Knowledge of Female Nursing Students regarding Breast Self-Examination in university of Karbala

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ABSTRACT

Objective: This study aims to assess the knowledge of breast self-examination among female nursing student regarding BSE.

Material: descriptive study (cross sectional study) design Select Purposive sample of 100 female nursing student Karbala University. Interviewer administered questionnaires were used for data collection. During period from 10th April to 1ᵗʰJune.

Results: From the total of 100 women student, 43% with age group (22-23), (82%)were single, (32%) in first stage, the result of this study revealed the level of knowledge regarding BSE was good among female student the present study sample the there is a high significance between Knowledge of female student and their Student Age, Year of Study at p-value < 0.01, and significance in relation with (Residency Area) at p-value < 0.05. Conclusions: The findings of this study were finding good knowledge regarding BSE among women.

Keywords: Knowledge, Breast Self-Examination.

INTRODUCTION

Breast cancer is the most common cause of death among women worldwide. Breast self-exam (BSE) is considered an important public health procedure; primary prevention should be given the highest priority in the fight against cancer. Cancer is considered the second leading cause of death in developed countries there was some 6.2 million cancer related deaths, accounting for 12% of all deaths globally[1]. Breast cancer represents an important public health problem; primary prevention should be given the highest priority in the fight against this disease. Breast cancer is the most common cause of cancer death among women worldwide. Globally, breast cancer ranks first among cancers affecting women worldwide. It has been reported that 10 women is affected by breast cancer during their life–time. The WHO estimated that 1.2 million cases of breast cancer are diagnosed worldwide each year which represented 10% of all diagnosed cancers and constituted 22%of all new cases in women in 2000 making it by far the most common cancer in women[2]. Breast problems are extremely common. Comprising one in six of all general surgery Worldwide there are 57000 new cases of breast cancer per year. The incidence of breast cancer has been increasing since the 1950[3].

By doing BSE regularly, women should be familiar with how their breasts normally appear and feel then report any breast changes promptly to their health care providers. The American Cancer Society recommends that women, beginning in their early 20s, be told about the benefits and limitations of BSE, it is then up to the individual woman whether to perform BSE regularly, irregularly, or not at all. Women should continue practicing BSE throughout their lives- even during Pregnancy and after menopause[4]. BSE can be helpful in detection 10% of BC especially in younger women who were not undergo mammography. In addition, women become familiar with both the appearance and the feel of their breasts, and can notice any changes as early as possible during examination. Previous studies revealed that 90-95% of the women discovered breast cancer by herself during practicing BSE[5]. In Iraq, it has been reported that about 90.6% of women detected the lumps by themselves. Previous studies in Iraq have reported poor practice of BSE among female students in secondary schools, in institutions and in universities. Similar findings were recorded among female students in Amman and southern region of Jordan, in Ajman University also there was poor practice of BSE. The magnitude of regular BSE practice was poor among female health workers and nursing students in Ethiopia and among female health care professionals in Turkey[6,7].

METHOD AND MATERIALS

A cross-sectional descriptive study design was A descriptive study (cross sectional study) design

Sample of Study: Select Purposive sample of 100 female nursing student Karbala University.

Inclusion Criteria: All female nursing student in faculty of nursing\ Karbala University those agree to participate in the study.

Exclusion Criteria: Those who disagree to participate in the study.

Construction of Study Instrument: Contains three main parts

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Part I

Demographical Data: This section includes the socio- demographical characteristics to female nursing student that includes age, Marital status, stage of study, if have family history of breast cancer and residency.

Part II

The instrument was constructed to assess nurse's knowledge regarding Breast Self-Examination. This part was designed to include (10) items. Those have three options (yes), (no) and (I don't know).

RESULTS

Table 1: Distribution of the Female Students' by their Socio-Demographic and Clinical Characteristics through Frequency and Percentage

Variables	Groups	(n = 100)	
		F.	%
Age	(18–21) Years	25	25
	(22-24) Years	*43*	4
	(≥ 24) Years	32	32
	Total	100	100
Marital Status	- Single	82	82
	- Married	15	15
	- Divorced	3	3
	Total	100	100
stage of Study	First Stage	38	25
	Second Stage	18	18
	Third Stage	19	19
	Fourth Stage	25	38
	Total	100	100
Residency Area	- Urban	74	74
	- Rural	26	26
	Total	100	100.0

Table (1) showed the age group (22-23) have high percent (43%), age group (>25) was (32%) and age group (19-21) has (25%), in regard marital status 82% were single, 15% married and 3% divorced, according stage of Study 38% were third stage, 25% forth stage, 19% third stage and Second Stage 18%.

Table 2: Distribution of the Female Students' by their family history Clinical Characteristics through Frequency and Percentage

Variables	Groups	(n = 100)	Variables
Have Family History of Breast cancer	Yes	5	5
	No	95	95
	Total	100	100
If yes, who is	- No Found	95	95
	- mother	3	3
	- Grand Mother	2	2
	Total	100	100.0

Table (2) revealed the answer when ask students if Have Family History of Breast Cancer were 12% for yes and 88% for no, concerning the above question If answered yes, who is she, were 3% her mother and 3% her Grand Mother 18% second stage. And residency urban has 74% versus rural 26%.

Table 3: Assessment Female Students' knowledge About Breast Self-Examination

Items	Ratings	(N = 100)		M.	S.D.
		Frequency	Percent		
BSE should been done every 2 month	Yes	32	32.3	1.98	0.795
	No	38	38.0		
	Don't know	30	30.0		
BSE must be done between day 7 until day 10 after menses	Yes	43	43.0	2.94	0.901
	No	38	38.0		
	Don't know	19	19.0		
BSE should be done in front of the mirror& Need to observe for unusual change in shape and size of breast	Yes	80	80.0	2.62	0.792
	no	19	19.0		
Undress until the waist when doing the BSE	Yes	79	79.0	2.81	0.780
	No	18	18.0		
	Don't know	3	3.0		
Hands should be raised up alternately above the head	Yes	45	45.0	1.92	0.900
	No	36	36.0		
	Don't know	19	19.0		
BSE can be done in supine position	Yes	55	55.0	2.47	0.541
	No	43	43.0		
	Don't know	2	2.0		
Palpate on the right breast while left sided lying when doing the BSE	Yes	40	40.0	2.95	0.862
	No	34	34.0		
	Don't know	26	26.0		
Use finger pulps to examine any lump or thickening of the skinthat lead to Lump is the early sign for cancer	Yes	68	68.0	2.47	0.812
	No	20	20.0		
	Don't know	12	12.0		
BSE can be done using vertical strip and circular technique	Yes	72	72.0	2.46	0.873
	No	25	25.0		
	Don't know	3	3.0		
Need to press on the nipple to check any unusual discharge	Yes	77	77.0	2.60	0.788
	No	17	17.0		
	Don't know	6	6.0		
Total of all Domains				2.66	0.398

M.S: Mean of score (2), cut off point = (0.66), Poor (1-1.66), Fair (1.67-2.33), Good (2.34-3)

This table shows the level of knowledge among Female Students'. The total average mean was (2.66) with standard deviation (0.368).

Table 4: Relationship between the overall Knowledge of Female Student and their Socio-Demographic and clinical Data

Demographic & Clinical Data	Chi-Square Value	df	p-value
Student Age	29.719	4	0.000 HS
Marital Status	8.910	4	0.063 NS
Year of Study	34.904	6	0.000 HS
Have Family History of Breast Cancer	1.708	2	0.426 NS
If yes, Family Have History of Breast Cancer	6.409	4	0.171 NS
Residency	15.098	2	0.001 S

NS: Non-Significant at P>0.05, S: Significant at P<0.05, HS: high significant at p-value less than 0.01.

Table (4) shows that there is a high significance between Knowledge of female student and Student Age, Year of Study at p-value < 0.01, and significance in relation with (Residency) at p-value < 0.05. While there is a non-significant relationship with the remaining variables.

DISCUSSION

Table (1) shows that the majority of the participants were aged between (20-21) years, 91% of them from urban residence. 82% of the sample were single, and this is attributed to our culture and tradition in which few families let their girls get married during the nursing study, this is agree with other study done by Abdul-Lateef & Shabaan, while the stage of student were third stage (38%) and (74%) live in urban this result agree with study conducted by Nde et al., (2015) and study by Pengpid & Peltzer[4,8,9].

Table (2) show the Female Students' by their family history were (88%) do not have breast cancer family history this result compatible with study done by Hailu[10].

Table (3) reveals that the majority of participants (45.0%) have a good Knowledge about Breast Self-Examination this result agree with study[11-13]. Where only 23%, 27.6%, and 30.25% of female university students had good BSE knowledge, respectively[14,15]. The relatively higher results in the present study compared to these local studies could be indicated by the area's relative urban nature[16].

Table (4) shows that there is a high significance between Knowledge of female student for Breast self-examination and Student Age, Year of Study at p-value < 0.01, and significance in relation with (Residency Area) at p-value < 0.05. These results agree with the study conducted by study done by Irurhe[17] but disagree with study by Al-Gburi, & Alwan (2019)[18].

CONCLUSION

This study concluded that the participants in this study have good knowledge about breast self-examination and there is a high significance between Knowledge of female student and Student Age, Year of Study at p-value < 0.01, and significance in relation with (Residency Area) at p-value < 0.05. While there is a non-significant relationship with the remaining variables.

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