BSE is summarized by impleading numerous aspects e.g. prevention through early detection, BSE is an easier way of detection, feeling of embarrassment while doing monthly breast exams, fun making by family members and afraid of doing BSE. The caption practice appendices feeling while talk about the disease, its painfulness, time consumption, knowledge about performance, regularity, ever been to physician in this regard and knowledge about any other method of BSE. An in-person interview was conducted at their homes. The data so collected was input, compiled and analyzed to get some meaningful results.

RESULTS

When we put our concern, over the head knowledge, we found that 53% respondents did not know that BC can be cured. 60% women triggered its endangered influence on intimate relationship. Whereas 71% refused that there may some behavioral changes of family members if a woman got BC. 80% of respondents had the opinion that BC occurs to special women and she was not one of them. 80% women believed that once whole life become miserable if BC occurs. Around 45% women disagreed that there is any role of breast feeding in occurrence of this specific type of cancer. 53% women denied that late age at cohabitation increases the risk of BC occurrence and only 4% women had knowledge about this risk factor. 44% women put their thumbs down while answering about the risk factor, occurrence of BC is related with late age at first pregnancy and around 50% did not know about this risk factor concerned with BC. 38% women had no knowledge that use of any type of contraceptive may cause BC. Only 11% women knew that occurrence of BC is influenced with age at menarche, around 40% did not know and 45% disagreed it as a risk factor. 53% of respondents declined that it can only occur after menopause only around 10% had the knowledge that it may occur

before menopause too. Exactly equal percentage i.e. 19% agreed as well as denied that BC have its relation with menses disorder. A minor percentage (16%) possessed the knowledge of BC occurrence with fat and 47% did not had any knowledge about its occurrence with more use of dairy products. 22% admitted that it has its relation with consumption of meat in excess and 36% discountenanced. Liker consumption may cause BC, around 50% women did not have any knowledge about it. 65% women were not aware of smoking and chewing Tobacco are the risk factors, only 4 and 5% were aware respectively. Near about 70% women reported having no knowledge of any sign or symptoms of the disease.

As far as attitude towards BSE is considered, 78% women knew that BC can be cured if early detected and BSE is a way to detect it early; is known to only 36% women. For 53% women monthly BSE was embarrassing. Making fun by friends and family was a fear for 71% women. An hesitation was found observed in 27% women.

Under consideration over the head Practice; 100% women were willing to talk about BSE. In response to, can BSE painful, 44% women disagreed whereas around 25% women were agreed. Around 45% women showed their opinion with respect to convey that BSE take much time. 80% women spurned that how BSE is performed. Only 5% women had ever performed BSE. Surprisingly, 100% women admitted their disapproval for being regular to BSE. 94% repudiated to go to doctor to be more aware about the disease. 58% denied that there is any other way to perform BSE whereas 36% did not know about the same.

DISCUSSION

BC mortality can be reduced by promoting breast self-awareness viz. breast self-examination (BSE), clinical breast examination (CBE) and mammographic screening. Although life style and dietary habits have its role in disease occurrence; it may play a protective role against a disease. An urgent need is required to spectacularly investigate different factors viz. environment, life style and diet in Indian prospectus to know whether Indian culture is more protective against the disease?

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