3.3 A study of effective modality for making Breast Self Examination (BSE) an accepted practice among women

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OBJECTIVE

1. To assess the effectiveness of different modality-combinations in making Breast Self Examination (BSE) a routine practice by the women in the area of study

PROGRESS

Breast cancer among Indian women is the second most common cancer after cervix and its incidence in India is rising steeply. To tackle the problem, early detection is must. In absence of any national programme of screening, BSE must be promoted as regular activity to make early detection of the disease. The present study aims to search best modalities to make BSE, feasible, acceptable and sustainable practice among the women.

We were working on two modalities namely group approach and social networking . The modality-I relate to external efforts and modality-II relates to the efforts made by the woman herself i.e. involvement of women participation. Both modality is to create general awareness regarding the disease, its signs and symptoms, knowledge of risk factors and BSE practice,in addition to this second modality is to involve the woman herself in creating awareness to other women through linking her in a social net work. Changes in knowledge and some behavioural aspects, as measured by the specifically designed questionnaire, the efficacy of these modalities is assessed, utilizing statistical techniques.

The reported percentage of breast cancer awareness among the women is 20%. Allowing 20% error with 95% CI, the 4pq/l^2 formula gives the sample size=400. To this when, 25% non-response is added, as the aspect covered is sensitive and very much specific to an individual, there might be good refusals. The sample size then turns out to be 500. Thus the study will cover 500 women.

Study is conducted in both rural and urban areas. However,for difficulties in urban areas,it is decided to cover 50 subjects only for modality -1 and modality -2 each. For modality-1, two villages from rural area (350 women) and one from urban area(50 women) i.e total of 400 women wheras for modality -2 one urban (50 women) and one rural area (50 Women) . In all study 500 women are involved from rural and urban areas .

The present work has been undertaken in Model Rural Health Research Unit,Bhanpur Kala,Jaipur. The study was conducted in three villages of Jamwa Ramgarh tehsil of ,Jaipur. The collection of data was carried out using structured study questionnaire . The knowledge of respondents was assesed by 19 point question, the attitude was determined based on 4 point questionnaire while knowledge about singn & sympyoms were assesed by 10 point questionnaire. Attitude towards brest self examination was determined by 5 point and practice of BSE was assesed through 10 point questionnaire. The mean percentage was calculated and scoring was done for each response.

Baseline data in three villages namely Teekampura,Chamand Ka Mand and Papad and one urban areas have been collected . Supervisor,Aanganwadi, ASHA Sahyogni, ANM and the womens in the study areas were made aware about disese ,its sign &symptoms , risk factors and Breasr Self examination. Findings of the study have shown poor knowledge about disease, sign & symptoms, risk factors , BSE knowlege among the women of rural and urban areas .

After intervention it was observed in the I st follow up study that 68% increase in the knowledge(table-1) , awareness towards the disesase has increased from zero to 48.76 % (table-2) , knowledge about initial sign & symptoms has increased to 80.19 %(table-3), knowledge about BSE increased to 53.26 % (table-4) and 68 % women has started practicing BSE once in month (table-5) .

Enhanced Knowledge and awareness of BSE practice has detected early sign and symptoms of breast cancer by 9 women in the studied villages. All these subjects were motivated to approach medical facility for early diagnosis and treatment at SMS medical college,Jaipur .Out of 9 women , one women noticed fibroid in under right arm, advised for ultra sonography and based on repot exesion was done followed by byopsy, in onther women discharge from nipple was noticed , after examination by consutant, FNAC was done and remaining 7 women were given symptomatic treatment based on sign & symptoms at SMS hospital, Jaipur by the collaborator.

Table 1. Assessment of Knowledge about breast cancer

Modality	Answering of 19 point question	Initial Knowledge (%) (n=504)	I st follow-up (%)
Group approach	Correct knowledge Incorrect knowledge Doubtful Non-respondent	0 100 - -	68.73 26.51 1.48 3.28
Social networking	Correct knowledge Incorrect knowledge Doubtful Non-respondent	0 100 - -	79.51 17.63 0.82 2.04

Table 2. Assessment of awareness about breast cancer

Modality	Answering of 4 point question	Initial knowledge (%) (n=504)	I st follow up (%)
Group approach	Correct knowledge Incorrect knowledge Doubtful Non-respondent	0 100 - -	48.76 24.51 24.38 2.35
Social networking	Correct knowledge Incorrect knowledge Doubtful Non-respondent	0 100 - -	73.39 23.57 0.89 2.15

Table 3. Assessment of knowledge about sign & symptoms

Modality	Answering of 10 point question	Initial Knowledge (%)	I st follow up (%)
Group approach	Correct knowledge Incorrect knowledge Non-respondent	0 100 -	80.19 17.28 2.53
Social networking	Correct knowledge Incorrect knowledge Non-respondent	0 100 -	85.14 12.0 2.86

Table 4. Assessment of Knowledge about BSE

Modality	Answering of 8 point question	Initial Knowledge (%)	I st follow up (%)
Group approach	Correct knowledge Incorrect knowledge Non-respondent	0 100 -	58.38 40.83 0.79
Social networking	Correct knowledge Incorrect knowledge Non-respondent Not available	0 100 - -	56.25 35.71 6.44 1.60

Table 5. Frequency of BSE done

Duration	% of BSE
Once a day	11.80
Once a week	28.51
Once a month	27.95
Not doing	31.67

Fig.1. Imparting knowledge & awareness.

Fig. 2. Imparting knowledge of BSE to Health workers.