ORIGINAL RESEARCH PAPER

A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING BREAST SELF EXAMINATION AMONG THE ADOLESCENT GIRLS IN RURAL AND URBAN AREA, PILKHUWA DIST.HAPUR (U.P.)

Nursing

KEY WORDS: Assess, Knowledge, Adolescent girls, Breast Self Examination, Urban are Rural area

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ABSTRACT

A comparative study was conducted to assess the knowledge regarding breast Self Examination among the adolescent girls in rural and urban area. Data was collected from 60 adolescent girls (30 rural and 30 urban area) selected by Purposive sampling techniques. The mean knowledge score of adolescent girls of the rural area was Mean 7.6 ± 1.37 , Median 7.5, Mode 7, Range 12-4=8, Mean Deviation 0.93333 & Mean Score % 30.4% but urban area Mean 10.6 ± 1.45 , Median 11, Mode 10, Range 12-6=6, Mean Deviation 1.09333 & Mean score % 42.4%. Maximum adolescent girls at rural area i.e., 26(86.66%) were having Inadequate knowledge, 4(13.33%) having Moderate knowledge and None of the adolescent girls was having adequate knowledge regarding breast self-examination but Maximum adolescent girls at Urban area i.e., 28(93.33%) having Moderate knowledge, 2(6.66%) were having Inadequate knowledge, and None of the adolescent girls was having adequate knowledge regarding breast self-examination. Comparison of the rural and urban area in the knowledge score of the adolescent girls for using paired "t" test ("t"=22.73) show significance. ($p \leq 0.05$).

INTRODUCTION :

"A breast cancer diagnosis is a reminder to live as fully as possible, not a sign to bunker down."

GRAHAM WOOD

A breast self-examination is a technique which allows an individual to examine his/her breast tissue for any physical or visual changes. It is often used as an early detection method for breast cancer. Both men and women should perform breast self-examination at least once each month beginning at age 12.¹

A breast self exam should be done each month. The best time to practice breast self examination is a few days after your menstrual period or the day you begin hormone replacement therapy each month. Your breasts will be less tender and swollen. Postmenopausal women should choose the most convenient or easily remembered time, such as the first or last day of the month.²

There are two main components to the breast self examination visual inspection and palpation. Palpation is done in two steps standing and lying down. During visual inspection, look for: discharge or scaling of the nipples, puckering, dimpling or redness of the skin, and changes in the size and shape of the breast.³

OBJECTIVE :

1. To assess the knowledge regarding breast self examination among adolescent girls in rural area.
2. To assess the knowledge regarding breast self-examination among the adolescent girls in urban area.
3. To compare the knowledge regarding breast self examination among the adolescent girls in rural and urban area.
4. To find out association of the knowledge regarding breast self-examination among the adolescent girls in the rural area with socio-demographic variables.
5. To find out association of the knowledge regarding breast self-examination among the adolescent girls in the urban area with socio-demographic variables.

REVIEW OF LITERATURE :

Sama CB^{1,2}, Dzekem B^{2,3}, Kehbila J^{2,4} (2016)- Conducted a cross-sectional study in April 2016 for awareness of breast cancer and breast self-examination among female undergraduate students in a higher teachers training college in Cameroon. We involving 345 consenting female undergraduate students. The mean age of the respondents was 22.5 ± 3.2 years and a vast majority ($n = 304$, 88.1%) had heard about breast cancer primarily from the television/radio ($n=196$, 64.5%). Overall, less than a quarter ($n=65$, 21.4%) of respondents who had heard about breast cancer had sufficient knowledge on its risk factors and signs/symptoms. Less than half (47%) of respondents who had heard about breast cancer had heard about breast self-examination amongst which only 55 (38.5%) had ever practiced it. Though most students are

aware of the existence of breast cancer, their overall knowledge on its risk factors and clinical presentation is insufficient with a concomitant low practice of breast self-examination. These highlighted gaps warrants intensification of sensitization campaigns and educational programs in order to raise knowledge levels and enhance prevention strategies that would aid in reducing the burden of breast cancer in Cameroon.⁴

METHODOLOGY :

Research approach : Comparative Descriptive

Research design: Non-experimental descriptive design

Population : Adolescent girls rural and urban area

Setting of the study : Rural and urban area Dist.Hapur

Sample : Adolescent girls age group between 12 to >18 year who lives in rural and urban area Dist.Hapur.

Sample size : 60 (30 adolescent girls in rural and 30 adolescent girls in urban area)

Sampling techniques : Purposive sampling techniques

CRITERIA FOR SAMPLE SELECTION :

Inclusion criteria:

- Adolescent girls of rural and urban area of district- Hapur, (U.P).
- Adolescent girls in the age group of 12- 18 years.
- Adolescent girls in the study 4th to 12th standard who know Hindi very well.
- Adolescent girls who were willing to participant in the study.
- Adolescent girls present at the study.

Exclusion criteria:

- Adolescent girls who were not willing to participant in the study.
- Adolescent girls who were not available at the time of the study.

TOOLS AND DATA COLLECTION:

The tools was prepared and validated by experts.

Tools-1: Demographic data consist 12 items like age, last qualification and religion etc.

Tools -2: Structured knowledge questionnaire consist of 25 items.

RESULT :

Demographic description :

- The age of adolescent girls at rural area 7(23.33%) were age group of 12-14 year, 18(60%) were age group of 15-17 year and 5(16.66%) were age group of <18 year but respectively urban area 9 (30%) were age group of 12-14 years, 17 (56.66%) age group 15-17 year and 4 (13.33%) age group >18 year.
- The self pursuing education of adolescent girls at rural area

- 19(63.33%) were Yes and 11(36.66%) were No but respectively urban area 21 (70%) were yes and 9(30%) no.
- The last qualification of adolescent girls at rural area 10(33.33%) were group of primary education, 11(36.66%) were group of middle education, 7(23.33%) were group of secondary education and 2(6.66%) were group of senior secondary education but respectively urban area 10 (33.33%) was primary education,12 (40%) was middle education,8 (26.66%) secondary education and none of the senior secondary education.
 - The religion of the adolescent girls at rural area 19(63.33%) were Hindu, 1(3.33%) were Christian and 10(33.33%) were Sikh but respectively urban area 20 (66.66%) Hindu,10 (33.33%) Sikh and none of Muslim religion in rural and urban area
 - The residence area of the adolescent girls at rural area 30(100%) but respectively urban area 30 (100%) adolescent girls live in urban area.
 - The monthly income of the family member of adolescent girls at rural area 15(50%) were less than 10,000, 13(43.33%) were 10,001 to 15,000, 1(3.33%) were 15001 to 20,000 and 1(3.33%) were above 20,000 but respectively urban area 16 (53.33%) less than 10,000,13(43.33%) was 10,001-15,000 and 1 (3.33%) was 15,001-20,000.
 - The types of food habit of the adolescent girls at rural area 11(36.66%) were vegetarian, 16(53.33%) were non-vegetarian and 3(10%) were eggterian but respectively urban are 18 (60%) vegetarian ,9 (30%) Non-vegetarian and 3 (10%) eggterian.
 - The father education of the adolescent girls at rural area 7(23.33%) were illiterate, 14(46.66%) were primary, 3(10%) were middle, 4(13.33%) were secondary and 2(6.66%) were under graduation ,none of the senior secondary education,post graduation and professional education but respectively urban area 6 (20%) illiterate,12 (40%) primary,4(13.33%)middle,6(20%)secondary,2(6.66%) senior secondary education and none of the undergraduation, Post graduation and professional education.
 - The mother education of the adolescent girls at rural area 13(43.33%) were illiterate, 13(43.33%) were primary, 3(10%) were middle and 1(3.33%) were secondary , none of the senior secondary ,Under graduation , post graduation ,professional but respectively urban area 16 (53.33%) illiterate ,12 (40%) primary ,2 (6.66%) secondary education and none of the middle, senior secondary education, under graduation, post graduation and professional education.
 - The history of the breast cancer in the family/relatives/friends of adolescent girls at rural area 30(100%) were No but respectively urban area 30 (100%) were no and none of the yes in rural and urban area.
 - The regular breast examination performed adolescent girls at rural area 6(20%) were Yes and 24(80%) were No but respectively urban area 7 (23.33%) yes and 23 (76.66%) No.
 - The previous knowledge about breast self –examination of adolescent girls at rural area 10(33.33%) were Yes and 20(66.66%) were No but 11 (36.66%) yes and 19 (63.33%) No. The source of the knowledge 1(3.33%) from health care provider, 1(3.33%) from friend circle, 7 (23.33%) from mass media and 1(3.33%) from family member, relative and teacher but urban area respectively 1(3.33%) health care provider,6

(20%) friend circle, 3 (10%) mass media and 1 (3.33%) family member, relatives and teacher.

Knowledge analysis:

Table -1 Comparison of the level of knowledge in rural & urban area

N=30

S.N.	Level of knowledge	Rural		Urban	
		f	%	f	%
1	Inadequate knowledge (0-8)	26	86.66%	2	6.66%
2	Moderate knowledge (9-16)	4	13.33%	28	93.33%
3	Adequate knowledge (17-25)	0	0.00%	0	0.00%

Maximum score =25

Data presented in Table-1 showed that in maximum adolescent girls in rural area i.e., 26 (86.66%) were having Inadequate knowledge, 4 (13.33%) having Moderate knowledge and None of the adolescent girls was having Adequate knowledge but urban area maximum adolescent girls i.e., 28 (93.33%) were having Moderate knowledge were as having 2 (6.66%) Inadequate knowledge and None of the adolescent girls was having Adequate knowledge regarding breast self-examination.

Table -2 Comparison of the knowledge in Mean±S.D.,Mean score%,Mean deviation and find the “t” test in adolescent girls in rural and urban area

N=30

(P<0.05 level of significance)

S. N.	Area	Mean ±S.D	Median	Mode	Range	Mean deviation	Mean Score %	“t” Test	Df
1	Rural area	7.6±1.37	7.5	7	12-4=8	0.93	30.40 %	22.72*	29
2	Urban area	10.6±1.45	11	10	12-6=6	1.09	42.40 %	*** HS

Data presented in Table-2 and Fig. 1 showed that in knowledge score of the adolescent girls in rural area Mean±SD 7.6±1.37, Median 7.5, Mode 7, Range 12-4=8, Mean deviation 0.93 & Mean % 30.40% but in knowledge score of the adolescent girls in urban area Mean±SD 10.6±1.45, Median 11, Mode 10, Range 12-6=6, Mean deviation 1.09 & Mean % 42.40%. The knowledge score of the adolescent girls in urban area are high then the rural area. The “t” test value 22.72*** & df=29.

Table-3 Association of the knowledge score with selected demographic data in rural and urban area

Sec.A. Association of Chi-square with their selected demographical variables of adolescent girls in Rural and urban Area

Sec.B. Association of Analysis of variance (ANOVA) & inference of selected Demographical variables of adolescent girls in Rural and urban Area

S. N.	DEMOGRAPHIC VARIABLE	RURAL AREA				URBAN AREA			
		CHI-SQURE VALUE	P VALUE	df	RESULT	CHI-SQURE VALUE	P VALUE	df	RESULT
1.	Are you self pursuing education?	2.006	3.84	1	NS	0.97	3.84	1	NS
2.	Religion.	4.783	3.84	1	S	3.97	3.84	1	S
3.	Monthly income of the family in Rupees.	3.453	3.84	1	NS	4.02	3.84	1	S
4.	Do you perform breast self-examination regularly?	8.571	3.84	1	S	3.95	3.84	1	S
5.	(i) Do you have any previous knowledge about breast self -examination?	1.67	3.84	1	NS	0.92	3.84	1	NS
	(ii) If yes, what is the source of the knowledge?	1.72	3.84	1	NS	0.82	3.84	1	NS

Significant at 0.05 level of significance

S. N.	DEMOGRAPHIC VARIABLE	RURAL AREA				URBAN AREA			
		f value	P VALUE	Df	RESULT	f value	P VALUE	Df	RESULT
1.	Last qualification.	0.523	2.76	BG=4 WG=25	NS	3.28	2.76	BG=4 WG=25	S
2.	Types of food habit adopted.	1.455	2.76	BG=4 WG=25	NS	1.891	2.76	BG=4 WG=25	NS
3.	Education of father.	3.85	3.71	BG=3 WG=10	S	3.108	2.76	BG=4 WG=25	S
4.	Education of Mother.	3.87	3.71	BG=3 WG=10	S	3.166	2.76	BG=4 WG=25	S

S= Significant ,NS=Not significant,BG=between group, WG=With group, N= Total no.of sample area

Sec.C. Association of Spearman's Co-relation Coefficient & inference of selected Demographical variables of adolescent girls in Rural and urban Area

S.N.	DEMOGRAPHIC VARIABLE	RURAL AREA				URBAN AREA			
		SPEARMAN'S VALUE	P VALUE	N	RESULT	SPEARMAN'S VALUE	P VALUE	N	RESULT
1.	Age (In year's).	2.012	1.863	30	S	1.964	1.863	30	S

DISCUSSION :

The knowledge score of adolescent girls in rural area maximum i.e., 26 (86.66%) were having Inadequate knowledge, 4 (13.33%) having Moderate knowledge and None of the adolescent girls was having Adequate knowledge but urban area maximum adolescent girls i.e., 28 (93.33%) were having Moderate knowledge, 2 (6.66%) Inadequate knowledge and None of the adolescent girls was having Adequate knowledge regarding breast self-examination. The knowledge score of the adolescent girls in rural area Mean $\pm$ SD 7.6 $\pm$ 1.37,Medin7.5,Mode 7,Range 12-4=8, Mean deviation 0.93& Mean % 30.40% but in knowledge score of the adolescent girls in urban area Mean $\pm$ SD 10.6 $\pm$ 1.45,Median 11,Mode 10,Range 12-6=6,Mean deviation 1.09& Mean % 42.40%. The knowledge score of the adolescent girls in urban area are high then the rural area.

The association knowledge score of the adolescent girls at rural area with their demographical variable Age , Religion, education of father, education of mother and Perform breast self-examination regularly are significant but urban area same demographical and last qualification and monthly income of the family member (RS) are significant.

IMPLICATIONS :

Nursing administration

It should formulate policies that include all adolescent girls to be active in Breast self examination.It should concentrate on workshop and in services education of nurses, who play a vital role in presentation and treatment of breast self examination.

Nursing education

There should be provision for in service education to update the knowledge of nursing personnel keeping in view current trends & practice of breast self examination.

Nursing practice

Self breast examination is one of the greatest challenges the health care delivery system is facing. The adolescent girls plays a vital role to prevent the breast self examination. Equipping them with the The study finding revealed that most of the adolescent girls were not having adequate knowledge. This indicated that there is greatest scope for nurse's clinical teaching activity in this area by the clinical instruction.

Nursing research

No profession can exist without research. So research should be directing for exploring and updating the student and nursing personnel. It will help to discover the appropriate method and media for effective teaching regarding breast self examination.

CONCLUSION :

The knowledge score of the adolescent girls in urban area are high then the rural area.

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