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### **Full Length Research Article**

## **AWARENESS OF BREAST CANCER AMONG FEMALE STUDENTS AT ADESH UNIVERSITY BATHINDA, PUNJAB, INDIA**

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#### **ABSTRACT**

Carcinoma of the breast is the leading cause of death in women aged 30 years and above. It reduces the life expectancy of the population at risk especially those between 31 and 50. The incidence of breast cancer is rising rapidly in the population group that used to enjoy low incidence of the disease. Majority of the patients present late in the hospital. It is therefore pertinent to assess the level of awareness and knowledge of breast cancer. The purpose of the study to assess the level of awareness of breast cancer among female students at Adesh University Bathinda, Punjab, India. Self administered questionnaire was distributed to the 201 subjects which consist 10-15 questions, out of 201 participants, most of the students had knowledge about the early signs and symptoms of breast cancer. 65% were aware about the risk factors and only 39.8% of the female students know about the exact timing for performing BSE and about 56.7 were familiar with the procedure of BSE. In conclusion, majority of the respondents were not aware about the role of physiotherapy in breast cancer and the knowledge and understanding of the disease was very low.

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#### **INTRODUCTION**

Breast self-examination is a process in which women examine their breasts regularly to detect any abnormal swelling or lumps in order to seek prompt medical attention. The purpose of BSE is to learn the topography of the breasts; which in turn will allow for one to notice changes in future in order to detect breast masses or lumps. Breast self-examination, carried out once monthly between 7-10 day of menstrual cycle, it goes a long way in detecting breast cancer at early stages of growth when there is low risk of spread ensuring a better prognosis when treated (Kayode *et al.*, 2005). In literature, it is stated that 90% of the times breast cancer is first noticed by the person herself (DolarDoshi *et al.*, 2012). According to WHO report there were about 519,000 women who die from breast cancer annually and more new cases are found, which is estimated to be one millions of women develop breast cancer each year approximately (Nadia Abdalla Mohamed *et al.*, 2013). It is estimated that 2, 11,240 patients suffer from invasive breast cancer in a year in the United States.

These numbers represent a sharp increase over the past 30 years. Currently, in India, the incidence of breast cancer has steadily increased over the years and as many as 1, 00,000 new patients are being detected every year. The increase reported by cancer registries is nearly 12% from 1985 to 2001, representing a 57% rise in India's cancer burden (Laveena and Sushmitha Karkada, 2013). In India, cancer prevalence is estimated around 2.5 million, with over 0.8 million new cases and 0.5 million deaths occurring each year (Somdatta and Baridalyne, 2008). Based on National Cancer Registry Programme (ICMR), report of (2001-03), about 25% of the total cancer cases among Indian women constitutes of breast cancer. The crude incidence rate of breast cancer at India level is about 85 per 100,000 women per year. The mortality rate is around 7 per 1, 00,000 cases per year. It is estimated that 85000 new cases of breast cancer are occurring in India every year (Laveena and Sushmitha Karkada, 2013). By 2030; it is estimated that global burden of cancer will increase to 21.4 million new cancer cases and 13.2 million deaths from cancer annually (Sajad Ahmad Salati and Ajaz Rather, 2009). For women with symptomatic breast cancer, prolonged delay of greater than three months from First detection to time of diagnosis and treatment has been shown to be associated with increase tumor size and more advanced stage of disease and

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with poor long term survival (Pawan Kumar Sharma *et al.*, 2013). The Physiotherapeutic approaches aimed to identify risk factors for developing complications and morbid conditions relating to the axillary approach and to implementation of strategies for minimizing preexisting symptoms, with the aim of achieving better postoperative functional recovery (Johansson *et al.*, 2002). However, BSE offers women a chance to learn what is normal for them so that they can recognize any changes immediately. Younger breast cancer patients have been shown to have a lower rate of survival than older patients due to being diagnosed at advanced stages. The adolescent period is a time that provides teaching opportunities for shaping health behavior into adulthood. Teaching BSE and issues about breast cancer as early as possible will go a long way to encourage positive behavior towards BSE, create a breast awareness consciousness and can lead to seeking regular professional breast examination/ screening later in life (Isara and Ojedokun, 2011).

**MATERIALS AND METHODS**

After taking informed consent, questionnaire was filled and after that awareness on breast cancer, breast self-examination, and its procedure was given by distributing them pamphlets/ leaflets.

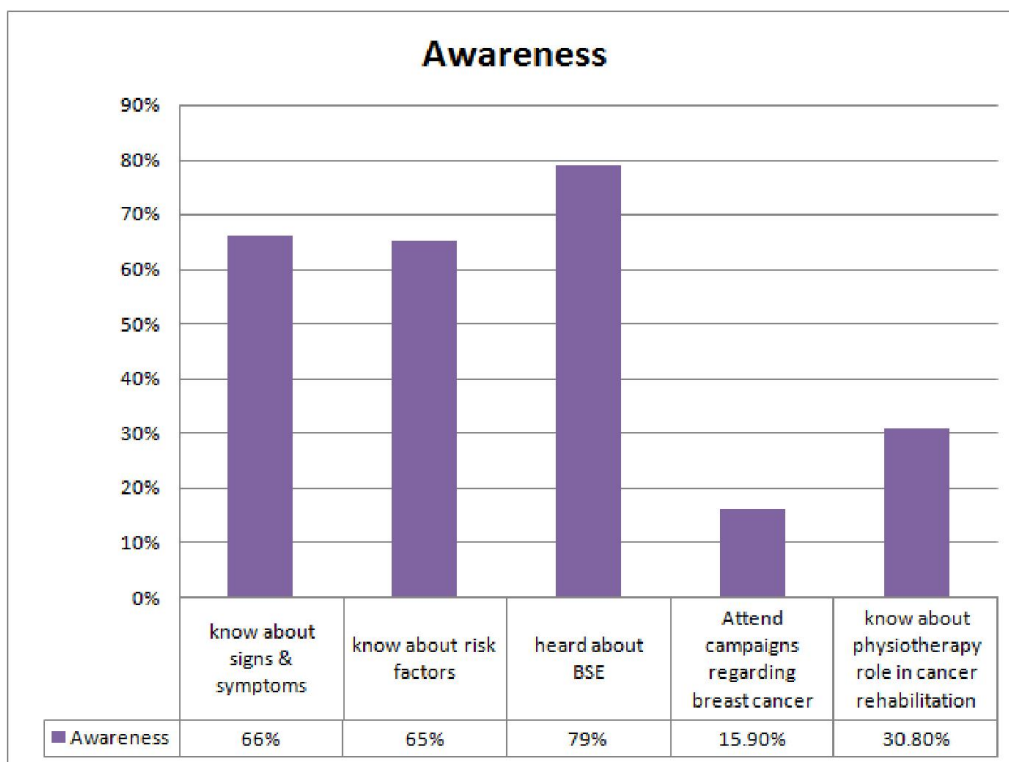
**Data Analysis**

Fig: 1, out of 201 participants, most of the students had knowledge about the early signs and symptoms of breast cancer. About 66.6% of them were known about it. As shown in the bar chart it describes that about 33% of the female students were not aware of the early signs and symptoms of the breast cancer.

Besides, knowing the early signs and symptoms of breast cancer, all of the 66% participants were not aware about the risk factors. Out of 201 participants, 65% were aware about the risk factors and 34% don't know about the risk factors at all. It means that the persons who were known with the early signs and symptoms out of them, 2% were not familiar with the risk factors also. Only 39.8% of the female students knows about the exact timing for performing BSE and about 56.7 were familiar with the procedure of BSE. In this, about 2.4% had knowledge about BSE from their senior secondary school education. This is very less percentage. This knowledge about BSE was from their teachers but not from their parents , about 15.9% of students had participated in the campaigns regarding breast cancer and majority of them (84.10%) had not attended any campaign. majority of them were not aware about the role of physiotherapy in breast cancer rehabilitation. Only 30.8% were known to physiotherapy role.

**DISCUSSION**

Informing youth about breast cancer is a challenge as well as key investment in the health of Future generations of women (Gursoy *et al.*, 2009). As it is well known that low cancer awareness among young women contributes to delay in reporting of the cancer symptoms and subsequent diagnosis leading to less favorable outcomes (Nystrom, 2000). The aim of the study was to investigate the awareness (signs and symptoms); knowledge (cancer risk factors); attitude (cancer prevention) among undergraduate university students .The overall result revealed that majority of the students had high awareness and knowledge levels. In this study, more than half of students had heard about BSE but most of them were not aware about the exact timing for performing BSE. None of them were practicing BSE; despite they know that this will lead to early diagnosis of breast cancer.



About 66.6% of students were aware about signs and symptoms and 65.1 were known about the risk factors of breast cancer. Majority that is 79% had heard about BSE, out of which 56.7% know the procedure of performing BSE and 39.8% out of 201 were familiar with the exact timing for BSE. 15.9% of female students had attended campaigns regarding breast cancer in their lifetime. But, besides they belong to medical stream only 30.8% were aware about the physiotherapy role in breast cancer rehabilitation. Our findings are comparable to a study of Yemeni University, in which 76.9% of participants had heard about BSE (Ahmed, 2010). The low level of knowledge about risk factors, signs and symptoms of cancer in this study is similar to reports from other Indian states as well as developing countries. Uche reported only 32% of the women having knowledge of breast lump as a warning sign for breast cancer, 58.5% being unaware of most warning signs and only 9.8% knowing methods of detecting breast cancer. We found that only 66.6% of females were aware of signs and symptoms of breast cancer.

To compare our result with other studies it was found in a study carried out in Ain Shams University, Egypt about the effect of Breast Self-examination training program on knowledge, attitude and practice of a group of women almost: one fourth (24.6%) participants heard about BSE. This finding goes along with a study in South East of Iran about (21.6%) women had good knowledge about BSE. Also agrees with a study in Port Harcourt, Nigeria but with a higher percentage (85.5%) of women have knowledge about BSE. In our study which was done in Adesh University, it was found that knowledge about signs and symptoms was 66.6% but, there knowledge of risk factors was inadequate. In addition the knowledge about the role of physiotherapy in cancer protocol was less that is 30.8%. The lack of awareness level found in this study revealed that undergraduate students are generally ignorant towards early cancer symptoms and screening tests. Besides, the well-recognized symptoms such as unexplained pain, weight loss or lump formation, many of the participants are unaware about this.

The findings of these studies poorly recognized symptoms were also similar to a study by Keeney *et al.* Routine breast cancer screening is currently not being practiced in India. In addition, some other cultural factors and illiteracy militate against routine practice of breast cancer screening. Adequate knowledge of Breast cancer and BSE is essential to kick start interest in taking more concrete steps towards health changing behaviors among these groups of individual. Appropriate breast cancer awareness and screening practices can prevent late presentation of breast cancer and poor practice of BSE in a developing country like India.

## Conclusion

The results of this study revealed that there is well knowledge about early signs and symptoms among the students but, majority of them have not attend any campaigns in their lifetime regarding breast cancer awareness.

There is less awareness related to the campaigns. So, adequate periodic intervention programmes targeting young girls should be built into school curricula regarding breast cancer and practice of BSE from their senior classes in the schools. There is need to raise the knowledge of University students about the risk factors and benefits of early detection. Education of parents about breast cancer and BSE can be done by organizing talks and demonstrations. Information, education and communication materials can be used in the school environment. Non-governmental organizations can make their significant contribution to breast cancer. Health professionals should be encouraged to enlighten and disseminate accurate information regarding breast cancer, its associated risk factors, and the procedure of BSE to the teenage girls whenever possible. Within hospitals, breast awareness education should be integrated. In addition, medical practitioners should be motivated to educate women about breast cancer awareness.

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